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ANNUAL REPORT

Substance Abuse Trend and Response Task Force
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Colorado Substance Abuse Trend and Response Task Force

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

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I. Task Force Background

A. Overview of the Substance Abuse Trend and Response Task Force

In 2013, the Colorado General Assembly reauthorized the Colorado State Methamphetamine Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244), with representatives of state government, local governments, and the private sectors, including legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors.

In 2018, the Colorado General Assembly reauthorized the Substance Abuse Trend and Response Task Force for a period of 10 years.

By statute, the core purpose of the State Substance Abuse Trend and Response Task Force and partners is to:

- (a) Assist local communities in implementing the most effective models and practices for substance abuse prevention, intervention, and treatment and in developing the responses by the criminal justice system;
- (b) Review model programs that have shown the best results in Colorado and across the United States and provide information on the programs to local communities and local drug task forces;
- (c) Assist and augment local drug task forces without supplanting them;
- (d) Investigate collaborative models on protecting children and other victims of substance abuse and nonfederal- drug-administration-regulated pharmaceutical drug production and distribution;
- (e) Measure and evaluate the progress of the state and local jurisdictions in preventing substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and in prosecuting persons engaging in these acts;
- (f) Evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and strategies for addressing those problems;
- (g) Assist local communities with implementation of the most effective practices to respond to current and emerging substance abuse problems and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
- (h) Consider any other issues concerning substance abuse problems and nonfederal-drug-administration- regulated pharmaceutical drug production and distribution that arise during the task force study;
- (i) Develop a definition of a "drug-endangered child" to be used in the context of the definition of "child abuse or neglect" as set forth in section 19-1-103 (1), C.R.S., and include the definition in its January 1, 2014, report to the judiciary committees of the senate and the house of representatives, or any successor committees.

C.R.S. § 18-18.5-103(4).

In the last few years, data and information from various partners in Colorado raised concerns about continuing impact of the abuse of prescribed and illicit opioids, the continuing increase in use of methamphetamines and cocaine, a trend in increased binge drinking of alcohol, especially among younger adults, teen vaping and substance use, and a concern about the potential increase in fentanyl-related overdoses. See Section IV: Colorado Substance Abuse Trends for the most recent Colorado drug trends data.

While concerns have increased surrounding these drug trends, there remains a recognized lack of treatment for substance use disorders, even with effective treatment modalities that could be implemented.

B. Task Force Membership and Meetings

The membership of the Colorado Substance Abuse Trend and Response Task Force is set forth in C.R.S. § 18-18.5-103 and consists of a chair, three vice-chairs, and 28 members.

- Phil Weiser, Colorado Attorney General, serves as Chair of the Substance Abuse Trend and Response Task Force, as specified in C.R.S. § 18-18.5-103(2)(a)(I).
- Avani Dilger, Founder and Director of Natural Highs, serves as Vice Chair for Treatment (from November 2019).
- Marc Candojani, Director of Adult Treatment and Recovery Programs, Office of Behavioral Health, Colorado Department of Human Services (through September 2019).
- Matt Baca, Director of the Office of Community Engagement, Colorado Department of Law, serves as Vice Chair for Prevention by appointment of Colorado President of the Senate (from June 2019).
- Jose Esquibel, Associate Director of the Center for Prescription Drug Abuse Prevention, Skaggs School of Pharmacy and Pharmaceutical Sciences, University of Colorado Anschutz Medical Campus (through May 2019).
- Rick Brandt, Chief, Evans Police Department, and past President of the Colorado Association of Chiefs of Police serves as Vice Chair for the Criminal Justice System by appointment of the Governor.

The list of current members is found in Appendix A of this report.

In 2019, the Substance Abuse Trend and Response Task Force held four meetings at the Colorado Municipal League on the following dates between 10 a.m. and 1 p.m.:

- Feb. 1, 2019
- May 3, 2019
- Aug. 2, 2019
- Nov. 1, 2019

The Vice Chairs met quarterly to ensure progress on Task Force Priorities. They also met with the Colorado Attorney General on implementing and coordinating the activities of the Task Force in accordance with the mandates of the legislation.

The Task Force seated four committees in 2019:

- The [Colorado State Epidemiological Outcomes Workgroup](#) (SEOW) serves as the Data Committee of the Task Force. The SEOW consists of representatives of several state departments and other partners that manage and analyze data relevant to substance use and abuse. Sharon Liu, Manager of Community Prevention Programs in the Colorado Department of Human Services/Office of Behavioral Health, leads the SEOW/Data Committee. See Appendix B for a summary of the charter of the SEOW.
- The [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Advisory Council](#), a new committee to the Task Force, identifies best practice approaches and barriers to implementing Screening, Brief Intervention, and Referral to Treatment as a standard of care throughout Colorado's health and mental health care systems. The council is co-chaired by Bethany Pace-Danley, BSW, MA, Program Manager, SBIRT in Colorado, Peer Assistance Services, and Kacy Crawford, Alcohol Epidemiologist, Violence and Injury Prevention-Mental Health Branch, Colorado Department of Public Health and Environment. See Appendix C for a diagram of the structure of the SBIRT Advisory Council.
- The [Substance Exposed Newborns](#) (SEN) Steering Committee, co-chaired by Kathryn Wells, MD, Medical Director, Denver Family Crisis Center, and Jade Woodard, Executive Director of Illuminate Colorado. The Colorado Fetal Alcohol Spectrum Disorders Commission became integrated into this committee in 2015. In 2016, the Colorado Hospital Learning Collaborative was established as part of this committee. See Appendix D for a diagram of the structure of the SEN Steering Committee.
- The [Colorado Consortium for Prescription Drug Abuse Prevention](#) serves as the Prescription Drug Abuse Committee of the Task Force. This committee is chaired by Robert Valuck, Ph.D., Director for the Center for Prescription Drug Abuse Prevention, and José Esquibel, Director of the Colorado Consortium, Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado. The Consortium consists of 10 workgroups responsible for implementing the goals and strategies to mitigate the impact of the opioid crisis in Colorado. See Appendix E for a diagram of the Consortium workgroups.

C. Funding

Financial support from the El Pomar Foundation continues to be instrumental in moving forward the work of the Substance Abuse Trend and Response Task Force.

II. Progress on 2019 Task Force Strategic Priorities

Task force members discussed and agreed on four priority areas for 2019:

1. Coordinating public awareness campaigns
2. Methamphetamine-affected property clean-up
3. Statewide Plan for Primary Prevention of Substance Abuse

A. Coordinating Public Awareness Campaigns

At the November 2018 Task Force meeting, the Task Force discussed the need to coordinate the various substance abuse prevention public awareness campaigns. This year's campaigns include the [Responsibility Grows Here](#) marijuana educational campaign operated by the Colorado Department of Public Health and Environment; the [Speak Now!](#) campaign, operated by the Office of Behavioral Health (OBH), which assists parents in speaking with their children about alcohol and drugs; and [Lift the Label](#), an anti-stigma campaign related to opioid addiction operated by OBH.

Cristen Bates, the former Senior Director of Affordability Partnerships with OBH in the Colorado Department of Human Services (CDHS), reached out to all communications staff across several state departments that fund and sustain public awareness campaigns to understand current efforts. As a result, a group now meets quarterly to inform and collaborate on campaigns. The group additionally analyzes where State money is going, how not to overlap efforts, and ways to support each other.

The Task Force discussed and agreed to select a representative to participate in the campaign coordinating group meetings. The Task Force designated Stazi Snelling, the Youth Representative on the Task Force, as the representative to the campaign coordinating group.

B. Methamphetamine-Affected Property Clean-Up

Task Force members noted the increase of the abuse of methamphetamine in Colorado, as reflected anecdotally and in state data. Methamphetamine contamination of housing properties is a major issue connected to the increase. In particular, the Task Force discussed instances of contamination of public housing that caused the displacement of the occupants of the contaminated apartment and adjacent units, leading at times to homelessness of all occupants.

Under the statute, C.R.S. § 25-18.5-101 through -109, even if the appropriate officials find the property to be safe, owners of the property may be required to restrict access, which causes anyone living on the property or adjacently to be evicted.

Task Force member Colleen Brisnehan, Environmental Protection Specialist with Colorado Department of Public Health and Environment, met with local public health officials to determine what measures may be needed to address issues of clean up and prevention of homelessness of occupants were methamphetamine contamination occurs. Stakeholders met and agreed on draft language and discussed the topic with a member of the General Assembly.

C. Statewide Plan for Primary Prevention of Substance Abuse

The completion of [Colorado's Statewide Strategic Plan for Primary Prevention of Substance Abuse, 2019-2024](#), was an important milestone for the task force. Led by staff of the Office of Behavioral Health and the Colorado Health Institute, the effort involved hundreds of prevention experts and community members across the state to develop strategies for the statewide strategic plan for prevention of substance abuse. The Strategic Plan focuses on:

- Advancing prevention by using evidence-based programs and strategies
- Strengthening the prevention workforce
- Aligning state agency funders of prevention
- Addressing inequities in substance abuse and access to prevention services.

This plan promotes programs, policies, and strategies addressing risk and protective factors that predict or protect against substance abuse and other negative health behaviors. The Strategic Plan contains the following objectives:

Strategic Objective 1:

- a. Increase public awareness of the advances in and cost savings of prevention
- b. Pursue policy change at state and local levels

Strategic Objective 2:

- a. Support and increase community-driven selection, implementation, and fidelity of prevention interventions—including both tested and effective approaches and new approaches that are being evaluated
- b. Strengthen how Colorado tracks and increases the statewide adoption of tested and effective prevention programs and strategies

Strategic Objective 3:

- a. Strengthen Colorado's prevention workforce with broad prevention skill-building and certification and with program-specific competency trainings

- b. Increase the diversity of prevention providers practicing in Colorado by geographic representation, race/ethnicity, and other attributes

Strategic Objective 4:

- a. Align statewide public funding of prevention services
- b. Clarify for communities how to access the right funding at the right time
- c. Reduce inequities and inequalities leading to substance abuse and the factors that predict it

III. Committee Work and Accomplishments, 2019 Highlights

A. Data Committee

The [Colorado State Epidemiological Outcomes Workgroup \(SEOW\)](#) serves as the Data Committee of the Task Force. The Colorado SEOW is a network of state agencies and data experts brought together to examine the patterns, context, and impact of substance use in Colorado.

The Colorado SEOW is supported by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework, Partnership for Success (SPF-PFS) administered through the Colorado Department of Human Services, Office of Behavioral Health. One of the accomplishments of the Colorado SEOW in 2019 was to consolidate and refine the SEOW goals moving forward. The goals are as follows:

- Characterize substance abuse across the State
- Identify and address gaps in substance use data
- Increase substance use data availability
- Continue to inform prevention and treatment efforts

The four workgroups of the SEOW are outlined below.

Alcohol Policy Workgroup

The Alcohol Policy Workgroup is a subcommittee of the larger SEOW and was formed to research evidence-based policies to reduce excessive drinking. The workgroup has focused on several projects related to effective alcohol policies and resources to support communities and decision-makers. The Alcohol Policy Workgroup created a resource, "[Licensing & Zoning – Local Tools for Managing Alcohol Outlet Density](#)," to help educate partners on the regulation of alcohol outlet density at the community-level in Colorado. The resource was developed in partnership with Change Lab Solutions, an external technical assistance provider for public health legal support with the mission of building healthier communities for all through equitable laws & policies. The resource provides an overview of local mechanisms (i.e., licensing and zoning) to regulate alcohol outlet density, potential advantages and disadvantages of each approach, and relevant stakeholders to engage in implementation efforts.

