



JANUARY 2022

ANNUAL REPORT

Substance Abuse Trend and Response Task Force

Phil Weiser, Colorado Attorney General, Task Force Chair

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).

Phil Weiser, Chair

Colorado Attorney General

Lesley Brooks, Vice Chair, Treatment

Chief of Addiction Medicine at SummitStone Health Partners

Chief Rick Brandt, Vice Chair, Criminal Justice System

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City of Evans

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Contents

Colorado Substance Abuse Trend and Response Task Force	1
Letter from Attorney General Phil Weiser	3
Task Force Background	4
A. Overview of the Substance Abuse Trend and Response Task Force	4
B. Task Force Membership and Meetings.....	5
Progress on 2020 Task Force Strategic Priorities.....	7
1. Opioid Settlement and Distribution.....	7
2. Substance Exposed Newborns (SEN) Steering Committee.....	8
Committee Work and Accomplishments.....	9
A. Data Committee.....	9
B. Screening, Brief Intervention, and Referral to Treatment Advisory Council.....	11
C. Substance Exposed Newborns (SEN) Steering Committee.....	17
D. Colorado Consortium for Prescription Drug Abuse Prevention.....	20
Colorado Substance Abuse Trends	23
Appendix A: Task Force Member Roster	25
Appendix B: Summary of the Charter SEOW	28
Appendix C: Structure of the SBIRT Advisory Council	29
Appendix D: Structure of the SEN Steering Committee	30
Appendix E: Structure of the Colorado Consortium	31

Letter from Attorney General Phil Weiser

Dear Partners in Substance Abuse Prevention,

The opioid epidemic—and substance abuse deaths—has worsened over the last year. As the CDC recently reported, we lost more people—over 100,000—to drug overdoses in the last reporting year than ever before. That’s more deaths than from car crashes and gun violence combined. That’s not just an epidemic; it’s a crisis. And each of these deaths is a loved one and a story of a life cut short.

In Colorado, we are committed to working together—with the Substance Abuse Trend and Response Task Force and other stakeholders—to meet this crisis with a spirit of collaborative problem solving and with a dedication to serve all Coloradans. Even during a pandemic, we have found ways to come together for our communities, families, and all of Colorado.

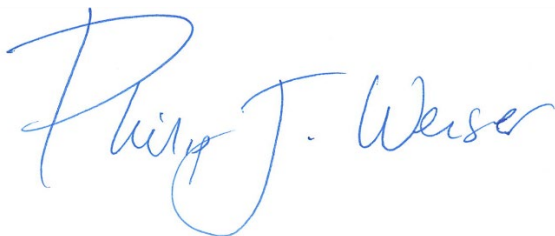
Colorado is a nationwide leader in addressing the opioid epidemic. In August of this year, we announced settlements with major drug manufacturers and distributors and a groundbreaking framework for distributing nearly \$400 million in settlements. In December, we announced that Colorado had achieved the requisite support to adopt this framework, with every county and every municipality over 10,000 people on board—one of the first states to do so. This is on account of the great leadership of Opioid Response Director Heidi Williams, members of the Substance Abuse Trend and Response Task Force, so many local government officials, and many others throughout Colorado. I really appreciate their hard work, dedication, and energy focused on them serving the people of Colorado and getting the dollars where they are needed most.

The settlement dollars will be distributed to 19 regions and local governments across Colorado to address this crisis. The dollars will be tracked on a publicly accessible database, so all of the monies are spent in a transparent fashion. Moreover, we are working to establish a statewide council that will oversee this work and ensure that all funds are spent appropriately.

While many challenges remain, I am confident our communities’ dedication to fighting this opioid epidemic—along with our mindset of collaborative problem solving—will continue to guide our work in this critical area.

In closing, I offer my sincerest thanks to the leaders, community members, experts, affected individuals, and family members—and so many others—who have gotten us this far, and who are now writing the next chapter, one that is focused on treatment, recovery, and prevention.

Sincerely,



Phil Weiser

Colorado Attorney General

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).

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).
- Dr. Lesley Brooks, Chief of Addiction Medicine at SummitStone Health Partners, serves as Vice-Chair for Treatment by appointment of the Speaker of the House of Representatives.
- Matt Baca, Director of the Office of Community Engagement, Colorado Department of Law, serves as Vice Chair for Prevention by appointment of the Colorado President of the Senate.
- 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.

Task Force Committees:

- 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, and Shaina Riciputi Swain, Research Associate at Butler Institute, co-chair 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](#) 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 Oyen Hoffman, LMFT, LAC, Clinical Manager at Mountain Family Health Centers; he will be joined by a second co-chair. 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, 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.

Progress on 2020 Task Force Strategic Priorities

Task Force members discussed and agreed to focus on opioid settlement and distribution as their main priority for 2020. The Task Force also committed to hearing regular updates from the Substance Exposed Newborns Steering Committee.

1. Opioid Settlement and Distribution

Background

Over the past 10 years, more than 5,550 Coloradans died from an accidental opioid overdose, and thousands more struggled with addiction. During 2020, more than 956 Coloradans died from an opioid overdose. The Task Force heard quarterly updates on the actions taken by the Department of Law.

Actions Taken

Opioid response is a top priority of Attorney General Phil Weiser and the Department of Law, and this has been a particularly important year in several respects. First, the Department of Law announced reaching multiple national settlements during 2021 that will result in close to \$400 million for opioid abatement for Colorado and all of its communities. These settlement dollars include:

- The settlement with McKinsey & Company, resulting in \$10 million for the State of Colorado;
- The settlement with Johnson & Johnson, Cardinal, McKesson, and AmerisourceBergen which will result in an anticipated \$300 million for Colorado;
- The settlement with opioid manufacturer Mallinckrodt for what is anticipated as \$25 million for Colorado over 8 years.

Under the agreed-upon framework, 60% of funds will be spent by the 19 regions, 20% by local governments, 10% as part of the State Share, and 10% for an opioid abatement infrastructure fund. Attorney General Weiser and his team are now developing, with partners in the Substance Abuse Trend and Response Task Force and many others, the priorities and system for best deploying and tracking those funds.

