

Expanding the Safety Net: Data and Legislative Updates

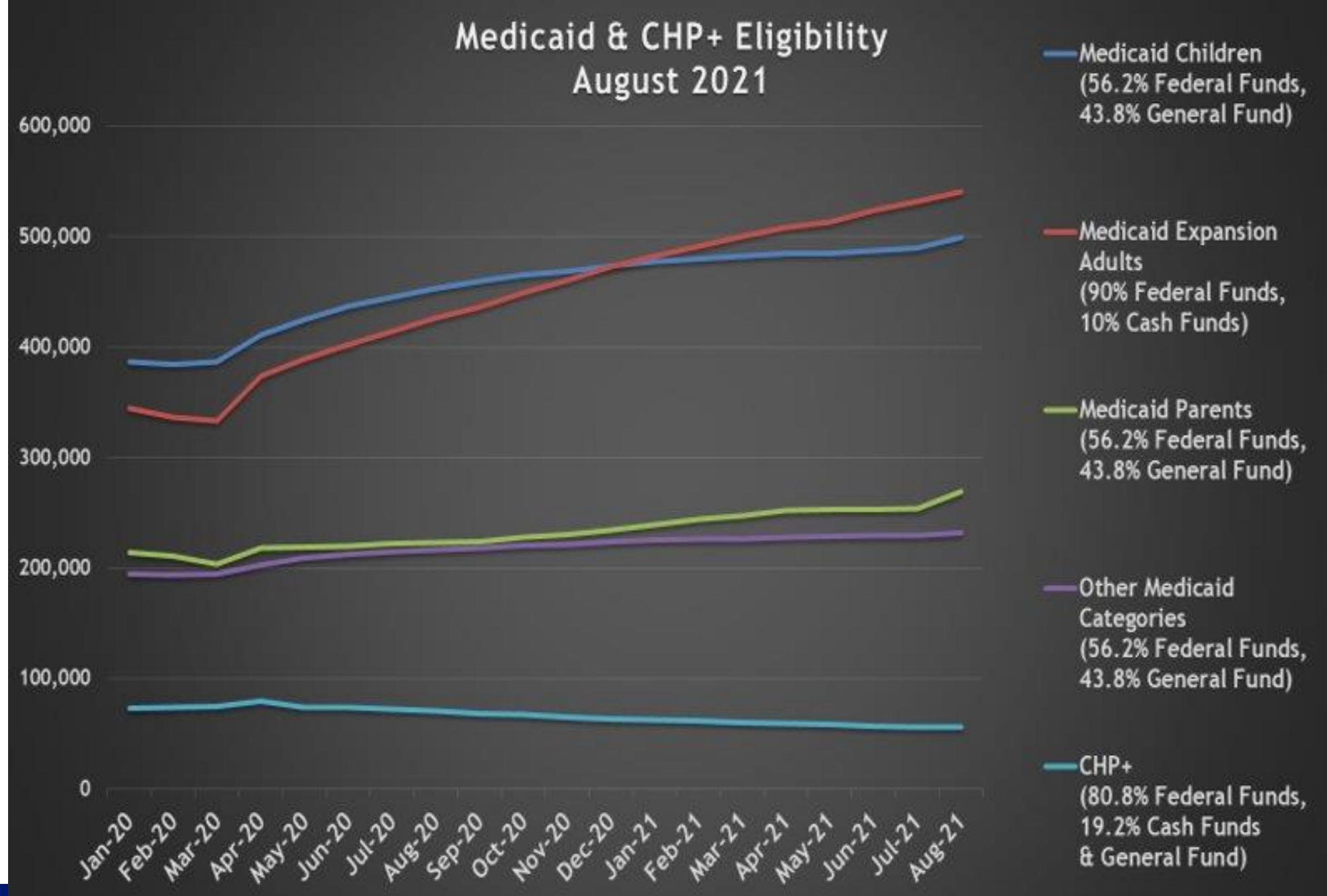
Behavioral Health Transformational Task Force
September 17, 2021

