



Substance Treatment Feasibility Study Findings

July 2023



AGENDA

- » Methodological Overview
- » Description Region 9 Priority SUD Treatment Services
- » Feasibility of SUD/OPUD Services
- » Recommendations
- » Reference Findings from the Assessment

RESEARCH QUESTIONS

- » What is need/demand for SUD treatment and recovery services, including inpatient treatment, in Region 9?
- » What specific services exist and where do service gaps exist?
- » What are initial estimates of feasibility (per above), including cost estimates to build, operate, equity, and contract?
- » What are initial funding recommendations and source mix?



METHODOLOGY

The feasibility study relies on a mixed-method research design including:

- Document review of past assessments of SUD/ODU continuum of care and needs in Region 9
- Cross-sector community leader interviews and focus groups
- Provider (n=13) and community member (n=33) survey
- Secondary data analysis
 - SUD/ODU prevalence
 - Drug and alcohol overdose and death rates,
 - Emergency Department (ED) and hospitalization rates for SUD/ODU and co-occurring mental health conditions
 - Social and community drivers of health

ORGANIZATION OF THE ASSESSMENT FINDINGS

- » Overview of the Identified Needs and Gaps in Southwest Colorado
 - Community Context and Population Demographics
 - OUD and SUD Needs Assessment and Document Review
- » Gap Analysis of SUD/OUD Services
- » Region 9 Community Priorities
- » Existing and Future Service Demands
- » Recommendations for Strengthening Region 9's SUD/OUD Prevention, Treatment and Recover
- » Feasibility of Building SUD/OUD services identified as Gaps
 - Service #1: Residential/Inpatient Facilities
 - Service #2: Crisis Stabilization Facility
 - Service #3: Methadone Clinic

OVERVIEW OF CONTINUUM OF SERVICES

SAMHSA's Description of a Good and Modern Addictions and Mental Health System should:

- **Be person centered.** It is important that people who misuse substances are at the center of the behavioral health system, including mental health.
- **Offer a full array of services with an emphasis on upstream prevention and a wide range of community-based care.** The core continuum of care should include a full range of services and provider types for both children and adults.
- **Focus on achieving equity.** All care provided under the continuum should be designed and delivered in a way that actively addresses disparities by race, ethnicity, ability, sexual orientation, and gender identity.
- **Reflect evidence-based and community-defined best practices.** Services should always be provided in the least restrictive setting that is appropriate for the care and supports needed.



IDENTIFIED GAPS IN THE TREATMENT CONTINUUM IN REGION 9

The levels of care and service offerings missing among the survey respondents are **ASAM 2.5, ASAM 3.1, ASAM 3.3, and ASAM 3.5**. Our proximity analysis indicates a provider location that offered ASAM 3.2 Withdrawal Management was the only SUD residential provider within the network adequacy standards. Based on these missing levels of care, the following acuties are not being served adequately:

- **Withdrawal risk:** People with moderate risk of severe withdrawal
- **Biomedical Conditions and Complications:** People with a need for concurrent medical monitoring
- **Emotional, Behavioral, or Cognitive Conditions and Complications:** Mild to moderate severity, including needing 24-hour care in a structured setting and/or stabilization



KEY INFORMANT INTERVIEWS: PHONE AND MOBILE CRISIS SERVICES AVAILABLE, BUT NO CRISIS STABILIZATION FACILITY

- » The crisis service utilization rate per 100,000 residents in Region 9 **was increasing** between July 2018 and June 2021, from 346.6 per 100,000 residents to 383.7 per 100,000 residents.
- » Crisis line service utilization reportedly **decreased** during this same time for ASO Region 1 and for Colorado, according to the Colorado Crisis Services Dashboard.
- » An asset that came up in numerous interviews is mobile crisis services, for example, Montezuma County's Community Intervention Program (CIP), Durango Police Department and La Plata County's Co-Responder Program (CORE),
- » Region 9 does not have a crisis stabilization facility, and many individuals in crisis end up in the ED or criminal justice system

Emergency calls for noncriminal situations continue to increase in Montezuma County, including for welfare checks, substance abuse, mental health, suicidal threats, and overdoses. "We have seen this problem getting worse and worse. After a lot of discussion and collaboration with area towns, police and fire agencies, a countywide intervention program was seen as something to try. We are offering a hand up for people in need." - Montezuma Co. Key Informant

"I don't have the numbers, but anecdotally I can say that it seems like there's been a decrease in jailed transports and hospital transports for many of our patients or clients. We are having success for sure, working with people over time and figuring out solutions other than jail." – Durango CO Key Informant

PROVIDER SURVEY AND KEY INFORMANT INTERVIEWS: MAT AVAILABILITY IS LIMITED AND SHOULD BE EXPANDED

- » Medication assisted treatment (MAT) is the use of medications, oftentimes in combination with counseling and other therapeutic techniques, to provide a whole-patient approach to the treatment of SUD/OD.
- » Key informants noted MAT is working well in Region 9 and should be expanded to support substance use prevention, treatment, and recovery.
- » Five of the 13 providers who responded to the survey reported they offer MAT.
 - Among the five, four (80%) reported having the capacity to start MAT on the same day as the patient is initially evaluated and two providers reported they can initiate same day “sometimes.”
 - Suboxone (combination buprenorphine and naloxone) (100%, n=5), naltrexone (80%, n=4), and buprenorphine (60%, n=3) are provided. No provider reported offering methadone.
- » **Despite these offerings, more than 90% of surveyed providers “strongly agree” or “agree” that MAT is an unmet need in Region 9.**

RECOVERY SUPPORT IS GOING WELL AND SHOULD BE EXPANDED, HOUSING SUPPORT IS LACKING

- » Key informant interviewees in the region suggested that peer supports are a recovery support service that is going well in the region and would benefit from expansion.
- » Peer organizations including Advocates for Recovery, Young People in Recovery, and Alano Club (alcohol use) were among programs described as important resources for people seeking community with others working to move away from substance use.
- » Axis, Cortez Recovery Center, and Tribally led peer supports such as Indigenous Wellbriety program offered through SE Colorado AHEC, are other important resources in the region.
- » Among Provider Survey responses, the top three community/recovery support services offered were:
 - Behavioral Management
 - Peer Support
 - Skill Building (social, daily living, etc.)
- » **Nearly all survey respondents (80%, n=12) selected “housing supports” as a community/recovery support service thought to be lacking in Region 9 to support transitions more effectively between different levels of SUD/ODU care.**

WORKFORCE RAISED AS MAJOR BARRIER

Two thirds of community and providers indicated that “Recruiting and sustaining an SUD/ODU treatment workforce” was a barrier to delivering SUD/ODU services (67%, n=10).

Nearly all provider survey respondents (88%, n=7) reported that their SUD/ODU clinical staff is higher today compared to this time in 2019.

