



# Substance Abuse Trend & Response Task Force

State of Colorado



# Annual Report

# 2024



# Colorado Substance Abuse Trend and Response Task Force 2024 Annual Report

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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Colorado Attorney General

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# 2024 Colorado Substance Abuse Trend and Response Task Force (Task Force)

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**Division of Community  
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**STATE OF COLORADO  
DEPARTMENT OF LAW**

Dear Partners in Substance Abuse Prevention:

As we close this year, I am thankful for each of our partners in the Substance Abuse Trend and Response Task Force (Task Force) and all your hard work in trying to meet the challenges of increasing mental health and substance use disorder trends. I appreciate your partnership and look forward to continuing the Task Force's critical work on substance abuse trends and response in the year ahead.

Since taking office as Colorado's Attorney General, I have made combating the opioid crisis a top priority, holding those who contributed to this crisis accountable. I am proud of what our team has accomplished over the last five years—but we have more work to do.

In August of 2023, I joined our second annual [Colorado Opioid Abatement Conference](#) in Montrose. Over 200 leaders – including elected officials, peer counselors, service providers, public health professionals, law enforcement officers, and others – came together to share lessons and deepen collaboration. The conference helped us achieve our goal of building a community of leaders who exchange ideas and support our mutual commitment to saving lives through additional and improved prevention strategies, treatment options, and support for those in recovery.

To date, our office is on track to receive over \$750 million dollars for Colorado in opioid settlement funds. This past year, the Colorado Opioid Abatement Council released over [\\$59 million to the 19 Regional Opioid Abatement Councils](#) and awarded [\\$4.4 million to infrastructure projects](#) across the state.

Our office also launched a new public awareness opioid prevention campaign focused on educating and empowering youth and their parents, emphasizing the healthy choices most teens make and the power of connection against opioid misuse. The "[Connect Effect](#)" campaign has a simple message — we in Colorado care about one another, we care about our kids, and we all are working to support our kids in making safe choices.

Today, youth have easy access to counterfeit prescription pills often labeled as Xanax, Oxycodone, or Adderall—that contain fentanyl and are deadly. Yet, as highlighted in our campaign, over 87% of kids will encourage their friends not to experiment with such pills.

We know that the opposite of addiction is connection, and this campaign highlights the positive role of trusted adults and peers to support teens and talk about the risks of fentanyl and pill misuse.

In 2021 and 2022, deaths from drug overdoses or drug poisoning (mostly opioids) were responsible for more deaths than car crashes and gun violence deaths combined. In 2022, 1,799 Coloradans died from a drug overdose, 920 of which involved fentanyl. We must do all we can to address this crisis and stay vigilant against other substance use trends and threats, including teen vaping, novel synthetic drugs, and the compounding and negative impact of the youth mental health public health crisis. Combating the opioid crisis will remain a top priority for my work as your Attorney General.

In closing, thank you to our committee members, vice-chairs, and members of the public for the ongoing and important work you will find reflected in this report.

Sincerely,



**Philip J. Weiser**

*Attorney General, State of Colorado*



# **I. Task Force Background**

## **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 but not limited to legislators, child and family service providers, public health officials, experts in the field of substance abuse treatment, child welfare workers, law enforcement officers, judges, and prosecutors.

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

As set forth in C.R.S. § 18-18.5-103(4), the core purpose of the 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 course of 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.

### **Task Force Membership and Meetings**

The membership of the Task Force is set forth in C.R.S. § 18-18.5-103 and consists of a chair, three vice-chairs, and 29 members, including:

- 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, and Assistant Medical Director at North Colorado Health Alliance, serves as Vice-Chair for Substance Abuse Treatment by appointment of the Speaker of the House of Representatives.
- Vanessa Devereaux, Director of the Division of Community Engagement, Colorado Department of Law, serves as Vice-Chair for Substance Abuse Prevention by appointment of the Colorado President of the Senate.
- Rick Brandt, Chief of Police, 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. Tiasha Fernando-Bachrach, Substance Misuse Prevention Evaluator at the Colorado Department of Public Health and Environment 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 chaired by Hannah Nibauer, MSW, SBIRT Program Manager at Peer Assistance Services. *See* Appendix C for a diagram of the structure of the SBIRT Advisory Council.
- The [Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado \(SuPPoRT Colorado\) Steering Committee](#), formerly known as the Substance Exposed Newborns (SEN) Steering Committee, is co-chaired by Dr. Kathryn Wells, MD, Executive Director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, 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 SuPPoRT Colorado Steering Committee.
- The [Colorado Consortium for Prescription Drug Abuse Prevention \(Consortium\)](#) serves as the Prescription Drug Abuse Committee of the Task Force. This committee is chaired by José Esquibel, Director of the Consortium 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.



