



# MEDICAID AND BEHAVIORAL HEALTH: BEHAVIORAL HEALTH TRENDS AND INITIATIVES TO ADDRESS SYSTEM GAPS

PRESENTATION TO DELAWARE BEHAVIORAL HEALTH CONSORTIUM  
OCTOBER 19, 2021

# AGENDA

Behavioral  
Health Trends

System Gaps

Initiatives to  
Address Gaps

Priorities for  
Upcoming  
Year

Q&A



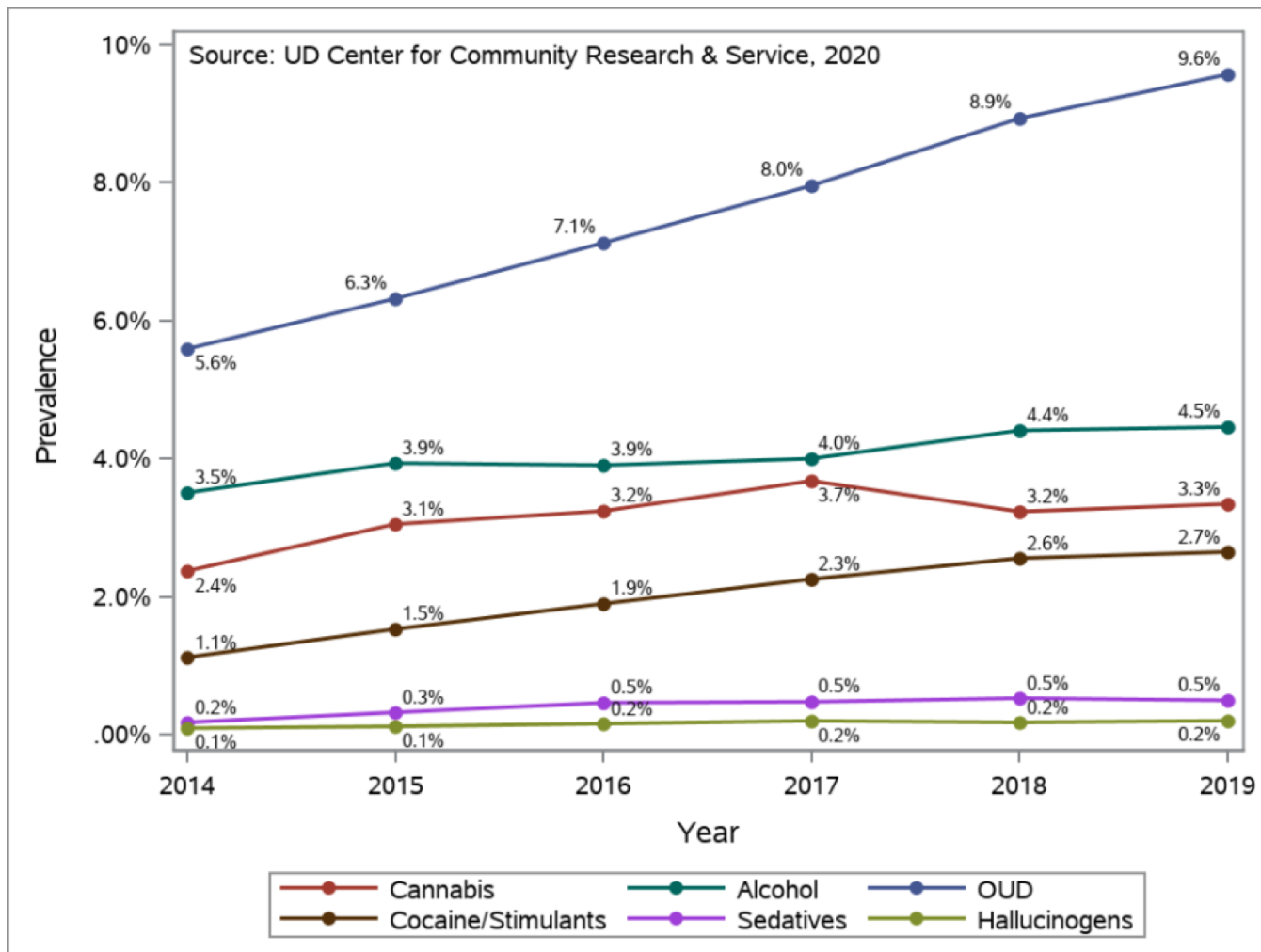
# DELAWARE MEDICAID ENROLLEES HAVE A HIGH RATE OF SUD PREVALENCE

- Nearly one in five (18.9%) Medicaid enrollees had a substance use disorder (SUD) claim in at least one year between 2014 and 2019
- Most common types of SUD (2019):
  - Opioid use disorder (9.6%)
  - Alcohol (4.5%)
  - Cannabis (3.3%)
  - Cocaine/stimulants (2.7%)
- SUD most common among non-Hispanic White men – nearly 1 in 4
- CMS' SUD Databook: Delaware has 5<sup>th</sup> highest rate of SUD among Medicaid beneficiaries nationally (in 2018)

Source: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware's Center for Community Research & Service under CMS' SUPPORT Act Planning Grant, August 2020



# SUD PREVALENCE IS INCREASING RAPIDLY, WITH THE FASTEST RATE OF INCREASE IN OUD



# DELAWARE MEDICAID ENROLLEES WITH SUD TEND TO BE A COMPLEX, HIGH-NEEDS POPULATION

Approximately 1/3 of clients with SUD claims had polysubstance use

Over 1/3 of clients with OUD claims had additional SUD

CMS' 2018 SUD Databook:  
Delaware had 2nd highest rate of polysubstance use among Medicaid beneficiaries in the U.S.