Along with Colorado Counties Inc, (CCI), Colorado Municipal League (CML) and others, the Department of Law entered into a Memorandum of Understanding with Colorado counties and municipalities, which will ensure that Colorado maximizes the settlement dollars received. To date we have secured signatures from every county and nearly every municipality in Colorado, and we anticipate that Colorado will have participation from almost every municipal government in the state.

As part of the Department of Law's outreach efforts, the team developed a [video](#) encouraging local elected officials to sign on to the MOU and settlement documents and discussing the importance of getting these dollars to Colorado communities.

The dollars from the settlements have already started to flow to communities. The Department of Law Opioid Response Unit allocated eight regional planning grants to regions comprised of more than four counties to assist with regional formation and creation of their required two-year plan.

In close collaboration with local, regional, and statewide partners, the Department of Law produced and released the [Opioid Crisis Response Plan](#), a framework for how opioid settlement funds can be used throughout the state to abate the crisis. The team discussed, refined, and built this plan and is developing settlement distribution plans through hundreds of conversations across all of Colorado. The Opioid Response Team, along with the Governor's Office, also established the Opioid Crisis Recovery Funds Advisory Committee per House Bill 19-1009 to advise and collaborate with the Department of Law on use of opioid settlement dollars; that committee has now met twice to discuss pressing priorities. In sum, the Department of Law has dedicated to this effort 18,295 personnel hours between July 2020 and June 2021, including the work of the legal team and the work of the Opioid Response Unit in the Division of Community Engagement.

Substance Abuse Trend and Response Task Force Partnership

The Colorado Department of Law will continue to work with the Task Force, Opioid Crisis Recovery Funds Advisory Committee, and our partners around the state to address the opioid crisis. We are shifting into the next phase in which regions and local governments will plan for the ways they will abate the opioid crisis in their communities. Our role moving forward is to support the regions and local governments by sharing existing resources and best practices and providing opportunities across regions. For more information on the Attorney General's response to the opioid crisis, the MOU framework, the settlements, or the Crisis Response Plan, please visit the Colorado Department of Law's [website](#).

2. Substance Exposed Newborns (SEN) Steering Committee

The Task Force agreed for this year that a priority would be to hear dedicated updates from the SEN Steering Committee. At the final meeting of the year, the co-chairs presented their Framework for Dedicating Opioid Settlement Funds to Children and Families Impacted by Perinatal Substance Use, a major project for the committee in 2021.

The SEN Steering Committee's work and accomplishments for the year are outlined below in "Committee Work and Accomplishments," Section C.

Committee Work and Accomplishments

A. Data Committee

The mission of the Colorado State Epidemiology Outcomes Workgroup (SEOW) is to provide partners, communities, and policymakers with comprehensive data on the patterns, context, and impact of substance use in Colorado to inform interventions at the local, tribal, state, and federal levels.

The Colorado Department of Human Services, Office of Behavioral Health (OBH) supports the SEOW through the Substance Abuse Prevention and Treatment Block Grant (SABG) funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SABG funding is a five-year cycle that started July 1, 2020, and will go until June 30, 2025. The SEOW Steering Committee is currently conducting a needs assessment to understand if and how needs around substance use data have changed. Needs assessment results will inform future SEOW planning, publications, and services.

The SEOW functions as a work group of key stakeholders in substance abuse primary prevention and data monitoring in Colorado to inform the state and stakeholders about substance abuse and misuse prevention, intervention, treatment, recovery, enforcement, and broader policies. The goals are as follows:

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

The Colorado SEOW has primarily carried out its work through workgroups: the Alcohol Policy Workgroup, the Epidemiological Profiles Workgroup, the Data Brief Workgroup, Training Workgroup, and the Prescription Drug Data Workgroup. The accomplishments of the SEOW workgroups are outlined below.

Alcohol Policy Workgroup

The Alcohol Policy Workgroup was formed to research evidence-based policies to reduce excessive drinking. The group is currently developing a resource for understanding alcohol outlet density using interactive maps and pertinent information. The SEOW will promote the resource upon completion.

Data Brief Workgroup

The Data Brief Workgroup was formed to develop short, topical briefs on issues and events that are timely and relevant to policy makers and substance use professionals in Colorado. The Data Brief Workgroup published [a brief on stimulant misuse](#) in June 2021.

The stimulant brief was disseminated to substance use professionals, community partners working in substance use, partners at state agencies, and policy makers at the state level. SEOW representatives provided an overview of the brief at the August 2021 Substance Abuse Trend and Response Task Force meeting. Future Data Brief Workgroup work will be determined based on the results from the ongoing needs assessment.

Epidemiological Profiles Workgroup

The Epidemiological Profiles Workgroup was formed to advise on the creation of the second version of the state profiles, first published in 2019. The [2021 profiles](#) included sections on alcohol, marijuana, opioids, and tobacco. Tobacco, a new addition to the briefs, is important to cover given the changing nature of use and the need to synthesize the ample data available. The profiles also include a section on state demographics. The 2021 profiles were reviewed by the workgroup and key informants through a systematic process to capture feedback. The workgroup also consulted with relevant epidemiologists and data managers across the state to determine key data to include. As a result of this planning work, the workgroup identified additional data points to include to enhance the use of the 2021 profiles.

The 2021 profiles were published in early 2021. The SEOW promoted the profiles through newsletters, member networks, and presentations to professional groups. They were emailed to listservs maintained by the State Tobacco Education and Prevention Partnership, the Colorado Consortium for Prescription Drug Abuse Prevention, and the Colorado School Safety Resource Center. Additionally, the profiles were included in the SEOW and OBH newsletters and presented to the larger SEOW, to staff of the Colorado Department of Human Services, Office of Behavioral Health, and to members of the Substance Abuse Trends and Response Task Force. Dissemination efforts led to 480 views of the profiles on the SEOW website. The SEOW will again publish updated profiles in 2023.