Data Workgroup

The Data Workgroup was formed to respond to the SEOW goals. The two primary activities of the data workgroup during the past year were to complete the first comprehensive

[Epidemiological Profiles](#) for the state of Colorado and to develop the first [SEOW Hot Topic brief](#), which focused on methamphetamine use in Colorado. The Epidemiological Profile was finalized in the spring of 2019 and distributed widely throughout prevention communities in Colorado. Additionally, the data workgroup members presented at two conferences related to the profiles, one at the Colorado Public Health Association, Culture of Data Conference in Lone Tree, CO and another at the Shared Risk and Protective Factors conference in Keystone, CO. The Methamphetamine Topical Brief was also widely distributed through various stakeholder networks. This brief highlighted the key findings of methamphetamine use in Colorado.

Training Workgroup

The purpose of the Training Workgroup is to increase the capacity of local public health and behavioral health professionals to work with data. The workgroup aims to develop professional development materials and trainings to assist local communities collect, analyze, and disseminate local substance use data to identify and prioritize community prevention and treatment needs. The group strives to build professional skills, knowledge, and resources to build a data-literate workforce equipped to use data to inform planning and policy. The group was formed based on training needs that surfaced from the SEOW local public health needs assessment conducted during the previous grant year. The primary activity during the past year was the development of a data literacy manual for use by non-data experts in local communities. The Southwest Prevention Center at the University of Oklahoma was contracted to develop the manual. The manual will be released in January 2020.

Sustainability Workgroup

The sustainability workgroup met early in the 2018 – 2019 grant year to discuss avenues for continuing SEOW efforts started under the SAMHSA SPF PFS federal grant. However, once ongoing funding for the SEOW through the Office of Behavioral Health was identified, the sustainability workgroup was suspended and the SEOW Steering Committee began its strategic planning process. Moving forward, the SEOW will be supported through the federal SAMHSA Block Grant funds through 2025.

B. Screening, Brief Intervention, and Referral to Treatment Advisory Council

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based, early-intervention practice designed to identify, reduce and prevent misuse of alcohol and other drugs. When combined with community-level prevention strategies, SBIRT contributes to the prevention of physical and mental health issues as a result of alcohol and other drug misuse.

In 1990, the SBIRT model was driven by the Institute of Medicines recommendation that called for community-based screening for health risk behaviors, including substance use.

The [U.S. Preventive Services Task Force](#) recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.

History in Colorado

SBIRT services were funded through SAMHSA and the Center for Substance Abuse Treatment (CSAT) from 2006-2016. Colorado was awarded the first five-year contract in 2006, SBIRT I, and received a second award, SBIRT II, in 2011, both focused on SBIRT implementation in primary care and emergency departments. These awards were administered by the Office of Behavioral Health, implemented by Peer Assistance Services, Inc., and evaluated by OMNI Institute.

Prior to the conclusion of SAMHSA funding, Peer Assistance Services, Inc. worked with legislators and the Joint Budget Committee to identify funds to continue SBIRT services. Since then, these funds have enabled SBIRT training to continue throughout the state for health and mental health professionals.

During summer of 2018, leaders from the State Innovation Model brought together a group of SBIRT Thought Leaders to discuss the following goals:

- To better understand the current SBIRT landscape
- Highlight successes and challenges with SBIRT implementation
- Discuss potential ways to align efforts across agencies and partners
- Plan for next steps, including the potential for ongoing collaboration

To sustain the momentum created by this SBIRT thought leaders' group, the SBIRT Advisory Council was created. To continue partnerships across sectors to implement SBIRT, the Thought Leaders agreed to create the SBIRT Advisory Council to structure and promote collaboration among SBIRT stakeholders in Colorado.

Accomplishments to Date

In January 2019, the SBIRT Advisory Council was established to develop and implement a work plan for expanding and strengthening SBIRT in multiple healthcare settings in Colorado. The

first Advisory Council meeting was held in January of 2019, with the purpose of gathering professionals who support the implementation of universal screening for risky alcohol use.

The initial Council meetings were facilitated by Gina Lasky, PhD, MAPL, Health Management Associates, and chaired by José Esquibel, former Director of the Office of Community Engagement, Colorado Department of Law (now Director, Colorado Consortium for Prescription Drug Abuse Prevention). SBIRT stakeholders from across the state convened in the first meeting to share ideas, foster connections to existing work, build partnerships, and brainstorm priorities.

This initial meeting affirmed commitments from more than 25 individuals representing Federal, State, and local government (e.g. health departments, human services), the Office of the Attorney General, universities, hospitals, non-profit organizations, and member organizations for behavioral health providers. Member participation signaled there was significant interest in formalizing these partnerships across the state with broad consensus around the need for universal screening and continued training in SBIRT.

Following the initial meetings of the Advisory Council, co-chair Bethany Pace-Danley presented to the Task Force. This presentation allowed for an opportunity to share the progress of the Advisory Council and introduce the proposal of establishing the Council as a committee of the Task Force.

On May 3, 2019, the SBIRT Advisory Council was designated as a committee of the Task Force by unanimous vote of the Task Force.

Advisory Council Structure

The SBIRT Advisory Council takes a collaborative approach to identifying best practice approaches and barriers to implementing Screening, Brief Intervention, and Referral to Treatment as a standard of care throughout Colorado's health and mental health care systems.

The SBIRT Advisory Council is currently led by two Co-Chairs, Bethany Pace-Danley, BSW, MA, Peer Assistance Services, Inc. and Kacy Crawford, MPH, Colorado Department of Public Health and Environment. The SBIRT Advisory Council Co-Chairs lead the SBIRT Steering Committee, and are responsible for providing leadership to the Advisory Council's two workgroups: Adolescent SBIRT and SBIRT Training and Education. Each workgroup has two Co-Chairs, who also serve on the SBIRT Steering Committee. See Appendix C for a diagram of the structure of the SBIRT Advisory Council.

Adolescent Workgroup

The Adolescent SBIRT workgroup is currently assessing the level of SBIRT awareness and practice in healthcare settings in Colorado. Workgroup members have identified needs and gaps for expanding SBIRT with the goal of expanding SBIRT training to primary care professionals, especially those serving adolescents. Examples could include pediatricians and nurse practitioners as well as health professionals within schools. Members of the group are in the process of defining a scope of need for each audience and creating a tool for further assessment.

Training and Education Workgroup

The SBIRT Training and Education Workgroup is exploring the idea of expanding SBIRT training to colleges and universities in Colorado that educate new health care professionals. Additionally, the workgroup is interested in exploring the feasibility of adding additional SBIRT curriculum to nursing and medical education.

C. Substance Exposed Newborns Steering Committee

The Colorado SEN Steering Committee, established in 2008, seeks to identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for families across the lifespan. With the generous support of the Colorado Department of Law, the committee has continued to advance its priorities.

Accomplishments to Date

- The committee has reaffirmed commitment from 21 members ranging in expertise from medical professionals, substance use disorder treatment providers, child welfare professionals, public health professionals, family and children program providers, and policy experts.
- Through collaborative efforts of the committee and six workgroups, a comprehensive evaluation plan has been developed to monitor and evaluate both the functioning and impact of each workgroup. Process and outcome evaluation strategies are currently under review for finalization and implementation. The six evaluation plans were used to inform the development of the SEN Steering Committee evaluation strategy, which was reviewed at the October Steering Committee meeting.
- The committee began 2020 strategic planning by revisiting its vision, mission, values, and priorities during its October meeting.
- The committee established a Family Advisory Board, comprised of Colorado mothers with relevant lived experience, which will advise the Steering Committee, the

workgroups and the statewide effort at large. The FAB Ad-hoc Workgroup was formed to plan the formation of the FAB itself, including recruitment and initial agenda and logistics planning.

- The first two meetings of the FAB occurred Aug. 12 and Oct. 21 in Denver, with representation from the Denver area, Pueblo and Northeast Colorado. There were 10 and eight members at each of the meetings, respectively.

Colorado Hospital SEN (CHoSEN) Collaborative

The Colorado Hospital SEN (CHoSEN) Collaborative is working to increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado—through education and formal quality improvement efforts. The CHoSEN Collaborative includes a continuum of ways hospitals, practices and individual perinatal care providers can engage, including formal quality improvement work led by University of Colorado School of Medicine and the Colorado Perinatal Care Quality Collaborative, continued perinatal provider education and assessments, and events to share practices.

- The CHoSEN Collaborative brought together participants from Colorado hospitals to share their practice change efforts and to learn from experts and colleagues at the 2019 Winter Forum on Jan. 31 in Denver and on 2019 Fall CHoSEN Forum on Nov. 4 in Glenwood Springs.
- Illuminate Colorado facilitated two offerings of the Prenatal Substance Exposure ECHO Series for perinatal providers in 2019.
- The quality improvement work has grown to 19 birth hospitals across the state including representation from the along the Front Range, the Western Slope, and the San Luis Valley. Additional hospitals from the Rocky Mountain Region also joined, bringing the total number of hospitals participating to over 20.

Data and Research Workgroup

The SEN Data and Research Workgroup is working to increase statewide data and research capacity in order to inform our work and to share successes and challenges.

The group achieved the following in 2019:

- In partnership with the Colorado Consortium, received funding and support for the Perinatal Substance Use Data Linkage Project with the passage of Senate Bill 19-228
- Secured the leadership of Colorado Evaluation and Action Lab and engaged stakeholders from healthcare, public health, child welfare, and other state agencies to collaboratively inform the project plan and strategy

- Defined an appropriate and feasible study population and identified the processes for extracting key data points from administrative datasets to support the project analyses

Identification Workgroup

The SEN Fetal Alcohol Spectrum Disorder (FASD) Identification Workgroup assesses the needs related to FASD identification capacity in the state and works to develop an expansion plan. The group began by conducting a scan of current places and professionals thought to be resources—including an evaluation of their training needs and referral patterns, in addition to the following:

- Conducted a gap analysis, using a key informant interview process, in order to understand the needs of families impacted by FASD and family-serving professionals
- Compiled a written report of key data findings, as well as a set of draft recommendations to address gaps in resources
- Began planning an FASD Roadshow to refine recommendations with feedback from stakeholders around the state

Plans of Safe Care Workgroup

The SEN Plans of Safe Care Workgroup promotes community-based strategies to meet the CAPTA/CARA requirement regarding plans of safe care for infants and caregivers.

In 2019, the group:

- Completed a pilot of the dissemination plan for the Plans of Safe Care Guidelines & Checklist, in order to apply lessons learned to the next steps of the dissemination plan
- Evaluated the needs and comfort-levels of pilot hospital staff in using the Guidelines and Checklist, in order to apply lessons learned to next steps of the dissemination plan

Policy Workgroup

The SEN Policy Workgroup is working to discern tangible next steps for each of the identified strategies and accompanying levers across the three priority areas.