Nearly 2/3 of clients with SUD had SMI



# PREVALENCE OF SMI TYPES AMONG CLIENTS WITH SUD (2019)

49.3%  
Anxiety

39.3%  
Depression

20.2%  
Bipolar

6%  
Psychosis

2%  
Personality  
Disorder



Source: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware's Center for Community Research & Service under CMS' SUPPORT Act Planning Grant, August 2020

# PREGNANT AND POSTPARTUM WOMEN WITH SUD ARE A CRITICAL AREA OF CONCERN

- 20% of pregnant/postpartum women had SUD diagnosis (2019)
- 10.6% of pregnant/postpartum women had OUD diagnosis (2019)
- CMS SUD data book: national average of SUD for “pregnant women” eligibility category was 8.6% (2019)
- Delaware had 5th highest rate of pregnant women with SUD in the U.S. (2018)
- SUD prevalence among pregnant/postpartum women vary greatly by race

Source: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware’s Center for Community Research & Service under CMS’ SUPPORT Act Planning Grant, August 2020



# OUD IS INCREASING MORE QUICKLY AMONG CERTAIN RACIAL AND ETHNIC MINORITIES

From 2014-2019:

- OUD prevalence increased 147% among Black non-Hispanic individuals vs. 56% for White non-Hispanic individuals
- OUD prevalence rate doubled for Asian non-Hispanic individuals; overall prevalence low (less than 2%)
- OUD prevalence among PPW increased 144% among Black non-Hispanic individuals vs. versus 14% for White non-Hispanic individuals