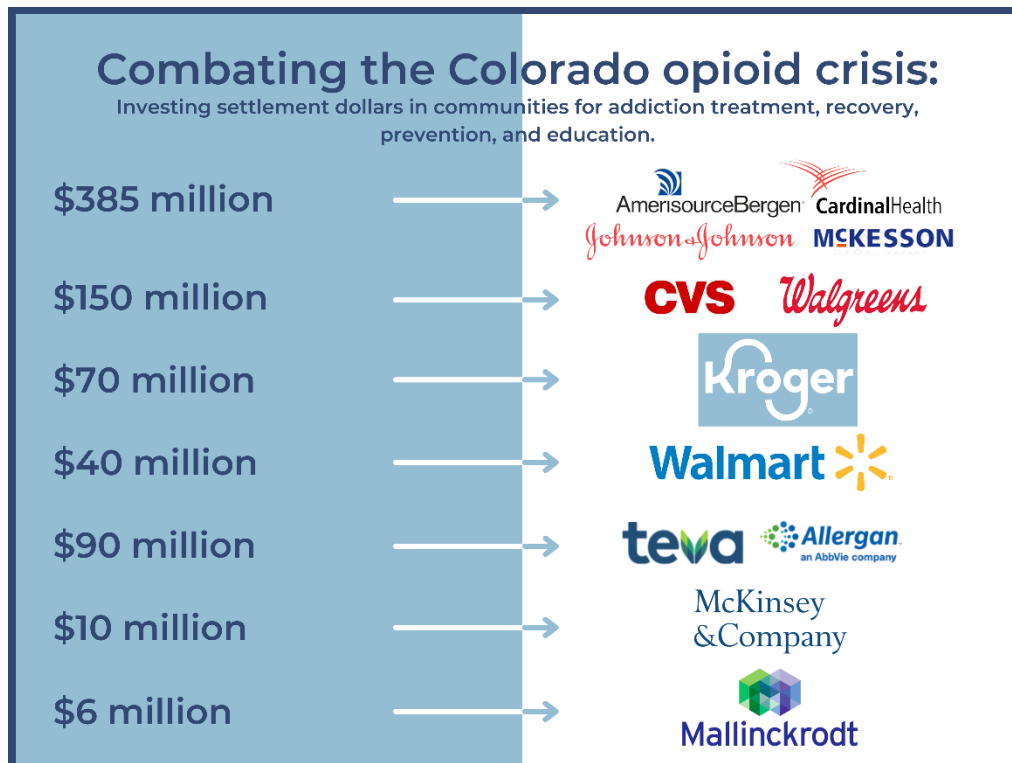
## II. Progress on Task Force Strategic Priorities

This year, the Task Force prioritized maximizing the impact of the opioid settlement distribution and tracking data trends. A subsequent goal was to ensure ongoing collaboration and knowledge sharing on substance use response efforts.

### Opioid Settlement Distributions

Opioid Settlement Funds are directly reaching communities across the state to fund critical programs for substance use prevention, treatment, and recovery. To date, the Colorado Opioid Abatement Council has released over \$59 million to the 19 Regional Opioid Abatement Councils and awarded \$4.4 million to infrastructure projects across the state. In addition, \$4 million has been awarded in state share funds to 8 Innovation Grantees.

The Department of Law obtained sign-on from 311 of Colorado municipalities and counties to join new settlements with Allergan, Teva, CVS, Walgreens, and Walmart in 2023, resulting in \$280 million additional funds to Colorado in 2023. To date, Attorney General Weiser and the Department of Law are on track to receive \$770 million for the state. This money will be paid out over 18 years, which gives Colorado a significant window of opportunity to work on long-term, strategic plans to help mitigate the opioid crisis.



The distribution to local governments and [19 opioid regions](#) created by the MOU is a model unique to Colorado. Colorado was [recognized for its leadership in opioid response with the inaugural state Award for Excellence in the Application of the Opioid Litigation Principles](#). These Awards are designated by a coalition, led by faculty at Johns Hopkins Bloomberg School of Public Health, that developed a set of evidence-based guidelines, known as the Principles, to help policymakers use opioid settlement funds effectively and equitably.

The Task Force has been integral in informing the work of opioid settlement distributions. For more information about the opioid settlement dollars, please visit the [Colorado opioid settlement dashboard](#).

## **Tracking Substance Use Data Trends**

Over the course of four quarterly meetings, more than 13 presentations were made by state experts on timely topics around substance use and misuse trends. Data presentations from the Colorado Department of Public Health and Environment highlighted trends and annual changes in cannabis, alcohol, opioid, and stimulant use and misuse. The Colorado Department of Public Safety shared timely data for public safety impact. In discussion, Xylazine (an animal tranquilizer) and Nitazenes (a powerful synthetic opioid that can be up to 10 times stronger than fentanyl) were discussed as emerging highly potent drugs starting to be found in Colorado and linked to overdoses, with the potential to negatively impact the substance use landscape, that the Task Force should continue to monitor. In March 2023, the Colorado Department of Law released its Social Media, Fentanyl, and Illegal Drug Sales Report on the impact of digital technologies in facilitating the sale of illicit drugs and offered recommendations to address the flow of illicit drugs. You can [click here](#) to view the full report.