In 2019, the group:

- Identified three policy priorities:
 - Decrease bias and discrimination in screening and testing for prenatal substance exposure

- Ensure all families with a substance exposed newborn receive support and services appropriate to their family's strengths and needs
- Increase access to substance use disorder treatment
- Built a priority matrix that overlays the policy priority areas, strategies, levers, and related practice recommendations from the American College of Obstetricians and Gynecologists

Provider Education Workgroup

The SEN Provider Education Workgroup works to expand provider education on related issues, such as screening every pregnant woman with a validated screening tool in prenatal, hospital, and postpartum settings.

In 2019, the group:

- Completed the online build-out of the Colorado Perinatal Provider Education Toolkit using the group's organized inventory available at www.chosencollaborative.org
- Developed and began implementation of a dissemination plan in order to ensure appropriate and widespread circulation of the toolkit to perinatal providers across the state
- Began discussions around expansion of the toolkit, including missing resources and opportunities for adaptation and/or creation of new resources.

D. Colorado Consortium for Prescription Drug Abuse Prevention

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to the major public health problem of the opioid crisis. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend and Response Task Force in 2013.

In April 2019, the Chancellor of the University of Colorado Anschutz Medical Campus formally established the Colorado Center for Prescription Drug Abuse Prevention. Dr. Robert Valuck, who served since 2013 as the director of the Consortium, is now serving as director of the new Center. José Esquibel transitioned out of the Colorado Department of Law to serve as Associate Director of Community Engagement of the Center and in that capacity is also serving as the new director of the Consortium.

Accomplishments to Date

In January 2019, the work of the Consortium was recognized by the American Medical Association, the Colorado Medical Society and Manatt for its “impressive array of stakeholders,” its collaborative efforts, and for its engagement of the medical provider community in a publication titled, [Spotlight on Colorado: Best Practices and Next steps in the Opioid Crisis \(January 2019\)](#).

Details on the 2019 accomplishments of the Consortium are found in the Colorado Consortium Annual Report. Highlights from the report are outlined below.

Opioid and Other Substance Use Disorders Study Committee

From July through the end of October, staff of the Consortium assisted the legislators of the [Opioid and Other Substance Use Disorders Study Committee](#) with gathering of stakeholder input and identifying experts to testify before the committee about progress in Colorado to address opioid and other substance use disorders. The topics addressed were prevention, harm reduction, treatment, criminal justice response, and recovery. All PowerPoint materials and handouts from testimonies are available on the web page of the Study Committee and by clicking [here](#).

The Study Committee developed and passed five bills that were also passed by the Colorado Legislative Council. The five bills and associated fiscal notes are available [here](#), with a summary of the bills in Appendix F.

Community Guide for Prescription Drug Abuse Prevention Update

With funds from the Office of Behavioral Health, the staff of the Consortium updated and expanded a guide to assist local community stakeholders in implementing strategies to address the opioid crisis. The publication, [Prescription Drug Abuse Prevention: A Colorado Community Reference](#) (2019), provide community leaders with guidance on strategies related to engaging affected families and friends, Naloxone and harm reduction, provider education, recovery support, safe disposal, treatment, heroin response, public awareness, and prevention approaches for youth and young adult populations.

Affected Families Workgroup

The Affected Families and Friends Workgroup of the Consortium completed a series of short videos telling the stories of 10 people affected by the epidemic: [Beyond the Numbers: Echoes of the Opioid Epidemic](#). Those individuals shared their stories of love, loss, and hope to help people understand the personal toll of the opioid crisis and to offer stories of recovery.

Connecting with Community Partners

Having obtained funding from several sources, the Consortium now has four external Relations staff that reside in different regions of the state and interact with community leaders and community coalitions that are addressing the opioid crisis. The staff serve as intermediaries to connect local community leaders and groups with content experts within the membership of the Consortium. Input gathered from local community efforts help inform priorities of the Consortium.

For information about community outreach efforts, including a list of External Relations staff and a list of community coalitions that are addressing the opioid crisis, click [here](#).

Public Awareness Workgroup

The Public Awareness Workgroup of the Consortium guided the development and launch of the [Bring Naloxone Home](#) public awareness campaign in August 2019 to bring greater awareness to the importance have having Naloxone available whenever prescriptions for opioids are obtained and in the home. In 2018, the U.S. Surgeon General recommended that individual learn about and obtain Naloxone, including families, friends and those at risk for opioid overdose.

Expanding Provider Education

The Consortium now offers a large selection of prescriber education training. A report on provider education efforts of the Consortium for 2017, 2018 and through October 2019, accounted for nearly 1,500 individuals trained from 46 different professions representing over 373 organizations, including 419 physicians, and 245 advance practice practitioners.

In 2019, CoBank provide funding to the Consortium to conduct provider education with a focus on rural and frontier regions of the state and to create a series prescriber education module that can serve as a catalyst for expansion of provider education to other regions of the United States.

Medication Assisted Treatment Expansion Project

The Center for Prescription Drug Abuse Prevention received funds from the Colorado General Assembly to work with the University of Colorado College of Nursing on continuation and

extension of the successful Medication Assisted Treatment (MAT), which was originally implemented between December 2017 and June 2019 in Pueblo and Routt counties.

In November 2019, grant funds were awarded by the Center to the following health care organizations serving people with opioid use disorders in 16 counties:

- Providence Recovery Services/Memorial Regional Hospital (Moffat and Rio Blanco counties)
- Colorado Treatment Services (Pueblo County)
- Health Solutions (Pueblo County)
- Mountain Medical Road to Recovery (Routt County)
- Front Range Clinic (Mesa County)
- River Valley Family Health Centers (Montrose and Delta counties)
- Las Animas Huerfano Counties District Health Department (Las Animas and Huerfano counties)
- Valley-Wide Health System, Inc. (Alamosa, Costilla, Conejos, Custer, Mineral, Rio Grande and Saguache counties)

Grant Writing Assistance

With funds and a directive from the Colorado General Assembly, the Consortium began operating a grant writing assistance program to “aid local communities in need of assistance in applying for grants to access state and federal money to address opioid and other substance use disorders in their communities” with an emphasis on rural and frontier communities.

The Consortium staff coordinated with staff of state agencies that were releasing grant funds to notify organization about the grant writing services.

Recovery Supports and Strategic Plan

With a grant from the Colorado Health Foundation, the Consortium provided funding assistance to pilot the first program in Colorado that places peer recovery coaches in a hospital emergency room. Consortium staff coordinated a partnership with Advocates for Recovery, Springs Recovery Connection and memorial Central ER in Colorado Springs.

The peer coaches help alleviate some of the burden hospitals and ERs experience with patients who have an opioid use disorder or are in recovery. The peer coaches help clients navigate the

barriers of finding employment and housing and help them find an appropriate path to recovery, whether through a faith community, support group, sport, or activity.

In fulfillment of state statute, the Consortium staff and members of Recovery Workgroup worked with the Office of Behavioral Health, the Colorado Health Institute, and Mental Health Colorado to conduct outreach efforts to analyze Colorado's current substance use disorders recovery support system and to identify strategies for closing gaps. Nearly 400 individuals from 40 counties with lived experience of recovery and their allies were engaged to help identify and prioritize the following three strategic objectives for [Colorado Statewide Strategic Plan for Substance Use Disorder Recovery, 2020-2025](#):

Strategic Objective One: Create a Recovery-Oriented System of Care

Colorado has a foundation to provide and sustain recovery support services.

- Create sustained targeted funding opportunities to support existing recovery support services or develop new services.
- Equip funders to use language that is inclusive of recovery.
- Implement systematic data collection to assess and monitor recovery.
- Promote recovery as a priority issue in behavioral health discussions.

Strategic Objective Two: Provide Recovery-Oriented Clinical Care

Colorado's health care providers identify recovery as a goal for patients and connect patients to recovery support services.

- Equip the entire health care system—from primary care community providers to acute care hospitals—to support people in recovery.
- Expand access to medication-assisted recovery.
- Equip substance use treatment providers to connect people in recovery to support as part of their treatment or service plans.

Strategic Objective Three: Equip Communities with Recovery Support

Colorado's community leaders establish and promote recovery-inclusive community supports.

- Enables community leaders to develop and connect people to recovery support services
- Strengthen communities by increasing access to recovery residences statewide
- Build community by increasing access to peer-run and peer-delivered services

IV. Colorado Substance Abuse Trends

The Task Force reviews data from various sources to understand the trends in substance use and abuse in Colorado. This section provides a summary of key trends from the most recently available data, as presented to the Task Force.

Treatment Admissions

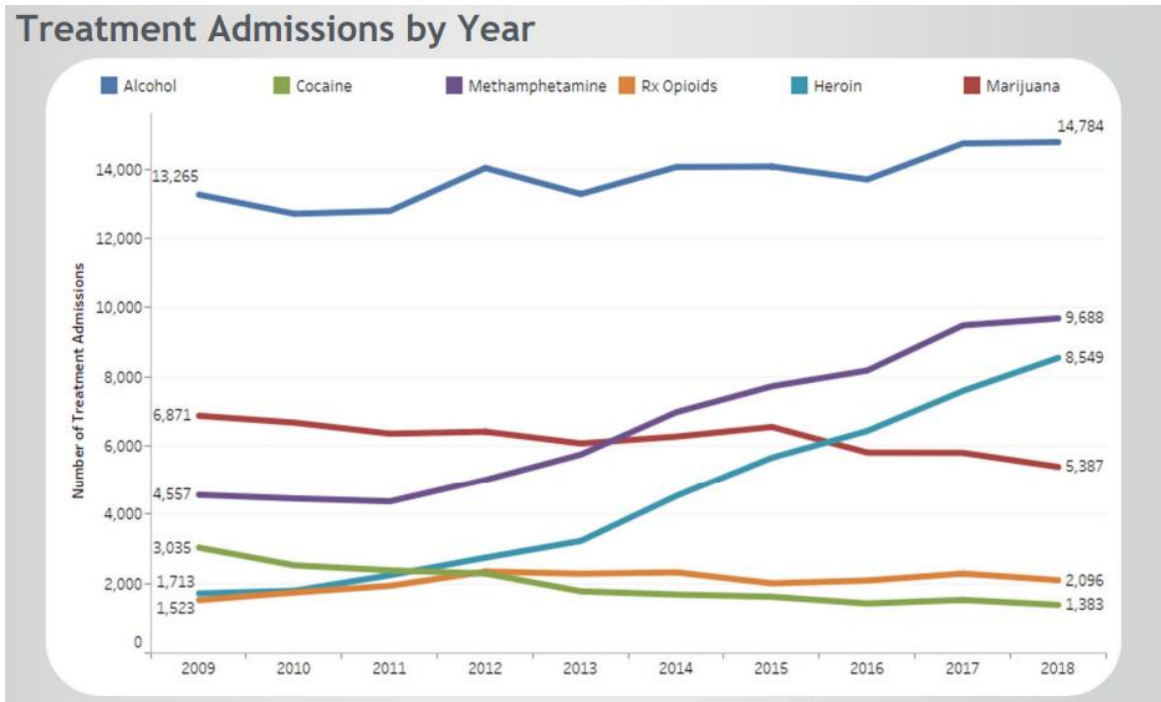
Treatment admissions data is collected with the Drug and Alcohol coordinated Data System through the Office of Behavioral Health in the Colorado Department of Human Services. In addition to monitoring treatment service quality, utilization and effectiveness, the 2018 data is presented in a compare/contrast method with that of 2009 and provides trend data.

