Health District
OF NORTHERN LARIMER COUNTY

4/5/2019

STAFF: ALYSON WILLIAMS POLICY ANALYSIS

HB19-1287: TREATMENT FOR OPIOIDS AND SUBSTANCE USE DISORDERS

Concerning methods to increase access to treatment for behavioral health disorders.

Details

Bill Sponsors:	House – *Esgar (D) and Wilson (R)* Senate – *Pettersen (D) and Priola (R)*
Committee:	House Health & Insurance
Bill History:	3/28/2019- Introduced
Next Action:	4/16/2019- Hearing in House Health & Insurance
Fiscal Note:	Not available.

Bill Summary

The bill creates a capacity tracking system for providers and facilities to input program slot and facility bed availability in order for families, law enforcement, counties, court personnel, and emergency room professionals to locate available substance use disorder (SUD) treatment. A statewide care navigation is established to assist individuals in accessing SUD treatment. The bill creates a grant program to award up to $5 million annually in grants to increase capacity and services in rural and frontier communities.

Issue Summary

Treatment in Colorado

The Colorado Health Institute's (CHI) 2017 report for the Colorado Department of Health Care Policy and Financing (HCPF) detailed many aspects about the landscape of residential and inpatient treatment for substance use disorders (SUDs) within the state.[1] From 2010 to 2014, approximately 10.9 percent of Coloradans who needed treatment for an alcohol use disorder (AUD) received it while 15.7 percent of those with an illicit SUD received needed treatment. More than half of respondents (54.1 percent) to CHI's Community Health Access Survey (CHAS) who indicated a substance use issue reported not getting the treatment they need due to cost. Similarly, 52.8 percent responded that they did not think their insurance would cover the treatment services. The 2017 report illustrated the number of beds for SUD treatment as of 2015. Twenty-eight counties do not have licensed residential and inpatient SUD treatment facilities, community mental health centers, opioid treatment programs (OTPs), medication-assisted treatment (MAT) providers or Special Connections[2] providers. These counties include areas of the San Luis Valley, southeast Colorado and northern Colorado.

Table 3. Number of Beds for Substance Use Treatment, 2015

Residential		Inpatient	
Number of Facilities	Range of Beds Reported	Number of Facilities	Range of Beds Reported
15	0 to 12	5	0 to 10
9	13 to 18	3	16 to 21
13	19 to 28	2	22 to 34
6	29 to 47	1	35+
6	48+	Min to Max Range	127 to 216
Min to Max Range	826 to 1,276		

Source: N-SSATS, 2015

[1] Colorado Health Institute (2017). *Exploring Options for Residential and Inpatient Treatment of Substance Use Disorder in Health First Colorado.* Retrieved from https://www.colorado.gov/pacific/sites/default/files/HCPF%202017%20Inpatient%20SUD%20Treatment%20Report.pdf . Accessed on Dec 6, 2017

[2] The Special Connections program provides case management, counseling and health education to pregnant Medicaid enrollees with substance use problems.

CHI has released an analysis that details that lack of access to MAT in Colorado.[3] More than half a million Coloradans have little or no access to MAT in the counties where they reside. The Keystone Policy Center report noted that broad access to MAT is developing slowly in Colorado due to inability to pay for the treatment, provider discomfort, and lack of information about administration.[4] A suggestion made in the report included expanding the payment methodology for MAT. In Larimer County there are approximately thirteen clinics and providers that are serving residents with MAT services. Of these, approximately three provide Vivitrol®, the brand name of the injectable version of the drug naltrexone. Conversely, almost all of the thirteen entities and providers prescribe Suboxone®, the brand name of the combination buprenorphine and naloxone. One entity in Larimer County is licensed to provide methadone, which has much higher licensing requirements..

Care Coordination

Care coordination is frequently important during the treatment and recovery of individuals with SUDs as care delivery is typically fragmented between different providers, organizations, and government agencies.[5] Often it is difficult for a consumer to find care, or to determine which care would be right for their needs. Care coordination can assist in connecting the consumer to the right level of care (when it exists). Since substance use disorder can be a chronic disease, care coordination can help the consumer understand when a different level is more appropriate based on their current situation. It can also prevent redundant care processes, with the intent of not wasting the time and resources of the patient or the health care system. Consumers have reported feeling overwhelmed and bewildered when working to access behavioral health service across providers and sectors.[6]

Colorado Opioid Synergy – Larimer and Weld (CO-SLAW)

The Colorado Opioid Synergy – Larimer and Weld (CO-SLAW) project is a collaborative initiative between the North Colorado Health Alliance and 8 diverse treatment sites, including 2 OTPs and 1 syringe access site, currently delivering MAT services in Larimer and Weld Counties. CO-SLAW is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded program that is working to expand and enhance access to MAT services for persons with an opioid use disorder (OUD) seeking or currently receiving MAT, over the three-year funding period. The program is a phased approach to a northern Colorado Hub & Spoke model of SUD treatment. One goal of the program is to Increase capacity to provide MAT to individuals with OUD in northern Colorado through specific and deliberate collaboration and coordination among CO-SLAW MAT treatment sites, including OTPs, and shared care management of persons treated with MAT.