The State Epidemiological Outcomes Workgroup (SEOW) has shared their data profiles specific to substance use in Colorado and throughout the United States as a resource for individuals and organizations working in substance use-related areas like behavioral health, public health, public safety, and public policy and to connect people to data.

[Click here](#) to access the SEOW's data profiles and other resources.

## **Collaboration and Knowledge-Sharing**

The 2023 Colorado Opioid Abatement Conference held in Montrose, Colorado, was just one example of the types of networking that occurred in collaboration with the Task

Force in 2023. The Task Force continues to serve as a nexus for state subject matter experts to gather the most up-to-date resources on programs and activities occurring statewide. These collaborative settings increase accountability for public funds by reducing duplication and best leveraging shared resources. A recent example is the focus in the November meeting on Criminal Justice Involved Populations. The Colorado Department of Health Care Policy and Financing (HCPF) shared their newly released report on the future potential around a waiver for Medicaid coverage in carceral settings. The ability to provide Medicaid coverage in prisons would be impactful for increasing access to substance use treatment in prisons and jails – a priority for use of opioid settlement funds and key lever to decrease overdose deaths in the state.

Next year's first quarter SATF meeting will focus on the impact of substance misuse on youth, families, and children. In addition, we aim to hear about treatment gaps for youth substance use and mental health services, a desperately growing need in Colorado.

A goal for next year's second quarter meeting will be to elevate conversations begun in 2023 around the impact of health disparities as a driver for substance use and misuse. A continuing area of focus is how to make opioid settlement funds accessible to rural communities, disproportionately impacted communities of color, and culturally competent organizations at the grassroots and local level. This will entail discussion about grant writing assistance and grant management support for smaller organizations with fewer resources. There will also be discussion on what legislative action can be recommended to further improve prevention, treatment, and recovery services for people with an opioid or other substance use disorder.

## III. Committee Work and Accomplishments

### A. *Data Committee*

The [Colorado State Epidemiological Outcomes Workgroup \(SEOW\)](#) serves as the Data Committee of the Task Force.

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 Public Health and Environment (CDPHE), Prevention Services Division (PSD), Violence and Injury Prevention and Mental Health Promotion (VIP-MHP) Branch, Community Prevention and Early Intervention (CPEI) unit supports the SEOW through the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

#### **Changes to the SEOW structure**

Effective July 1, 2023 (this fiscal year) and after nine years of the same structure, the SEOW chairs changed its structure based on key findings from the most recent needs assessment and partner engagement over the previous three years. The needs assessment helped the SEOW steering committee understand current data use, data capacity, data and decision-making, data and health equity, and partner engagement. A survey was administered in addition to conducting interviews with staff from local public health agencies and members of the Task Force.

The key findings and identified needs were to have more data analyses with a focus on:

- smaller geographies
- demographics
- multiple data sets
- understanding limitations and advantages among existing data sets
- development of data products for the public
- promotion of data sharing among community and state partners

Based on these needs assessment results, the SEOW decided to focus its limited funding and efforts on developing Regional Profiles that align with the [21 CDPHE Health Statistics Regions](#).

Regional Profiles will address the data gap that exists for counties with small populations by grouping by geographic areas. This change allows the SEOW to provide another layer of data that gets closer to the county level for communities and others to reference and use for planning and improving services. The Regional Profiles will lead to promoting data sharing among communities and state partners by providing quality data sets along with understanding the advantages and limitations among the existing data sets.

In order to publish a set of profiles in addition to the Epidemiological Profiles related to substance use, the committee will no longer be coordinating the SEOW general meetings and Topic Briefs. Instead, they will be working to publish the Regional Profiles in 2024.

The SEOW is still committed to connecting people via the SEOW website, biannual newsletters, and the data dashboard hub on the SEOW website. The SEOW will also promote relevant data presentations at events and conferences, such as the annual meeting of the Colorado Consortium for Prescription Drug Abuse Prevention and the annual update on substance use data trends for the Task Force. Anyone in the SEOW network can also invite the SEOW to present on key findings from the Epidemiological Profiles and discuss how the data might inform their work. The SEOW will continue its steering committee of representatives from state agencies and the Colorado Consortium for Prescription Drug Abuse Prevention

## **Publications – 2023 Epidemiological Profiles**

The Colorado SEOW, with support from The Evaluation Center, develops and publishes the Epidemiological Profiles every two years. The design of the profiles is readily usable to all people working in fields related to substance use. They include many data sources and aim to present the most current and actionable findings. The Evaluation Center has presented the Epidemiological Profiles to various audiences such as local public health departments and the Task Force by highlighting key data points from each profile and the how they can be used in the field of substance use prevention, harm reduction, treatment, and recovery.

The 2023 profiles include information on seven topics, including Demographics, Mental Health, Alcohol, Cannabis, Opioids, Stimulants, and Tobacco.

