

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

**January 23, 2020
Pueblo**

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

Participants

Jason Chippeaux, Dorothy Perry, Mary Horgan, Samantha Kommana, Eric Pearson, Heather Hankins, Karen Irick, Cheryl Reid, Kristina Martinez, Lenny Ruiz, Priscilla Dostal, Todd Smith, Mindy Paddock, Alyssa Pose, Crystal Asuncion, Alex Matthews, Jessica Russell, Michael Nerenberg MD, Julie Olson, Lynn Ranson, Christine Shew, Marie Castellucci, Paul Sedillo, Christine Zeitvogel, Barbara Jackson, Eric Gibbs, Kelly Bauman, Nikina Holmes, JK Costello, Steven Weingarten, Anna Martinez, Brandon Miller, Shaun Gogarty

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

- 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 4 (Pueblo) Challenges and Opportunities

- Gap in services in Bent and Cortez counties where there is need.
- The waitlists for services in this area may be a result of the current funding structure that is described as restrictive because of priority population rules pertaining to OBH funded

providers. A broader funding stream may free up latent capacity that is reserved for special populations.

- Important that interim outpatient services are offered to those waiting for a residential bed. Also, it is important for individuals to be placed in the most appropriate level of care even when someone is seeking residential treatment because of the popular perception that SUD care is “rehab.”
- RESADA (ASAM 3.1) reports that they rarely have a waiting list longer than a week. Beds are often available.
- Important to ensure that providers are connected to other providers at other levels of care to make referrals to the most appropriate level of care.
- Need reliable non-emergent transportation, especially from Pueblo up I-25.
- Abundant access to MAT in Pueblo, no waiting lists.
- No waiting lists for IOP.
- In rural communities, it is difficult for the workforce to access appropriate training for evidence-based interventions. Often involves traveling to Denver and can be prohibitively costly for providers.
- Delay in licensing--Health Solutions submitted application to license at 3.7 in October and has not yet heard back.

Capacity Mapping Feedback

- Mapping demand and capacity by county would be more helpful, especially in a diverse region like RAE 4. Demand in Pueblo will be higher than in Springfield, for example.
- Maps will need to be modified if demand significantly changes or new programs are added.
- A limitation of this mapping process is that the definition of provider is limited to where an agency has a physical location. Some agencies, like Health Solutions, have staff that provide services in locations where the agency does not operate a facility.
- There are some newer providers missing from the map. For example, there is now a 3.1 provider in Otero County (Southeast Health Group).

Challenges with delivery of SUD services currently covered by Medicaid

- There is no reliable real time information about available services (e.g. open residential treatment beds).
 - Location data from findtreatment.gov is inaccurate. One provider (RESADA) explained that it did not recognize his location when he was inside of the facility and suggested he seek treatment 20 miles away. Also has general issues with GPS finding the treatment location, which may be a barrier to those seeking services.
 - The bed tracking system created in HB 19-1287 should fill this gap.
 - When mapping MAT services, it is recommended that maps indicate which medications are offered at that location (e.g. methadone, Suboxone, Vivitrol, or all).
- LADDERS problems (information not up-to-date, enrollment) the utility of information provided.
- Concern raised about certain outpatient behavioral health providers unable to bill for injectable medication.

- IOP is difficult to deliver because of barriers such as availability of childcare and scheduling if the patient is employed. This can cause low numbers in groups (e.g. 2 attendees or 18 attendees) which detract from the therapeutic nature of the treatment.
- Co-occurring conditions services are provided at IOP, but cannot be reimbursed at a rate that reflects the enhanced services.
- Medicaid churn: members being re-evaluated on income every 3 months and may have to reapply. Process is confusing and burdensome. Returned mail policy (lose Medicaid coverage after one returned piece of mail) is a major concern.

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.