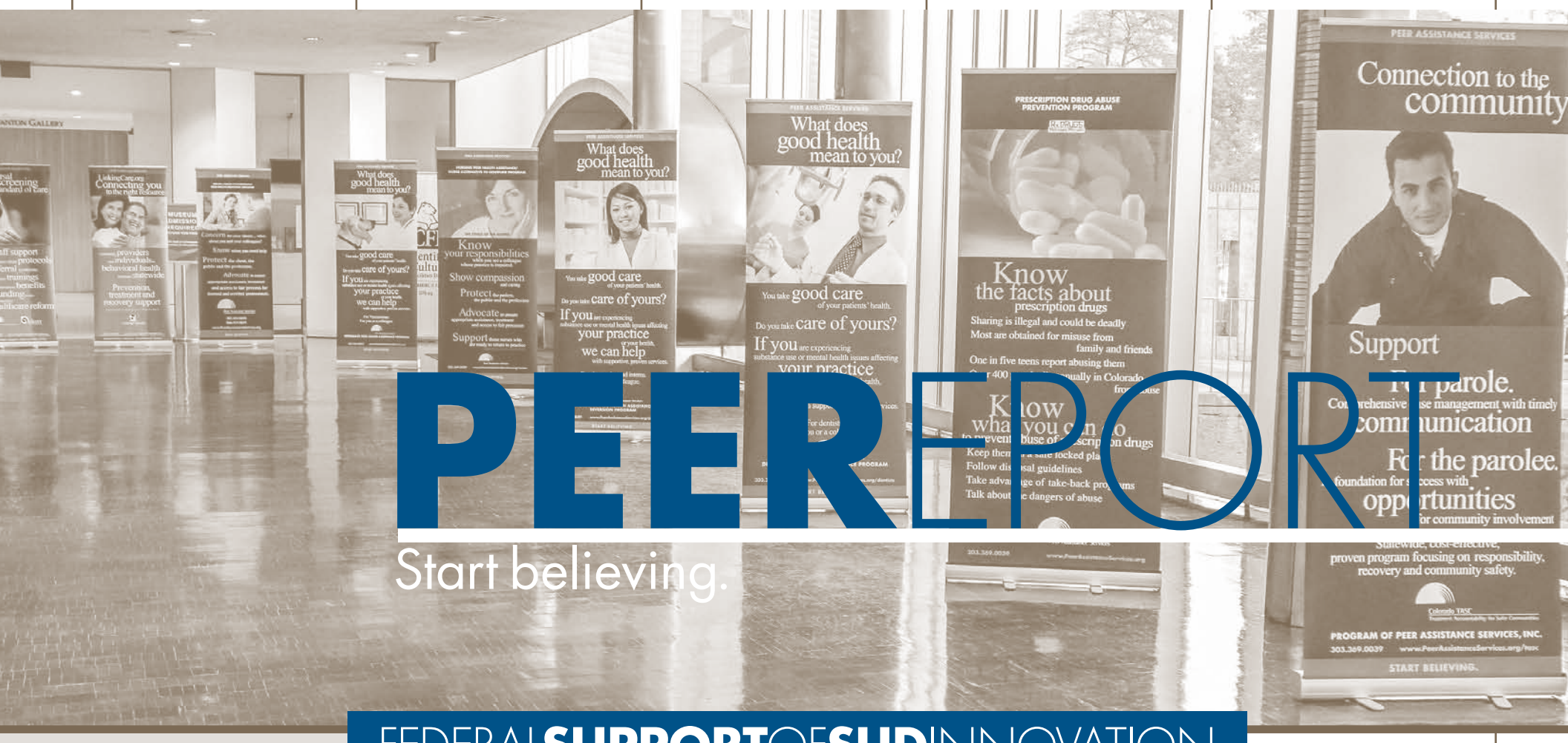

FEDERAL SUPPORT OF SUD INNOVATION

OUR MISSION:

TO PROVIDE QUALITY, ACCESSIBLE PREVENTION AND INTERVENTION SERVICES IN WORKPLACES AND COMMUNITIES, FOCUSED ON SUBSTANCE USE AND RELATED ISSUES.

