

## **CBHC BOARD POSITION STATEMENT 19A.0:**

### ***Comprehensive Solutions to the Opioid Epidemic Crisis***

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#### **Position Statement**

Colorado must target the Opioid Epidemic through evidence-based strategies that leverage local collaboration across systems and a full continuum of community-based services.

#### **Background**

In 2017, several reports highlighted the growth and acuity of the opioid epidemic crisis in Colorado communities. Commissioned by the Office of Behavioral Health and conducted by the Colorado Health Institute (CHI), *Needs Assessment for the SAMHSA State Targeted Response to the Opioid Crisis* reported that while the rate of opioid overdose has increased 179 percent between 2002 and 2015 in Colorado, many counties still have limited access to treatment services. Meanwhile, the needs assessment and community action plans conducted by Colorado's Managed Service Organizations (MSOs) identified gaps in the continuum of Substance Use Disorder (SUD) services in the state and regional strategies to begin addressing them.

The data from the CHI report demonstrates that many rural areas of the state had either one or no office-based opioid treatment center (OBOT) location. There are a total of 276 locations throughout the state within 33 counties. However, 15 of these counties only have one provider while 31 counties have no provider. The SB202 needs assessment found similar results and identified how community members experience the SUD services system and their perception of what is needed. Colorado's MSOs, SUD service providers, and behavioral health systems have created action plans to support and expand the SUD service continuum with the assistance of funding allocated by the state Legislature in recent legislative sessions and federal funding through the 21st Century Cures Act. Access to treatment continues to be a barrier for many communities, and providers are working to increase capacity through locally responsive approaches. System enhancements will be based on regional community action plans and the continuous feedback of community stakeholders.

Both studies found that withdrawal management, or detox, services are needed across Colorado communities with rural areas experiencing the greatest need. The need is such that six counties in Colorado currently have no access to detox, outpatient services, or medication assisted treatment, with limited access to residential services, while only 12 counties had access to all four. Both reports emphasize the need for enhanced resources across the SUD service continuum to target the Opioid Crisis. The CHI report was commissioned as part of OBH's activities included under the federal State Targeted Response (STR) grant to specifically address the issue.

Colorado has implemented several widespread initiatives to begin understanding, addressing, and correcting the opioid epidemic across every community. In 2017, a legislative interim committee was convened to study solutions to the opioid epidemic and carry bills with stakeholder supported proposals. The [Colorado Consortium for Prescription Drug Abuse Prevention](#) convenes broad stakeholders and pursues comprehensive strategies, campaigns, and projects to ease the epidemic statewide.

Alongside other initiatives and future advocacy, CBHC is committed to collaborating with our partners to ensure these initiatives are successful and meet the unique needs of every Colorado community.

## Policy Priorities

### 19A.1 A Full Continuum of Services

Colorado communities and regions experience a range of accessibility to the SUD services continuum. Thanks to SB16-202 and the associated assessment, Colorado could identify gaps and limitations in resources across our state. To be effective in addressing the full scope of the opioid crisis, it is critical to have a full continuum of services available to all Coloradans.

- ❖ CBHC supports policies, funding reform, and regulations that leverage community strengths and needs to create a full continuum of essential services in every region of the state.
  - Utilize community stakeholder feedback to inform state-level policy and funding decisions.
  - Increase flexibility in funding structures to empower community to directly address the acute concerns they are experiencing.
  - Create payment mechanisms that allow communities to invest in long-term projects that leverage community strengths and existing infrastructures to increase capacity and build community resilience.
- ❖ CBHC supports the utilization of evidence-informed medication assisted treatment (MAT) as a component of a full continuum of SUD services. For MAT to be effective, treatment must be based on the following evidence supported principles:
  - Treatment is integrated with various healthcare systems to comprehensively treat the underlying substance use disorder, mental health concerns, and/or physical health conditions.
  - MAT programs must have comprehensive connections to systems of care that can help individuals stabilize and pursue social determinants of health.
  - Medication assisted treatment must be paired with intensive SUD treatment and therapy towards a commonly agreed upon goal.

### 19A.2 Aligned Acute Care Services

The barriers to accessing treatment in our state are critically vital when an individual seeks acute care such as withdrawal management or crisis stabilization. Silos around funding, workforce, facility licensure, and even treatment creates barriers to access and the delivery of care. We know from practice and research that most individuals present with complex and integrated needs. Siloed healthcare systems frustrate families and clients and create poorer outcomes. The state has a critical role to play in ensuring that individuals aren't left to navigate confusing systems at their most vulnerable times.