The following are key highlights from the 2018 treatment admissions data, which is presented in more detail below:

- 42,604 treatment admissions for substance were initiated in CY2018, representing 482 more admissions than in 2017.
- Alcohol is the drug with the largest number of treatment admissions since 2009.
- While alcohol consistently has the highest number of treatment admissions, over 42% of treatment admissions were for heroin and methamphetamine in 2018.
- Since 2014:
 - Heroin treatment admissions increased by 89%.
 - Methamphetamine treatment admissions increased by 39%.
 - Marijuana treatment admissions decreased by 14%.
- Twenty-six through 39-year-olds account for the highest volume of treatment admissions for five of the six substances observed; cocaine is the only exception.
- White race and male gender continue to be the most frequent demographics observed in treatment admission data.

By Year

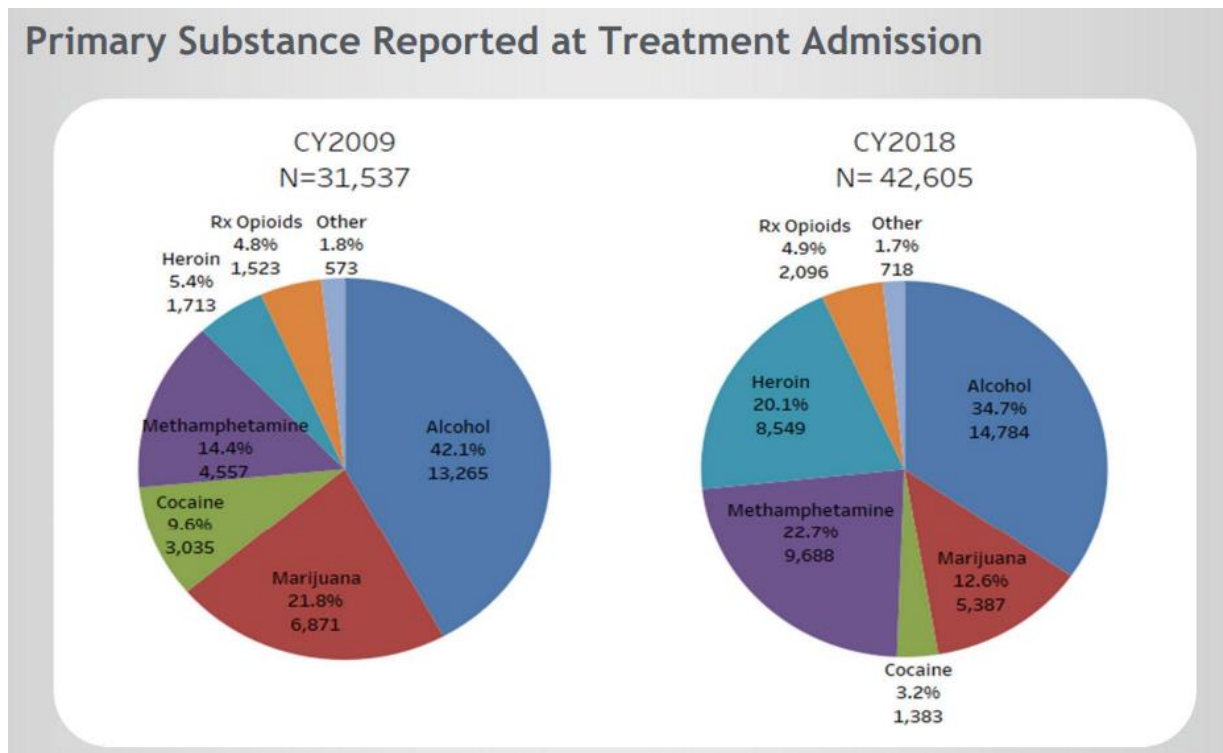
The most recent data from substance abuse treatment admissions indicates that alcohol, methamphetamines, heroin, and marijuana continue to be the main drugs used by individuals who sought treatment.



Substance Abuse Treatment Admissions by Year, 2009-2018. Source: Drug/Alcohol Coordinated Data System (DACODS), Office of Behavioral Health (OBH), Colorado Department of Human Services (CDHS)

Primary Substance Reported

From 2009 to 2018, alcohol, methamphetamines and marijuana continued to be the most common substances used by those who sought treatment. During this period, data shows heroin use growing, with a slow, but consistent increase from 2009 to 2011, and then rapidly growing from 2012 to 2018. While alcohol is consistently the most used substance by those who sought treatment, the next most common substances are subject to change in order of most-use throughout the years.

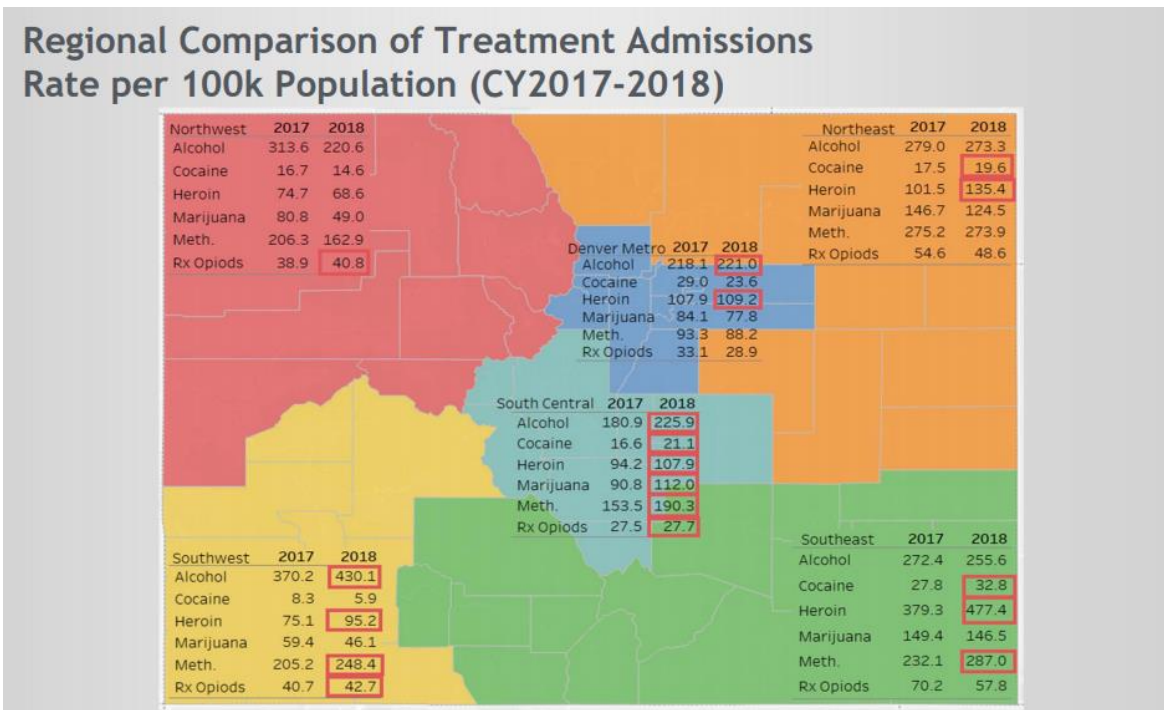


Primary Substance Reported at Treatment Admission, Source: DACODS/OBH/CDHS

Regional Comparison

Between 2017 and 2018, every region of Colorado has higher use rates for at least one substance. Northwest Colorado saw a slight increase in Rx Opioids only, while South Central Colorado saw increases in all substance categories. Here are additional highlights from the regional comparison data:

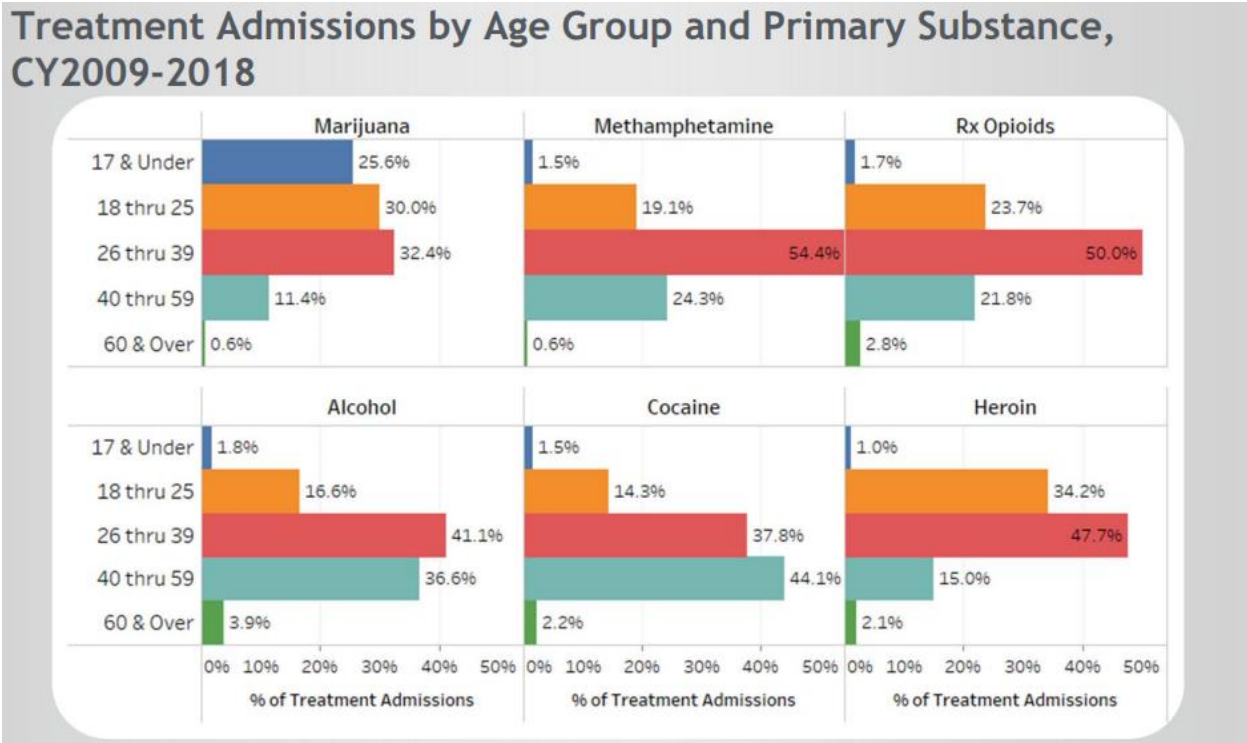
- Southwest Colorado had the most alcohol admissions in 2018, at 430.1 per 100,000 people.
- Southeast Colorado had the most heroin, cocaine, and methamphetamine admissions across Colorado in 2018.
- The Denver Metro area had the least methamphetamine admissions across Colorado in 2018.
- Northeast Colorado has decreased admissions for all substances other than cocaine and heroin between 2017 and 2018.