Across the country, large and small organizations that have devoted decades to the care and treatment of individuals with substance use disorders (SUD) and addiction are experiencing nothing short of seismic upheaval. Many of these changes are a result of the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act and the cascading implications of the first significant policy changes for mental health and substance use in far too long. In Colorado there is enormous momentum at both the policy and grass roots level to integrate services that have previously been in silos. Creating systems of care that incorporate medical, behavioral health, long-term services and supports is a primary goal. In addition, the State has invested for the long-term in the Accountable Care Collaborative Organizations as a method for improving accountability of the delivery system and enhancing care coordination to ensure that the right service is delivered to individuals in the right place and time.

As Dr. McLellan outlined at Peer Assistance Service's annual awareness event, these policy shifts are ultimately ending the segregation of substance use treatment and re-aligning how and where individuals will receive services. Despite the skeptics, the end goal of these changes is to create a system that offers a range of services for individuals across the full continuum of care—from prevention to treatment and recovery services. This requires that substance use is treated far more like a chronic disease, offering prevention, education, and health promotion within primary care and expanding services as individuals' treatment needs increase to specialty addiction services for those with the most significant needs.[1]

The most recent letter to State Medicaid Directors from the Centers of Medicare and Medicaid (CMS) is an interesting example of the kinds of policy shifts Dr. McLellan foreshadowed. The letter informs states of a new demonstration project approved under section 1115 of the Social Security Act. According to the memo, the goal of the demonstration projects would be to ensure a continuum of care for individuals with substance use disorders with a focus on service integration and assuring that services are grounded in evidence-based and promising practice. Some specific elements of the memo:

- Overall CMS is supporting state reform that enhances "availability of short-term acute care and recovery supports for individuals with SUD, improving care delivery, integrating behavioral and physical care, increasing provider capacity and raising quality standards."[2] A number of additional specific goals are outlined including "build aftercare and recovery support services, such as recovery coaching; encourage increased use of quality and outcome measures to inform benefit design and payment models; coordinate SUD treatment with primary care and long-term care; etc."[3]
- The expectation is that reform efforts within a state using the section 1115 demonstration will create system level changes impacting the continuum of care. CMS outlines expectations for these system reforms and makes clear that at a broad level the continuum needs to treat physical, behavioral, and mental health aspects of SUD. Some of the systemic changes that CMS mentions include:

1 *McLellan, A.T. & Woodworth, A.M. (2014). The affordable care act and treatment for "Substance Use Disorders:" Implication of ending segregated behavioral healthcare. Journal of Substance Abuse Treatment, 46, 541-545.*

2 *Wachino, V. (July 27, 2015). New Service Delivery Opportunities for Individuals with a Substance Use Disorder. Department of Health and Human Services, Centers for Medicare & Medicaid Services, SMD# 15-003, P. 1.* http://www.medicaid.gov/federal-policy-guidance/downloads/SMD15003.pdf

3 *P. 5*

CONTINUED ON PAGE 3

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Peer Assistance Services
Since 1984

ANNUAL**AWARENESS**EVENT

Peer Assistance Services celebrated another year of providing substance use prevention and early intervention services on April 29, 2015 at the Denver Art Museum. This year, the event featured a keynote presentation by experienced substance abuse researcher, Dr. Thomas McLellan. Dr. McLellan is co-founder of the Treatment Research Institute and former Deputy Director of the White House Office of National Drug Control Policy.

Exhibit table of PAS materials at the 2015 Annual Awareness Event


Director of SBIRT Colorado, Leigh Fischer, introduces the keynote speaker, Dr. Tom McLellan

The evening began with a welcome by PAS Board President, Jill Taylor. Jill recognized the generous sponsors for the event before handing the microphone to CEO, Elizabeth Pace. Elizabeth proceeded to acknowledge the 2015 PAS Founders Award winners. The recipients included Christie Donner of the Colorado Criminal Justice Reform Coalition, Mary Weber of the University of Colorado School of Nursing, and Don Davis, former PAS Board of Directors member, who was awarded posthumously. Dr. McLellan was welcomed to the stage by Leigh Fischer, Director of SBIRT Colorado, who emceed the remainder of the event.


Dr. McLellan engages the audience during his keynote presentation

Throughout his presentation, Dr. McLellan provided a review of significant research on the economic and health impacts of substance use on the healthcare systems in the United States. He explained the chronic nature of substance use disorders and the strong genetic components at play in the development of addiction. Dr. McLellan emphasized that substance use and abuse can, and should, be prevented, identified, and reduced before 'abuse' becomes 'addiction.' In support of the efforts of PAS, Dr. McLellan underscored that substance use prevention and early intervention efforts are some of the most effective ways to create cost savings in healthcare systems. He provided statistics regarding the costs of substance use on health care systems, citing that those people who fall into the 'harmful use' category cost the system $80 billion per year while those in the 'addiction' category cost about half of that, at $40 billion per year.

