Gaps Across the Continuum

2 Draft Preliminary Recommendations

This set of recommendations focus on:

1. Continuing the County Behavioral Health Grant Program
2. Providing treatment on demand

1. Continue County Behavioral Health Grant Program from SB21-137 for the period of January 1, 2023, January 1, 2024 and December 31, 2024 for supporting and delivering basic safety net services in human services, public health and criminal justice. (Funding and Policy)

A. Continue to allow County Human Services Departments to apply for the County Behavioral Health Grant to support basic safety net services in human services, public health and criminal justice. Funds can be used for peer training, augmentation of direct therapy, outreach and education, culturally responsive and attuned services, suicide prevention and intervention, withdrawal management and much more.

B. Funds that are used for clinician type services should have a data/outcomes component to it. All initiatives should track utilization regardless of whether or not the program/service is a covered behavioral health benefit by any payer.

C. To ensure local ownership, continue the provision that applicants demonstrate a dedication of local funds or regional collaboration <u>but</u> expand the options to include in-kind contributions (staff time, office space, etc.), partnerships with community players like non-profits, local businesses, churches, etc.) and other creative forms of local 'investment' as identified by the Colorado Department of Human Services. Additionally, services where there is a diagnosis can be billed to Medicaid is another form of long-term sustainability.

Policy Recommendations:

- Strike the provision that repeals the grant program on July 1, 2023 and add appropriation language in CRS 27-60-111
- Expand the types of local investment that communities can use to demonstrate their commitment
- Add a data tracking component

Recommended funding: $30 million per year for 3 years (Grant Cycle that begins January 1, 2023, January 1, 2024 and September 1, 2024 – *for awards made by December 31, 2024*)

$30 M for SFY 2022-2023
$30 M for SFY 2023-2024
$30 M for SFY 2024 – 2025 (funds to be committed pursuant to ARPA by December 31, 2024)

$90 M Total

2. Provide Treatment On Demand (Funding and Policy)

A. Fund system redesign grants

1. Grants would be provided to hospitals (ERs), withdrawal management (WM) providers, primary care, and substance use disorder (SUD) treatment providers.

2. The grant would support these providers in redesigning access to SUD treatment with extensive technical assistance. Technical assistance and ultimately program redesign would include medication-assisted treatment, troubleshooting for common challenges, education of providers on the Addiction Society of Addiction Medicine (ASAM) criteria and psychopharmacological treatments, and improved efficiencies to make treatment accessible on a same-day basis. In addition to technical assistance, this grant would also fund a peer support professional to act as a navigator and advocate for the individual.

3. Grants could support various providers (ER, primary care, WM) to create partnerships with an outpatient SUD provider. Funding could be used to incentivize both referring and receiving providers to create access points for individuals to receive same-day appointments. For example, a WM would need to have systems in place to create a same-day referral process. The individual would have access to a peer support professional to provide the individual additional support and motivation for change, and finally, the outpatient or residential treatment provider would have the ability to immediately admit someone. Ideally, the WM provider would have access to those same-day appointments, making the hand-off seamless.

B. Consultation

1. Provide funding to crisis providers, hospitals, and WM to create telehealth partnerships with an approved provider. Through this consultation, patients are initiated on buprenorphine or other MAT and discharged with a three-day prescription. Individuals would then be set up with an outpatient visit and peer support professional to support navigation and motivation in this critical time.

C. Mobile Medication-Assisted Treatment and Training Grants

1. Funding for additional mobile MAT units for our rural and frontier areas of the state. One time dollars could support purchasing of the vans/buses and other start-up costs.

2. Grants could also support more prescribers getting additional training in addiction medicine.

D. Policy Recommendation: Eliminate any requirements for prior authorization to fill buprenorphine products for the treatment of opioid use disorders. Research shows that when states require payers to eliminate prior authorization requirements, prescription and use of buprenorphine increase and rates of ED visits and hospitalizations decrease.

Recommended Funding: Approximately $3.2 million - $3.9 million

- $50,000 - $100,000 grant to each provider location with the goal of reaching 20+ sites. This cost would be between $1M - $2M
- Ongoing funding for the peer support professional can be offset through Medicaid and potential cost-savings to the hospital.
- Potential per patient bonus to treatment providers to access
- Place people into treatment within 4 hours or who sustain some type of access threshold in their relationship to the hospital/WM/primary care (could be included in the $50,000-$100,000 above).
- With the addition of 4 more mobile MAT providers would be approximately $300k each, $1.2M total.
- TBD the cost for the additional training for prescribers (estimated at $700k)