Regional Comparison of Treatment Admissions, Rate per 100K Population; Source: DACODS/OBH/CDHS

Age Group, Primary Substance

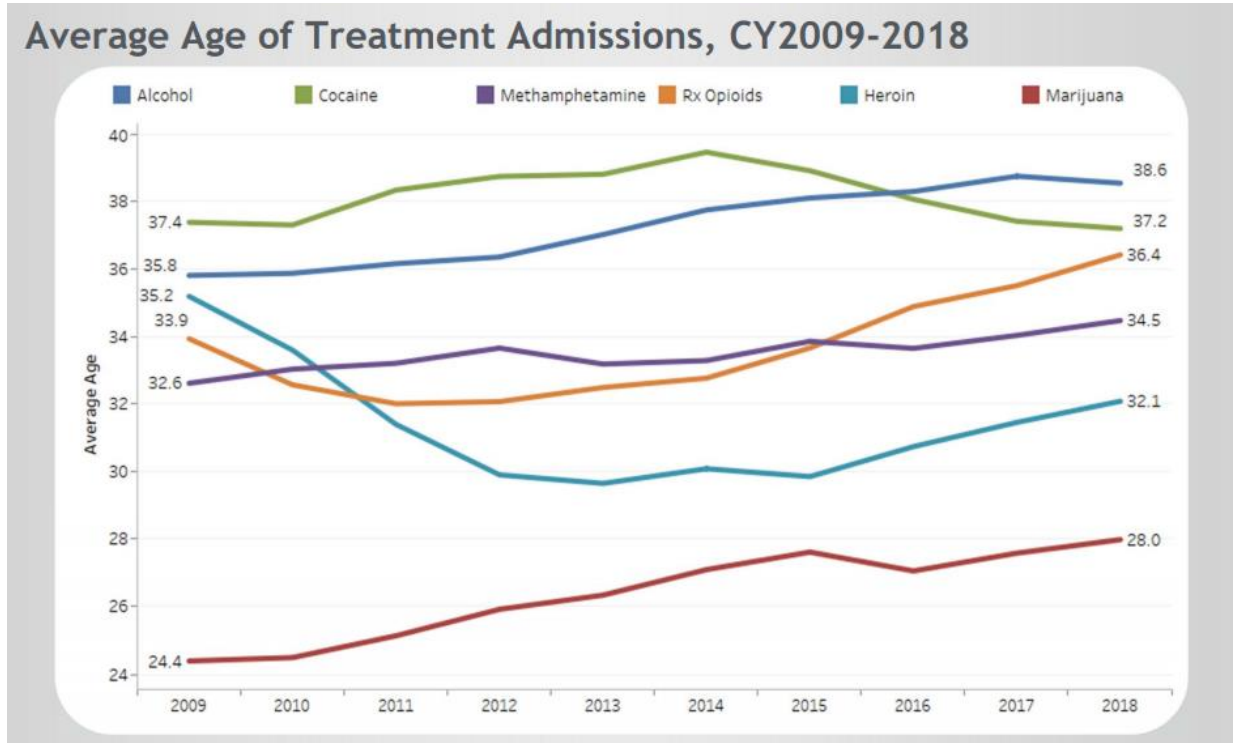
From 2009 to 2018, the 26 to 39 age group was consistently the most common age group for treatment admissions in every substance category except cocaine. The oldest age group (60 and over) and the youngest age group (17 and under) are consistently the least common age groups for treatment admissions.



Treatment Admissions by Age Group and Primary Substance, Source: DACODS/OBH/CDHS

Average Age

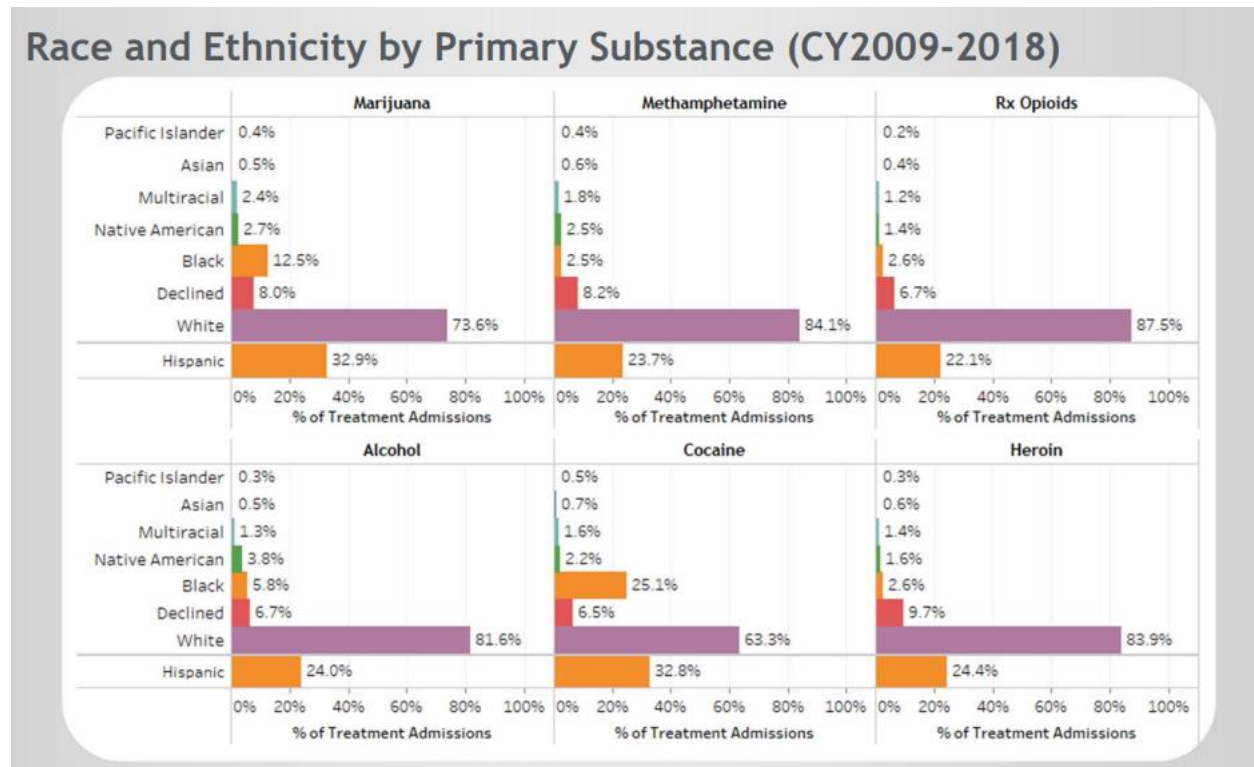
From 2009 to 2018, the average age of treatment admissions for alcohol, methamphetamine, Rx Opioids, and marijuana increased. Cocaine and heroin were the only substances for which average age for admission decreased from 2009 to 2018. The average age of treatment admissions for cocaine began at 37.4, increased to nearly 40, and then declined to 37.2 by 2018.



Average Age of Treatment Admissions, Source: DACODS/OBH/CDHS

Race and Ethnicity by Primary Substance

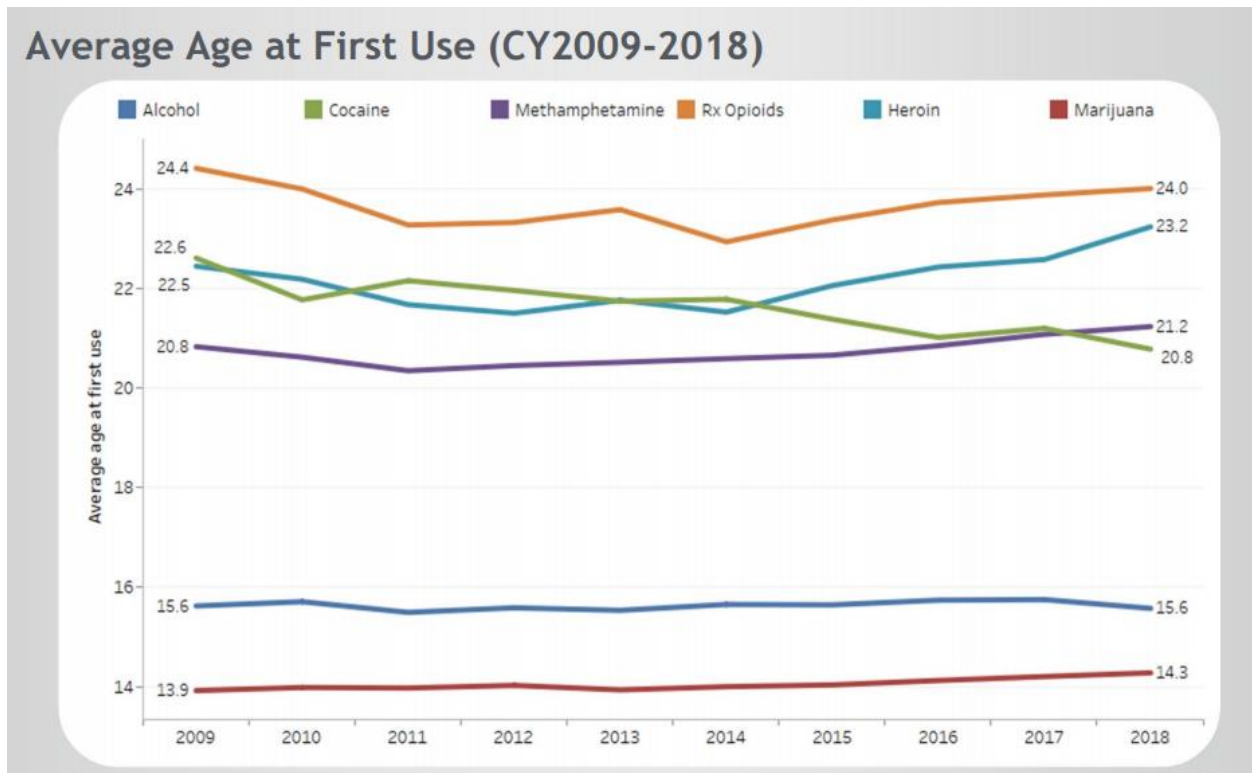
The white race continues to be the most frequent race/ethnicity for treatment in all six drug categories. The second most frequent race/ethnicity for treatment admissions in all categories is Hispanic. Race and ethnicity are mutually exclusive in the data and may add to greater than 100%.



Race and Ethnicity by Primary Substance, Source: DACODS/OBH/CDHS

Average Age at First Use

Between 2009 and 2018, the Colorado Office of Behavioral Health looked at the average age individuals first used a substance. The Average Age at First Use stayed relatively consistent over these nine years for most substances; however, the average age of first use for cocaine has decreased steadily from 22.6 to 20.8.



Average Age at First Use, Source: DACODS/OBH/CDHS

Substance Use in Colorado Youth

Substance by Popularity

Alcohol

Alcohol is the most common substance used by Colorado teenagers, with 37% reporting having ever used alcohol during their lives. This is a statistically significant decrease from 2016, where 46% of respondents reported having used alcohol.