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 [Data State of Mind Manual and Training Modules](#) is a multi-year effort from the SEOW to meet the needs of community members or anyone working in public or behavioral health. The manual and self-paced training modules include real data examples specific to Colorado. The easy-to-use, action-oriented manual and training modules will guide users to question and critique existing data, as well as identify, collect, and analyze data. The objective of these products is to help bring public and behavioral health data to life so users can become a responsible data citizen by using data to create positive change in the communities served. The manual and training modules have seven sections that are by topic and concept and are designed to be flexible for learning. These self-paced learning resources allow users time for exploration of additional resources.

To access the Data State of Mind Manual and Training Modules, [click here](#). Since being uploaded to the SEOW website in June 2021, the manual has been viewed 44 times and the training has been accessed 30 times.

Prescription Drug Data Workgroup

The goal of the Prescription Drug Data Workgroup is to bring attention to prescription drug misuse or the unintentional negative consequences of prescription drug use in Colorado. The workgroup has met and is working on the purpose and how it will function moving forward.

Dashboard Resources

SEOW aims to connect people to data. As part of that goal, we have compiled frequently used [data dashboards](#) specific to substance use in Colorado, and at the national level. The webpage has been viewed 460 times since June 2021.

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

The SBIRT Advisory Council, established in January 2019, continues to work towards its objective of development and implementation of a work plan for expanding and strengthening SBIRT in a variety of settings in Colorado. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based prevention and early intervention technique to identify, reduce, or prevent use of alcohol and other substances in adults and adolescents. 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 substance use. The SBIRT Advisory Council takes a collaborative approach to identifying best practice approaches and reducing barriers to implementing SBIRT as a standard of care throughout Colorado's physical and mental health care systems.

Advisory Council Overview

Until August 2021, the SBIRT Advisory Council was led by co-chairs Kacy Crawford, Colorado Department of Public Health and Environment, and Bethany Pace-Danley, Peer Assistance Services, Inc. We welcomed Oyen Hoffman, LMFT, LAC, Clinical Manager, Mountain Family Health Centers, as co-chair and Oyen will be joined by the SBIRT Program Manager as co-chair beginning October 2021.

The Council has two established work groups: Adolescent SBIRT and SBIRT Training and Education. The SBIRT Steering Committee is led by the SBIRT Advisory Council Co-Chairs, who are responsible for providing leadership to help advance the work groups towards achieving their goals and ensure that work is carried out efficiently. The SBIRT Advisory Council meets quarterly providing opportunities for members and community partners to present state and nationwide updates related to behavioral health and SBIRT expansion.

SBIRT Advisory Council Steering Committee

- Oyen Hoffman, LMFT, LAC, Clinical Manager, Mountain Family Health Centers, SBIRT Advisory Council Co-Chair
- Maggie Moorland, BA, CPS II, SBIRT Program Coordinator, Peer Assistance Services
- Carolyn Swenson, MSPH, MSN, RN, SBIRT Consultant & Trainer, Adolescent SBIRT Workgroup Co-Chair
- Christy Boland, MPH, Program manager Colorado Association for School-Based Health Care, Adolescent SBIRT Workgroup Co-Chair
- Darlyn Baker, PMHNP-BC, MSN, RN, CCM, SBIRT Training and Education Workgroup Co-Chair
- Heather Ihrig, MSN, MBA, Director of Opioid Response Grants, North Colorado Health Alliance - CO-SLAW, SBIRT Training and Education Workgroup Co-Chair

The SBIRT Advisory Council has engagement from over 50 members ranging from medical and nursing professionals, public health professionals, social workers, educators, administrators, substance use community prevention specialists, SBIRT program managers and trainers, and school-based health center administrators/directors.

Each work group is in its third year and members are working to expand priority areas and strategies identified in 2019. Work groups meet on a monthly to quarterly basis. The goals of the work groups have evolved as priorities shifted due to the public health emergency; examples are included in the individual work group sections below.

Adolescent SBIRT Work Group

Co-Chairs: Carolyn Swenson, SBIRT Consultant; Christy Boland, Colorado Association for School-Based Health Care

In 2019, the Adolescent SBIRT work group determined its main priority to assess the level of adolescent SBIRT awareness and practice in healthcare settings. Work group members have identified needs and gaps for expanding SBIRT, with the main objective of expanding SBIRT implementation to primary care professionals serving adolescents such as pediatricians, nurse practitioners, and health professionals within schools.

In 2020/2021, the group:

- Disseminated the first white paper titled [The Status of Adolescent SBIRT and Implementation in Colorado: What We Know and Why We Need to Know More](#) (completed in January 2021) to more than 42 individuals and organizations across the state including health professional organizations, non-profit organizations, community-based health workers, clinics, health plans, school districts, juvenile justice, tribal clinics, and state public health and behavioral health organizations; as well as dissemination to selected national organizations that work on adolescent health issues.

- The workgroup also drafted a survey on the status of adolescent SBIRT implementation in Colorado that includes 11 key questions that cover the adoption of routine substance use screening practices, utilization of brief interventions to address prevention of initiation of substance use and any level substance use risk that may be identified, referral to treatment practices, barriers to SBIRT implementation, level of knowledge and confidence about SBIRT practice, and interest in receiving future training and technical assistance support on SBIRT implementation. The survey will be disseminated widely to individuals who provide direct health care services to adolescents in Colorado and will be critical for identifying needs and opportunities for targeted outreach and training. The target timeline for dissemination of the survey is late fall 2021 or early in 2022. The survey draft was presented at the October 2021 SBIRT Advisory Council meeting to seek input on the content and commitments to assist with dissemination.

SBIRT Training and Education Workgroup

Co-Chairs: Darlyn Baker, Psychiatric Nurse Practitioner, ViewPoints Psychotherapy & Heather Ihrig, MSN, MBA, Director of Opioid Response Grants, North Colorado Health Alliance - CO-SLAW

2019 to 2021 Priority Area: to expand SBIRT training and education in Colorado colleges and universities—specifically within the Colorado Community College System.