[Click here](#) to view the profiles on the SEOW website.

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



The [Screening, Brief Intervention, and Referral to Treatment](#) (SBIRT) Advisory Council was established in January 2019 with the objective of strengthening and expanding the practice of SBIRT throughout various settings in Colorado. SBIRT is an evidence-based prevention and early intervention approach to identify, reduce, or prevent use of alcohol and other substances. When combined with community-level prevention strategies, SBIRT contributes to the prevention of physical and mental health issues as a result of substance use. The SBIRT Advisory Council takes a collaborative approach in identifying best practices and reducing barriers to implement SBIRT as a standard of care throughout Colorado's health and mental health care systems.

### **Advisory Council Overview**

The Council is led by the SBIRT Advisory Steering Committee and has an established Adolescent SBIRT Work Group. The SBIRT Advisory Council generally meets quarterly, providing opportunities for council members and community partners to present national and state-wide updates regarding substance use and the expansion of SBIRT.

The SBIRT Advisory Council was created by and continues to be supported by Peer Assistance Services, Inc., SBIRT in Colorado, and has engagement from over 50 members ranging from medical, nursing, and public health professionals, social workers, educators, administrators, substance use community prevention specialists, SBIRT program managers and trainers, and school-based health center administrators.

### **Presentations to the Advisory Council:**

**4/18/2023:** SBIRT in the Perinatal Setting - Colorado Perinatal Care Quality Collaborative (CPCQC)

Presenters:

- Amber Johnson, DNP, CNM, Quality Improvement Coach at CPCQC
- Elena Dilner, MSW, MPH, Project Manager at CPCQC



**7/18/2023: NORC at the University of Chicago Presentation on Youth SBIRT Survey and Key Informant Interview Results - National Opinion Research Center**

Presenters:

- Tracy McPherson, PhD; Principal Research Scientist at NORC
- Abigail C. Mariani, MPH; Research Director II at NORC
- Giana Calabrese, MPH, CHES; Senior Research Associate I at NORC
- Nora Marino, MPH; Senior Research Associate I at NORC

**Adolescent SBIRT Work Group**

**Goal of the Adolescent Work Group:** To assess the level of adolescent SBIRT awareness and practice in healthcare settings, including middle and high schools in Colorado. Work group members have identified SBIRT needs and gaps, 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 2022-2023, the Work Group:***

- Reviewed the Youth Substance Use Prevention Survey and Key Informant Interview Project. Youth mental health and youth substance use has been identified as a high priority by the Work Group. This research project, led by Peer Assistance Services, Inc. in collaboration with NORC, aimed to assess the landscape of youth-focused substance use prevention efforts within school, primary care, and emergency department settings, specifically engaging front-line health professionals who play a critical role in prevention and early intervention. Research methods included a short, 5-10-minute-long survey and subsequent, more focused, key informant interviews.

The **specific goals** of the prevention survey project were to:

- Assess how Colorado health professionals currently approach youth alcohol and other substance use prevention in their practice settings, including the use of SBIRT.
- Identify opportunities to support SBIRT implementation with training, technical assistance, and clinical tools.

The project aimed to better understand the barriers and facilitators of addressing youth substance use in primary care, K-12 schools, and emergency departments. The project assessed the fidelity of best practices associated with SBIRT implementation in those settings. The project aimed to provide the SBIRT Advisory Council with insights to expand SBIRT in Colorado, enhance technical assistance and understand health professionals' dynamics with youth patients discussing substance use. The survey was followed by key informant interviews to provide more in-depth insights into SBIRT implementation challenges and opportunities. After the survey and key informant interviews were completed, the research analysis was conducted by NORC of the University of Chicago, which generated a final report. The report was presented July 18, 2023, to the SBIRT Advisory Council and other key stakeholders in Colorado to influence decisions and policies regarding prevention and early intervention practices in healthcare settings.

The project was funded by Peer Assistance Services, Inc. and approved by NORC at the University of Chicago IRB Protocol # 22-06-840.

### **Summary of Findings:**

Between October 2022 and April 2023, 285 Colorado health professionals were recruited to participate in this research. Over 90% of the participants offered services to youth, with the majority being medical providers, including physicians and nurses, and more than a quarter representing behavioral health professionals. They were from various practice settings, such as primary/integrated care, hospitals/emergency rooms, school-based health centers, and K-12 institutions. While approximately two-thirds of respondents claimed to possess moderate to high knowledge of SBIRT, most admitted to having a low level of expertise in this approach. More than half expressed low to moderate confidence in their ability to conduct screening, brief interventions, and referrals, and more than half had not received SBIRT training or couldn't recall if they had.

