Preventing Deaths of Despair Exacerbated by the COVID-19 Pandemic: Support Behavioral Health Care by Passing SB21-137

By Senator Brittany Pettersen / Representatives Dafna Michaelson Jenet & Chris Kennedy

"More Americans could lose their lives to deaths of despair, deaths due to drug, alcohol, and suicide, if we do not do something immediately. Deaths of despair have been on the rise for the last decade, and in the context of COVID-19, deaths of despair should be seen as the epidemic within the pandemic."[1]

What are deaths of despair?

During this COVID-19 pandemic, it is crucial to consider the mental health and substance use disorder (SUD) needs of all Coloradans. Just as we needed to act proactively to ensure that our hospitals and healthcare system were not overwhelmed, so too are we seeing the need to proactively address the fact that in the coming months and years, behavioral health services will be needed at unprecedented levels.[2] This expected demand on the behavioral health system is what policymakers and public health researchers are calling "The Second Curve."

An epidemic within a pandemic.

- All overdose deaths totaled 1,223 in 2020, up nearly 20% from 1,062 the year before, according to state health department data that is preliminary and expected to rise even higher.[3]
- The Colorado Department of Revenue collected increased liquor excise tax revenues between February 2020 and May 2020 compared to the same time period in 2019. The greatest increase in revenues occurred in the month of May, which saw a nearly 50% increase from 2019 to 2020.[4]
- SUD involuntary commitments are up 70% according to data reported by the Office of Behavioral Health (OBH), demonstrating a sharp increase in serious substance use that has become a danger to the person.
- According to the Colorado Health Institute, Coloradoans who are Black or African American had the highest rate of death from drug overdose in 2019 – the highest rate across all race and ethnic groups (25.5 deaths due to overdose per 100,000 people. The death rate due to drug overdoses among Coloradans who are American Indian or Alaskan Natives doubled between 2018 and 2019.[5]

What is contributing to the expected increase in deaths of despair?

Two primary reasons for the unprecedented need are the COVID-19 virus itself and the economic consequences associated with the emergency public health response. We already know that the Colorado Crisis Hotline has been handling an increased volume of calls and texts[6]. Unfortunately, this is only the beginning. The Colorado Health Foundation found that 53% of respondents to a survey said the stress related to the coronavirus has negatively impacted their mental health.[7] A recent national study by the Well Being Trust predicted the pandemic could lead to 75,000 additional "deaths of despair" from substance misuse and suicide.

---

[1] https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf
[2] https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/
[3] https://coloradosun.com/2021/02/04/colorado-fentanyl-overdoses/
[4] https://www.coloradoseow.org/wp-content/uploads/2020/09/Colorado-SEOW-COVID-19-and-Alcohol-Use-Brief_Final_9_24_2020.pdf
[5] https://www.coloradohealthinstitute.org/blog/colorados-2019-overdose-data-already-looked-bad-2020-could-be-worse
[6] https://www.denverpost.com/2020/05/23/colorado-suicides-dropped-coronavirus-pandemic-calls-to-crisis-line-spiked/
[7] http://www.realvail.com/colorado-health-foundation-survey-finds-majority-of-coloradans-impacted-by-covid-19-stress/a8276/

As we work to support our communities, it is critical that those in need of behavioral health services have access to it.[8] For those already receiving services for anxiety, depression, psychosis, and other forms of mental illness or SUD, the need will be even greater as their conditions are exacerbated by the pandemic.[9]

Racial and ethnic groups are disproportionately affected.

We must also consider the impact this pandemic has had on people of color. In a report earlier this year, SAMSHA addressed the exponential spike in overdose deaths in Black and other minority communities, citing unequal prevention and treatment, lack of culturally responsive and respectful care, and fear of legal consequences as some explanations for the disproportionate increase in overdose deaths.[10] The Centers for Disease Control and Prevention (CDC) also recently explored the increase in American Indian/Native Americans impacted by overdose deaths, noting that American Indian/Native American communities experience high rates of physical, emotional, and historical trauma along with significant disparities in social and economic factors.[11] These factors, on top of barriers to accessing medical and behavioral health services, put this group at risk for higher rates of death due to drug overdose.

While there are many effective treatments available for SUD, access to these treatments is not always equitable. Addressing social factors like unstable housing as well as enacting policies that help address the systematic discrimination that fuels these social factors can be one way to help address these disparities.[12] Employing culturally specific engagement strategies[13], promoting health insurance opportunities by behavioral health organizations[14], and creating a diverse workforce[15] can also reduce barriers to substance use treatment for communities of color.

What's in the Bill?

Section 2:	Continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids.
Sections 3 & 4:	Continues the funding for the medication-assisted treatment (MAT) expansion pilot program for FY2020-21 through FY2022-23 and repeals the pilot program on June 30, 2023.
Section 5:	Expands the Colorado State University AgrAbility project by providing funding for information, services, training, and referrals to farmers, ranchers, agricultural workers, and their families to address mental health, suicide, and substance use issues experienced by these individuals.
Section 6:	Appropriates $2 million to Local Public Health Agencies to address behavioral health, mental health, and substance use priorities in their local communities.
Section 7:	Continuously appropriates money to the Harm Reduction Grant Program.
Section 8:	Requires a Medicaid managed care organization (MCO) to notify providers about their decision to approve or deny services within 24 hours of the submitted request, sets minimum days that must be approved for certain types of residential SUD treatment, requires an MCO to approve care recommended by a provider, and requires an MCO to provide specific justification for each denial of continued care for all 6 dimensions of the ASAM Criteria for Addictive, Substance-Related and Co-Occurring Conditions.