The top recruitment priorities among the SUD/ODU provider organizations who responded to the survey were:

- Licensed Addiction Counselors
- Licensed Clinical Professional Counselors
- Licensed Clinical Social Workers
- Bachelor's Level Social Workers
- Certified Behavioral Health Peer Support Specialists

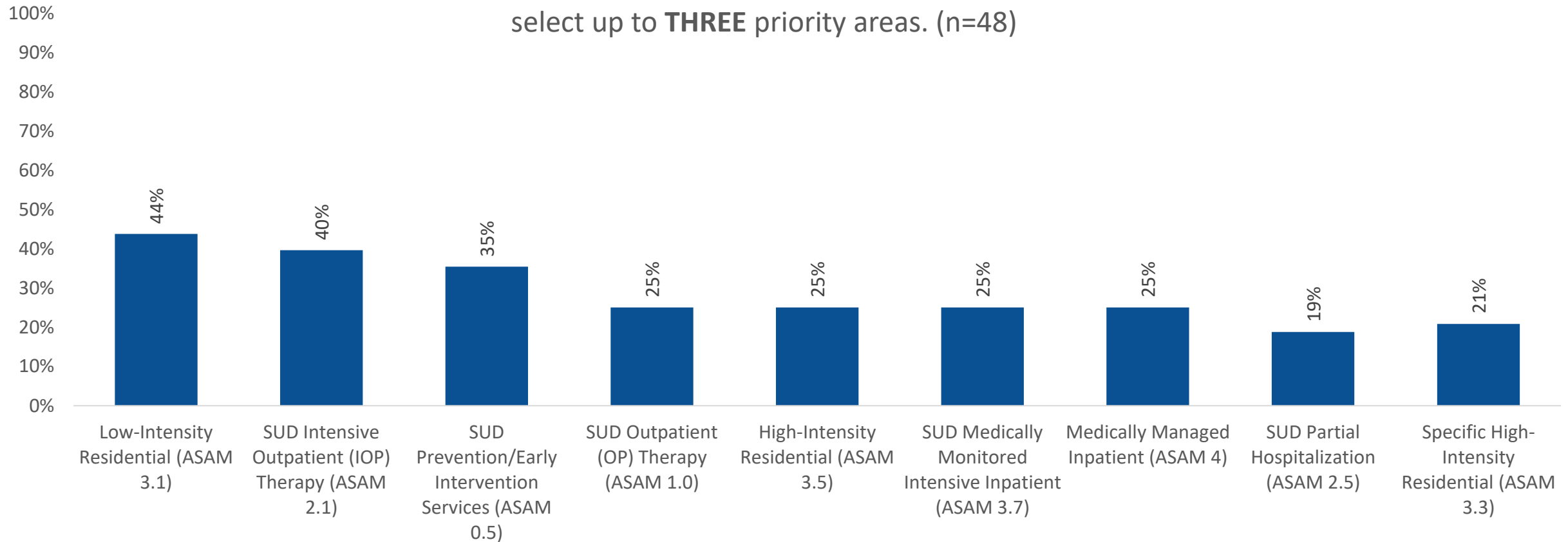


PROVIDER AND COMMUNITY SURVEY: PRIORITY POPULATION NEED

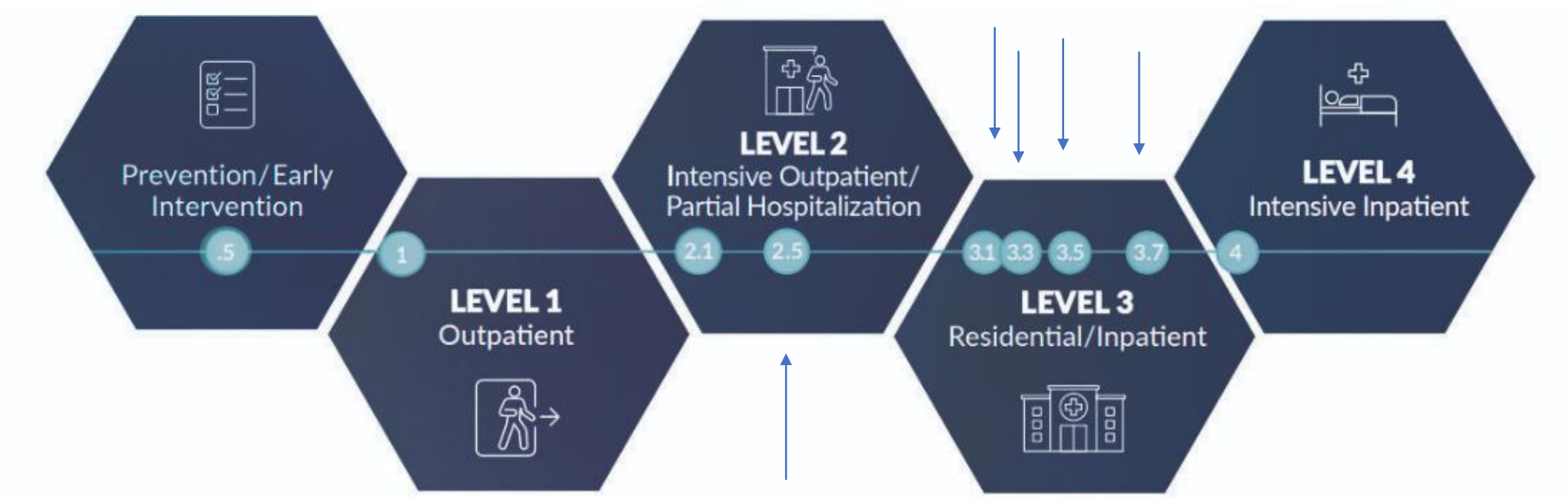
- » Across all key informant interviews, the most reported substances of concern were alcohol, methamphetamines, and opioids, specifically fentanyl.
- » The top three populations selected by both community members and SUD/ODD providers as those with most unmet need were:
 - » Adults with serious mental illness (SMI) (73%, n=35)
 - » Youth with serious mental illness (SED) (67%, n=32)
 - » Tribal populations (65%, n=31)