October 2019 to July 2020, the workgroup:

- Brainstormed and determined a targeted approach to expand and promote SBIRT Training and education in Colorado colleges and universities.
- Finalized a proposal titled, “Substance Use Prevention & Early Intervention in Community College Settings: Proposal for Screening, Brief Intervention & Referral to Treatment Capacity Building Services.” The purpose of this proposal was to: 1) Enhance the capacity of community college health professionals to implement SBIRT through SBIRT Training and education and 2) build upon current substance use prevention and intervention activities in community college; shared the proposal with the Colorado Community College System at the end of April 2020.
- Continued to provide SBIRT related resources to member networks as work group members and stakeholders navigated the COVID-19 pandemic.
- Due to COVID-19, opportunities for the workgroup to provide actionable services to organizations were more limited. In an effort to be responsive to the evolving priorities of higher education due to the pandemic, this work was put on hold. The workgroup plans to revamp this work beginning in 2022.

In the fall of 2021, the group reviewed past plans for targeted outreach to offer training and technical assistance to community colleges in Colorado and identified specific next steps. The

group also reviewed other targeted training opportunities that could be pursued in the coming year. Attention was paid to high need populations – especially related to unhealthy alcohol use.

SBIRT Highlights—SBIRT Advisory Council Members

Colorado Perinatal Care Quality Collaborative (CPCQC)—Katie Breen

In February 2021, the Colorado Perinatal Care Quality Collaborative (CPCQC) launched the Colorado AIM: Substance Use Disorder Learning Collaborative in 14 hospital Labor & Delivery units with the goal of optimizing care for and instituting universal verbal screening of birthing patients with substance use disorder and mental health concerns. In its first year, Collaborative hospitals are focusing on using validated tools for verbal screening, working towards universal verbal screening (100% of admitted patients), establishing SBIRT protocols and workflows, and developing robust patient referral resources - resulting in significant progress made since inception. Following the IHI Breakthrough Series Model, the Learning Collaborative consists of individualized coaching and technical assistance for hospitals, monthly cohort-wide Coaching Calls, and quarterly, half-day cohort Learning Sessions. Peer Assistance Services contributes actively to the Collaborative via hospital SBIRT training as well as strategic guidance and planning for the Collaborative overall. In 2022, the CO AIM: SUD Learning Collaborative program will continue for the existing 2021 hospital cohort and will open to a new 2022 cohort of additional hospital L&D units as well as outpatient obstetric practices. The 2022 Collaborative will continue to emphasize provider education in SBIRT, implicit bias, stigma reduction, and trauma-informed care, and will work towards improving continuity of care between outpatient and inpatient settings for birthing persons with substance use disorder and mental health concerns.

SBIRT-School Based Health Center Project—Jodi Lockhart

The Screening, Brief Intervention, Referral to Treatment—School-Based Health Center (SBIRT-SBHC) Project is a collaborative venture between the Colorado Department of Human Services - Office of Behavioral Health and the Colorado Department of Public Health and Environment that started in 2017. This project currently supports 18 school-based health centers with providing SBIRT universally and addressing student needs to reduce harms associated with alcohol, tobacco, vape products, marijuana, and other drugs as well as commonly reported mental health concerns. This project is a 5-year initiative funded through June 30, 2022.

Colorado Association for School-Based Health Care (CASBHC)—Christy Boland

CASBHC is the statewide association supporting the 69 school-based health centers (SBHCs) located across Colorado. In the 2019-2020 school year, SBHCs provide integrated primary and behavioral health care services to over 31,000 students. SBHCs utilize comprehensive screening methods to identify and respond to a variety of risk and protective factors, including alcohol, tobacco, and drug use. In addition, CASBHC has a grant funded through the State Tobacco Education Prevention Partnership (STEPP) to support 8 SBHCs in providing comprehensive

tobacco/vaping screening, education, prevention, and interventions. CASBHC shares the lessons learned and resources developed from the STEPP and SBIRT-SBHC Project with the broad network of SBHCs across the state to further the reach of these projects.

Peer Assistance Services, Inc., SBIRT in Colorado

SBIRT in Colorado is in its 15th year of providing no-cost training to the health and mental healthcare workforce across the state. In 2020/2021, SBIRT in Colorado:

- Created and disseminated “The Status of Adolescent SBIRT and Implementation in Colorado: What We Know and Why We Need to Know More” White Paper as part of the Adolescent SBIRT work group.
- Provided live SBIRT Skills Training to over 500 healthcare professionals.
- Partnered with Kognito Solutions to offer access to online training simulations for health care professionals.
- Continued to promote awareness of and encourage conversations about substance use through the One Degree: Shift the Influence campaign.
- Continued partnership and collaboration with the Substance Exposed Newborn Provider Education Work Group to develop a Pregnancy & Alcohol resource for patients.
- Partnered with the Colorado Hospital Association to provide guidance to hospitals participating in the Hospital Transformation Project who have selected SBIRT as one of their transformation measures. PAS provided multiple trainings and TA sessions for these sites.
- Updated materials to include translation of patient resources into Spanish, and creation of new resources to support adolescent SBIRT implementation.
- Provided customized SBIRT presentations for:
 - Swedish Hospital
 - Colorado Behavioral Health and Wellness Annual Conference
 - Colorado Association of School Based Health Centers Annual Conference
 - Rocky Mountain Health Plans Hot Topics Learning Sessions
 - UCCS Beth-El College of Nursing (SBIRT & MI)
- Provided guidance and input to MPTTC on the creation of their new “Introduction to Adolescent SBIRT from a Prevention Perspective” e-learning module.
- Provided guidance for Banner Health *Women and Infant Services* and participated on several of their workgroups.
- Provided SBIRT practice implementation support in NE and SE Colorado and expanded this work to additional sites in the Denver Metro Area; and in Larimer County includes ongoing collaboration with Rocky Mountain Health Plans and an emphasis on Practice Transformation.