Tracy Johnson, Medicaid Director
Cristen Bates, Population Health Division Director

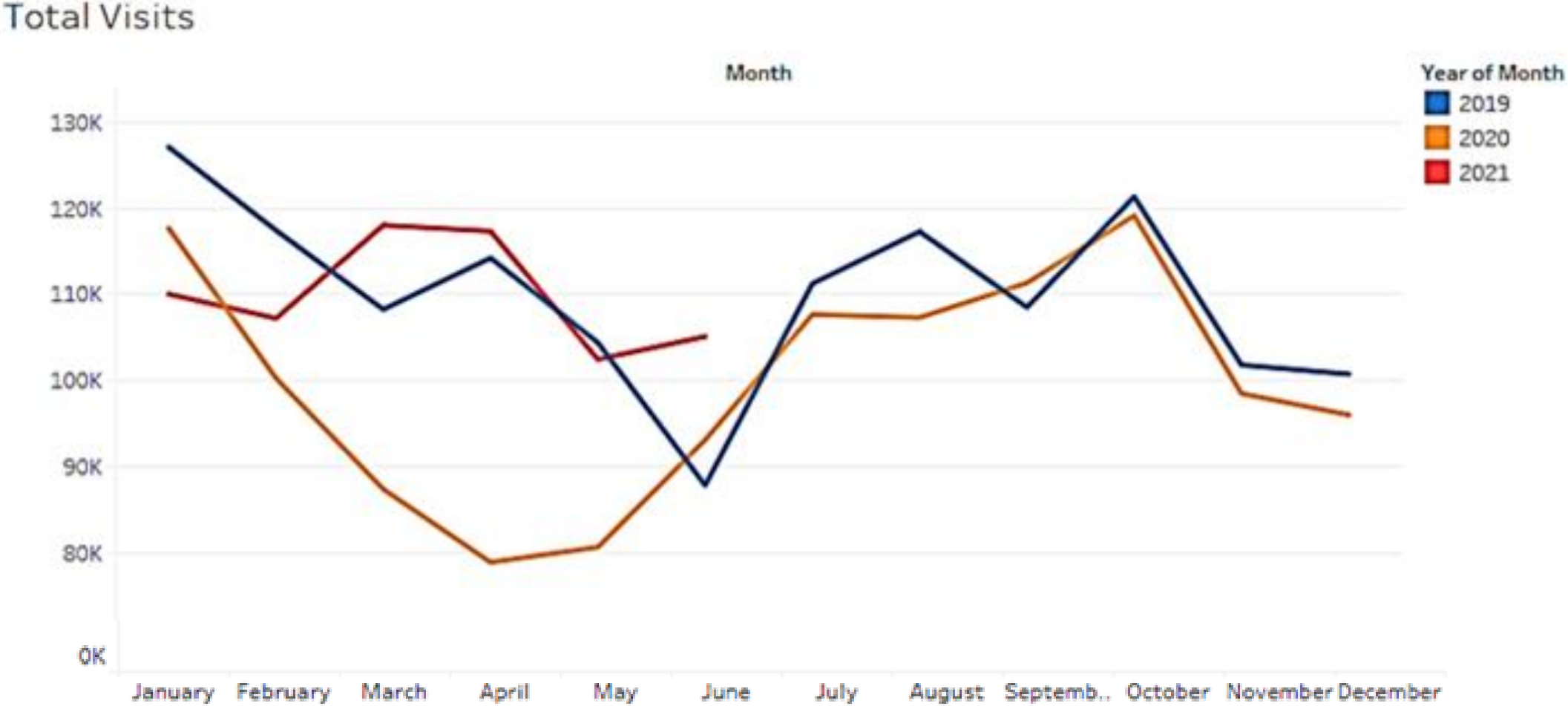
Colorado Dept. of Health Care Policy & Financing

Medicaid enrollment is at an all time high. Covering 1.5 million lives - up 22% since Mar 2020