PROVIDER AND COMMUNITY SURVEY: PRIORITY SUD TREATMENT SERVICES

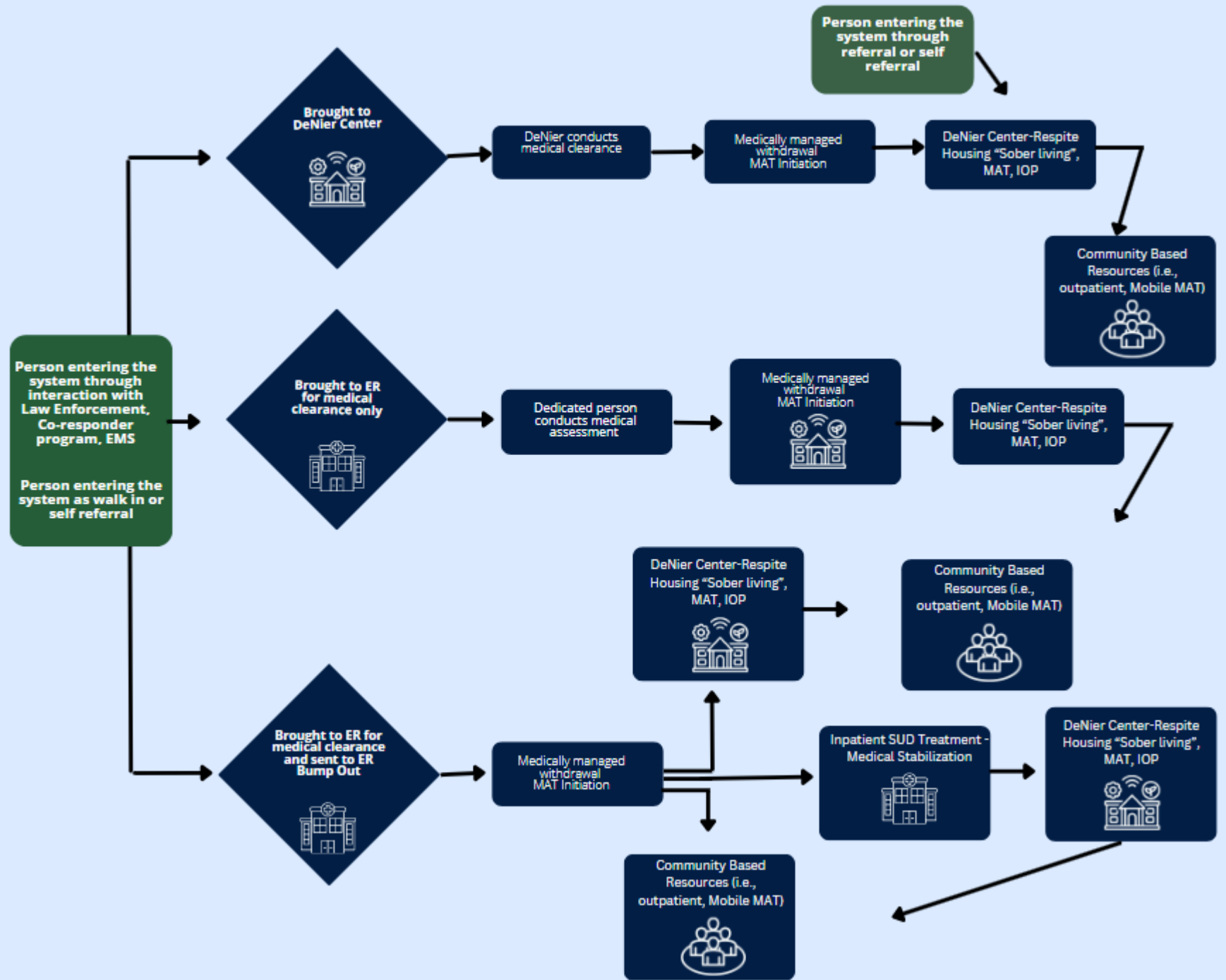
What level of SUD treatment would you prioritize for Region 9 to build the SUD continuum to meet unmet need? Please select up to **THREE** priority areas. (n=48)



THE GAP IN SUD/ODU TREATMENT IN REGION



SUD SERVICE OPTIONS



PROPOSED SERVICE MODEL AT DENIER FACILITY

ASAM Levels of Care 2.1, 2.5, 3.1,3.3,3.5 and 3.7

Environment and Culture: Peer-led, or strongly informed by peer specialists/organization(s) – person-centered; recovery-oriented; strengths-based; trauma informed; evidence-based.

Key elements

Community “living room” model (modified Clubhouse) – *All interactions are seen as an opportunity to engage people in recovery*

- Meets need for social connectedness
- Shown to be effective in engaging people who may not otherwise present for services or treatment (except at an acute care setting/when in crisis)
- Meets community’s interest in early intervention and prevention; harm reduction

Short Term Respite Housing (or short-term transitional housing): Single Room Occupancy (SRO) – individual rooms for sleeping, personal possessions; shared living, cooking, and laundry space. Sober living space BUT ensure active incorporation of individuals receiving MAT.

- Lack of transitional housing was the most selected barrier to SUD/OD treatment in Region 9 identified by all survey respondents (75%, n=36) and community member key informant interviews.
- Key informants stressed that housing must be flexible to meet peoples’ different needs and stages of recovery; low barrier and follow a “housing first” model; and offer ancillary supportive services.

PROPOSED SERVICE MODEL AT DENIER FACILITY

Peer Engagement and Follow Up with persons connected from the hospital - via ED, IP release and/or law enforcement, co-responder team(s)

- Dynamic approach to the problem of people not engaging in or being lost to care
- Maximizes limited resources through coordination of person-centered approach

Specific Services to be Considered for Operationalization at DeNier:

- Behavioral management
- Skill building (social, daily living, etc.)
- Supported employment
- Housing support
- Supported education
- Parent/caregiver support
- Transportation
- Coordinated entry system
- Mental health advance directives
- Other supports for self-directed care
- Traditional healing services
- Personal care
- Respite
- Wellness recovery action planning (WRAP)

RECOMMENDATIONS FOR STRENGTHENING REGION 9'S SUD/ODD PREVENTION, TREATMENT AND RECOVERY ECOSYSTEM

- » Initial recommendations are based on findings from the report and will be further developed with SWORD council input:
- Map the Region 9 SUD/ODD Prevention, Treatment and Recovery Ecosystem
 - Mobile methadone (See feasibility assessment findings for methadone clinic)
 - Establish Regional Care Compacts
 - Collaborate with the Assessment work underway with Tribal Partners
 - Consider opportunities to collaborate with neighboring regions and Tribal partners to improve feasibility estimates for inpatient residential, crisis stabilization, and other services and supports

RECOMMENDATIONS FOR STRENGTHENING REGION 9'S SUD/ODD PREVENTION, TREATMENT AND RECOVERY ECOSYSTEM

AI/AN Population Specific Recommendations

- Coordinate with and build capacity for Southern Ute's efforts to develop a new SUD treatment center
- Offer treatments and modalities that work for AI/AN populations such as White Bison Wellbriety and tribally-operated peer support services.
- Prioritize hiring AI/AN providers and leadership, where possible, to better reflect the populations served in Region 9.
- Consider opportunities to collaborate with neighboring regions and Tribal Partners to improve feasibility estimates for inpatient residential, crisis stabilization, and other services and supports
 - Additional assumptions will drive different feasibility findings such as:
 - Medicaid billing volume estimates
 - All Inclusive Rate reimbursement for pharmacy claims – under consideration at HCPF
 - Other payer mix and volume estimates depending on Tribal and neighboring region participation.



MOBILE HEALTH SERVICES

Mobile treatment services have proven to be an effective way to provide treatment in rural and frontier parts of the state.

The behavioral health administration with funds from the state opioid response grant, currently provides six mobile health units specializing in MAT to rural and underserved areas of Colorado.

Read the evaluation of the first two years of mobile health unit operation [here](#).

WHAT HEALTH SERVICES ARE OFFERED?