- Offered Learning Community Session presentations to school based health center staff in addition SBIRT training.
- Continued partnership with the Colorado Perinatal Care Quality Collaborative (CPCQC) to provide SBIRT training and support for their AIM OUD Bundle Pilot, including providing presentations for their Learning Collaborative Sessions and sitting on the expert faculty committee.

Advisory Council Guest Presentations

January 21, 2021

- State Epidemiological Outcomes Workgroup (SEOW) Alcohol Policy Report: Aracely Navarro, MPH Evaluation Specialist, The Evaluation Center & Coordinator for the SEOW
- Alcohol Research Update: Women & Alcohol, Carolyn Swenson, MSPH, MSN, SBIRT Consultant.
- Facilitating Alcohol Screening and Treatment (FAST) update: *Allyson Gottsman, Practice Innovation Program CU Denver.*
- Screening, Brief Intervention, and Referral to Treatment (SBIRT), School-Based Health Center (SBHC) Project: *Jodi Lockhart, Office of Behavioral Health.*

April 2021

- Legislative Updates: José Esquibel; Director, Colorado Consortium for Prescription Drug Abuse Prevention Associate Director, Center for Prescription Drug Abuse Prevention University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences & Frank Cornelia, Deputy Director & Chief Strategy Officer, Colorado Behavioral Healthcare Council.
- Colorado Alcohol Related Bills: Julia Stullken, CSTE Applied Epidemiology Fellow, Colorado Department of Public Health and Environment.

July 2021

- COVID-19 Healthy Kids Colorado (HKC) Supplemental Data; Emily Fine, School and Youth Survey Manager, Violence and Injury Prevention- Mental Health Promotion Branch, Prevention Services Division, CDPHE & Christine Mulitauopele, Research Program Director, Colorado School of Public Health Survey Team.
- Colorado AIM: Substance Use Disorder Learning Collaborative: Katie Breen, Director of Program Management and Evaluation, Colorado Perinatal Care Quality Collaborative.

October 2021

- Harm Reduction Colorado: Lisa Raville, Executive Director, Harm Reduction Action Center
- Peer Health Assistance Program Overview: Katherine Garcia, MA, LAC, MAC, Clinical Manager, Peer Health Assistance Programs, Peer Assistance Services, Inc.

C. Substance Exposed Newborns (SEN) Steering Committee

The Steering Committee and Family Advisory Board

The Colorado Substance-Exposed-Newborns (SEN) Steering Committee 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. The purpose of the Family Advisory Board (FAB) is to elevate the voices of families who have experienced, directly or indirectly, the impacts of substance use during pregnancy to understand barriers in seeking support and health care (including treatment and other services).

Beginning in 2021, the FAB and Steering Committee began to meet jointly to make strategic decisions together and collaborate on projects to ensure both lived and professional experience are informing how to address the impacts of substance use and to best serve the needs of families impacted by substance use during pregnancy. In January 2021, the FAB and Steering Committee finalized their 2021-2022 priorities. Across all priorities, strategies, and activities are the following foundations:

- Family voice experiences and leadership
- Data-informed strategic planning, activity engagement, and impact

After the rollout of those 2021-2022 priorities, Work Groups developed Action Plans to outline their goals and activities for 2021 early in the year. Below outlines not only the 2021-2022 priorities but also the effort's 2021 progress.

Priority: reduce stigma around accessing substance use disorder treatment and recovery supports for those who are pregnant and/or parenting

The Family Advisory Board (FAB) is working to build capacity around storytelling to reduce stigma. In 2021, the FAB partnered with the Tough As A Mother Campaign to develop, promote, and participate in storytelling for the campaign. Additionally, the FAB identified and developed opportunities for elevating lived experience—including through speaking at CHoSEN Collaborative forums, authoring stories for newsletters, and moderating an effort-wide Learning and Networking Session on community-based peer recovery support. Lastly, the group has developed a family-led leadership structure and has focused on recruitment and growth to ensure even more families can connect their experiences to systems improvement.

The Provider Education Work Group is working to expand healthcare provider education resources related to substance use and pregnancy with an emphasis on family leadership and addressing implicit bias. In 2021, the Provider Education Work Group made important progress on multiple projects. In partnership with Peer Assistance Services, the Work Group developed and implemented a plan for disseminating the Alcohol and Pregnancy Resource to key audiences throughout Colorado. Additionally, the Work Group has worked to develop educational offerings for health care providers on both the nuances of the Child Welfare system

and about the practical aspects of trauma-informed, non-stigmatizing patient communication. In late 2021, the Work Group hosted a multi-part series focused on having trauma-informed, non-stigmatizing patient communication about substance use and pregnancy.

Priority: ensure systems, and the people who work within them, develop policies and practices with families that support warm handoffs and standardize practices to address inequalities

The Colorado Hospital Substance Exposed Newborns Collaborative better known as the **CHoSEN Collaborative** is an effort to increase consistency in implementation of best practice in the identification of and response to newborns prenatally exposed to substances throughout the Rocky Mountain region. The cornerstone initiative of the CHoSEN Collaborative is focused on quality improvement. Known as “CHoSEN QIC”, this work is built around multidisciplinary hospital-based improvement teams working collaboratively to achieve measurable improvements. Twenty-four Colorado birthing hospitals continue to be committed to the formal statewide quality improvement initiative of the CHoSEN Collaborative (with additional hospitals in Wyoming and Montana bringing the total number to thirty-one). In 2021, the CHoSEN Collaborative has worked to broaden the collaborative to include practice change opportunities related to all substances as well as to focus on additional recruitment. Learn more at CHoSENCollaborative.org.