Regarding SBIRT practices, less than 60% of respondents currently screened youth for substance use, with about two-thirds doing so during specific types of visits. However, few screened annually or at every visit, and almost half either did not use a validated tool or were uncertain about the validation status of the tool they used. The primary challenges cited were patient-related concerns, such as confidentiality and privacy, as well as a lack of parental support. Among those who screened, most reported conducting brief interventions and engaging in conversations about substance use, often employing motivational interviewing or shared decision-making. However, about half indicated they did so "all of the time" after a positive screen. Approximately half referred youth to substance use and

mental health services, but less than one-quarter provided ongoing follow-up to those in treatment, and fewer than one-third managed and coordinated care with support from integrated behavioral health providers.

The study revealed a clear need for SBIRT training, educational resources for youth, parents/families, and health professionals, as well as information on youth substance use treatment services and SBIRT resources like pocket cards. About one-third of participants expressed a need for technical assistance in implementing SBIRT effectively. These findings underscore the potential for improved support and resources to enhance the use of SBIRT in preventing youth alcohol and substance use in Colorado's healthcare settings.

### **Findings and Key Takeaways from the Project:**

- Knowledge and Expertise of SBIRT:
  - About two-thirds reported moderate to high knowledge of SBIRT.
  - Most had low expertise and low to moderate confidence in conducting SBIRT.
- Screening:
  - Less than 60% currently screen youth for substance use.
  - Most screened during specific visits, but not regularly.
  - Approximately half did not use validated tools for screening.
- Brief Intervention:
  - Most who screened conducted brief interventions using motivational interviewing or shared decision-making.
  - About half did this "all of the time" following a positive screen.
- Referral and Care Coordination:
  - About half referred youth to substance use and mental health services.
  - Less than one-quarter provided ongoing follow-up to youth in treatment.
- SBIRT Training and Technical Assistance:
  - Most expressed the need for SBIRT training and educational resources.
  - About one-third expressed the need for technical assistance in SBIRT implementation.
- Challenges:
  - Primary challenges included patient-related concerns including confidentiality and a lack of parental support.

## Presentations on the Youth Survey Results

Date	Description
9/13/2023	Colorado Department of Education Fall Conference - Colorado Springs, CO Presentation Title: <u>SBIRT Goes to School</u> <i>25 attendees</i>
9/23/2023	Public Health in the Rockies Conference - Keystone, CO Presentation Title: <u>Community Partnerships to Improve Adolescent Substance Use Prevention</u> <i>40 attendees</i>
9/29/2023	International Network on Brief Interventions for Alcohol and Other Drugs Conference – Greensboro, NC Presentation Title: <u>Assessing the Landscape of Adolescent Screening, Brief Intervention, and Referral to Treatment in Colorado: Implications for Workforce Development and Improving Practice</u> <i>50 attendees</i>
11/2/2023	The Association for Multidisciplinary Education and Research in Substance use and Addiction Conference – Washington D.C. Poster Presentation Title: <u>Opportunities to Equip Colorado School Health Professionals with Evidence-Based Practices to Identify and Address Youth Alcohol and other Substance Use</u>
11/12-15/2023	American Public Health Association Annual Meeting and Expo. – Atlanta, GA Presentation Title: <u>Assessing substance use prevention needs and opportunities in rural communities: The landscape of adolescent screening, brief intervention, and referral to treatment (SBIRT) in Colorado</u>

## Goals for 2024:

- Outreach to and recruitment of new members from different settings and disciplines: Examples include community health workers, nurses, middle and high school health professionals, representatives from juvenile and adult justice settings, Regional Health Connectors (RHCs), and community organizations that could expand the reach of substance use prevention and early intervention (e.g., faith communities, youth-serving organizations, college wellness programs).
- Utilize the Youth Survey findings to expand implementation of youth SBIRT in primary care clinics, hospitals, and middle and high schools.
- Formation of a new workgroup and/or ad hoc workgroups informed by Advisory Council member input on priority areas for expanding SBIRT training and technical assistance, SBIRT implementation, and collaboration with other state initiatives. Examples: school mental health screening initiatives (making sure they also address substance use as part of mental health); expanding treatment options and access to protective services and opportunities for youth at risk for or with an alcohol or drug use disorder; integration of SBIRT training in health professional training programs (e.g., undergraduate nursing, social work, medicine, physician assistant, and advanced practice registered nursing programs); and collaboration with the re-organized Behavioral Health Administration (BHA).
- Keep Advisory Council members informed about SBIRT-related research and innovative SBIRT projects in Colorado, as well as other states and countries. Examples: integrating SBIRT into perinatal services, electronic SBIRT, policy initiatives that address access and regulation of alcohol, cannabis and other substance-related industries, naloxone distribution in schools, postpartum and doula home visitation programs, and others.

## ***C. Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado) Steering Committee***

### **Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado)**

[SuPPoRT Colorado's](#) vision is a Colorado that equitably serves all families through prevention and reduction of substance use during pregnancy and provides multigenerational support for families to thrive. The Illuminate Colorado Strategic Initiatives team continues to provide backbone support for all of SuPPoRT Colorado.

#### **The Steering Committee and Family Advisory Board**

The SuPPoRT Colorado 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 their lifespan. The SuPPoRT Colorado Steering Committee is co-chaired by Kathryn Wells, MD, Executive Director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, and Jade Woodard, MPA, Executive Director of Illuminate Colorado.