He provided information on the effectiveness of intervening early through brief intervention, indicating that lasting changes and savings are produced by short conversations with patients about their harmful use. The presentation concluded with a call to action, encouraging audience members to focus on integrating substance use prevention, intervention and treatment into mainstream health care. Dr. McLellan stated that substance use is "too common, too dangerous and too expensive to be ignored" and integrating substance use services will improve general medical care and save money.

We would like to thank all of our attendees and sponsors for making the evening such a success.


Attendees participate in a Q&A session with Dr. McLellan after his presentation

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West Pines Behavioral Health

FEDERAL **SUPPORT** OF **SUD** INNOVATION

CONTINUED FROM PAGE 1

- Promoting a definition of SUD as a chronic disease with the potential to achieve recovery;
- Creation of a continuum of care that is based on standard placement criteria, including withdrawal management, short-term residential treatment, intensive outpatient treatment, medication assisted treatment and aftercare supports for long-term recovery such as transportation, employment, housing, and community and peer support services. [4]

However perhaps most telling, CMS offers **expectations for a transformed system including:**

- *Comprehensive Evidence-Based Benefit Design*—Full continuum grounded in EBP's.
- *Appropriate Standards of Care*—Industry Standard benchmarks for defining medical necessity, covered services and provider qualifications.
- *Strong Network Development Plan*—Ensuring adequate capacity of services at each level of the system and providing practice that is evidence based.
- *Care Coordination Design*—Exploration of best practice for care transitions within the continuum including information sharing and collaboration across health sectors.
- *Integration of Physical Health and SUD*—Coordination and integration of physical health and SUD services is vital (e.g., Section 2703 health homes, integrated care, ACOs, etc.)
- *Program Integrity Safeguards*—Strong program integrity protocols to address fraud and abuse.
- *Benefit Management*—Regular utilization review processes for short-term inpatient and short-term residential treatment.
- *Community Integration*—Person-centered planning and services geared towards home and community based integration.
- *Strategies to Address Prescription Drug Abuse*—Education, monitoring, safe storage and disposal and enforcement strategies.
- *Strategies to Address Opioid use Disorder*—Opioid prescribing practices, expanded use and distribution of naloxone and expansion of Medicated Assisted Treatment.
- *Services for Adolescents and Youth with an SUD*—Provide all 1905(a) coverable, appropriate, and medically necessary services.
- *Reporting of Quality Measures*—Design and implementation of tracking systems for quality measures.
- *Collaboration with Single State Agency for Substance Abuse*—Medicaid agencies need to coordinate a response and system design with the state's substance use disorder authority.

The CMS letter provides a ground breaking shift and suggests much needed elevation of the significance of substance use treatment.

No sea change is ever perfect the first time around. As with all policy shifts, there will be many needed advancements from the experimentation, exploration, and lessons learned. However, this is not a time to sit back and "wait and see." Although it is not known what states will apply for a waiver demonstration – not a simple question for states with a budget neutral requirement and important system and funding considerations – it is an important time for all experts in substance use service delivery to engage in discussion, open dialogue, and provide innovative ideas about how to design, refresh and improve the system of care.

As a last note, for those of you feeling overwhelmed by a changing world, I highly recommend watching an engaging and amusing Ted Talk: Eddie Obeng: Smart Failure for a fast-changing world. It is time for all of us to realize that the "World is After Midnight" and we need to engage new solutions and the concept of smart failure. Perhaps the opportunities around us, such as the section 1115 Demonstration project, will provide the platform for this kind of learning and ultimate transformation. Let's engage our collective expertise to innovate and to build the system that we know individuals deserve.

Contributed by Gina Lasky, PhD
Project Manager
Health Management Associates Community Strategies

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THE **BUZZ**

WELCOME NEW PAS STAFF:

Chris Agee, Kamal Bashir, Marae Encinias, Beth Heyer, Dawn Holland, Miguel Lopez, Krystal Nish, Natalie O'Donnell Wood, Danielle Simmance, Cassidy Smith, Sacha Thrall, Dominick Vasquez

MARK YOUR CALENDARS

AMERICAN ACADEMY OF NURSING POLICY CONFERENCE
October 15-17
Washington, DC

INTERNATIONAL NURSES SOCIETY ON ADDICTIONS CONFERENCE
October 21-24
Charlotte, NC