The Plans of Safe Care Work Group is working to develop specific recommendations and best practices for implementation of Plans of Safe Care. In 2021, the Work Group reviewed and updated the Colorado Plans of Safe Care Guidelines & Checklist to reflect newest evidence-informed best practices. Additionally, the Work Group began exploring hospital/child welfare collaboration pilot opportunities with Denver Health and Denver County Human services as well as with the CHoSEN QIC Steering Committee. The Work Group has also been monitoring progress of the federal Child Abuse Prevention and Treatment Act reauthorization and has begun engaging in discussions about what implications the proposed reauthorization bill version might have for the work group. Lastly, the group has informed the development of a policy brief around a more coordinated approach to Plans of Safe Care, utilizing a state intermediary outside of child welfare, led by Colorado Evaluation and Action Lab.

Priority: build Colorado’s statewide capacity to align efforts, apply lessons from our data, and recognize and respond to emerging needs

The Steering Committee and Family Advisory Board worked to co-author a set of recommendations for how opioid settlement funds could support priorities of the SEN work. With a focus on building Colorado's statewide capacity to align efforts, apply lessons from our data, and recognize and respond to emerging needs, the Steering Committee and FAB jointly developed [a set of five recommendations for how state and local investments of opioid settlement funds can prioritize the needs of children, pregnant and parenting people, and families](#). The major takeaway from the recommendations is that investing in tailored substance

use disorder (SUD) treatment and recovery services for families not only leads to better outcomes, but also to cost savings.

The Data and Research Advisory Group is working to build data and research capacity in the state through the Colorado Perinatal Substance Use Data Linkage Project and Qualitative Study and other emergent opportunities. In 2021, the Work Group has advised on a number of projects including by brainstorming around data indicators and sources for the Steering Committee's Colorado Perinatal Substance Use Data Snapshot & Dashboard, reviewing the Data Linkage Project's [Phase One Supplemental: Maternal & Infant Mortality in the First Year of Life](#) Report, identifying ways that existing Health eMoms data could be used to support members' projects/work, and understanding the data elements that will be required to be reported by [Maternal Opioid Misuse \(MOM\) Model](#) grant sites and how the group might be able to support these needs.

The Policy Analysis Work Group is working to develop policy guidance in response to emerging needs and best practices. In 2021, the Policy Analysis Work Group developed a system to monitor the statewide policy landscape surrounding substance use and pregnancy through the creation of the Colorado SEN Steering Committee State Legislative Bill Tracker. Driven by an interest in supporting the development of clear statewide guidance around mandatory reporting requirements for health care providers, the Work Group has made significant progress on drafting best practice guidance for toxicology testing during birth hospitalization, with a specific focus on reducing variation and bias. The group has compiled existing policies, conducted a literature review, and consulted subject matter experts to inform their guidance. The Work Group is set to finalize the guidance for piloting in early 2022.

Priority: build Colorado's statewide capacity to identify Fetal Alcohol Spectrum Disorders and support impacted families

The FASD Work Group is working to implement the education recommendation from the Colorado 2020 FASD Report. Based on a series of key informant interviews with Colorado families and providers, conducted by the SEN FASD Identification Work Group and Illuminate Colorado and a series of statewide Town Halls throughout 2019-2020, the 2020 FASD Report included a host of opportunities for building Colorado's statewide capacity related to FASDs. The FASD Work Group subsequently elevated the priority area aimed at increasing awareness of FASDs among physical, mental, and behavioral health care providers, educators, and other family-serving professionals. In 2021, the Work Group created and disseminated the [List of Colorado Providers Equipped to Diagnose Under the Fetal Alcohol Spectrum Disorder Umbrella](#) to various Colorado-wide professional organizations and community agencies to raise awareness about FASD and Colorado's current diagnostic capacity.

D. Colorado Consortium for Prescription Drug Abuse Prevention

As drug overdose data for 2020 became available in 2021, it became evident that concerns about the rise in overdose deaths in Colorado were substantiated. The COVID-19 pandemic and associated response contributed to a large increase in overdose deaths driven mainly by illicit fentanyl.

In the face of this alarming information, the Colorado Consortium for Prescription Drug Abuse continued to coordinate the statewide response to the opioid crisis by working closely with numerous partners from various disciplines in communities across the state, across professional associations, across state departments, and with legislative leaders.

Community Opioid Response

The External Relations Strategists staff of the Consortium worked with partners of various community coalitions, community organizations, and with local government leaders on planning and connection to resources for implementing strategies to address the opioid crisis in local communities. Of particular focus was work with grantees of Rural Community Opioid Response Program grants and working with coordinating with local stakeholders and elected officials in preparing for regional structure for use of opioid settlement funds.

The External Relations Strategist helped keep the Consortium informed about successes, challenges, and needs for implementing evidence-based strategies to mitigate the impacts of the opioid crisis and stem the tide of increasing drug overdose deaths.

Provider Education

With funding from COBank, the Consortium collaborated with the Colorado Farm Bureau and Rocky Mountain Farmers Union in producing online training modules to education healthcare and behavioral health providers on the nuances of farming and ranching populations. Topics include alternative approaches to treating pain in farmers and ranchers and behavioral health issues specific to that population and understanding cultural aspects of the agricultural lifestyle.

The [2021 Consortium Lunch and Learn webinars](#) are available for viewing online and address a variety of topics, such as safe opioid prescribing for dental providers, marijuana and the opioid crisis, buprenorphine for pain management, and addiction in the LGBT+ population.

There are also 20 online training modules that are planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Colorado Medical Society and North Colorado Health Alliance. These modules help provide the continuing education required for licensure in various professional fields.

Harm Reduction

This past year, the Colorado Consortium for Prescription Drug Abuse Prevention's efforts in harm reduction strategies have focused on:

- Developing trainings, presentations, and video tools to address harm reduction and substance use disorders-related stigma in rural communities;
- Advocating to increase funding for syringe access programs and to allow for on-site drug testing in light of the current fentanyl crisis; and
- Developing educational tools for pharmacists on changes in legislation (i.e. syringe access in pharmacies, distribution of Naloxone in pharmacies in absence of standing orders).