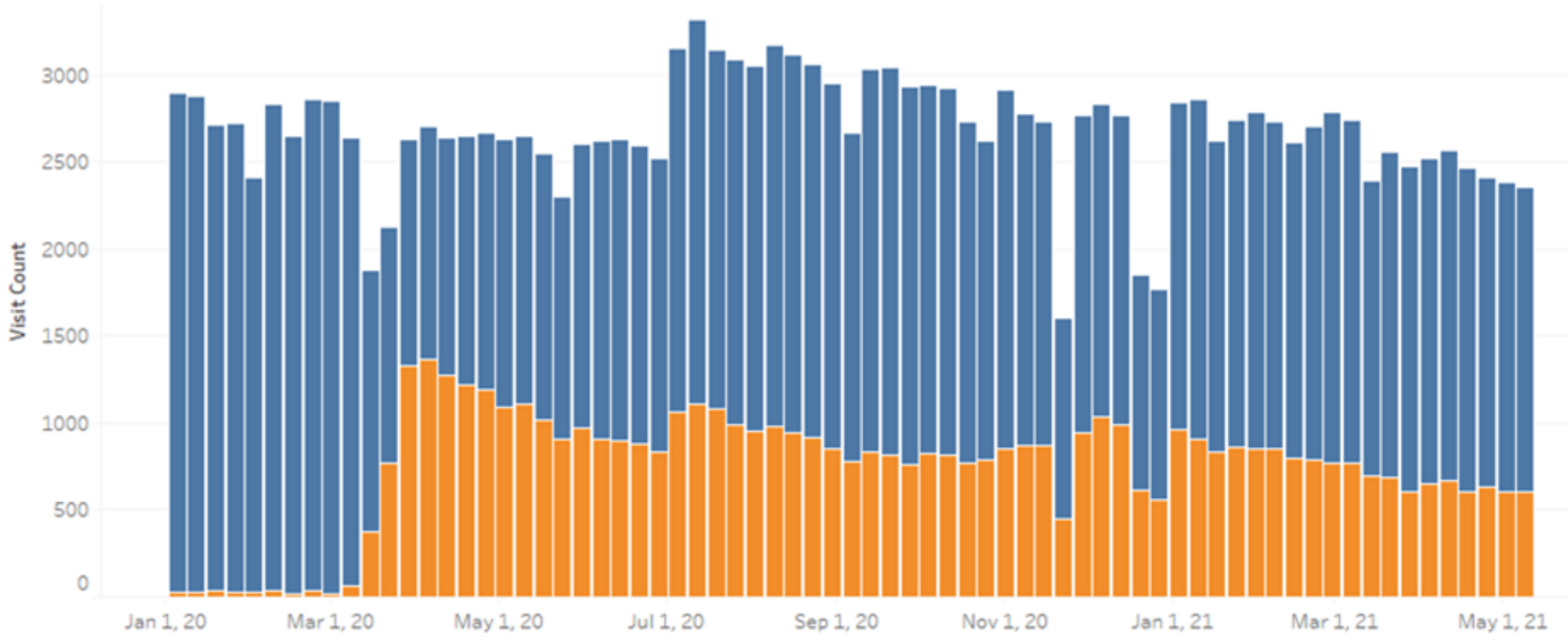
Safety Net provider networks are more important than ever.