- Access to a doctor that can prescribe medication for an opioid use disorder
- Naloxone distribution
- Referral to wraparound services
- Syringe disposal (some units)

WHO IS ON BOARD?

- Nurse (LPN or RN)
- Licensed addiction counselor
- Peer recovery coach

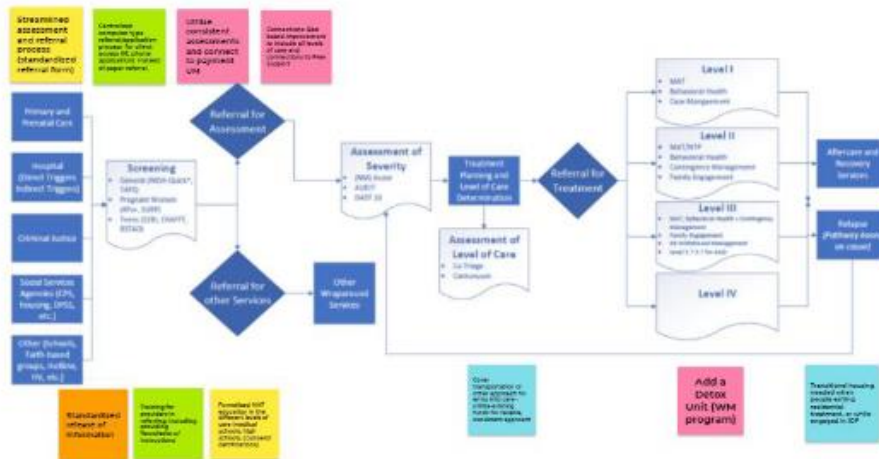
MAPPING REGION 9 PREVENTION, TREATMENT AND RECOVERY ECOSYSTEM



» Increase understanding and use of SUD/ODU resources across Region 9. This will **strengthen transitions** of care for individuals with these conditions as well as the social supports and services necessary to **sustain recovery**.

- To increase understanding and use of SUD/ODU resources across Region 9, convene relevant SUD/ODU stakeholders to map their current process of engaging an individual with SUD/ODU from the point that they enter services/program to the point they leave it.

Key Features/Solutions Within the Substance Use Treatment and Recovery Ecosystem



ESTABLISH CARE COMPACTS

- » Care compacts are bi-directional agreements that aim to enhance communication between providers and patients through shared preferences and expectations regarding referrals.
- » Care compacts facilitate effective care management and coordination across the continuum to provide patient centered care. This will create a seamless, no-fail system in which people in the region with SUD/ODU receive coordinated, well-managed care through a networked system of providers in various sectors who can address their substance use, mental health, physical health, social and safety needs.
- » Care compacts between providers will serve to increase access to the right services, individuals will have less contact with systems that are not designed as treatment settings.



ADDRESSING THE FUNDING GAP: EXAMPLES FROM OTHER COMMUNITIES

- » In 2018, Larimer County voters passed a sales tax increase of .25% dedicated to Larimer County Behavioral Health Services. The ballot language presented a 2-pronged, local solution:
 1. Expanded & enriched local behavioral health services across the County.
 2. Regional [behavioral health facility](#) to coordinate those integrated services.

- » In 2022 total revenue for Larimer County Behavioral Health was 26.6 Million-a direct result of the ballot initiative.

- » <https://www.larimer.gov/behavioralhealth/ourstory>

ADDRESSING THE FUNDING GAP: EXAMPLES FROM OTHER COMMUNITIES

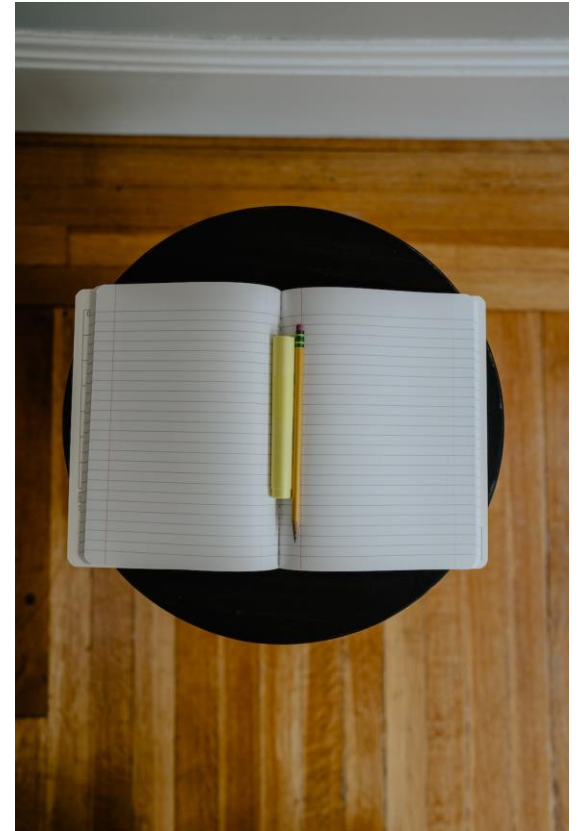
- »» In 2014 the Douglas County Mental Health Initiative was established in response to a series of tragic events in the County.
- »» By 2017 the Board of Douglas County Commissioners approved ongoing general funds to support a Community Response Team program following a successful pilot.
 - By 2019 the BOC extended General Funds to include a youth CRT.
 - Now the DCMHI is embedded into the newly established County Health Department.
- »» <https://www.douglas.co.us/mental-health/mental-health-initiatives/>

ADDRESSING THE FUNDING GAP: EXAMPLES FROM OTHER COMMUNITIES

- » Braided funding for a crisis receiving center: Restoration Center-Bexar County, Texas
- » 2020 the Restoration Center had an annual operating budget of \$36 Million.
 - State of Texas-HHS Dept. of State Health Services –one-time initial investment based on successful proof of concept/pilot diverting people with mental health conditions and/or SUD from jail
 - State general funds-crisis service provider
 - Dept of State Health Services-Health Care Services-Substance Use Authority for the County
 - Dept. Of State Health Services-MAT provider
 - Texas HHS-MAT treatment
 - Texas HHS-cost reimbursement contracts
 - Medicaid Federal Funds-crisis services
 - Third Party Payors-individual payor contracts
 - City of San Antonio-annual contract-cost offset from PD (ED Diversion)
 - City of San Antonio-operating budget
 - County of Bexar-annual contract-general operations-cost offset from sheriff
 - University Health System-Annual cost reimbursement contracts for capped number of unfunded individuals served
 - Bexar County-court diversion
 - UHS Carelink-County health insurance program

RECOMMENDATIONS FOR PRIORITIZATION / ORDER

- Start with the Mercy ER and their capacity for bumpout
- Map the SUD prevention, treatment and recovery ecosystem
- Establish care compacts where needed and possible first and add them as the build out at DeNier happens
- Work across counties in the region to develop funding strategy/ campaign
- Build out DeNier in a phased approach



FEASIBILITY OF SUD/ODD SERVICES IDENTIFIED AS GAPS IN REGION 9: METHADONE CLINIC

- » Methadone must be administered by a DEA-regulated Opioid Treatment Program (OTP). There is currently no OTP within Region 9.
- » HMA found that approximately 100 patients are needed to sustain an OTP without additional funding.
- » Action Steps:
 - Identify a clinician willing and able to run an OTP. Starting with providers who previously supported the OTP in Durango may be beneficial and most efficient.
 - Support steps needed to obtain SAMHSA, DEA, and any other regulatory approvals.
 - If a sufficient patient population is not established to sustain the OTP financially, provide supplementary financial support as needed.
- » Resource/Partnership Needed: Multiple interviewees raised an OTP as a potential area of collaboration between local tribes, Indian Health Services, and counties. Models exist in other jurisdictions wherein a clinic located on tribal lands and funded by Indian Health Services provides MAT and other SUD/ODD services to both tribal and non-tribal patients.