This Legislation

Capacity Tracking System

In this proposed bill, the General Assembly declares that there is a shortage of available beds for psychiatric emergencies, withdrawal management (i.e. detox) for SUDs, and intensive residential inpatient and outpatient behavioral health services. It finds that the creation of a behavioral health capacity tracking system for available treatment would help families, law enforcement, counties, court personnel and emergency room professionals to locate appropriate treatment for those in crisis. The system could decrease the time that individuals wait in emergency rooms, ensure that existing resources are maximized, and

[3] Colorado Health Institute (May 2017). *Miles Away from Help: The Opioid Epidemic and Medication-Assisted Treatment in Colorado.* Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf . Accessed on December 7, 2017.

[4] Keystone Policy Center (Feb 2017). *Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs.* Retrieved from http://leg.colorado.gov/sites/default/files/17opioid0801attachh.pdf . Accessed on Dec 5, 2017.

[5] Institute of Medicine Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. (2006) Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington (DC): National Academies Press; *Coordinating Care for Better Mental, Substance-Use, and General Health.* Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK19833/

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increase the likelihood that those in crisis receive services that are closer to their community. The General Assembly declares that the creation of the tracking system is an important tool to address crises, which includes connecting individuals to treatment for opioids and other substance use disorders.

The bill defines "consistent noncompliance" as when a provider does not complete daily required capacity updates for two or more consecutive days or has five or more noncompliance days within a given month.

The Department of Human Services (DHS) is to create and implement a behavioral health tracking system. The system must have 24-hour access on a web-based platform, including online access for health professional, law enforcement, and court personnel. There must be coordination with the crisis telephone system. Capacity updates are required daily, unless it is a residential facility and the capacity remains unchanged. There must be a penalty for consistent noncompliance. Opioid treatment programs (OTPs) are only required to update daily whether they are accepting new clients. Capacity report is required throughout the state for the following facilities and providers:

- Facilities that provide evaluation and treatment for individuals held under an emergency commitment, involuntary commitment, or civil commitment. This includes crisis stabilization units (CSUs), acute treatment units (ATUs), community mental health centers (CMHCs), hospitals, and the state mental health institutes
- Inpatient treatment facilities
- Residential treatment facilities
- Medical detoxification facilities
- Medically managed and clinically managed withdrawal management facilities
- Opioid treatment programs[7]

The tracking system may allow, with prior approval from DHS, medical providers that provide treatment as a part of their practice.

To the extent possible, the system should be designed to collect the following information:

- Name, address, website, and phone number of the facility or program
- Information regarding the process for confirming the availability and reserving the bed or slot in the facility or program
- The license type of the facility or program and its licensed capacity
- The number of beds/slots currently available and staffed
- The admission and exclusion criteria- including gender, age, acuity level, medical complications, diagnoses, or behaviors that are excluded (i.e. intellectual or developmental disabilities, aggression, SUDs, traumatic brain injury, history of violence or aggression)
- Type of substance that the facility or program provides treatment
- If the facility serves involuntary clients
- Payer sources accepted
- Time and date of last system update for the facility or program
- Link to a stable location map

The system is to be designed to provide immediate and accurate information about the availability of facilities and programs, but not to guarantee availability. The user is to be directed to contact the entity directly to confirm its capacity and arrange placement.

Before contracting or implementation begins, DHS is to convene a stakeholder process to identify an efficient and effective design. The process will include DHS receiving input regarding existing information and reporting systems that may be able to be expanded upon for the system, issues relating to data collection by

[7] Including any other facilities that are licensed pursuant to C.R.S. 27-80-204

facilities and providers, and the most effective interface for users. The stakeholder group is to include any people or organizations identified by DHS, Department of Public Health and Environment (CDPHE), emergency medical service providers, contractors that operate existing information and report systems in Colorado, and facilities that would be required to report to the system. DHS is to report on the stakeholder process to the Opioid and Other Substance Use Disorders Study Committee during the interim that precedes the 2020 legislative session.

By January 1, 2021, DHS must implement the tracking system. The contractor of the crisis telephone system is to use the tracking system. By January 1, 2022, DHS is to ensure that appropriate tracking system information is available to the public. DHS can adopt rules necessary to develop and implement the system.

Care Navigation System

The General Assembly declares that many individuals with SUDs that need treatment must wait weeks or months to access residential or outpatient services. Further, any delay in starting treatment could mean life or death for the individual. The General Assembly finds that care navigation services that help those who are ready to begin treatment to gain timely access are vital to the wellbeing of many in crisis.

The bill defines "engaged client" as an individual who is interested and willing to engage in SUD treatment services or other treatment services either for the individual or an affected family member or friend.