COVID Impact: Reduced Utilization of Primary Care



Integrated Behavioral Health Telemedicine Trends



Increased access and helped with lost revenue

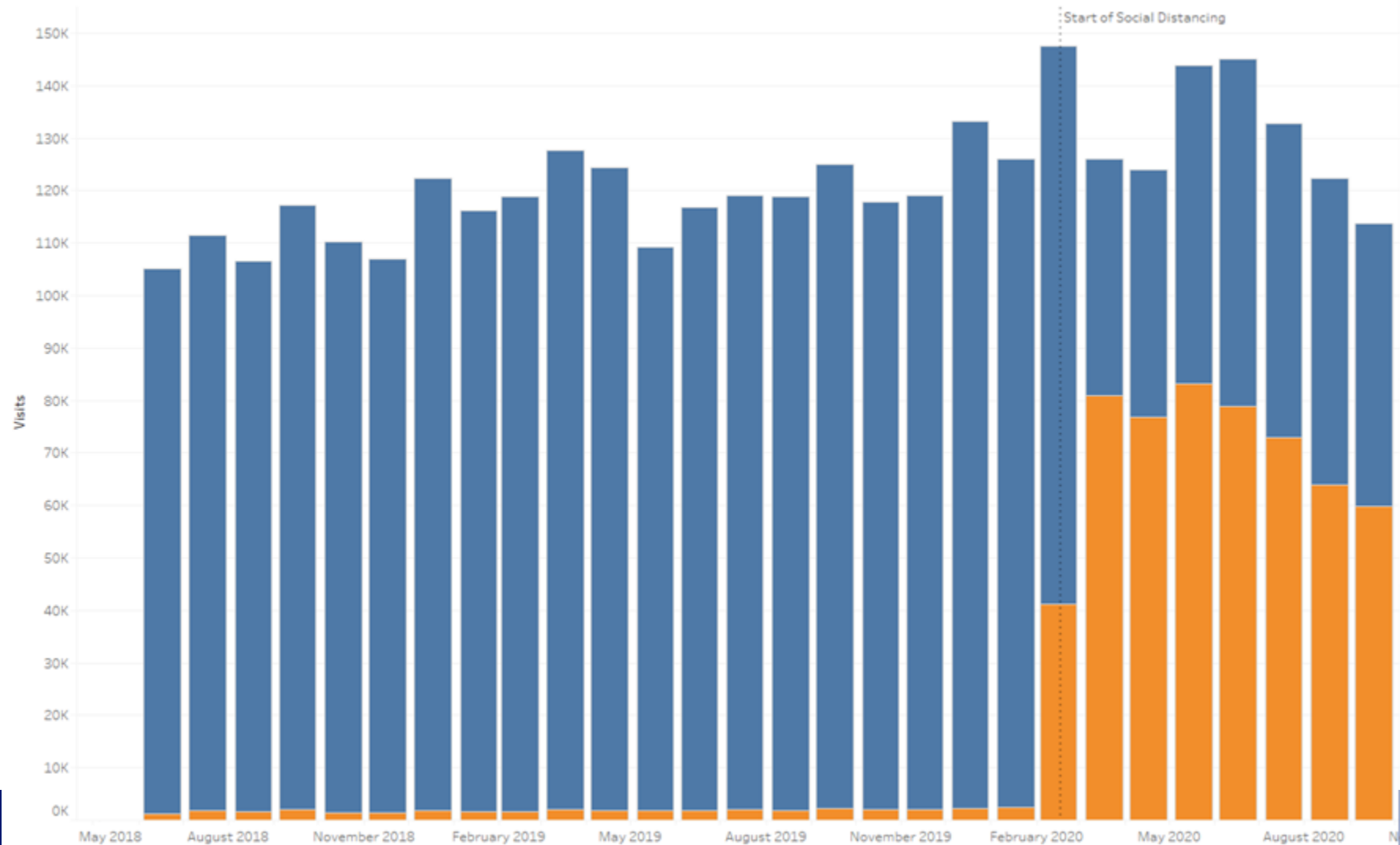
Here to stay in outpatient, can it help us in facilities?

Managed Care Outpatient Utilization

BH did not dip as much as medical.

Early data shows telehealth helped fill gaps in utilization (and revenue).