FEASIBILITY OF SUD/OD SERVICES IDENTIFIED AS GAPS IN REGION 9: RESIDENTIAL TREATMENT FACILITY

- » There is no existing residential or inpatient treatment facility in the region beyond one provider offering ASAM level 4 care. Stakeholders are currently assessing the feasibility of repurposing the DeNier Youth Services Center to provide residential treatment, among other levels of care. La Plata County currently estimates building remodel work would be approximately \$5 million.

- » Estimated Demand – Based on estimated population with alcohol-related and substance-related disorders in the region along with an estimated utilization rate, the following estimates were developed:
 - Annual Admissions = 240
 - Average Length of Stay = 30 days
 - Average Daily Census = 20
 - Bed Need = 21

- » Proforma – Utilizing the above demand estimates, estimated reimbursement per diems, and local cost data (utilizing Medicare Cost Reports) three scenarios were developed to account for potential variation in payer mix and related rates. Each of the three scenarios project an annual loss:
 - Scenario A – Avg Per Diem Reimbursement of \$500 = Loss of \$2.2M
 - Scenario B – Avg per Diem Reimbursement of \$625 – Loss of \$1.3M
 - Scenario C – Avg Per Diem Reimbursement of \$750 = Loss of \$.440M

FEASIBILITY OF SUD/ODD SERVICES IDENTIFIED AS GAPS IN REGION 9: CRISIS STABILIZATION FACILITY

- » HMA worked with Centura Mercy Hospital in Durango to gather data to develop a proforma feasibility estimate
- » Estimated Demand – Based on estimated population with alcohol-related and substance-related disorders in the region, along with an estimated utilization rate the following was developed:
 - Annual Admissions = 800
 - Average Length of Stay = 6.5 days
 - Average Daily Census = 14
 - Bed Need = 15
- » Proforma – Utilizing the demand data cited above, from Centura Mercy, estimated reimbursement per diems, and local cost data (utilizing Medicare Cost Reports) three scenarios were developed to account for potential variation in payer mix and related rates. Each of the three scenarios project an annual loss:
 - Scenario A – Avg Per Diem Reimbursement of \$500 = Loss of \$2.2M
 - Scenario B – Avg per Diem Reimbursement of \$625 – Loss of \$1.5M
 - Scenario C – Avg Per Diem Reimbursement of \$750 = Loss of \$.911M
- » Given the relatively small size and more complex level of care, it would be best to engage with a local hospital to convert beds and operate such a unit within the walls of the hospital

APPENDIX: NEEDS ASSESSMENT DATA

COMMUNITY CONTEXT AND POPULATION DEMOGRAPHICS

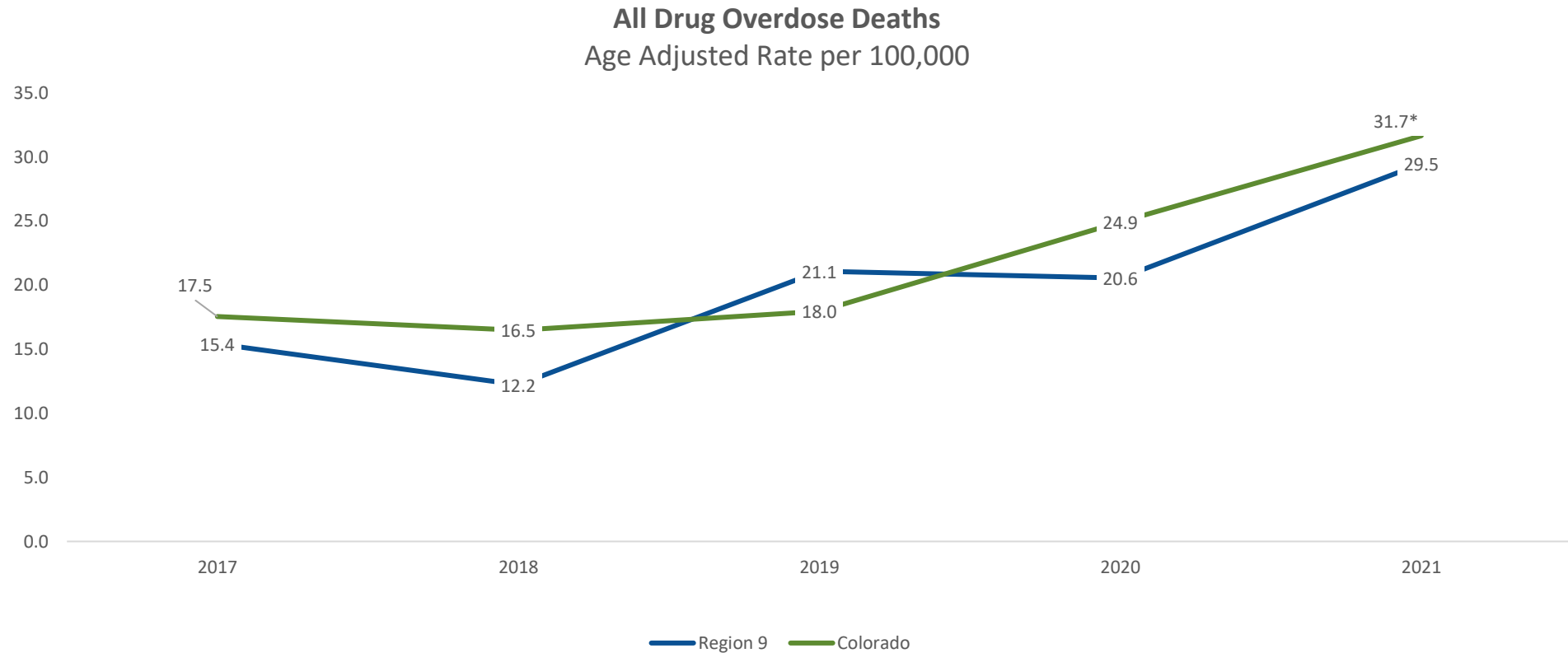
- Region 9 has an older population compared to Colorado.
- Region 9 has a larger percentage of the population living in rural/frontier areas (59.4% to 100%) compared to Colorado (13.8%).
- While the overall Native American population in Colorado is less than 2%, the population of AI/AN living in Region 9 was higher for all counties except for San Juan, with the largest percentage in Montezuma County.
- There were significantly higher percentages of uninsured adults living in the counties of Archuleta (17.4%), Montezuma (17.6%), and San Juan (18.0%), compared to Colorado (11.5%).
- The median household income for all Region 9 counties was significantly lower than Colorado, with Montezuma County at the lowest, approximately \$53,337 annually.

