

# Colorado Consortium for Prescription Drug Abuse Prevention

## Treatment Work Group Meeting Minutes

January 28, 2021 via Zoom

### **PRESENT**

Steve Young, MD, (Co-chair), UC School of Medicine  
Angela Bonaguidi, (Co-chair), ARTS  
Terri Hurst, Colorado Criminal Justice Reform Coalition  
Elsa Inman, Mercy Regional Medical Center  
Dianne Hayhurst-Vigil, Crossroads Turning Points  
Jean Howard, Crossroads Turning Points  
Ann Noonan, Noonan Consultants  
Josh Blum, Denver Health  
Sara Leatherwood, JCMH Withdrawment Management  
Sarah Prager, AllHealth Network  
Brooke Lee, BAART Programs  
Kacy Behrend, OBH  
Michael Simms, Valiant Living  
Mary Weber, CU College of Nursing  
Matthew Hoag, Denver Health  
Karen Elias, Alkermes  
Stephanie Salkin, OBH  
Danielle Spratt, Denver Health  
Allison Harden, Beyond Betty Recovery Peer Support Services  
Michael McCormick, North Range Behavioral Health  
Duke Rumely, Sober AF Entertainment  
Ashley Anaya, Rocky Mountain Crisis Partners  
Trisha Maki, MD  
Victoria Laskey, HCPF  
Signal Behavioral Health: Kelly McDermott, Heather Dolan, Amber Nicoletti, Debra Starin  
Presenters: Kim McConnell, HCPF; Marc Condojani, OBH; Cyndi Dodds, SummitStone Health  
Consortium: Gina Olberding, Jen Place, Jessica Eaddy, Judy Solano, Rosemarie MacDowell  
**ABSENT:** See attached roster.

Co-chair Steve Young called the meeting to order at 12:05 p.m.

### **Approval of Minutes:**

A motion was made to approve the December 2020 meeting minutes. Motion passed.

### **Co-chair Updates:**

On January 14<sup>th</sup>, the Department of Health and Human Services announced new guidelines for to partially eliminate the buprenorphine waiver. It appears this announcement was premature and will actually require legislation and the reintroduction of the MAT Act. This will take some time.

The American Society of Addiction Medicine will be holding a virtual addiction medicine advocacy conference on March 22<sup>nd</sup> and 23<sup>rd</sup>. The conference is free to ASAM members.

HB 19-1287 will create a behavioral health capacity tracking system to identify available treatment as well as availability of medication assisted treatment programs. It is intended to decrease the wait time in emergency departments and connect individuals to resources. The OBH contact for registry information: [David.Corrall@state.co.us](mailto:David.Corrall@state.co.us)  
Registry link: <https://cdhs.colorado.gov/behavioral-health/capacity-registry>  
Bill information: <https://leg.colorado.gov/bills/hb19-1287>

### **Residential Treatment Roll Out:**

Kim McConnell, Colorado Department of Health Care Policy & Financing: Kim addressed the residential treatment benefit. There are currently 35 providers and 57 locations enrolled in the treatment system in addition to 5 participating hospitals. Thirty-four providers are contracted or in the process of contracting with the Regional Accountable Entities (RAEs). Other providers may be added in the future. January 1 to date prior authorizations across all ASAM levels of treatment total 111 approved authorizations for 931 authorized days. For the continued stay authorization, there are 97 prior authorizations and 781 approved days. The number of members in withdrawal management, which may be overstated, totals 500 for 1,345 days. Work continues with providers to assure that prior authorizations are completed properly.

### **Questions/Comments:**

A question was raised regarding the availability of a list of providers, including ASAM levels and RAE networks, that are accepting the benefit. Kim said a list could be shared with the work group. The list consists of existing providers enrolled with state Medicaid, with a few new additions. A more complete list that includes the contracted RAEs and the MSOs may be available in several months, according to Marc Condojani.

### **Marc Condojani, Colorado Department of Human Services, Office of Behavioral Health:**

Marc described the role of OBH in developing a continuum of care for substance use services, including residential treatment. If someone is below 300% of the poverty level and meets ASAM criteria for residential treatment, funding assistance through MSOs is available if they do not have insurance (including those individuals on Medicaid). Additionally, room and board is covered for Medicaid clients. OBH has both regulatory and funding responsibilities. OBH is also trying to build capacity for both residential treatment and withdrawal management. As of December 31<sup>st</sup>, every residential bed in Colorado was occupied and there was a waiting list. Issues related to efficient processing of prior authorizations is contributing to capacity issues, as there are some cases where beds are available. Marc said he anticipates that by March of this year providers will have a better understanding of the prior authorization and utilization review process.

