

## CBHC BOARD POSITION STATEMENT 19.0:

### *A Full Continuum of Substance Use Disorder Services*

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#### Position Statement

Colorado must have a permanent, sustainable, full continuum of Substance Use Disorder services accessible to every Coloradan.

#### Background

Substance use disorder (SUD) was first recognized as a disease in 1956 by the American Medical Association. Until recently, little progress had been made in understanding and managing addiction as a chronic health condition. Addiction affects millions of individuals and families every year, yet it is often undiagnosed or ignored, resulting in tremendous costs and heavy burdens on every aspect of our society. Recent data provided from the Colorado Department of Public Health and Environment found that overdose deaths from just one kind of opioid painkiller outnumbered all homicides in Colorado in 2015. In that same year, there were 904 drug-induced deaths and 847 alcohol-induced deaths across the state. Drug and alcohol-related deaths were most common among those aged 25-65, individuals of White, Hispanic, and American Indian/Native Alaskan descent, and those living in areas of high poverty (Keystone Policy Group, *Bridging the Divide, Addressing Colorado's Substance Use Disorder Needs*, 2017).

Substance Use Disorders introduce a heavy burden on every aspect of our society including justice, health care, education, child and family assistance, public safety, and labor. The need for a full range of SUD services continues to grow in Colorado. A full continuum of care includes prevention, acute intervention, withdrawal management, outpatient and residential treatments, recovery services, and more (see Figure 1 Below). As noted in the report by the Keystone Policy Group (2017), individuals do not often move through the SUD continuum neatly or in one direction. SUDs are chronic conditions and individuals may experience various levels of need throughout their lifetimes. Knowing this, it is increasingly more important to maintain a full continuum of accessible services for all Coloradans whenever they need them.

The benefits of having availability to a full continuum of SUD services is well established, and Colorado has increased access to these services by including a partial benefit in our state's Medicaid program, managing a network of safety net providers through the Managed Service Organizations (MSOs), and continuing to build off existing infrastructure to build capacity across the state. Nevertheless, a full continuum continues to elude many Coloradans as prevention and recovery supports are hard to fund, and Medicaid and other payors do not cover a full inpatient/residential benefit in their plans.

Spending inefficiencies in our state, and nationally, have created a system of SUD services that hasn't kept up with the growing need. In its 2017 report, the Keystone Policy Group analyzed the growing need as compared to Colorado's spending on SUD services. They concluded that every \$1 spent on SUD treatment returns as much as \$7 back into communities (see Appendix A).

In 2016, the Colorado state legislature passed [SB16-202](#), which created a mechanism for the state to appropriate funding directly to SUD services based on local stakeholder feedback, as gathered by Colorado's MSOs. Through these mechanisms, our system continues to understand the unique challenges that each community faces and has a communication channel to request funding to address those challenges.

**Figure 1: SUD Services Continuum**

Health Promotion	Prevention	Early Intervention	Treatment	Recovery Supports
<p>Educating the public and promoting mental health and well-being through health communications, access to care, economic security, and lifestyle stability.</p>	<p>Building protective factors across communities.</p> <p>Identifying and addressing risk factors for SUDs through evidence-based programs and strategies.</p>	<p>Screening and detecting SUDs in early phases and intervening immediately.</p> <p>Incorporating brief screening, intervention, and referrals across wide ranging systems.</p>	<p>Intervening with diagnosed SUDs through evidence based practices, medications, counseling, and supportive services.</p> <p>Eliminating symptoms to achieve and maintain sobriety and whole-person wellness.</p> <p>Services across a full continuum of the levels of care:</p> <ul style="list-style-type: none"> <li>• Outpatient services.</li> <li>• Intensive outpatient or partial hospitalization services.</li> <li>• Residential and inpatient services.</li> <li>• Medically managed intensive inpatient services.</li> </ul>	<p>Dissolving barriers and providing robust support to individuals beginning and sustaining long-term recovery and sobriety.</p> <p>A whole-person wellness approach including social, educational, legal, housing, and sober living supports.</p>

## Policy Priorities

### 19.1 Sustainability of Service Delivery Systems

For the SUD service delivery system to best serve communities with a full continuum of services, sustainability of programs must be at the forefront of funding and policy decisions.

- ❖ CBHC supports policies, legislation, and budgetary action that allows systems to fully and permanently fund service delivery infrastructure and ongoing operations.
  - Through development and to sustainability, service delivery must be whole and appropriately available to the communities who seek it.

## **19.2 Promoting Health & Wellness, Prevention, Education, and Public Awareness**

Education and public awareness are critical components in ensuring that individuals and communities are equipped to address substance use disorders and know how to access resources.

- ❖ CBHC supports prevention policies and legislation that educate communities about the realities of substance use disorders and the treatment levels that are available.
  - Education for families and youth as well as public awareness campaigns.
  - Education for healthcare systems on how to talk with their communities about their resources.
  - Education for policy makers about the realities of substance use disorder services and the needs across the state of Colorado.
- ❖ CBHC supports the utilization of existing resources to analyze the scope of SUD services across the state and to understand the needs that specific communities experience.
  - Utilizing analyses and reports which have already been commissioned and completed.
  - Gathering data from existing programs for reporting to state departments and state legislature.

## **19.3 Effective Acute Care Systems**

In times of acute needs, Colorado communities need to have ready access to effective and immediate care that is prepared to address unique clinical situations.