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). The FAB is chaired by Diane Smith, Lived Experience Expert.

The FAB and Steering Committee make strategic decisions together and collaborate on projects to ensure both lived and professional experience inform how to address the impacts of substance use and best serve the needs of families impacted by substance use during pregnancy.

In January 2023, the FAB and Steering Committee finalized their 2023-2024 priorities, which are as follows:

- Reduce stigma around accessing substance use disorder treatment and recovery supports for those who are pregnant and/or parenting;
- Ensure systems, including government and healthcare systems (and the people who work within them), develop policies and practices with families that support



warm handoffs and standardize practices to address inequities for pregnant/birthing people impacted by substance use;

- Build Colorado’s statewide capacity to align efforts, apply lessons from our data, and recognize and respond to emerging needs; and
- Build Colorado’s statewide capacity to identify Fetal Alcohol Spectrum Disorders (FASD).

The following foundations are applied across all SuPPoRT Colorado’s priorities, strategies, and activities:

- Infusing family voice experiences and leadership
- Ensuring data-informed strategic planning, activity engagement, and impact

Throughout 2023, all Work Groups under the Steering Committee and FAB met on a regular basis to drive action toward the goals and activities outlined in each respective Work Group Action Plan. The working and advisory groups each have a core set of multidisciplinary participants who are dedicated to achieving the goals and objectives of the group.

### SuPPoRT Colorado 2023 Progress

**Priority Area:** Reduce stigma around accessing Substance Use Disorder (SUD) treatment and recovery supports for pregnant and parenting people.

Strategy	Progress	Space
Expand healthcare provider education resources related to substance use and pregnancy with an emphasis on family leadership and addressing implicit bias	<p>In 2023, the Provider Education Work Group met seven times and updated its <a href="#">work plan</a> to address this priority area. Throughout the year, they:</p> <ul style="list-style-type: none"> <li>• Maintained and promoted the Perinatal Substance Use Provider Toolkit by providing Trauma Informed Care webinar series focusing on the dissemination of resources they developed.</li> <li>• Identified current and emerging provider education needs in ongoing collaboration with the FAB, Data and Research Advisory</li> </ul>	Provider Education Work Group

	<p>Group, Plan of Safe Care (POSC) Work Group, and Policy Analysis Work Group.</p> <ul style="list-style-type: none"> <li>• Built and maintained relationships in Child Welfare and Health Care spaces to remain attuned to the needs and challenges of staff in both areas. They identified existing misconceptions about providers' and caseworkers' roles and responsibilities.</li> <li>• Identified strategies for the dissemination of educational tools to local child welfare staff and providers state-wide.</li> <li>• Collaborated with Naloxone Project efforts through the MOMs+ program to expand the reach of educational efforts and avoid duplication of efforts.</li> <li>• In collaboration with child welfare partners, the work group strategized a mapping project to increase understanding of the staff needs for educational support in each county.</li> <li>• Collaborated with the POSC Work Group to discuss the next steps in the standardization of guidelines in healthcare spaces. They are currently identifying POSC training needs to review/update current tools or develop new ones.</li> <li>• Designed educational resources, training series, and curriculum to respond to identified needs, such as: <ul style="list-style-type: none"> <li>○ Provided education on child welfare system and nuances of mandatory reporting.</li> <li>○ Assisted with the dissemination of enacted policies related to prenatal substance exposure, POSC Best Practices, and <a href="#">Indications for Toxicology Testing: Best Practice Guidance</a>.</li> <li>○ Reviewed the FASD Awareness Work Group toolkit ensuring there is</li> </ul> </li> </ul>	
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	education specific to alcohol consumption.	
Build capacity around storytelling to reduce stigma	<p>In 2023, the FAB met four times for their regular bi-monthly meeting, twice for the joint meeting with the Steering Committee, and three times for Ad Hoc meetings to assist with other SuPPoRT spaces. Their progress includes:</p> <ul style="list-style-type: none"> <li>• Highlighting a FAB story in the Quarterly Newsletter. Dissemination of the newsletter is taking place in multiple spaces and increasing visibility to recruit members, share resources, and highlight the work of SuPPoRT.</li> <li>• Creating opportunities for longer, fuller, more complete storytelling and the ability for people to revisit their stories over time.</li> <li>• Actively making time to share their stories in each of the SuPPoRT Work Groups, where they participate and relate their lived experience to the communities SuPPoRT serves.</li> <li>• Continuing efforts to expand the FAB.</li> <li>• Contributing to the capacity building of Steering Committee member organizations to include family voice and storytelling.</li> <li>• Continuing to partner with “Tough As a Mother” to explore storytelling opportunities, including blogs and videos, and recruit additional storytellers.</li> </ul>	FAB, with support from Illuminate and the Steering Committee

**Priority Area:** Ensure systems, including government and healthcare systems (and the people who work within them), develop policies and practices with families that support warm handoffs and standardize practices to address inequities.