Marijuana

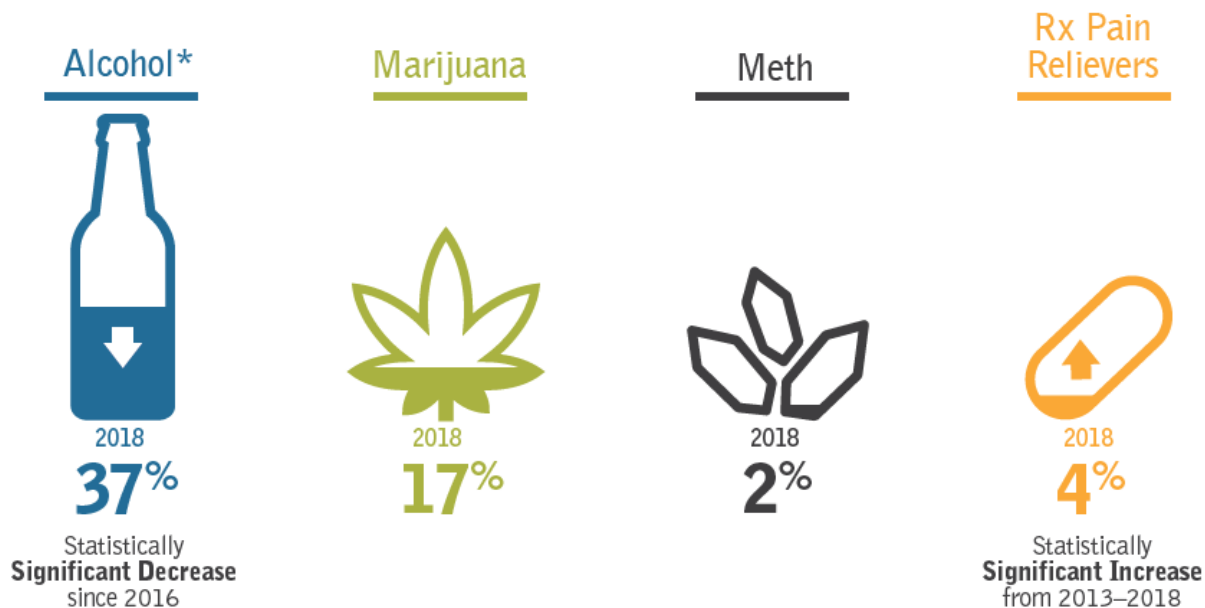
Marijuana is the second most common substance ever used by Colorado teenagers, when 17% of respondents reported having used marijuana.

Methamphetamines

Methamphetamines are the least common substance among Colorado teenagers; 2% of respondents reported having used methamphetamines.

Rx Pain Relievers

Rx Pain Relievers experienced a statistically significant increase in use among Colorado youth, with 4% of respondents reporting use, a 2% increase since 2013.



Substance Use in Colorado Youth, Source: 2018 Rise Above Colorado Youth Survey on Behavioral Health Substance Use Fact Sheet (RACY Fact Sheet)

Perception vs. Reality

Perceived risk regarding the use of alcohol and the use of marijuana has decreased among Colorado youth; perceived risk regarding the use of prescription drugs has increased among Colorado youth.

PERCEIVED RISK

Youth's perceived risk in alcohol and marijuana use is **decreasing**



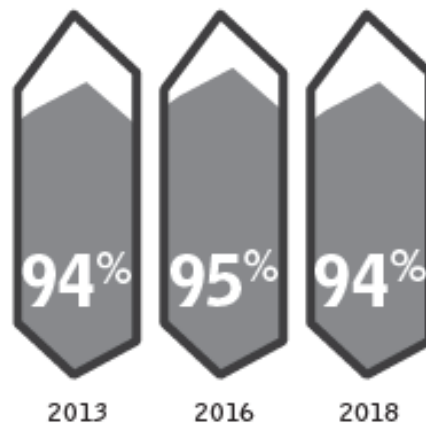
Youth's perceived risk in prescription drug use is **increasing**



Perceived Risk, Source: 2018 RACYS Fact Sheet

Perceived risk in the regular use of methamphetamines has remained consistently high since 2013, though 7% of youth have reported having received a direct offer of methamphetamines.

FROM 2013–2018,
**PERCEPTION OF
 'GREAT RISK'
 IN REGULAR METH USE
 HAS STAYED
 HIGH**

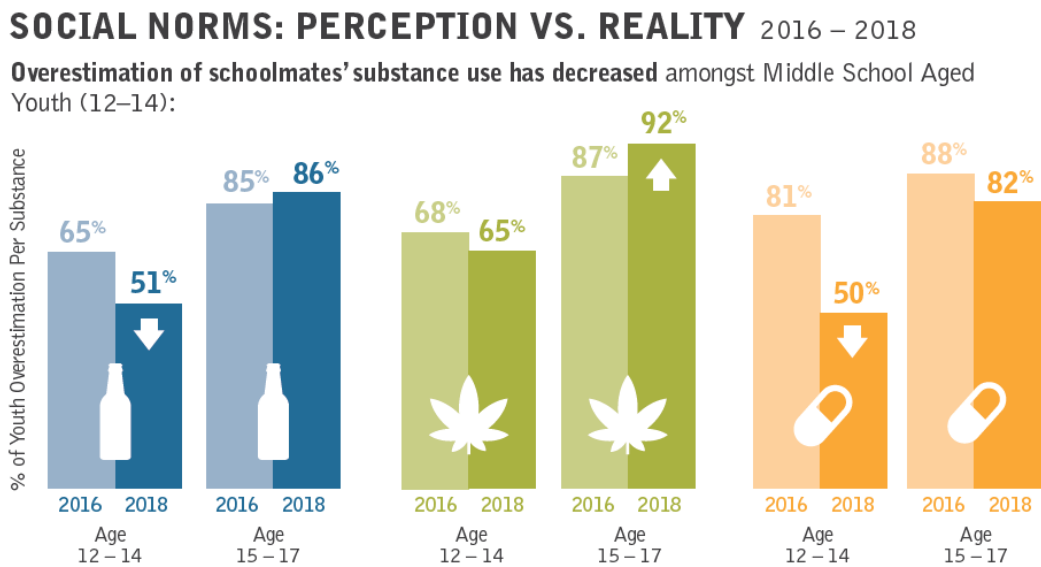


Perceived Risk of Methamphetamines, Source: 2018 RACYS Fact Sheet

Social Norms

When Colorado teenagers have been asked to estimate the percentage of students at their school that use each substance, there has been a pattern of increasingly overestimating use in every age group for every substance assessed. In 2018, the percentage of overestimation by Middle School Youth (12-14) decreased in alcohol, marijuana, and prescription drugs. High School Youth (14-17) have continued a pattern of increasing overestimations in alcohol and marijuana, with overestimations regarding prescription drugs decreasing 6% since 2016.

Methamphetamine overestimations, not shown in the graph below, have stayed low, and participants' overestimations continue to decrease.



Social Norms: Perception vs. Reality, Source: 2018 RACYS Fact Sheet

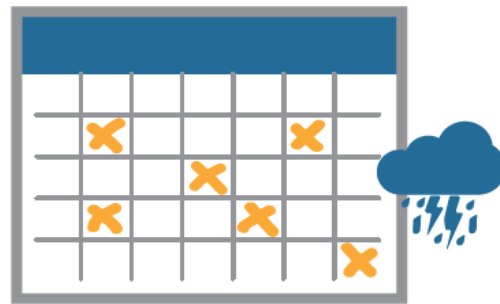
Mental Health and Substances

The 2018 Rise Above Colorado Youth Survey found that youth reporting 6 or more difficult mental health days in a month are significantly more likely to have tried alcohol, marijuana and prescription pain relievers than those who have no difficult mental health days.



1 in **4** Youth

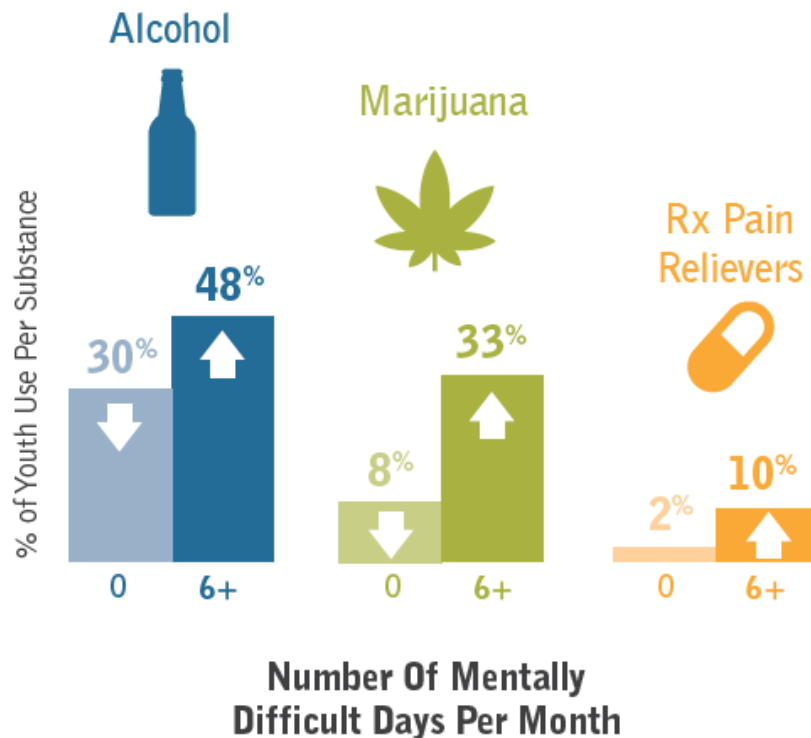
said they had **6 or more difficult mental health days** in the last month.



Youth who reported experiencing

6 or more

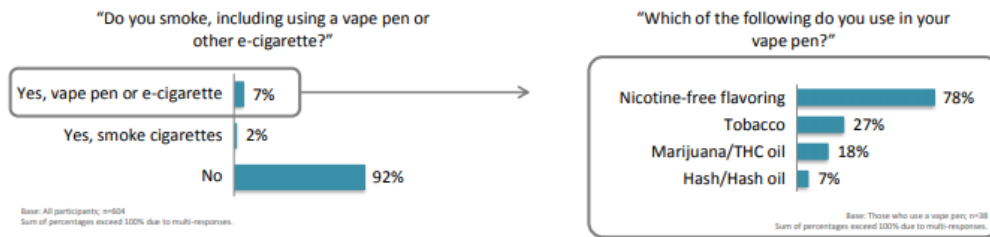
difficult mental health days in a month are significantly more likely to have tried **alcohol, marijuana and prescription pain relievers.**



Mental Health and Substances, Source: 2018 RACYS Fact Sheet

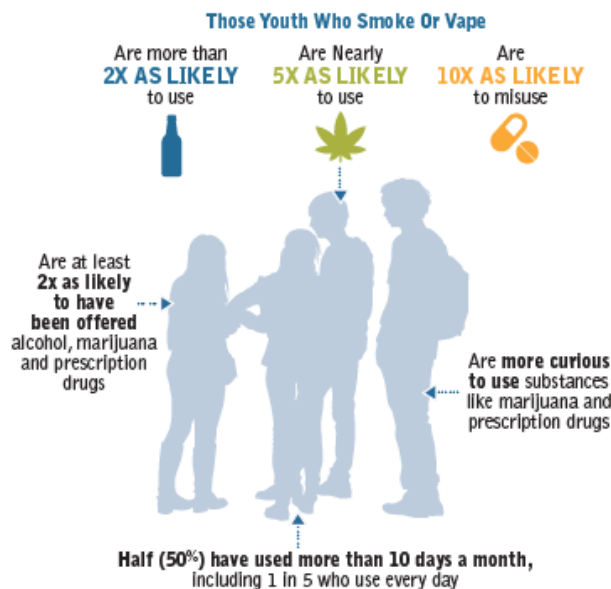
Emerging Issue: Vaping

In the 2018 Rise Above Colorado Youth Survey, participants were asked for the first time if they smoke, including using a vape pen or some form of other e-cigarette, due to growth of this behavior among youth. In Colorado, 92% of youth said they do not smoke or use any form of an e-cigarette, with 2% reporting they smoke cigarettes and 7% reporting they smoke e-cigarettes. The majority (78%) of those who smoke e-cigarettes reporting smoking “Nicotine-free flavoring.”



