



COLORADO

Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable Senator Bill Cadman
President of the Colorado Senate
State Capitol
200 E. Colfax
Denver, CO 80203

February 3, 2015

Re: Controlled Substance Diversion Prevention and Control Program Report

Dear Senator Cadman:

Enclosed please find a legislative report to the Governor and to the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

- *Section 18-18-308 C.R.S. (2013) requires the Department to submit an annual report on controlled substance diversion prevention and control program outcomes with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.*

If you require further information or have additional questions, please contact the Department's legislative liaison Jennifer Corrigan at 303-866-3019 or jennifer.corrigan@state.co.us.

Sincerely,

Reggie Bicha
Executive Director

Enclosed

Cc: Melissa Bloom, Budget Analyst, Office of State Planning and Budgeting
Zach Pierce, Human Services Policy Advisor, Governor's Office
Legislative Council Library



State Library

Nikki Hatch, Deputy Executive Director of Operations

Dee Martinez, Deputy Executive Director of Enterprise Partnerships

Melissa Wavelet, Director Office of Performance and Strategic Outcomes

Sarah Sills, Budget Director

Patrick Fox M.D., Interim Director Office of Behavioral Health

Jennifer Corrigan, Executive and Legislative Liaison

Dan Drayer, Communications Director





COLORADO

Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable John W Hickenlooper,
Governor
136 State Capitol
Denver, CO 80203-1792

February 3, 2015

Re: Controlled Substance Diversion Prevention and Control Program Report

Dear Governor Hickenlooper:

Enclosed please find a legislative report to the Governor and to the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

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Department of Human Services
Reggie Bicha, Executive Director, CDHS

The Honorable Dickey Lee Hulinghorst
Speaker of the Colorado House of Representatives
State Capitol
200 E. Colfax
Denver, CO 80203

February 3, 2015

Re: Controlled Substance Diversion Prevention and Control Program Report

Dear Representative Hulinghorst:

Enclosed please find a legislative report to the Governor and to the President of the Senate and the Speaker of the House of Representatives from the Department of Human Services concerning the controlled substance diversion prevention and control program.

- *Section 18-18-308 C.R.S. (2013) requires the Department to submit an annual report on controlled substance diversion prevention and control program outcomes with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.*

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COLORADO

Office of Behavioral Health

Department of Human Services

Controlled Substance Diversion Prevention and Control Report C.R.S. §18-18-309 (2014)

**Report to the Governor and to the President of
the Senate and the Speaker of the House of
Representatives**

January 1, 2015

INTRODUCTION

The Colorado Department of Human Services Office of Behavioral Health submits this Controlled Substance Diversion Prevention and Control Report to the Governor and to the President of the Senate and the Speaker of the House of Representatives in compliance with:

§18-18-309 (4) C.R.S. 2013 Diversion Prevention and Control

“The department shall annually report to the governor and to the president of the senate and the speaker of the House of Representatives on the outcome of this program with respect to its effects on distribution and abuse of controlled substances, including recommendations for improving control and prevention of the diversion of controlled substances in this state.”

The Department of Human Services, Office of Behavioral Health serves as the state authority for the Controlled Substances Act in Title 27, Article 80, Part 2. For the purposes of this report controlled substances only relates to the use of controlled substances specifically: methadone, buprenorphine, lorazepam, chlordiazepoxide, alprazolam, and diazepam in licensed addiction programs that compound, administer, or dispense controlled substances to treat substance abuse and addiction. The Department of Human Services regulates controlled substances dispensed by licensed controlled substance addiction treatment programs to address potential misuse and diversion of these medications by the staff and clients these programs serve. The Department of Regulatory Agencies has oversight and authority of the Prescription Drug Monitoring Program which relates to the prescribing of controlled substances for medical purposes not related to the treatment of addictions. The Department of Human Services' Controlled Substances Administrator works closely with the Department of Regulatory Agencies and the Prescription Drug Monitoring Program to coordinate and provide technical assistance between the two programs.

The Department of Human Services has established guidelines for the prevention of diversion of methadone or Suboxone medication from the Opioid Medication Assisted Programs. CDHS' policies and procedures are written to protect the public from the loss, theft or misuse of controlled substances. Policy requires that licensed controlled substance addiction treatment programs which dispense controlled substances report directly to the Department's Controlled Substances Administrator when a client or staff person has lost, stolen or misused opioid medication. Licensed controlled substance addiction treatment programs are required, for example, to investigate when a client may have misused the medication and then may adjust the quantity of the controlled substance allowed to be taken outside the clinical facility. The reported information is compiled and reviewed by the Controlled Substance Administrator for the purposes of understanding the scope of the problem, improving control and oversight, and assisting programs through the provision of technical assistance.