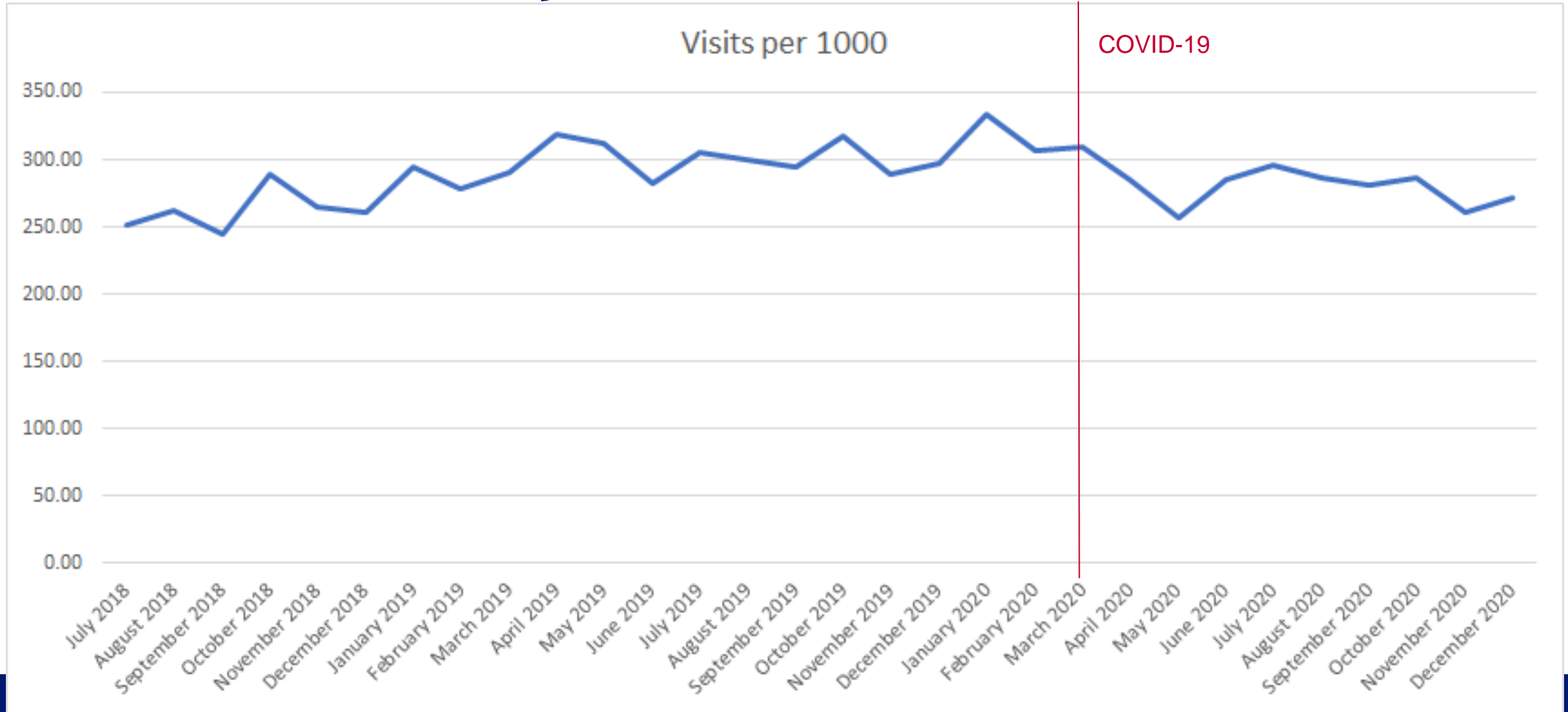
Behavioral Health Telemedicine Trends



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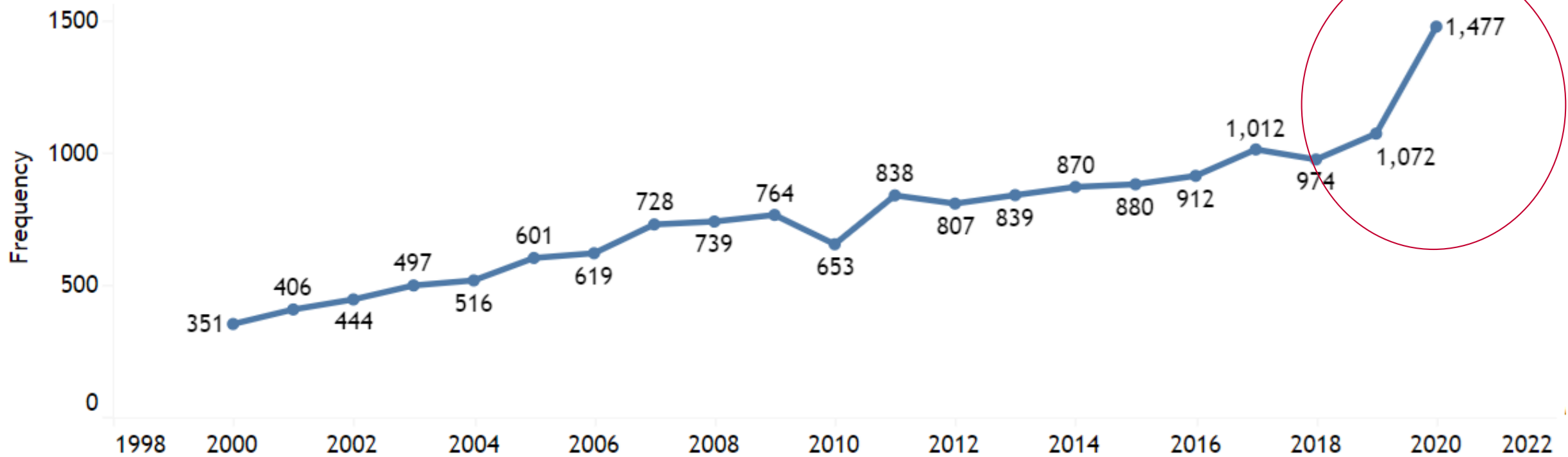
Department of Health Care
Policy & Financing

Mental Health Inpatient Utilization July 2018-Dec 2020



Behavioral Health Outcomes during COVID

Total number of drug overdose deaths due to any drug per year



Behavioral Health Outcomes during COVID

- **Early pandemic: 37% of adults in Colorado reported symptoms of anxiety and/or depressive disorder (June 20-25th, 2020).**
 - This year from June 23rd - July 5th this was down to 28%.
 - In 2019, nationally this was approximately 10%.
- **Youth behavioral health visits in emergency departments have increased more than 70 percent**
 - From January to April 2021, compared to the same time period in 2019 across the CO Children's Health hospital system.
- **Colorado Crisis Line calls have increased 37% since 2019**

COVID Impact to Providers and Access

- COVID changed how we access care
 - Mental health conditions remain the most frequent diagnosis for telehealth services, increased from 35% in 2019 to a little over 50% of all visits in CO in 2020.
- Inpatient and residential
 - Providers saw reduced revenue, especially for rural residential, meaning less funding for expansion
 - When we needed to move people from hospitals, we saw the real limits of access to residential care
- Increase Medicaid membership and increased need had stretched the safety net to the brink, we need capacity

Population Focus on Behavioral Health

- Certain populations are disproportionately affected by gaps in our system.
 - Transformation efforts need to ensure that they are designed to address these gaps.
 - Our safety net system cannot just be there for “most”
- Need to use pop health data to identify challenges
 - HCPF race, ethnicity, language data improvements
 - Tracking on SDoH (housing, incarceration)
 - [Public quality reporting by region](#)
- New Population Health Division to help address these issues

Need for Culturally Responsive Care

- In Colorado, both Black and Hispanic Coloradans are more likely than White Coloradans to have serious psychological distress, but less likely to receive treatment.
- 42% of LGBTQ+ youth seriously considered attempting suicide in the past year
- In 2020, Black and Latinx populations experienced a 45% and 42% increase in overdose deaths vs. a 24% increase in White populations.
- Barriers to care include: providers' lacking dual language skills, diversity in clinicians, and added stigma within communities

“Culturally responsive skills can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes” - SAMHSA