Source: 2018 Rise Above Youth Survey on Behavioral Health and Substance Use, Colorado Department of Human Services, Office of Behavioral Health (CDHS/OBH)

Teens who smoke cigarettes or use a vape pen were found to be significantly more likely to have used all five types of substances surveyed, and significantly (at 52% and higher) more likely to have been offered marijuana, prescription drugs, and alcohol. These teens also show higher levels of curiosity to try marijuana and prescription drugs.

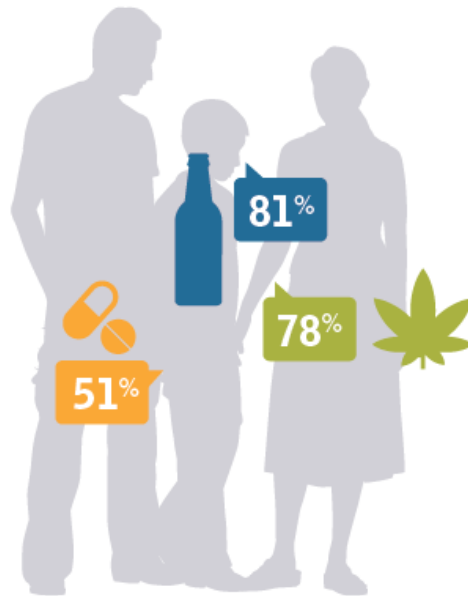


Source: 2018 RACYS Fact Sheet

Family Discussions

Family discussions surrounding substance use have significantly increased when it comes to prescription drugs, with 51% of teens in 2018 reporting that they have talked with their parents about prescription drugs, up from 32% in 2013. Family discussions surrounding alcohol, marijuana, and meth have remained statistically unchanged from 2016, and 81%, 78%, and 42%, respectively.

“Have You Ever Talked To Your Parents About (Substance)?” (2018)



Source: 2018 RACYS Fact Sheet

How Colorado Youth are Rising Above

In addition to substance use data, the survey also collected data on teens' behavior, specifically protective factors that have been proven to reduce youth substance use. These factors include standing up for their beliefs, having long-term goals, and feeling that they can trust an adult.



Source: 2018 RACYS Fact Sheet

Medication Assisted Treatment (MAT) Northern Colorado Opioid Prevention Workgroup

The Colorado Opioid Synergy

The Northern Colorado Opioid Prevention Workgroup presented to the Task Force on its progress and work and the powerful outcomes of Medication Assisted Treatment (MAT) in jails. The group organized community stakeholders into a network of support for expansion of MAT. Priority for the work was placed on criminal justice services and emergency departments. MAT in jails and hospitals includes all forms of federally approved medications as a standard of care. Lessons learned include:

- Case management services are key
- Training on the brain science of addiction is important when changing minds and cultures
- Substance use disorder treatment clinics need the ability to scale up and accept patients into care
- Jails and emergency departments are where most patients are found
- Stakeholders must agree on medication delivery methods, diversion prevention, data sharing and the legal landscape

Interim client level outcomes: Feb 1, 2019 – Sept 30, 2019

Increase % of individuals receiving services who reported:	N	% at intake	% at 3 month follow up	Rate of change
Abstinence: Did use illegal drugs or alcohol in the past 30 days	69	36.2%	55.1%	52.0%
Employment/Education: were currently employed or attending school	68	35.3%	48.5%	37.5%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	65	67.7%	83.1%	22.7%
Social Connectedness: were socially connected	69	94.2%	97.1%	3.1%
Stability in Housing: had a permanent place to live in the community	69	37.7%	56.5%	50.0%

Source: Northern Colorado Opioid Prevention Workgroup: Engaging a Community Network for Medication Assisted Treatment Expansion

Appendix A: Substance Abuse Trend and Response Task Force Members

Chair

Colorado Attorney General, Phil Weiser

Vice-Chairs

Marc Condojani, Vice Chair, Treatment

Director, Community Treatment and Recovery Programs
Office of Behavioral Health
Colorado Department of Human Services

Chief Rick Brandt, Vice Chair, Criminal Justice System

Evans Police Department
City of Evans

Matt Baca, Vice Chair, Prevention

Director, Office of Community Engagement
Office of the Attorney General

Members

Governor's Policy Staff Representative: Adam Zarrin, Policy Advisor

President of the Senate Designee: Sen. Larry Crowder, Senate District 35

Senate Minority Leader Designee: *Vacant*

Speaker of the House Designee: Representative Meg Froelich, House District 3

House Minority Leader Designee: Dan Rubinstein, District Attorney, 21st Judicial District

Local Child and Family Service Provider: Julia Roguski, Director of Child Protection Services

Youth Representative: Stazi Snelling, Youth Advisor, Rise Above Colorado

Major Health Facility: Dr. Kathryn Wells, Medical Director, Denver Family Crisis Center

Human Service Agency: Lucinda Connelly, Colorado Department of Human Services, Division of Child Welfare

Criminal Defense Bar: Greg Daniels, Daniels Law Firm

Mental Health Treatment Provider: Dr. Liz Hickman, Centennial Mental Health Center, Inc., Sterling

Colorado Department of Education: *Vacant*

Colorado District Attorneys Council: *Vacant*

County Sheriffs of Colorado: Sheriff Jaime FitzSimons, Summit County

Colorado Association of Chiefs of Police: Chief Miles DeYoung, Woodland Park Police Department

County Commissioner from a Rural County: Wendy Buxton-Andrade, Prowers County Commissioner

Organization Providing Advocacy and Support to Rural Municipalities: Mayor Ron Rakowsky, Colorado Municipal League

Licensed Pharmacist: Dr. Robert J. Valuck, R.Ph., University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences

Colorado Department of Public Safety: Peggy Heil, Division of Criminal Justice, Office of Research and Statistics

Office of Child's Representative: Ashley Chase, Office of Child's Representative

Colorado Department of Corrections/Adult Parole: Melissa Gallardo, Manager, Division of Adult Parole, Community Corrections and Youth Offender Systems

State Judicial Department: Amy Kingery, Office of the State Court Administrator

Colorado Drug Investigators Association: Ray Padilla, Westminster Police Department/DEA Task Force

Substance Abuse Recovery Organization: Whitney Hickman, Phoenix Multisport

Environmental Protection: Colleen Brisnehan, Hazardous Materials and Waste Management Division, Colorado Department of Public Health and Environment

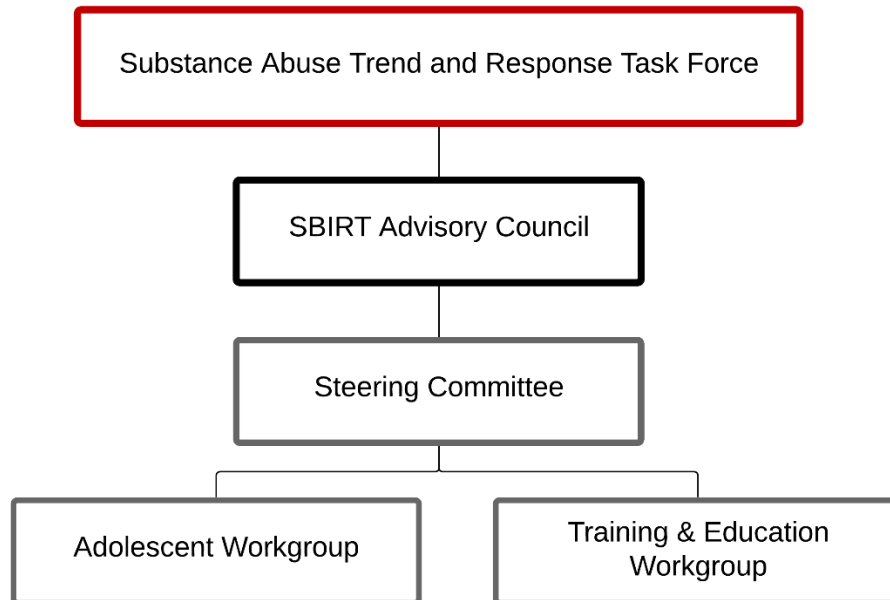
Community Prevention Coalition: Lisa Noble, Gold Belt Build a Generation, Teller County
Colorado Department of Public Health and Environment: Lindsey Meyers, Injury, Suicide and Violence Prevention Branch, Prevention Services Division

Colorado Department of Human Services, Office of Behavioral Health: Jenny Corvalan-Wood, Director of Community Prevention and Early Intervention Programs, Office of Behavioral Health, Colorado Department of Human Services

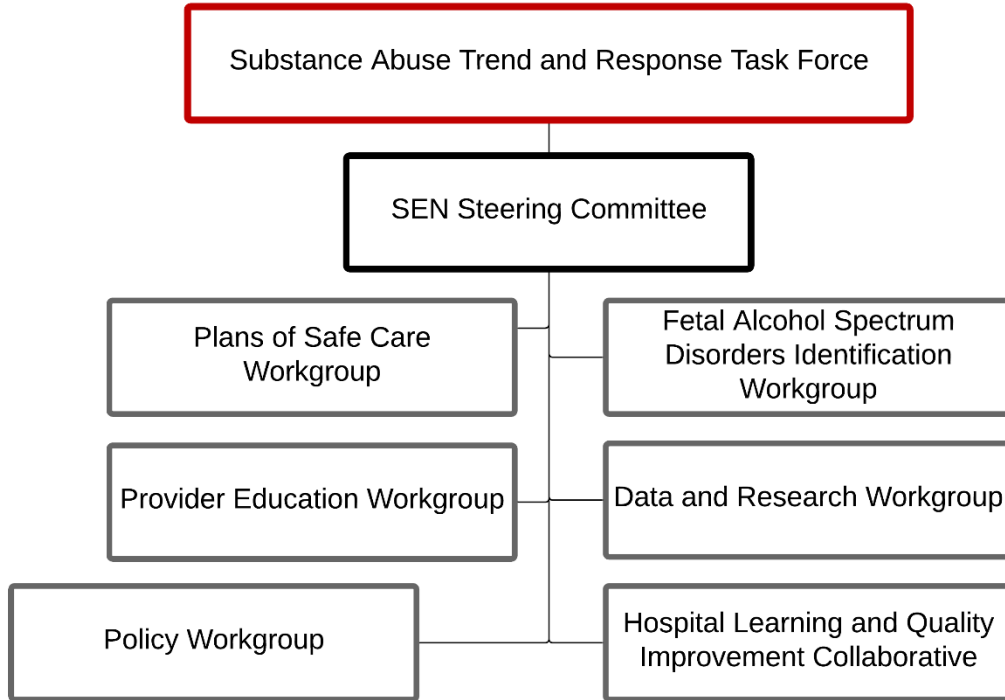
Appendix B: Summary of the Charter SEOW

The Colorado State Epidemiological Outcomes Workgroup (SEOW) is a multi-disciplinary working group with the goal of promotion, collection, analysis, and clear communication of data to support improved health in Colorado. To accomplish this, the SEOW is tasked with increasing access to data and data products that address substance use and health issues to inform promotion, prevention, intervention, treatment, recovery, enforcement, and broader policy.