COLORADO NONPROFIT ASSOCIATION CONFERENCE
October 29-30
Denver, CO

ASSOCIATION FOR MEDICAL EDUCATION AND RESEARCH IN SUBSTANCE ABUSE CONFERENCE
November 5-7
Washington, DC

NATIONAL PREVENTION NETWORK CONFERENCE
November 17-19
Seattle, WA

COLORADO GIVES DAY
December 8

CONGRATULATIONS TO THE FOLLOWING STAFF MEMBERS ON THEIR NEW POSITIONS:

JUSTIN ARNOLD, Western TASC Team Lead

ALYSSA AUCK, Policy Associate

KEVIN HUGHES, Mile High TASC Team Lead

LYNN KOENCK, PHAP Compliance Specialist

SUSAN OM, Bookkeeper

MAGGIE REYNOLDS, PHAP Case Manager

ERIN SHARP, SBIRT Project Manager

ALICIA TRUJILLO, Human Resources Coordinator

STAFF **TRANSITIONS**

Peer Assistance Services would like to recognize these four former Directors and Managers for their service to the community. Each of these individuals has made a profound impact on our programming and on the populations they served during their time with our agency. Thank you all for your work at Peer Assistance Services! Your passion for our mission and your expertise in the field will be greatly missed. We wish you all the best of luck in your future endeavors.

ANTHONY WASH, BS, CAC III
Northeast TASC Program Director
10 years of service

LUXIE GANNON, BA, CAC II
Western TASC Program Director and PHAP Case Manager
9 years of service

LEIGH FISCHER, MPH, CPS II
Director, SBIRT Colorado and Prescription Drug Abuse Prevention Program
8 years of service

MAUREEN CARNEY, LCSW, CEAP, CPS II
Manager, Workplace Prevention Services
7 years of service

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PAS**ENDORSES**PROPOSITION**BB**

This November, Colorado voters will weigh in on a statewide ballot measure, Proposition BB. Once again the topic on the ballot is marijuana taxes – and voting YES on Prop BB will ensure that all of the retail marijuana taxes collected in the first year of legalization are used to directly benefit Colorado communities.

If it seems like you have already voted on this issue, it's because you have. Voters overwhelmingly (by a 2 to 1 margin) approved taxing marijuana with Proposition AA in 2013. But all of the revenues generated by these new taxes during their first full fiscal year of implementation are at risk. This is because the Colorado Constitution has special rules for new taxes during their first year, and the Prop AA marijuana taxes ran into a problem due to economic projections that were included in the "Blue Book" that was mailed to voters prior to the election. Because of this the state may be required to refund all of the new marijuana taxes collected during that first year.

That's where Proposition BB comes in. This ballot question is not asking about a new tax. Prop BB seeks voter approval for the state to retain those dollars and invest them in schools, communities, public safety and public health. This is what voters intended when they legalized marijuana and said they wanted it taxed.

This is also a one time vote. In 2016 and beyond, the state will retain any retail marijuana tax revenue.

Voting YES on Prop BB will avoid the refund requirement and instead allocate the marijuana tax revenue to several deserving programs. If voters say YES, the BEST program (a public school construction program) will receive $40 million to invest in renovations, repairs and new construction.

Voting YES on Prop BB also would allocate $12 million of the retail marijuana revenue toward programs designed to address the effects of marijuana legalization. Included in this amount are resources targeted at training health care professionals on screening, brief intervention and referral to treatment (SBIRT) and funding to support substance use disorder treatment. Funds would also go toward youth education and prevention programs to help them be safe and stay in school, upgrading the state poison control system, and training for peace officers.

A "no" vote would refund the taxes to the marijuana industry and taxpayers. This would result in about $8 per taxpayer, $22 million to marijuana cultivators, and $16 million for retail marijuana purchasers in a temporary sales tax cut next year.

Retail recreational marijuana taxes give Colorado the opportunity to support well deserving issues, such as the substance use disorder continuum of care. Prop BB proposes to spend these funds in ways that people intended when they approved these taxes the first time.

I wrote the bill that proposed this solution and I'll be campaigning in favor of it from now until November. Prop BB already has been endorsed by numerous organizations including Peer Assistance Services, the Colorado Providers Association, Mental Health America, the Colorado Behavioral Healthcare Council, and the list is growing daily. To learn more, visit www.VoteYESonBB.org.

- Contributed by Senator Pat Steadman, SD 31