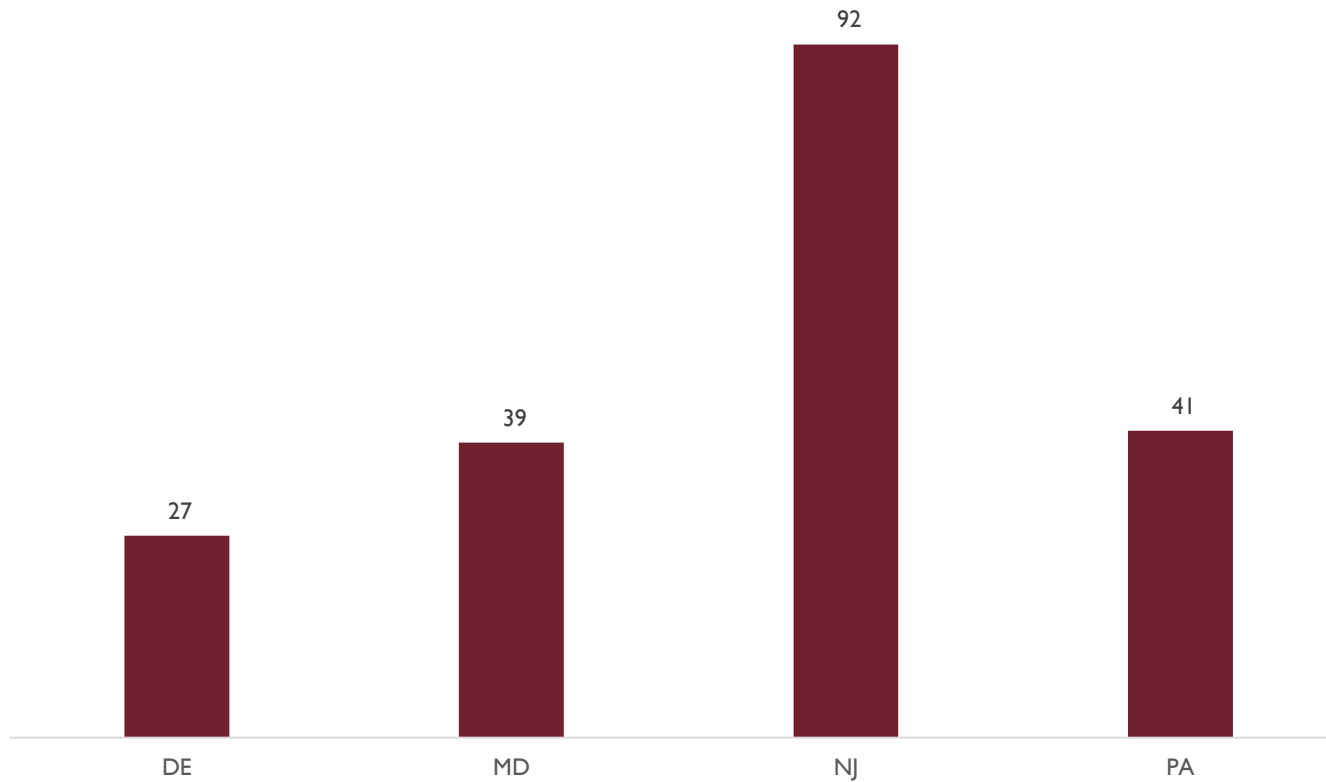
*Note: Delaware's race and ethnicity data has reliability issues related to designation of enrollees of Hispanic ethnicity*



Source: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware's Center for Community Research & Service under CMS' SUPPORT Act Planning Grant, August 2020