By January 1, 2020, DHS is to implement a care navigation system to assist engaged clients in obtaining SUD treatment. At a minimum, the services must include independent screening using nationally recognized screening criteria in order to determine the appropriate level of care, the identification of licensed or accredited treatment options, and the availability of treatment options for the client. In order to implement the care navigation system, the Office of Behavioral Health (OBH) is to issue a request for proposals for services. The selected contractor must provide services statewide, 24-hours a day, and accessible through various formats. To ensure integrated and coordinated service delivery, the contractor is to coordinate with other navigation services and the behavioral health response systems. The bill encourages the use of peer support specialists. The contractor is to assist the client with accessing treatment and is to provide services regardless of the client's payer source or if they are uninsured. Once the client has initiated treatment, the contractor is no longer responsible for care navigation for that episode. Clients enrolled in Medicaid are to be provided with contact information for their managed care entity. The contractor is to conduct ongoing outreach to inform behavioral health providers, counties, county departments of human or social services, jails, law enforcement, health professionals, and other interested persons about the care navigation services.

The contractor is to enter into a memorandum of understanding (MoU) with the Ombudsman for Behavioral Health Access to Care. If the contractor believes that a health plan is in violation of state and federal parity laws, rules, or regulations, the contractor is to assist the client, with their written permission, with reporting the alleged violation to the Ombudsman.

The contractor is to collect and transmit to DHS the following data and information relating to the clients served:

- Demographic characteristics, including age, sex, ethnicity, and county of residence
- Type of substance for which the individual is seeking treatment
- Whether they were able to secure treatment and where, and if not, the reasons why
- Length of time the contractor provided services to the individual
- Whether the client had private or public insurance or was eligible for services due to income
- Number of suspected parity violation reports to the Ombudsman for Behavioral Health Access to Care

- Services or treatment options that were not available within the individual's community, including recovery services, housing, transportation, and other supports
- Number of family members or friends calling on behalf of an individual with a SUD

The State Board of Human Services can promulgate necessary rules to implement the care navigation system. By September 1, 2020, and each September 1 thereafter, DHS is to submit an annual report to the Joint Budget Committee, House Public Health Care and Human Services Committee, House Health and Insurance Committee, and Senate Health and Human Services Committee. The report is to address the utilization of care navigation services, including the above information from the contractor.

Building Treatment Capacity

The "Building SUD Treatment Capacity in Underserved Communities" grant program is created within DHS. Subject to available appropriations, DHS is to award up to $5 million annually in grants to increase capacity and services in rural and frontier communities. Each managed service organization area that consists of at least 50 percent rural or frontier counties shall receive an equal proportion of the grant program funds to disburse in local grants. A grant committee is to review and award local grants. The grant committee is to include two members that are appointed by the county commissioners of each county within the MSO as well as two members that represent DHS and are appointed by the department's executive director. Funding awards must be approved by a majority of the committee. In awarding grants, the committee is to prioritize geographic areas that are unserved or underserved. After grants are approved for each MSO area, DHS is to disburse the funds to the MSO to distribute to the grantees. The grants must be used to ensure that communities have access to a continuum of SUD treatment services, including medical or clinical detoxification, residential treatment, recovery support, and intensive outpatient treatment. Local governments, counties, schools, law enforcement agencies, primary care providers, and SUD treatment providers (the providers can be within or outside the MSO's network of providers. This section of the bill is repealed July 1, 2024.

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

Reasons to Support

The capacity tracking system could allow entities, families, and individuals to locate possible treatment options. This could aid in improving timely access to care, though individuals may need to travel to access those open beds and program slots. The care navigation system may help with navigation to care in times of behavioral health crisis. Establishing a grant program that increases the capacity for all types of SUD treatment, not just one form, in rural and frontier counties can assist in increasing the availability of care and geographic diversity of treatment programs in Coloado.

Supporters

- Colorado Cross-Disability Coalition
- Colorado Municipal League

Reasons to Oppose

Some may assert that this bill is a piecemeal approach to addressing the treatment gaps in Colorado, and does not address the biggest issue, which is that more funding is needed to expand effective substance use treatment in the state. The care navigation system may be helpful in directing individuals to care; however, the service will not be useful if there are not enough available treatment options within the state. Care coordinators throughout the state report that they are well aware of what their clients need; there are just not enough options for treatment (and particularly affordable treatment) for those with substance use

disorders. Also, having one entity responsible for care coordination throughout the state may not be the most effective way to help people in local communities, because a statewide service may not have adequate familiarity with local communities. For a person with a chronic disorder, it is also more effective to have care coordination that is continuous, not episode-based. Some may assert that this funding could be used far more effectively to increase SUD treatment capacity.

Opponents

- Any opposition has not been made publicly available at this time.

Other Considerations

After the completion of the facility built pursuant to the 1A ballot measure in Larimer County, it would be required to participate in the capacity tracking system. This could mean that available beds in the facility would be posted to the tracking system and the facility that is being developed by local taxes could be filled by people from outside the county.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.