

Substance Use Disorder (SUD) Inpatient and Residential Treatment Regional Capacity Stakeholder Meeting Summary

**March 6, 2020
Fort Morgan**

Meeting slides and additional information are available on the
[Department's Ensuring a Full Continuum of SUD Benefits webpage](#)

Participants

Penny Stumpf, Kelly McDermott, Tammy Arnold, Darlene Carpio, Kara Moulton, Andie La Combe, John Duhamel

Department: Kim McConnell, Victoria Laskey

Goals for Regional Stakeholder Meetings

- Share information gathered by Department on treatment programs in the state
- Elicit feedback on the data and mapping
- Collect additional information about regional needs from stakeholders

Presentation by Kim McConnell, ACC SUD Administrator and Victoria Laskey, SUD Treatment Access Specialist

- Overall goals for the Department's capacity work
- ASAM Treatment continuum
- Current and future Medicaid coverage of SUD services in Colorado
- Review of work to date - Section 1115 SUD demonstration waiver
- Data mapping
 - Demand represented by density of Medicaid members with SUD diagnoses
 - Supply represented by Providers per 10000 Medicaid members with a SUD diagnosis (by ASAM level)
 - Future work on capacity mapping

Discussion: Audience Feedback

RAE 2 (Fort Morgan) Challenges and Opportunities

- Challenges with placing non-priority populations in treatment.
- Some individuals would be most appropriately placed in residential but prefer IOP so they can stay in their community.
- Referrals in this area mostly go to North Range Behavioral Health in Greeley: usually no waitlist for beds. Other referrals go to Denver and other Front Range providers.
- Lack of transportation to treatment. This is especially true of justice-involved population who may not have valid driver's license.

- Also, lack of awareness about transportation resources that exist such as NEMT and County Express.
- Most referrals to treatment here are court-mandated, and justice systems can lack an understanding of appropriate treatment length and level of care.
- In counties on the border of Wyoming or Kansas, individuals sometimes seek treatment at out of state providers that are closer to their homes.
- Need for more sober living options and recovery residences that could facilitate a smoother transition from residential treatment back to their community.
- When seeking SUD treatment in a rural area, stigma may be more of a concern/barrier because of a small community where people are very familiar with each other.
 - People may be more willing to seek treatment if it were incorporated into a hospital setting, because it may be less obvious what services someone is receiving.
- Need for childcare, especially to support parents who attend IOP in the evenings.
- Lack of workforce to support the treatment needs of the area. Desire for SUD treatment providers to be located in emergency departments where individuals with SUD often present.
- Treatment providers in this region are often hesitant to refer to providers in Denver because they don't want to "lose" their patient.
- Desire for more telehealth opportunities, especially in schools or at the person's home.
- Sufficient capacity for MAT. Soon will have a mobile MAT van to increase services.
- Could use more IOP programs, but difficult to operate due to staffing and low number of attendees can compromise the interventions.
- Currently integrating behavioral health services into physical health locations: clinicians are located at Salud Family Health Center several days a week.

Questions about changes to coverage of SUD services

Additionally, questions about the changes to Health First Colorado's SUD benefits were recorded and will be included in a Frequently Asked Questions (FAQ) resource that will be posted on the Department website.