Strategy	Progress	Space
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<p>Continue to support and expand the Colorado Hospital Substance Exposed Newborns Quality Improvement Collaborative (CHoSEN QIC)</p>	<p><a href="#"><u>Colorado Hospital Substance Exposed Newborns Quality Improvement Collaborative (CHoSEN QIC)</u></a> included practice change opportunities related to all substances and a focus on additional recruitment, including the following:</p> <ul style="list-style-type: none"> <li>• CHoSEN hosted Spring and Fall forums during the past year. <ul style="list-style-type: none"> <li>◦ October 2023 Forum: 119 attendees</li> <li>◦ April 2023 Forum: 81 attendees</li> </ul> </li> <li>• CHoSEN Hospitals assisted with the implementation and dissemination of the POSC and Toxicology Best Practice Guidelines.</li> <li>• Supported the recruitment of additional healthcare partners in the state by: <ul style="list-style-type: none"> <li>◦ Expanding practice change efforts to providers throughout the perinatal period, including medication-assisted treatment (MAT) providers, prenatal providers, and community pediatricians.</li> <li>◦ Continued their focus on ensuring rural communities are represented in their hospital-based efforts by doing targeted outreach to connect rural providers and hospitals with the project.</li> </ul> </li> <li>• Collaborated with the Colorado Naloxone Project to broadly distribute naloxone at CHoSEN-participating birthing facilities (in Labor and Delivery/postpartum and neonatal intensive care unit (NICU) settings) and CHoSEN Forums.</li> </ul>	<p>CHoSEN QIC (CPCQC and Illuminate)</p>
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<p>Support POSC implementation</p>	<p>The POSC work group was highly active, meeting monthly (apart from July), and collaborative, including the following efforts:</p> <ul style="list-style-type: none"> <li>• Created and disseminated the <a href="#">POSC Best Practice Guide</a>, which provides guidance on how to develop a POSC in the prenatal period while ensuring equitable implementation, and processes to update the POSCs.</li> <li>• Designed a strategy to increase the number of hospitals and facilities in Colorado using POSC by building relationships and disseminating resources.</li> <li>• Developed and disseminated a one-page <a href="#">Best Practice Flow Chart</a> for healthcare workers.</li> <li>• Designed an assessment tool for healthcare and case workers to use to effectively develop a POSC for the family and infant.</li> <li>• Posted a survey on SuPPoRT Colorado’s website to allow people to request technical assistance for the implementation of the guideline.</li> <li>• Focused efforts on regional hospital and child welfare coordination, alignment with the POSC section of the Alliance for Innovation on Maternal Health (AIM) bundle, as well as on identification of other programs to implement/inform POSC (home visitors, SUD treatment providers, prenatal plus, incorporating family voice, etc.).</li> <li>• Monitored other states’ approaches to implementation to inform strategies.</li> <li>• Supported and advised the <a href="#">Plans of Safe Care Pilot Project</a>.</li> <li>• Coordinated POSC training curriculum with Provider Education Work Group and POSC Pilot training efforts.</li> <li>• Coordinated with Data and Research Advisory Group to support the development of indicators for POSC Best Practice Guide utilization, implementation, and reach.</li> </ul>	<p>POSC Work Group;</p> <p>Provider Education Work Group;</p> <p>Data and Research Advisory Group;</p> <p>Policy Advisory Work Group; and</p> <p>FAB</p>
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	<ul style="list-style-type: none"> <li>Recruited additional OBGYN perspective.</li> <li>Ensured lived experience expert/family voice is present in the implementation.</li> </ul>	
Early intervention (EI) referrals	<ul style="list-style-type: none"> <li>Collected data on EI referrals and followed overtime trends.</li> <li>Accounted for fifty percent of substance exposed newborns with a referral – 6 out of 15 hospital sites had EI referral rates over 50%.</li> </ul>	CHoSEN

**Priority Area:** Build Colorado's statewide capacity to align efforts, apply lessons from our data, and recognize and respond to emerging needs.

Strategy	Progress	Space
<p>Translate our SuPPoRT Colorado policy priorities into state-level policies utilizing key considerations and findings, including but not limited to:</p> <ul style="list-style-type: none"> <li>Perspectives of the FAB;</li> <li>Maternal Mortality Review Committee report recommendations;</li> <li>Child Fatality Prevention System report recommendations; and</li> <li>Ongoing results from the Colorado Perinatal Substance Use Data Linkage Project.</li> </ul>	<p>Notably, 2023 was an active year for policy development around toxicology guidelines. The Policy Analysis Workgroup led the following efforts:</p> <ul style="list-style-type: none"> <li>Finalized the development, implementation, and dissemination plan for the Toxicology Best Practice Guide. Constantly updated the guidelines to align with recommendations from CHoSEN and CDPHE guidelines.</li> <li>Maintained open communication and feedback loops with providers and policy members to ensure collaboration.</li> <li>Posted a survey on SuPPoRT Colorado's website to allow people</li> </ul>	<p>Policy Analysis Work Group;</p> <p>Provider Education Work Group; and</p> <p>Data and Research Advisory Group</p>