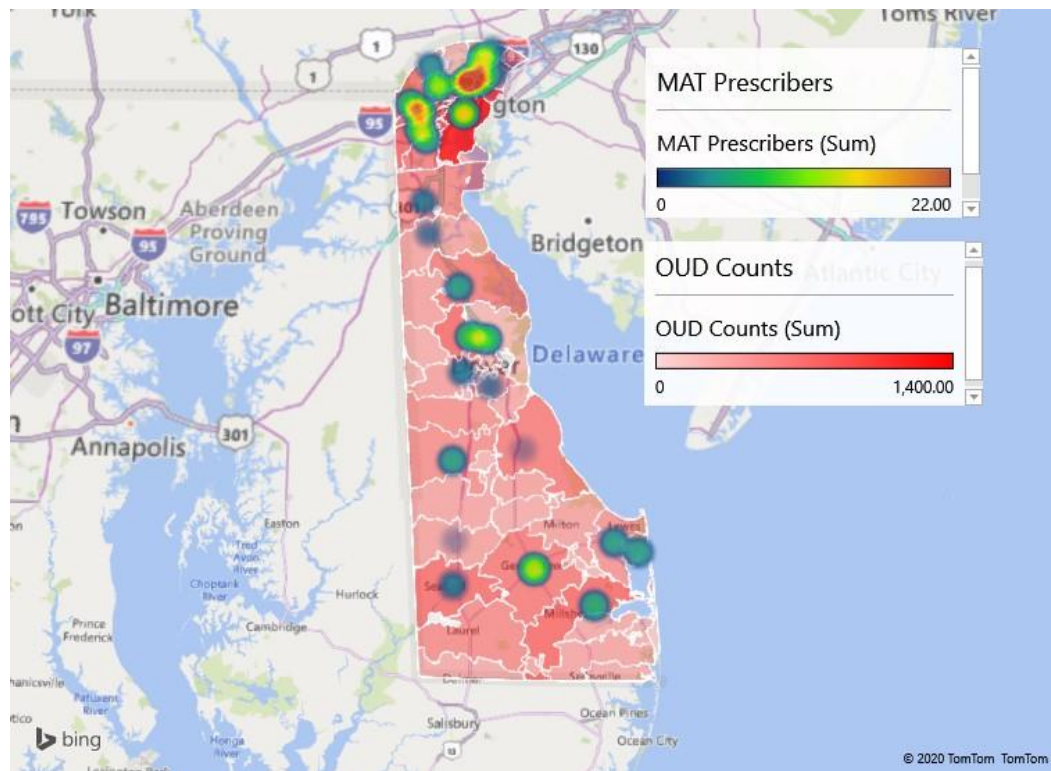


# DATA-WAIVERED PRESCRIBERS PER 1,000 MEDICAID BENEFICIARIES WITH OUD



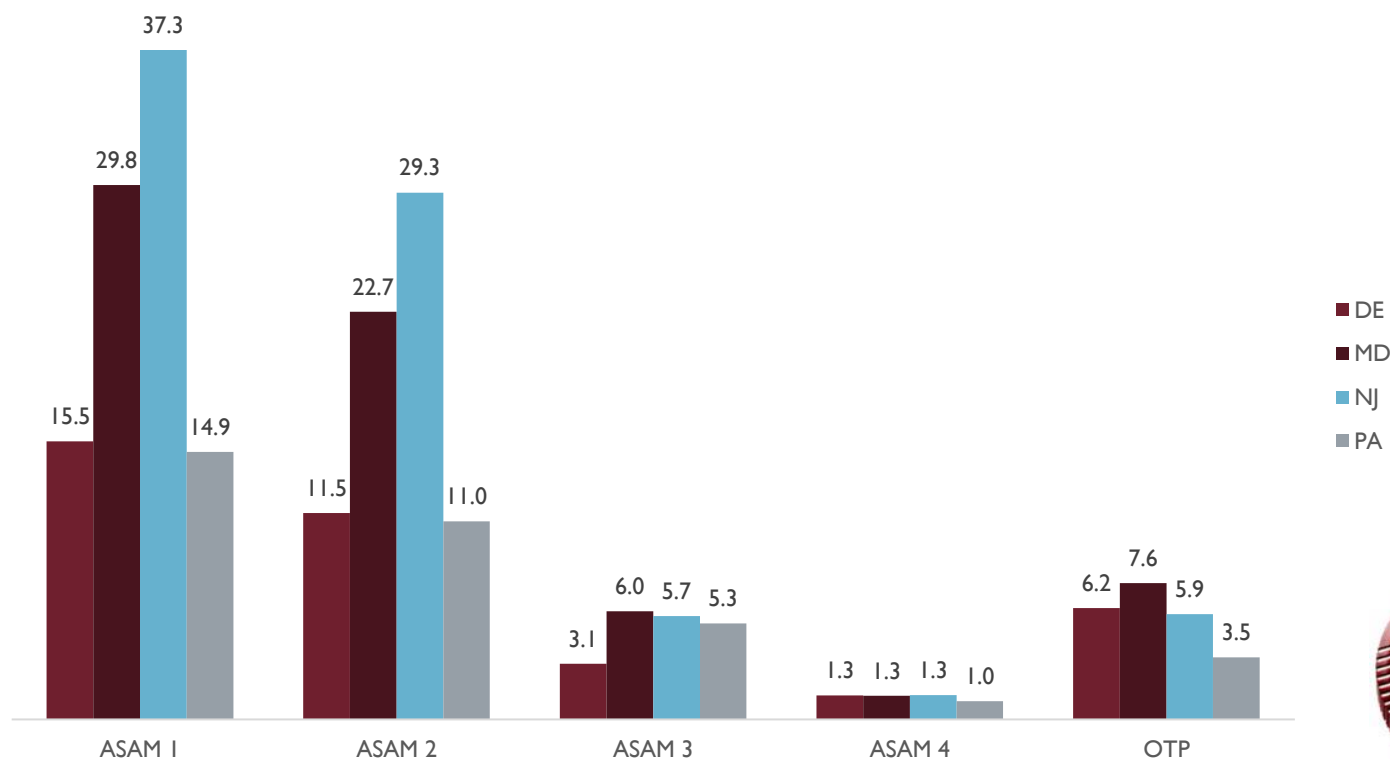
Source: Urban Institute analysis of 2019 and 2021 Drug Enforcement Administration (DEA) Controlled Substances Act Registrants Database.

