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 5th highest rate of SUD among Medicaid beneficiaries nationally (in 2018)

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

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

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*

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

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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)

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

Sources: Qualitative analysis of stakeholder interviews conducted under the SUPPORT Act Planning grant; Delaware Drug Overdose Fatality Review Commission, 2020 Annual Report
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