All Opioid Medication Assisted Treatment Programs are now required to review the Prescription Drug Monitoring Program and implement policies and procedures for how to handle and prevent misuse of opioid medication and other substances while in treatment.

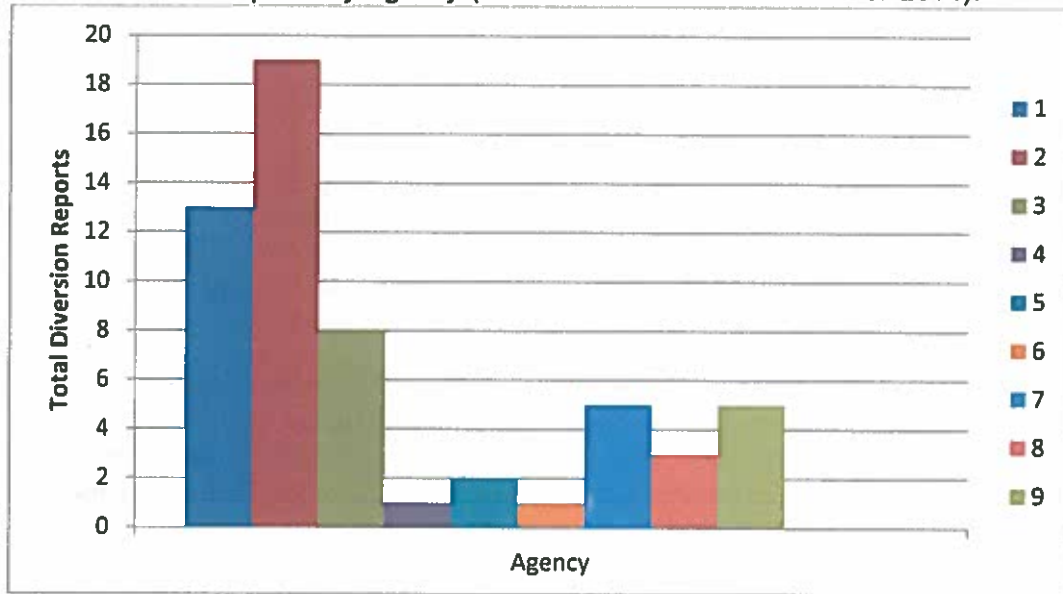
Outcomes:

The Department's Controlled Substances Administrator has identified 57 instances at state licensed Opioid Medication Assisted programs where medications were diverted. In these instances, the Department's Controlled Substances Administrator has:

- Assisted program staff in understanding the Department’s controlled substance protocol policy;
- Provided specific education to patients in order to reduce doses in those instances; and
- Sought program input into how diversion protocol policy can be improved and/or better operationalized within the agency itself.

Below is the graphical representation of reported instances of diversion for the sites reviewed by the Office of Behavioral Health (sites are not named to reduce the likelihood that persons receiving treatment at the sites can be identified.):

Total Diversion Reports by Agency (November 2013 thru November 2014):



*Legend: each color/number represents one of the nine licensed Medication Assisted Treatment Program.

The graph depicts disparities in the incidence of diversion by facility. Programs with a high incidence of reported diversion will be closely monitored to assess the effectiveness of interventions to reduce instances of diversion. The Office of Behavioral Health provides ongoing support to these efforts through various means. Support includes site visits, discussions at quarterly meetings, trainings, and sharing information across programs. In addition to the identified critical incident trends, the most common issues associated with diversion will be addressed through staff or patient education, meetings, and if necessary, formal policy changes.

Additionally, with the implementation and use of the Prescription Drug Monitoring Program, there is frequent and enhanced collaboration with the patient's primary care physician. This has allowed the Department to proactively identify high risk scenarios as well as address any further abuses of other controlled medications when clients are outside of the programs' direct supervision and care.

Action Items:

1. In implementing House Bill 14-1173, the Department is analyzing the appropriate initial and annual license fee structure for controlled substance addiction programs to support the direct and indirect costs of the program. The Department will make recommendations once the analysis is complete. Any changes will be implemented by November 2015 when the new state rules are scheduled to be promulgated.
2. The Department will draft new rules concerning specific processes for additional discretionary disciplinary actions such as fines, probation or stipulation, to be used in addition to or instead of denial, revocation or suspension of a license as specified in House Bill 14-1173. These will be implemented by November 2015 when the new state rules are scheduled to be promulgated.