Addressing Benzodiazepines

The Benzodiazepine Action Work Group was added to the Consortium in 2021 to address concerns about overprescribing of benzodiazepines and the adverse effects associated the discontinuation of benzos without proper tapering. The Benzo Action Work Group is making plans for the development of a peer support curriculum with the aim of utilizing peers to help others who have been harmed by prescribed benzodiazepines and is develop provider education modules regarding benzodiazepine-related issues as mandated in House Bill 21-1276.

Safe Disposal

After another successful year of the Colorado Household Medication Take-back program, a total of 170,464 pounds of prescription drugs have been collected in Colorado since 2016. Efforts will continue to expand and promote the medication take-back program in communities across the state.

After launching the sharps take-back program in late 2020, 371 pounds of sharps (syringes) were collected between the mailback and kiosk programs. The plan is to work toward major expansion of this program in the coming years, especially as more syringe access programs become established.

Public Awareness

After a successful research and evaluation project, the Public Awareness Workgroup is using the evaluation results to enhance the Bring Naloxone Home and Take Meds Seriously campaigns and will coordinate on public awareness efforts with the Consortium work groups, community coalitions, and partners across the state.

Criminal Justice Response

The Heroin Response Work Group transitioned this year into the Criminal Justice Response Work Group and is focused on three areas: Prevention/Intervention, Treatment While in Custody, and Transition and Release.

Prescription Drug Monitoring Program (PDMP)

The Consortium's PDMP Work Group focuses on issues relating to the use and improvement of the state's [prescription drug monitoring program](#) and works closely in partnership with the Colorado Department of Regulatory Affairs (DORA), which manages the PDMP.

The request for proposal for a new vendor for the PDMP was formulated in the first half of the year, published in September, and will be going through the procurement process in the coming months.

The Office of the State Auditor published their report and recommendations of the 2020 PDMP Audit in June of 2021 and DORA is working on implementation.

The PDMP had numerous changes that resulted from this year's legislative session, including HB21-1012 "Expand Prescription Drug Monitoring Program," which expands the PDMP to track all prescription drugs dispensed in Colorado and SB21-098 "Sunset Prescription Drug Monitoring Program," which provided further updates to statute and gave the Board of Pharmacy authority to track some non-controlled drugs in the PDMP through the Rulemaking process.

The Colorado PDMP is working to implement HB21-1276 that will offer RxCheck for PDMP integration with electronic medical records and health systems in Colorado by December 1, 2021.

Medication Assisted Treatment Expansion Program

With funding from the state legislature, the Consortium, working in partnership with the University of Colorado's College of Nursing and the School of Medicine Practice Innovation program, completed the two-year Medication Assisted Treatment Expansion Program at the end of June 2021. Eight health services organizations were awarded funds in 2019 and those organizations provided medication-assistance treatment in 21 frontier and rural counties for individuals with an opioid use disorder. Fifty-six medication-assisted treatment clinicians served over 1,500 patients with demonstrated outcomes in reduction of other substance use, improvement in employment status, and improved self-reported health, and connections to community-based support services. The Consortium received additional funding to continue the program.

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. Below are the titles, short summaries, and links to this year's presentations.

Urgent Bulletin Regarding Proliferation of Counterfeit Oxycodone Pills in the Community

The DEA Strike Force, a team focused on the sources of supply of drugs, reported that the distribution of counterfeit oxycodone has increased. The team proposed an increase in public education and law enforcement training.

Human Connection as Harm Reduction: Longmont Public Safety's Approach to Behavioral Health Response and Case Management

The Longmont Department of Safety shared anecdotes and stories presenting their qualitative data aimed to illustrate the importance of their position that "human connection is harm reduction." [Link →](#)

SEOW Epidemiological Profiles

Alison Rosenthal discussed the new 2021 Colorado Epidemiological Profiles, highlighting a few profiles, some of their key data points, and how we can use them as a state. The profiles cover alcohol, marijuana, tobacco, opioids, and demographics, and were developed to be used in similar settings as the Task Force, to start conversations around substance abuse. [Link →](#)

Exploring Resources for Supporting Increased Needs Around Substance Abuse During COVID-19

Former Vice-Chair Avani Dilger proposed AcuDetox as an alternative treatment to prescribing benzodiazepines for reducing drug cravings. Dilger shared her first-hand experience and success with AcuDetox. The proposal began by noting the mental health impacts, including increased benzodiazepine use, of COVID-19. [Link →](#)

Updates on the Office of Behavioral Health SAMHSA Funding

Jenny Wood announced that as part of the COVID-19 Relief Act the Office of Behavioral Health received an additional \$27.1M for substance abuse prevention and treatment, and \$16.24M for community and mental health services. The funds must be spent by March 2023 and a list of potential projects is being developed. [Link →](#)

Federal Buprenorphine Policy Change and Implications

Rob Valuck discussed new buprenorphine practice guidelines that expand access to treatment of opioid use disorder. The Department of Health and Human Services announced they

removed a training requirement that some have cited as a barrier for practitioners. The guidelines are an important step in ultimately helping more people find recovery.

Public Safety and Substance Use

Allison Rosenthal discussed trends and demographics related to drug arrests and seizures, noting the decrease in arrests and seizures and a growing disparity in arrest rates by race. Additionally, it was clear that the pandemic had an impact on the criminal justice system, including the difficulty interpreting decreases in drug arrests over the past year. [Link →](#)

Substance Use Trends and Health Outcomes

Barbara Gabella shared key data points on opioid related deaths and alcohol use, which increased in 2020. DeLayna Goulding then shared data on marijuana use in both adults and youth. Opioid, alcohol, and marijuana use increased nationally in 2020.

Substance Use Disorders Treatment Data

Heather Tolle reported on trends related to treatment admissions between 2011 and 2020, which had a significant drop in 2020 possibly attributed to the pandemic and/or a lack of qualified personnel. Tolle finished her presentation by detailing the efforts underway to reform drug treatment services in Colorado.

