

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

**February 20, 2020
Hugo**

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

Participants

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Department: Shingo Ishida, 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 Shingo Ishida (ACC SUD Benefits Specialist) and Victoria Laskey (SUD Treatment Access Specialist)

- Review of work to date - Section 1115 SUD demonstration waiver
- Overall goals for the Department's capacity work
- ASAM Treatment continuum
- Current and future Medicaid coverage of SUD services in Colorado
- 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 (Hugo) Challenges and Opportunities

- Region 2 consists of a very diverse and large geographical area.
- Lincoln Community Hospital (LCH) serves the area equivalent to Connecticut (about 180 miles on the I-70 corridor) and is a major provider of behavioral health services in this area. They are interested in exploring ways to expand capacity to add or convert beds into inpatient SUD treatment.
- Alcohol and methamphetamine make up the majority of the substance use problems in this area; opioid use problems are not as prevalent.

- Need recovery support services such as support meetings to help individuals maintain sobriety.
- There are cultural barriers to SUD treatment in this region due to a strong sense of self-reliance and hesitance to ask for help, as well as reluctance to access treatment in an urban area.
- There is a lack of sufficient services in the following areas:
 - All levels of inpatient/residential SUD treatment
 - Recovery residences
 - Spanish-speaking treatment providers
- The major driver of these lack of services is due to a lack of workforce. Providers often share CACs/LACs (co-located at different offices on different days of the week) because there are not enough to go around.
- Agricultural population has unique treatment needs: make sure treatment services are suited to their needs.
- Some suggested reasons why workforce development is so difficult includes:
 - Higher pay in urban areas
 - Housing is scarce and unaffordable
- Important to develop a workforce locally instead of staffing with individuals that live out of the area. Local residents know the community well and are trusted more easily than those who come from outside the community.
 - Outreach is needed to young people in the community to encourage careers in behavioral health and develop mentorship programs for high school students at local treatment providers
- Individuals who need a level of care not available in this region often go to Denver, Douglas, and Arapahoe counties.
- There is a regional inpatient resource in the community (Eastern Plains Health Care Consortium consisting of 9 hospitals and Banner Health) to help prevent referrals from always going to Denver if the resources exist more locally. They are discussing how to share behavioral health resources effectively.
- Need for transportation to services.

Capacity Mapping Feedback

- Region 2 SUD diagnoses may be underrepresented due to individuals with SUD not seeking treatment or medical providers not diagnosing members due to fear about stigma and lack of treatment options.
- Breaking this information down by county level may create a more accurate picture, especially because Morgan, Logan, and Weld counties likely skew data for the mostly rural and frontier Region 2.

Challenges with delivery of SUD services currently covered by Medicaid

- Going across RAEs to receive care is currently not handled efficiently. There is a desire for a more seamless process for this kind of care coordination.
- Many outpatient providers only offer services on weekdays, 8am-5pm when people may be working and unable to access treatment at that time.



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.