- ❖ CBHC supports policies that promote collaboration across state departments and community providers to streamline access to acute care regardless of diagnosis.
  - Analyze and streamline regulations to minimize unnecessary divisions between types of clients, workforces, or payment structures.
  - Align coding and billing practices to account for integrated services and unique patient needs and minimize diagnosis-based billing.
  - Restructure facility licensure and other regulatory complexities to meet community needs and allow for flexibility where necessary and appropriate.
    - Relax regulations that require a separation of SUD or mental health acute services
    - Create a CSU facility licensure that allows for co-location with withdrawal management services of varying levels.
    - Allow for acute facilities to provide medication, when appropriate, including to assist with withdrawal management.

### 19A.3 Effective Workforce Strategies

Colorado experiences substantial workforce challenges in behavioral health with SUD service professionals demonstrating additional shortages across every region of the state. Rural communities face additional challenges in recruiting and retaining eligible workforce to treat the SUD population.

**Low salaries, stressful conditions, and strict regulations** all contribute to **high turn-over rates and poor utilization** of existing resources. Several needs assessment and studies in the past decade have examined the issue, one study finding that the number of certified addictions counselors (CACs) in Colorado has remained roughly the same since 2010, although the state population has grown 10% (See WICHE study on Colorado's behavioral health workforce).

A consensus among studies demonstrates that workforce should be a priority for policy makers as they examine multi-faceted solutions to the workforce problem. Strategies between rural, frontier, and urban communities must be responsive to meet the unique challenges that each region faces.

- ❖ CBHC supports policies, legislation, and regulatory reform to introduce diverse and relevant workforce strategies into every community across the state.
  - Support to loan forgiveness, tuition reimbursement, or other benefit package enhancement specifically for the behavioral health and SUD workforce.
  - Budget action to support the sustainability and expansion of SUD services such as:
    - Increasing allowable expenses for payors
    - Flexibility for providers to spend dedicated funding based on local need
    - Increasing scope of work for licensure categories (i.e. allowing LACs to practice as any other master level clinician under the Medicaid State Plan)
- ❖ CBHC supports policies that reduce barriers to employment in the SUD services healthcare delivery system.
  - Reduce barriers on individuals based on past lived experiences or criminal history.
  - Promote open state reciprocity regulations and to encourage clinicians from other states to fill positions and to facilitate transitions of licenses from other states.
  - Examine and streamline telehealth regulations to fill workforce shortage areas.
  - Examine scope of practice for various levels of SUD professionals, with the intent of increasing effectiveness of Colorado's existing workforce.

### 19A.4 Prescription Drug Monitoring Program

Colorado's PDMP system has demonstrated potential as an effective tool to guide prescribing practices as well as the management of care for individuals who are at risk for a substance use disorder.

Historically, PDMP utilization has been low in Colorado due to complexity of the system, limitations on providers, and perceived low worth. Increasing effectiveness and promotion of this tool is necessary.

- ❖ CBHC supports policies that increase collaboration between the state departments and community providers on PDMP utilization while increasing the efficiency of the tool and its mechanics.
  - Facilitating collaboration between the Department of Healthcare Policy and Financing to examine access to the PDMP by Colorado's state Medicaid Authority.
  - Engaging stakeholders to understand the inefficiencies of the software and addressing them as necessary to increase user-friendliness.
  - Examining potential impact and costs associated with mandatory utilization of the system, integration of it into healthcare EHR systems, and increasing efficiency of the software.

### **19A.5 Alternatives to Opioids for Pain Management**

To effectively address the full continuum of issues contributing to the opioid epidemic in Colorado and across the nation a dedication to minimizing our reliance on opioids must be pursued by prescribers and healthcare practitioners across every field. Research has demonstrated promising results from alternative to opioids programs that educate physicians and healthcare practitioners about the importance of prioritizing non-opioid pain treatment before prescribing an opioid.

- ❖ CBHC supports programs, education, and policies that increase Colorado's healthcare workforce awareness of alternatives to opioids for pain management and increase utilization of non-opioid prescriptions and non-drug pain treatments including exercise, physical therapy, yoga, acupuncture, cognitive behavioral therapy, biofeedback, chiropractic, and relaxation training and other evidence supported pain management techniques.
- ❖ CBHC supports policies that would payor coverage and supportive funding for ancillary pain managed services to allow for these services to be available to any individual who may need them.

#### **Effective Period**

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 04/19/2018. It is reviewed as required by the Public Policy Advisory Committee.

#### **Policy Updated**

Updates to this policy position were approved by the CBHC Board of Directors on 04/19/2018.

**Expiration: 04/19/2020**