OUD AND SUD NEEDS ASSESSMENT & DOCUMENT REVIEW

HMA reviewed previous needs assessments and corresponding documents which highlighted work previously conducted in the region and the state to assess SUD and OUD trends:

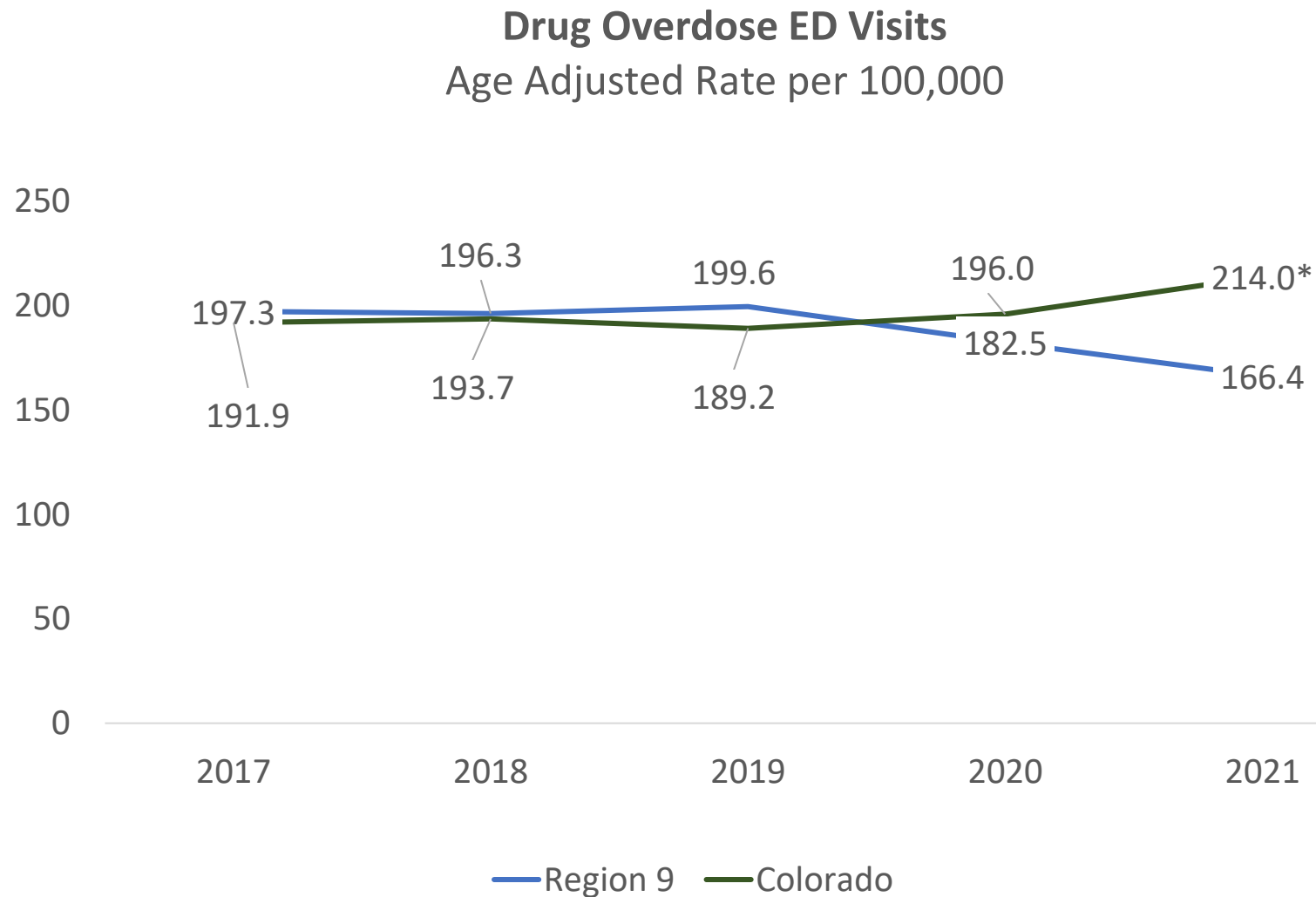
- An increasing trend in drug overdose deaths in Region 9 similar to trends seen statewide
- Opioid overdose related deaths were higher in Region 9 compared to alcohol related deaths and the death rate due to alcohol was significantly higher in Region 9 compared to Colorado
- Males had significantly higher drug overdose death rates compared to females
- AI/AN residents living in Region 9 had a higher rate of overdose deaths compared to that of white residents