# MAT PRESCRIBERS MAPPED TO MEDICAID OUD PREVALENCE, BY ZIP CODE



Sources: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware's Center for Community Research & Service; list of MAT prescribers compiled for the SUPPORT Act Planning Grant from SAMHSA and other data sources

# FACILITY COUNTS PER 10,000 MEDICAID BENEFICIARIES WITH SUD, BY STATE AND ASAM LEVEL OF CARE



Source: Urban Institute analysis of facilities in the SAMHSA Behavioral Health Treatment Services Locator, <https://findtreatment.samhsa.gov/>. Facilities counts downloaded on March 31, 2021

# DELAWARE HAS OPPORTUNITIES TO ENHANCE SUD PROVIDER CAPACITY IN TARGETED AREAS

- County-level SUD and OUD prevalence similar across Kent, New Castle, and Sussex
- More variation in zip codes:
  - SUD prevalence rates range from below 8% to over 20%
  - OUD prevalence rates range from below 4% to over 15%
- Zip codes with highest OUD rates:
  - Harrington (19952)
  - Marydel (19964)
  - Wilmington area (19801, 19804)
  - Delaware City area (19706)



Source: SUD Annual Prevalence Report, 2014 – 2019, produced by University of Delaware's Center for Community Research & Service under CMS' SUPPORT Act Planning Grant, August 2020

# MENTAL HEALTH PROFESSIONALS IN DELAWARE

- Based on a 2019 survey, the number of mental health professionals with an active practice in Delaware is 1,409; or 829 full-time equivalent (FTEs)
- Delaware has approximately 86 FTE psychiatrists and 743 FTE mental health specialists (e.g., psychologists, social workers, mental health counselors, chemical dependency specialists, and psychiatric nurse practitioners, etc.)
- Sussex County has the least favorable ratio (1:54,885) of persons served by one FTE psychiatrist, compared to 1:8,741 in Kent County and 1:9,101 in New Castle
- The acceptance of medical insurance among psychiatrists is 43%



# SOCIAL NEEDS REMAIN A KEY CONCERN FOR PEOPLE WITH BEHAVIORAL HEALTH NEEDS



Housing: 38% of 2019's fatal overdose victims were unhoused or lived with unstable housing



Transportation: Public transportation is limited in Kent and Sussex Counties, creating a barrier to accessing SUD care



Vendor: Stakeholders expressed concerns about Logisticare's performance as the Medicaid transportation vendor

# POTENTIAL NEXT STEPS AND PRIORITIES FOR THIS YEAR

Develop a “Preferred OBOT” model

Increase specialty SUD provider rates

Expand SUD treatment capacity in targeted geographic areas and among special populations (e.g., PPW)

Create a DMMA behavioral health system monitoring dashboard

Assess trends and system gaps for mental health & cognitive disorders

Determine stakeholder engagement strategy

Enhance crisis system through mobile crisis planning grant

Enhance care coordination in partnership with MCOs; leverage peer supports