### **Questions/Comments:**

What would Interim care services look like for Medicaid members approved but on a waitlist?

Kim indicated that all of the services fall under the RAEs. They are responsible for coordination and utilization management.

A few organizations have refused admission for patients who are on medication assisted treatment. Will this admission denial be allowed to continue? Under the Medicaid program, providers must admit patients receiving MAT into the residential program and must also either facilitate access or provide access on site. Providers who work with MSOs must support MAT coordination.

Senate Bill 20-007 (2020) forbids providers receiving federal SUD funding from discriminating against MAT patients: [https://leg.colorado.gov/sites/default/files/2020a\\_007\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2020a_007_signed.pdf)

Cyndi Dodds, SummitStone Health Partners: Cyndi provided a PowerPoint presentation of Garcia House, which is an ASAM 3.7 level of care, medically-monitored intensive residential treatment program. The facility has 16 beds and serves clients ranging in age from 18 to 65. The program is designed for individuals with co-occurring substance use and mental health disorders and is focused on evidence-based practices that include medications and medication assisted treatment. Medicaid and other insurance is accepted. They are currently in the process of obtaining accreditation. Staffing has not been an issue to date. Cyndi mentioned that a private facility will also be opening a 60-bed facility in Larimer County in the spring.

Ann Noonan mentioned the 90-day Mind Springs Circle Program and the Pueblo Circle Program therapeutic community for the highest level need as another model example. For information: Daniel Weller at Mind Springs: [dweller@mindspringshealth.org](mailto:dweller@mindspringshealth.org)

### **Work Group Member Announcements:**

Signal Behavioral Health is planning to issue RFAs related to treatment and recovery. The announcement will be disseminated to Consortium networks.

OBH is funding recovery support services through RCOs. Funding is earmarked for regions statewide. Additional information will be available shortly.

Kim McConnell announced new providers: Pathfinders Recovery Center ASAM 3.5 program and a 3.7 withdrawal management program. They have two locations in Aurora and are currently undergoing the SBH credentialing process. Other providers include Recovery Resources in Aspen and Lighthouse Recovery, 3.3 level. HCPF is now setting rates for the next fiscal year. In order to establish rates, Kim said it is important to understand utilization. She would appreciate knowing if anyone knows of new providers planning to open, as this information helps with utilization and rate setting.

Axis is partnering with Mercy Regional Medical in Durango to provide peer support services in the emergency department for patients admitted with substance use disorders, including stimulants and alcohol. Since the hospital sees a high a number of alcohol-related patients, they are also referring to peer support specialists who can refer them to services in the community.

Upcoming Consortium Provider Education events include presentations by Dr. LaTisha Bader. One of the presentations is related to women-specific addiction treatment issues. Both sessions have CME approval. The work group is continuing their lunch and learn sessions. The work

group also plans to broaden their focus to include other substance use disorders and health equity. There will be additional education offerings related to behavioral health.

### **Upcoming Legislative Session:**

Jen Place mentioned the importance of advising legislators of ongoing issues that exist in the treatment community and how work group members and Consortium colleagues can inform legislative policies by bringing these issues to the attention of legislators. The Interim Study Committee will be meeting this summer, and the Consortium will be asking the treatment community for input and feedback.

### **Adjournment and Next Meeting:**

The meeting adjourned at 1:00 p.m. The next work group meeting will be held on March 25, 2021 from 12–1:00 p.m.

Attachment: List of absent work group members

### **Selected Chat Comments:**

- **Angela Bonaguidi** : Organizations required to participate in the Capacity Registry need to send staff names and email address of staff who will update the registry on a daily basis to: David.Corral@state.co.us. Additional information: <https://cdhs.colorado.gov/behavioral-health/capacity-registry>
- **Heather Dolan**, Signal Behavioral Health : All residential providers contracted with Signal BHN (MSO 1,2 and 4) can be found on the Signal website- [www.signalbhn.org](http://www.signalbhn.org)
- **Cyndi Dodds** : Use (970) 494-4200 for any Garcia House related questions. The referral application is also listed on the website: [www.summitstonehealth.org](http://www.summitstonehealth.org).