[8] https://www.npr.org/sections/health-shots/2020/05/13/850665769/act-now-to-get-ahead-of-a-mental-health-crisis-specialists-advise-u-s
[9] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584?appId=scweb
[10] https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf
[11] https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a2.htm
[12] https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism?redirect_source=/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting
[13] https://www.samhsa.gov/sites/default/files/samhsa_strategic_plan_fy19-fy23_final-508.pdf
[14] https://store.samhsa.gov/product/Strategies-for-Behavioral-Health-Organizations-to-Promote-New-Health-Insurance-Opportunities-in-African-American-Communities/SMA14-4819
[15] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863703/

Section 9: Aligns Medicaid reimbursement with best practice to have pediatricians screen for maternal perinatal depression at four well-child visits in the first 6 months of life.

Section 10: Requires CDHS to develop a statewide data collection and information system to improve the Early Childhood Mental Health Consultant program, promote accountability, and continually improve child and program outcomes.

Section 11: Requires CDHS, in collaboration with the Department of Agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services.

Section 12: Requires the Center for Research into SUD Prevention, Treatment, and Recovery Support Strategies (the Center) to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery.

Section 13: Continues the building SUD Treatment Capacity in Underserved Communities Grant Program and strikes the repeal date.

Section 14: Requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with SUDs and their infants.

Section 15: Requires OBH to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices.

Section 16: Requires OBH to establish a program to provide temporary financial housing assistance to individuals with a SUD who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment. Also creates the recovery support services grant program to provide recovery-oriented services to individuals with a substance use and co-occurring mental health disorder.

Section 17: Continues the appropriation to the maternal and child health pilot program

Section 18: Continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of naloxone and other drugs used to block the effects of an opioid overdose.

Section 19: Continues the Harm Reduction Grant Program and the Maternal and Child Health Pilot Program.

Section 20: Appropriates funding to community programs to respond to the impacts of the COVID-19 pandemic:

a. $500,000 to CDE for the behavioral health care professional matching grant program
b. $2,500,000 to CDE (from MTCF) for the K-5 social and emotional health pilot program
c. For the 2021-22 state fiscal year, the following General Fund amounts to the Office of Behavioral Health:
    i. $3,530,000 to MSOs for SUD treatment and recovery providers for expenses related to COVID-19
    ii. $3,250,000 for CMHCs for expenses related to COVID-19
    iii. $500,00 to MSOs for SBIRT
    iv. $2,000,000 for services provided to school-aged children and parents by CMHC school-based clinicians and prevention specialists.
    v. $3,800,000 for co-responder programs, Colorado crisis system services, housing assistance, including recovery residences and momentum and transition specialist programs, and treatment for rural communities.
    vi. $2,000,000 for behavioral health treatment for children, youth, and their families
    vii. $250,000 for treatment and detoxification programs
    viii. $500,000 directed to community transition services for guardianship services for individuals transitioning out of mental health institutes
    ix. $75,000 for the perinatal substance use data linkage project
d. For FY2021-22, the following General Fund amounts to CDPHE:
    i. $250,000 for allocation to mental health first aid for in-person and virtual trainings.
    ii. $1,150,000 for the opiate antagonist bulk purchase fund, and school-based health centers,
    iii. $500,000 for the Colorado HIV and AIDS prevention grant program

e. $500,000 to CDHS for the early childhood mental health consultation program
f. $600,000 to the center for research into SUD prevention, treatment, and recovery support strategies for education for health-care professionals, grant writing assistance, and personal protective equipment and telehealth supplies for the medication-assisted treatment expansion pilot.
g. $120,000 to the Department of law for the safe2tell program.

Together, these initiatives will strengthen Colorado's behavioral health system and prepare our state to provide timely, adequate, and high-quality care for individuals who need enhanced support as a result of COVID-19. It will provide relief for community organizations that have incurred unexpected cost associated with the pandemic and its dramatic impact on our economy – organizations that have worked tirelessly to carry out their mission to serve Colorado communities despite these unprecedented circumstances.

Please take immediate action to prevent additional avoidable deaths of despair. Support SB21-137 so that all Coloradans have immediate access to behavioral health services.

The Following Organizations & Entities Support SB21-137

As of March 18, 2021—

- Advocates for Recovery Colorado
- Colorado Academy of Physician Assistants (CAPA)
- Colorado AgrAbility Project
- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Behavioral Healthcare Council
- Colorado Consortium for Prescription Drug Abuse Prevention
- Colorado Evaluation and Action Lab
- Colorado Farm Bureau
- Colorado Fraternal Order of Police (FOP)
- Colorado Mental Wellness Network
- Colorado Providers Association (COPA)
- Colorado Psychiatric Association
- Colorado State University
- Emergent Biosolutions
- Harm Reduction Action Center
- Illuminate Colorado
- Jefferson Center for Mental Health
- Jefferson Hills
- Let's Talk About Change LLC
- Mental Health First Aid Colorado
- Mental Health Colorado
- National Association of Social Workers, Colorado Chapter (NASW-CO)
- Oxford House
- Peer Assistance Services, Inc.
- Postpartum Support International – Colorado Chapter
- Sobriety House
- University of Colorado
- We CARE Patient and Family Coalition