TRENDS: DRUG OVERDOSE DEATHS IN REGION 9 AND COLORADO

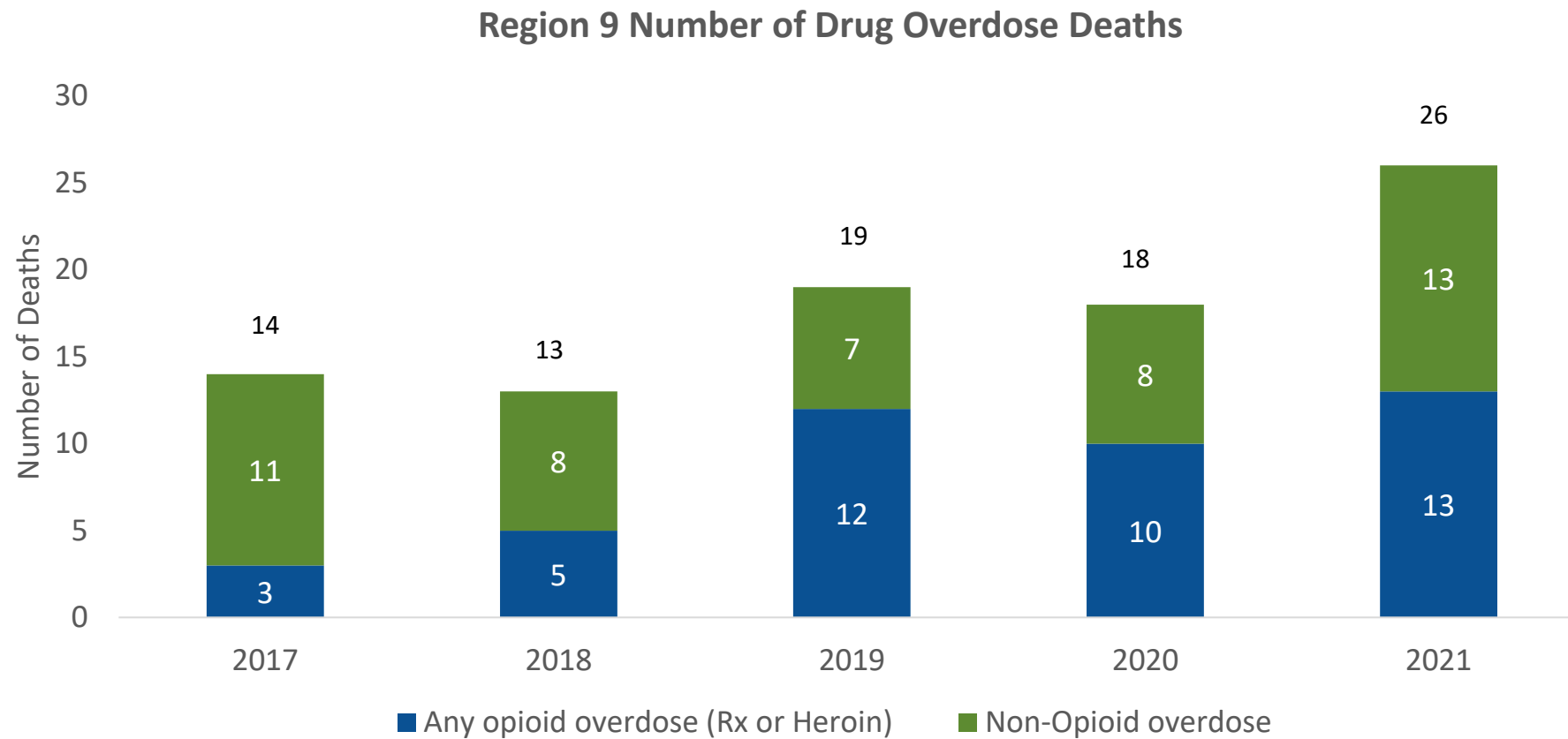


****The rate in 2021 in Colorado was significantly higher compared to 2017. Source: CDPHE Drug Overdose Dashboard.***

TRENDS: DRUG OVERDOSE ED UTILIZATION IN REGION 9 AND COLORADO



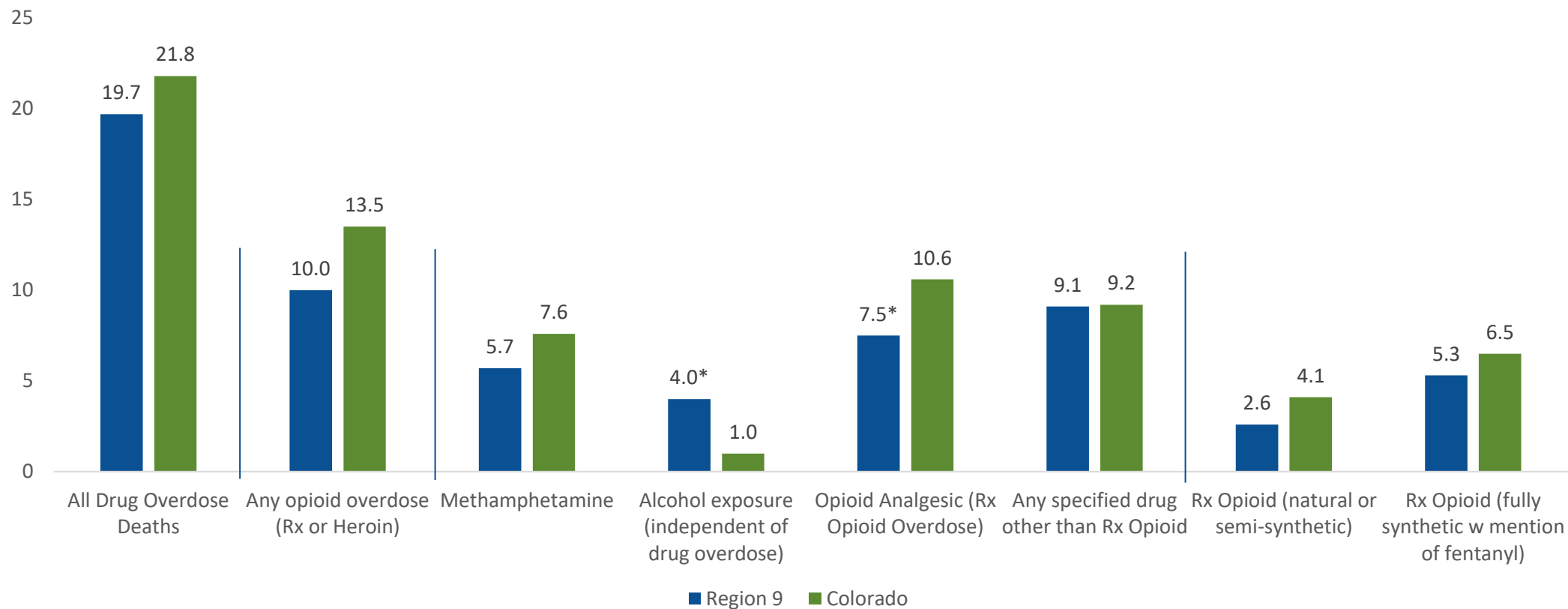
NUMBER OF DRUG OVERDOSE DEATHS INCREASING IN 2021



Source: CDPHE Drug Overdose Dashboard.