- ❖ CBHC supports policies, legislation, and regulatory reform to align acute behavioral health care systems and serve clients needs where they are located.
  - Aligning regulations to allow for joint withdrawal management and crisis stabilization facilities.
  - Breaking down silos of funding and workforce when not clinically relevant.
- ❖ CBHC supports policies that promote a “no wrong door” approach to acute care, and ensure that individuals are not expected to navigate complicated systems.
- ❖ CBHC supports funding reform that ensure consistent capacity across Colorado communities, and maintain the availability of resources regardless of month-to-month utilization rates.

## **19.4 Full Coverage for All Coloradans**

To ensure consistent access to care for all Coloradans, it is critical that every payor source is committed to ensuring that a fully funded and comprehensive continuum of substance use disorder services are included in every individual’s benefit plan.

- ❖ CBHC supports a full SUD benefit for Colorado’s medical assistance program (Medicaid).
  - Submission of an 1115 waiver to pilot an inpatient and residential benefit for Medicaid recipients in Colorado.
  - Requests for waiver of Institutes of Mental Disease (IMD) exclusion from the SUD benefit in Colorado.
  - Amendments to Colorado’s State Plan to include a full SUD benefit including inpatient and residential services.
  - Securing adequate funding from both state and federal resources to meet the needs of this population.
- ❖ CBHC supports policy and legislation that enforces parity for mental health and substance use disorder services in private insurance markets.
- ❖ CBHC supports policies that enhance the availability of safety-net services for individuals who need coverage and are ineligible for or unable to obtain SUD services through another payor.

## 19.5 Medication Assisted Treatment and Prescribing Practices

Scientifically proven, evidence based practices must be integrated into a full continuum of SUD services for unique challenges brought on by acute crises. To address the unique challenges brought on by the current acute Opioid epidemic, Colorado's Communities must adopt a multi-faced approach. Reference CBHC Board Position Statement 19A for a comprehensive list of our priorities regarding the Opioid Epidemic.

- ❖ CBHC supports policies that increase access to Medication Assisted Treatment (MAT) for all Coloradans who need it.
  - Increasing education and public awareness regarding MAT.
  - Increasing availability of provider training for MAT best practices.
  - Ensuring regulations do not create undue barriers or increase stigma on MAT facilities such as overly stringent methadone clinic zoning laws and other attempts to add unnecessary or duplicative regulations.
  - Where possible, removing policies that currently limit access to these interventions.
- ❖ CBHC supports policies that address the opioid epidemic by attempting to limit the supply of opioids into the community.
  - Education for prescribers about alternative pain management treatments.
  - Limitations on the amount dispensed by prescribers.
  - Policies that increase utilization of the state Prescription Drug Monitoring Program (PDMP).

## 19.6 Adopting a Harm Reduction Approach to Substance Use Disorders

Approaches such as Harm Reduction provide practical strategies and ideas aimed at reducing the negative consequences associated with drug use and are a critical part of a full SUD services continuum. Harm Reduction incorporates a spectrum of strategies from safer usage to managed use to abstinence to meet drug users "where they're at." This is attained by addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

- ❖ CBHC supports policies and legislation that reflect harm reduction principles outlined by the [Harm Reduction Coalition](#), a national advocacy organization that promotes the health and dignity of individuals and communities impacted by drug use. These principles include:
  - Accepting that drug use is a part of our world and work to minimize the harmful effects associated with SUDs rather than ignoring or condemning them.
  - Understanding drug use and a complex continuum of behavioral disorders and acknowledge that certain forms of drug use are safer than others.
  - Establishing quality of individual and community life and well-being, not necessarily abstinence, as the criteria for successful interventions and policies.
  - Calling for non-judgmental, non-coercive provisions of services.
  - Ensuring that drug users and individuals with a history of SUDs have a voice in the creation of programs and policies designed to serve them.
  - Affirming drug users as the primary agents of reducing the harms of their drug use.
  - Recognizing that the realities of social inequalities affect both people's vulnerability to and capacity for effectively managing drug related harm.
  - Not attempting to minimize or ignore the real harm and danger associated with licit and illicit drug use.

## **19.7 Community Directed Spending**

To fully address each community's unique SUD service needs, it is important that state policy makers demand that a community and stakeholder voice is prevalent in all funding decisions.

- ❖ CBHC supports funding models that depend on local community feedback and initiatives to respond to the issues that each community feels most acutely.
- ❖ CBHC supports the regional organization of SUD services through managed service organizations (MSOs) as a critical component for managing state SUD service funds wisely and effectively.

## **19.8 SUD Services Workforce Development**

To increase access to SUD services, while prioritizing community wellness, it is critical that our communities are equipped with an effective and adequately trained workforce. Across the nation, communities face a shortage of capable SUD workforce as compared to the relative need. To address the complex workforce shortages in our state, it is critical that Colorado adopts a multi-strategic approach.

- ❖ CBHC supports policies that support interested individuals in pursuing a career in substance use disorder treatment through such strategies as:
  - Loan forgiveness and tuition reimbursement,
  - Scholarship opportunities, and
  - Comprehensive benefit packages and competitive salaries.
- ❖ CBHC supports policies that minimize highly restrictive credentialing regulations on the SUD workforce to ensure alignment between intent and reasonableness.
  - Reduction of background check process requirements that are more extensive than the average clinician (e.g.; psychological testing)
  - Reduction of limitation on SUD workforce based on previous lived experience.
- ❖ CBHC supports policies that promote open state reciprocity regulations
  - Encourage clinician from other states to fill the open position statewide.
  - Examine multi-faceted solutions including telehealth to fill workforce shortages.
- ❖ CBHC supports regulatory reform that increases allowable expenses for payors and increasing flexibility for providers
  - Allow LACs to practice as any other master's level licensed clinician.

### **Effective Period**

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 2/16/2018. 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 02/17/2021.

**Expiration: 02/17/2023**

**APPENDIX A:**