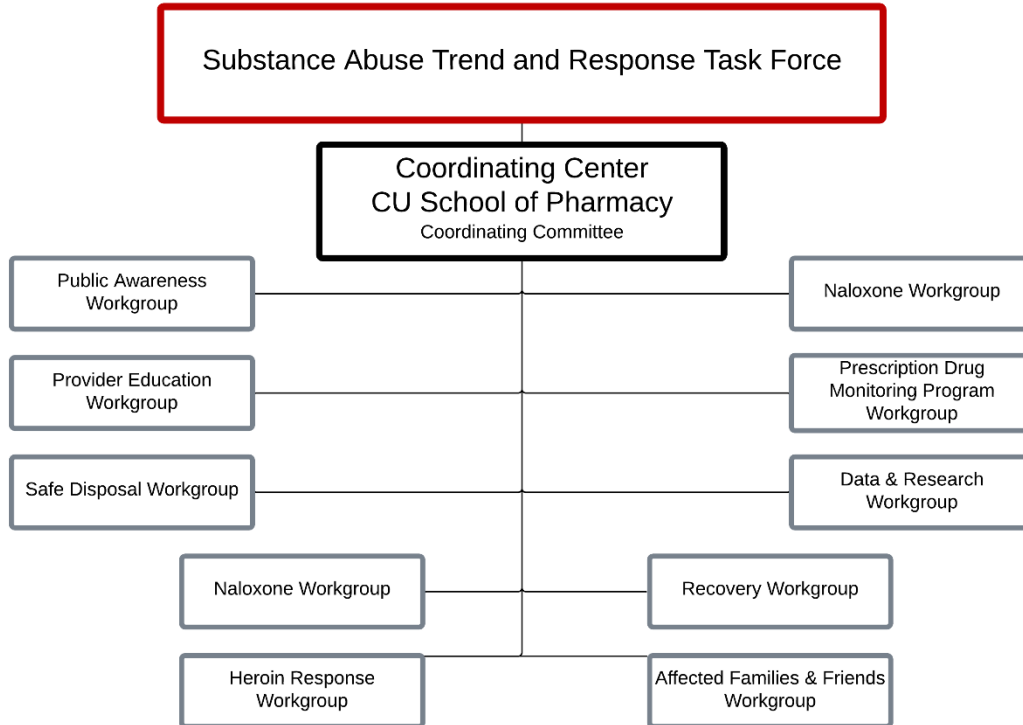
Appendix C: Structure of the SBIRT Advisory Council



Appendix D: Structure of the SEN Steering Committee



Appendix E: Structure of the Colorado Consortium



Appendix F: Colorado Consortium, Summary of Proposed Bills

Opioid and Other Substance Use Disorders Study Committee

The Opioid and Other Substance Use Disorders Study Committee of the Colorado General Assembly heard testimony and convened stakeholder meetings to draft five proposed bills to improve services related to prevention, harm reduction, treatment of substance use disorders, criminal justice and supports for individuals in recovery of a substance use disorder.

The Colorado Consortium for Prescription Drug Abuse Prevention assisted committee members by convening stakeholder input. The summary of the five proposed bills presented here demonstrates the broad range of policy actions informed by stakeholders. Each of the draft bills is available on the web page of the [Study Committee](#).

Bill 1: Prevention of Substance Use Disorders

This bill addressed practices in health care settings aimed at preventing opioid misuse and increasing access to alternatives to opioids:

- Improves insurance coverage of pain management alternatives to opioids, such as physical therapy, acupuncture, and occupational therapy as well as medications such as atypical opioids or non-opioids.
- Modifies requirements for adding prescription information to the Prescription Drug Monitoring Program (PDMP) and provides the state's Medicaid agency access.
- Expands continuing education for prescribers of pain medication
- Continues indefinitely the requirement that a health care provider query the program before prescribing a second fill for an opioid.
- Continues indefinitely the requirement for an opioid prescriber to prescribe no more than a 7-day supply for first fill with certain exceptions.

This bill addresses efforts to efforts in the health care setting to address emerging drug trends:

- Requires each health care provider to query the program before prescribing a benzodiazepine.
- Allows the state board of pharmacy, by rule, to require a query of the program for additional controlled substances

This bill enhances the delivery of prevention services:

- Supports the delivery of prevention services through local public health departments.

- Expands screening, brief intervention, and referral to treatment (SBIRT) as a standard of healthcare.
- Improves the utilization of evidence-based prevention practices and programs.

Amendments to this bill include:

- Amendment #1: Authorizes the Department of Regulatory Affairs to add or remove non-controlled substances from the Prescription Drug Monitoring Program (PDMP) if those substances have the potential for abuse or if they interact with a controlled substance.
- Amendment #2: Authorizes medical examiners and coroners' access to the PDMP during a drug investigation.
- Amendment #3: Identifies exemptions to checking the PDMP for benzodiazepines, including emergency situations (when diagnosis is seizure, alcohol withdrawal, neurological or psychological emergency events, including, but not limited to, post seizure traumatic brain injuries) and exemptions for hospice patients.
- Amendment #4: Requires an actuarial study to determine economic feasibility of adding acupuncture as a covered benefit.
- Amendment #5: Requires the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery to provide education on chronic pain and benzodiazepines to prescribers.
- Amendment #6: Amends Amendment #3 to broaden language for a person experiencing seizures.

Bill 2: Harm Reduction Substance Use Disorders

This bill addresses access to the life-saving naloxone:

- Extends civil and criminal immunity for a person who acts in good faith to administer naloxone that is expired to an individual suffering an opiate-related drug overdose.
- Requires health insurance carriers to reimburse a hospital if the facility provides a covered person with naloxone upon discharge.

This bill promotes public health through preventing the spread of blood-borne pathogens:

- Promotes public health safety by providing permissive language for pharmacies to provide syringes.
- Removes a regulatory barrier to operating syringe exchange programs.
- Provides ongoing funding for harm reduction programming in public health.

There are no amendments to this bill.

Bill 3: Substance Use Disorders Treatment in the Criminal Justice System

This bill:

- Requires that incarcerated individuals with an opioid use disorder receive medication-assisted treatment, continuity of care and community resources prior to release.
- Allows police stations, sheriff's offices and fire stations to receive any controlled substance for disposal and refer individuals with a substance use disorder to treatment.
- Allows for sealing of arrest and criminal records if a person has entered or successfully completed a substance use disorders treatment program.
- Appropriates money to criminal justice diversion programs.

There is a single amendment to this bill:

- Amendment #1: Names criminal justice diversion programs into statute, decreases appropriations for criminal justice diversion programs to \$1,150,000 and requires reporting on funding in the state department's SMART presentation.

Bill 4: Treatment Opioid and Other Substance Use Disorders

This bill addresses a variety of measures to improve treatment services for individuals with an opioid of other substance use disorder.

This bill requires insurance carriers to:

- Provide coverage for the treatment of substance use disorders in accordance with the American Society of Addiction Medicine.
- Provide coverage for naloxone, without prior authorization and without imposing any deductible, copayment, coinsurance, or other cost-sharing requirement.
- Report to the commissioner of insurance on the number of in-network providers who are licensed to prescribe medication-assisted treatment for substance use disorders.

This bill increases access to treatment:

- Authorizes the commissioner of insurance to review and revise the essential health benefits package for medication-assisted treatment.
- Prohibits denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-

assisted treatment in the following settings: recovery residences, courts, judicial programs, community corrections and in entities contracting with the Office of Behavioral Health.

- Authorizes pharmacies to receive an enhanced dispensing fee for the administration of all injectable medications for medication-assisted treatment.

This bill increases capacity for treatment providers and agencies:

- Increases funding to the Colorado Health Service Corps Fund for loan forgiveness and scholarships for individuals serving in health care workforce shortage areas of Colorado.
- Continues the grant writing program to aid local communities in need of assistance to access federal and state money to address opioid and other substance use disorders in their communities.

This bill addresses transparency and improved quality of care:

- Requires managed care entities to provide coordination of care for the full continuum of substance use disorder treatment and recovery and requires managed service organizations to update community assessments every two years.
- Commissions a study of the state childcare and treatment study and a final report with findings and recommendations concerning gaps in family-centered substance use disorder treatment.

Amendments to this bill include:

- Amendment #1: Consolidation of Title 27, Articles 81 and 82 regarding civil commitment for persons with alcohol and substance use disorders and updating language in statute.
- Amendment #2: Addresses ability to change utilization management criteria if no longer relevant or available.
- Amendment #3: Small change to Department of Insurance reporting requirement for carriers to include reporting prescriptions written by providers for buprenorphine that are "denied" by the carrier (in addition to "paid") to get a better count of active prescribers.
- Amendment #4: Small change to language about Managed Service Organizations (MSO)-contracted providers not denying or prohibiting access to medication assisted treatment to use "access to" and to clarify that MSOs do not provide services.
- Amendment #5: Requires the Office of Behavioral Health to conduct training and outreach regarding civil commitment for alcohol and substance use disorders.
- Amendment #6: Small change moving and revising managed care entities and care coordination language.

Bill 5: Substance Use Disorder Recovery

This bill:

- Provides additional funding for housing assistance in recovery residences.
- Expands the individual employment placement and support program.
- Creates the recovery support services grant program for recovery community organizations.
- Supports individuals in recovery with peer coaching or peer specialist training.
- Directs the Center for Prevention, Treatment and Recovery Research to conduct a study of relapse in recovery to inform a state plan on the delivery of treatment services across the continuum of care.
- Authorizes the statewide perinatal substance use data linkage project to conduct ongoing research related to the incidence of prenatal substance exposure or related infant and family health and human service outcomes as an ongoing project.
- Modifies how child abuse, neglect, or dependency is determined in situations involving alcohol or substance exposure.
- Continues the Opioid and Other Substance Use Disorders Study Committee for an additional 4 years, meeting every other year beginning in 2021.
- Requires the State Substance Abuse Trend and Response Task Force to convene stakeholders to review progress on bills introduced by the study committee and passed by the general assembly and generating policy recommendations related to opioid and other substance use disorders.

Amendments to this bill include:

- Amendment #1: Makes an addition to the proposed modified language regarding alcohol and substance exposure of a newborn to specify that a newborn child's health or welfare is threatened by substance use.
- Amendment #2: Requires the ongoing work of the statewide perinatal substance use data linkage project and appropriates funding.
- Amendment #3: Gives authority to the Office of Behavioral Health to manage funds for temporary housing assistance for individuals receiving treatment setting and into recovery.

For more information and access to stakeholder input, visit

www.corxconsortium.org/legislature/ or email leg@corxconsortium.org



LEARN MORE ABOUT THE SUBSTANCE ABUSE TASK FORCE AT
COAG.GOV/TASK-FORCE