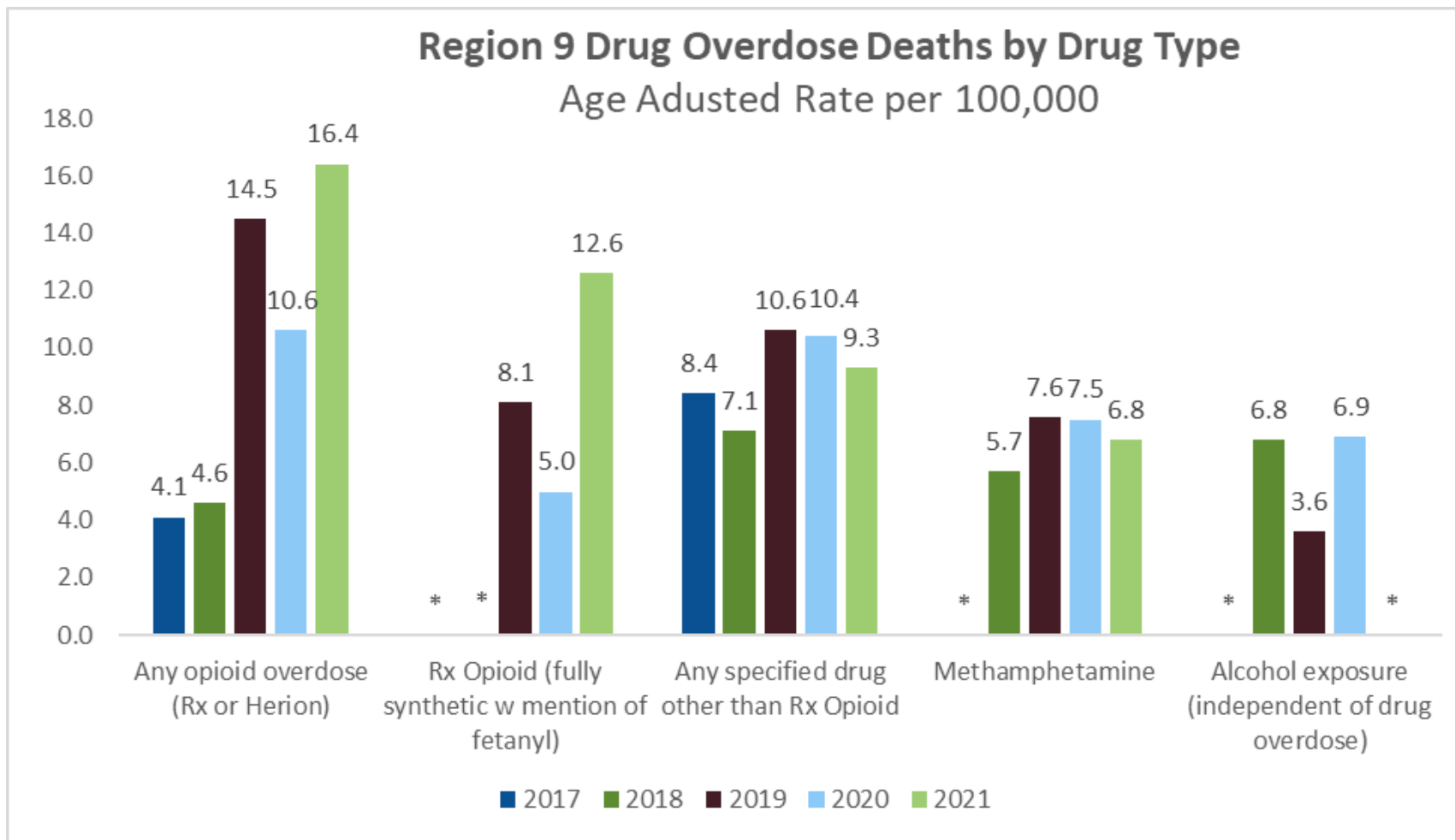
DRUG OVERDOSE DEATHS BY TYPE OF DRUG: 5-YEAR RATES

Drug Overdose Death Rates
2017-2021 5-Year Estimates
Age Adjusted Rates per 100,000



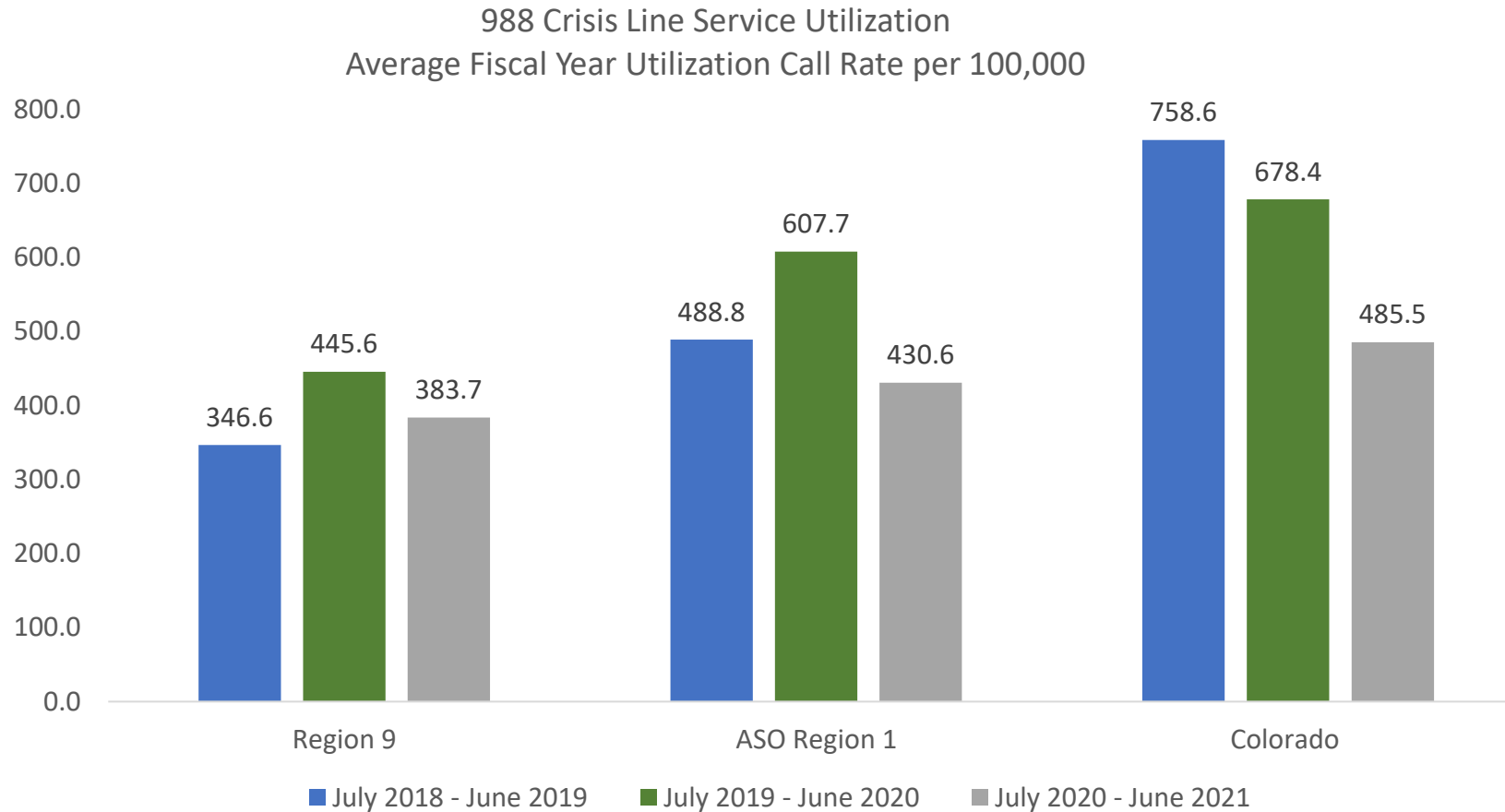
****The rate in Region 9 was significantly different compared to Colorado. Source: CDPHE Drug Overdose Dashboard.***

DRUG OVERDOSE DEATHS BY TYPE OF DRUG AND YEAR



***Fewer than 3 deaths, including 0 deaths, suppressed for confidentiality. Source: CDPHE Drug Overdose Dashboard.**

KEY INFORMANT INTERVIEWS: PHONE AND MOBILE CRISIS SERVICES AVAILABLE, BUT NO CRISIS STABILIZATION FACILITY



Source: Colorado Crisis Services, including Hotline, Lifeline, Support Line, and Text Utilization