The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition



Complex & Co-Occurring Needs

- Individuals with needs across systems get shifted between providers, face barriers to care in any single system
- Improving the systems
 - Expand clinical workforce expertise across medical, disability, and behavioral health
 - Facilities with ability to treat complex patients
 - Coordinated care and communication across providers (including in different systems)

Children and Youth with Complex Needs

- Youth with multiple diagnoses and connected to multiple systems (juvenile justice, child welfare etc.) present unique challenge
- Improving the systems
 - Significantly enhance cross-trained staff to serve youth and families
 - More Colorado-based residential facilities providing the set of programming the youth need
 - Expansion of step-down care from residential facilities, that includes community based services (wraparound, family and natural supports, in-home treatment)

Workforce Vacancies, Safety Net

- CMHCs are critical safety net providers and serve majority publicly covered individuals
 - There are 838 clinical vacancies and 171 admin vacancies across 16 CMHCs and 1 speciality clinic
- Vacancies lead to longer wait times between crisis/intake and initiating treatment
- Administrative burden and complex billing for public payers can lead to burnout. More flexible payments are needed for essential providers.

Workforce Vacancies, Psychiatrists

Location	Total Mental Health Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Colorado	68	2,574,969	31.4%	123

- About half of Coloradans live in a shortage area
- Workforce development should include peers and unlicensed staff, mid-level clinicians, and doctorate level staff (psychiatrists, addiction medicine specialist, child and adolescent psychiatrists)

Already in the Works - through 2025

- Improving eligibility, finance and data across state Departments (R-23)
 - Centralizes BH admin into HCPF, where that makes sense
- 10% BH increase for RAEs, each is required to have a provider network expansion plan
- SB 19-195 and the Families First Services Act
 - Goal to benefit children and youth at risk of out of home placements due to behavioral health conditions--to reduce the fragmentation and duplication of our behavioral health systems.
 - Implement a high fidelity wraparound benefit and design an integrated funding pilot to support multi-system involved children and families.



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Already in the Works - through 2025

- SB 21-137 On target for SUD standard reviews, care coordination, parental postnatal mood screening
- HB 21-1021 Secure Transport
 - ARPA bump to 85% federal match to build a comprehensive mobile crisis benefit
- HB 18-1136: Builds full continuum of SUD services to include residential services, benefit active Jan 1, 2021

HB 18-1136, Utilization Jan - June 2021		
37 providers across 63 locations		
	Claims Paid	Members Served
Residential	7,628	664
Withdrawal Mgmt (Detox)	16,981	4,225

HCBS ARPA

Funding is Medicaid-only, with a focus on individuals with disabilities

- Safety Net Incentives to RAEs
- Homeless Wrap Around Pilot
- Small grant for youth beds (\$4M)
- Community grants for capital and expansion of services

**JBC and CMS must approve the final spending.*

Full spending plan <https://hcpf.colorado.gov/arpa>

Recommendations for Strengthening and Expanding the Safety Net System (SB 19-222)

- Creating a **unified network of safety net providers**, reducing barriers to join the network, expanding the safety net network
- Helping **our providers increase capacity**, increase programs offered and improve improve quality of care for ALL Coloradans through technical assistance
- **Culturally competent care** for the historically underserved
- Implement **flexible payment strategies** to support whole person care and address social determinants of health (also called Value Based Payment)
- **Strengthen the workforce** through training, opportunities for peers/non clinical staff, and career development



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Improving our Infrastructure

- We need additional additional step down and transitions services (between hospital and home)
- Building out full continuum of care specifically for children and youth with complex needs
 - Inpatient, residential, step down, home-based
- Secure technology/telehealth across the system
- Build out integrated practice in primary care (SUD and MH)



Questions?



Appendix

Medicaid Coverage of SUD Services in Colorado

SUD Continuum of Care



ASAM level 0.5 1 2 3.1, 3.3, 3.5 3.7, 4

Withdrawal Management Services



ASAM level 1-WM 2-WM 3.2-WM 3.7-WM 4-WM

Current coverage Future coverage