Stimulants: A Data Brief

Sydney Chaves first reviewed some basic facts on stimulants and then discussed prevention, harm reduction, and treatment barriers.

Appendix A: Task Force Member Roster

Chair

Colorado Attorney General, Phil Weiser

Vice-Chairs

Dr. Lesley Brooks, Vice Chair, Treatment

Chief of Addiction Medicine, Summitstone Health Partners

Assistant Medical Director, North Colorado Health Alliance

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. Brittany Pettersen, Senate District 22

Senate Minority Leader Designee: Sen. Kevin Priola, Senate District 25

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

House Minority Leader Designee: *Vacant*

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: Matt Holtman, Colorado Department of Human Services, Division of Child Welfare

Criminal Defense Bar: Liz Krupa, Attorney, Law Office of Elizabeth Espinosa Krupa, LLC

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

Colorado Department of Education: Ashley Idrees, Director, Dropout Prevention & Student Re-engagement

Colorado District Attorneys Council: John Kellner, 18th Judicial District Attorney

County Sheriffs of Colorado: Sheriff Jaime FitzSimons, Summit County

Colorado Association of Chiefs of Police: George Dingfelder, Chief of Police, City of Monte Vista

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 The Child's Representative: Alex Wolff, Case Consultant Coordinator, The Office of The 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 Community Organization: Tonya Wheeler, Executive Director, Advocates for Recovery Colorado

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

Community Prevention Coalition: José Esquibel, Director, Colorado Consortium for Prescription Drug Abuse Prevention; Associate Director, Center for Prescription Drug Abuse Prevention

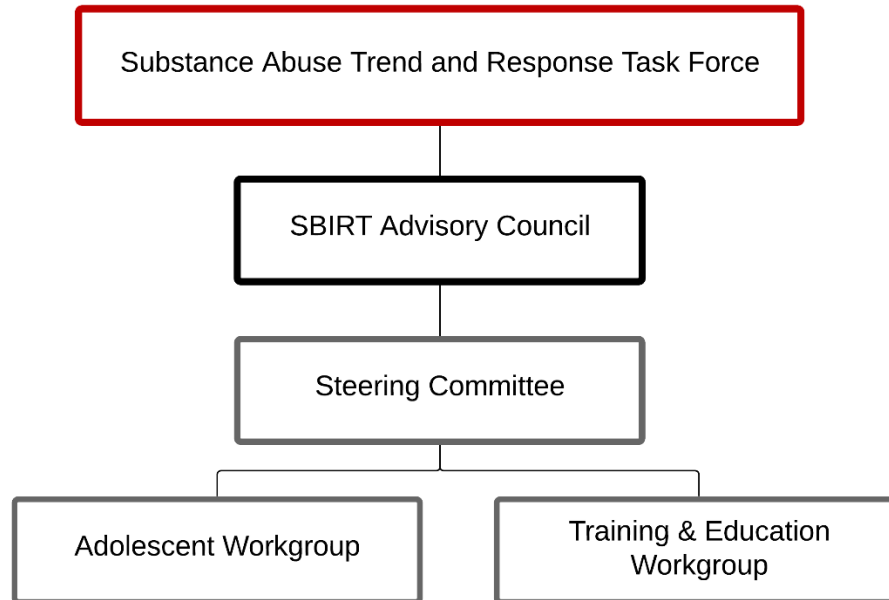
Colorado Department of Public Health and Environment: Lindsey Meyers, Injury, Suicide and Violence Prevention Branch, Prevention Services Division

Colorado Department of Human Services, Office of Behavioral Health: Claudia Zundel, Director, Community Prevention and Early Intervention, Colorado Department of Human Services

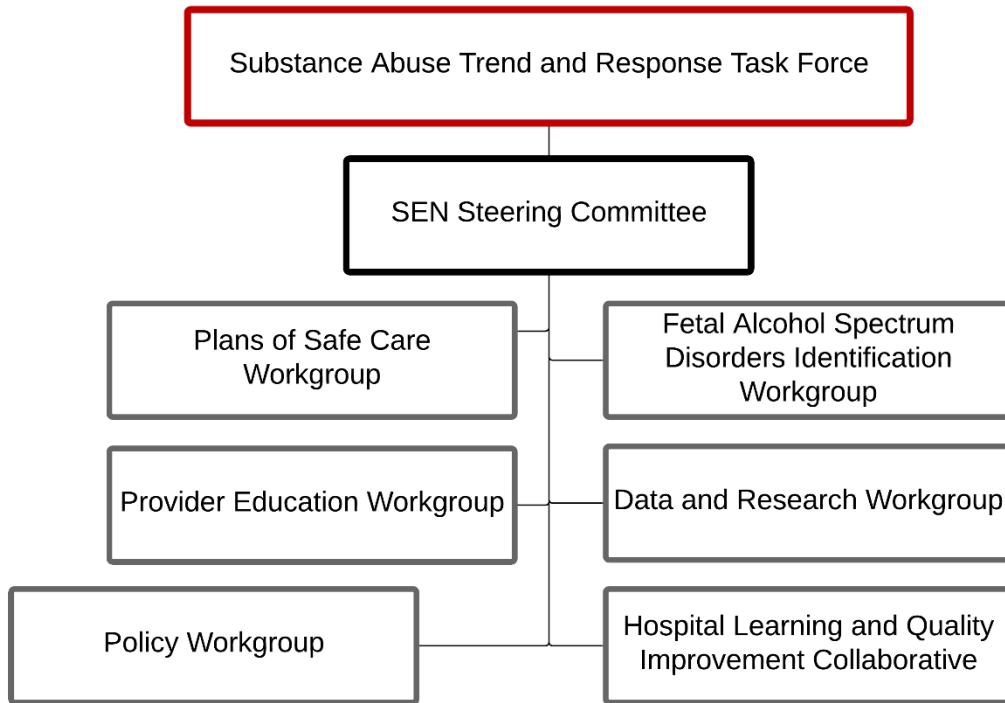
Appendix B: Summary of the Charter SEOW

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