	<p>to request technical assistance for the implementation of the guideline.</p> <ul style="list-style-type: none"> <li>• Provider Education Work Group assisted in the development of a Child Welfare System Training for Health Care Providers.</li> <li>• Data and Research Advisory Group advised on indicators for successful implementation and reach of the guidelines.</li> <li>• Monitored nationwide policy movements related to substance use and pregnancy on an ongoing basis and considered potential efforts in Colorado.</li> <li>• Monitored statewide policy and implementation related to substance use and pregnancy; shared key information and opportunities for advocacy.</li> <li>• Developed content for an overview of enacted policies in Colorado related to prenatal substance exposure.</li> </ul>	
<p>Continue to build data and research capacity in the state through advising, collaborations, dissemination, and learning.</p>	<p>Throughout 2023, the Data and Research Advisory group engaged on:</p> <ul style="list-style-type: none"> <li>• Advising on the data and research components of statewide and SuPPoRT Colorado Projects such as: <ul style="list-style-type: none"> <li>○ Data Linkage Project</li> <li>○ Data SnapShot</li> <li>○ NIH R01 on family well-being, perinatal substance use, and child welfare involvement</li> <li>○ Plan of Safe Care Pilot</li> </ul> </li> </ul>	<p>Data and Research Advisory Group</p>

	<ul style="list-style-type: none"> <li>• Creating opportunities for cross-sector collaborative learning and action.</li> <li>• Supporting the dissemination of project-related recommendations like: <ul style="list-style-type: none"> <li>○ Responding to data support requests from other SuPPoRT Colorado Work Groups.</li> <li>○ Elevating and reviewing emergent trends and data needs.</li> <li>○ Building awareness of existing data sources to better leverage data in driving priorities and solutions.</li> <li>○ Continuing Data Spotlights.</li> </ul> </li> </ul>	
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**Priority Area:** Build Colorado's statewide capacity to identify Fetal Alcohol Spectrum Disorders (FASD).

<b>Strategy</b>	<b>Progress</b>	<b>Space</b>
Implement the education recommendation from the Colorado 2020 FASD Report and explore prevention strategies	FASD work group’s meaningful efforts and strategy to build Colorado’s statewide capacity to identify FASD included the following: <ul style="list-style-type: none"> <li>• Increased FASD education and training opportunities for parents/caregivers, providers/therapists, educators, child welfare professionals, CCB staff, juvenile justice systems, behavioral and mental health clinicians, students, etc. FASD members continued to increase training capacity and disseminate educational materials.</li> <li>• Continued exploration of resources for professionals and families.</li> </ul>	FASD Work Group; and  Provider Education Work Group

	<ul style="list-style-type: none"> <li>• FASD Work Group members and Backbone staff attended the FASD United Summit in Washington DC, participating in advocacy efforts with legislators on Capitol Hill.</li> <li>• FASD Awareness Day and Month included advocacy activities and blogs following support for the FASD Respect Act.</li> <li>• Created a FASD Informed Behavioral Health Care Provider List published on the SuPPoRT Colorado Webpage.</li> <li>• Cross-collaborated with Provider Education Work Group to address prevention strategies and develop <a href="#">101 FASD: Impacts and Implications slide deck</a>, to teach the basics about FASD and educate others.</li> <li>• The FASD is preparing to record a video where they explain the <a href="#">101 FASD slide deck</a>.</li> </ul>	
<p>Contribute to the design of Illuminate Colorado’s New FASD Navigation and Training Program</p>	<p>The new FASD Program Manager started working at Illuminate in August 2023. Activities to design the FASD Navigation and Training Program included:</p> <ul style="list-style-type: none"> <li>• Individual coordination with SuPPoRT Colorado’s manager and director.</li> <li>• Internal coordination among Illuminate’s teams supporting FASD efforts to strategize upcoming advocacy and training opportunities.</li> <li>• Attendance at monthly FASD Work Group meetings to learn about navigation and training needs.</li> </ul>	<p>FASD Work Group</p>

**Looking Ahead for SuPPoRT Colorado**

In November 2023, Illuminate Colorado compiled the attached overview of the challenges and opportunities related to Families Impacted by Prenatal Substance Exposure for the Task Force. In February 2024, the Task Force will have an in-depth conversation on Children, Youth, and Families.

SuPPoRT Colorado priority areas will be revisited in January 2024 to ensure

continued alignment. SuPPoRT Colorado Steering Committee, Family Advisory Board, Work Groups and Advisory Groups will continue to build on almost 15 years of work on this effort and make progress in supporting families impacted by substance use disorder by enhancing education, collaboration, and practice change.

To get involved in 2024 efforts or for more information on SuPPoRT Colorado or to join SuPPoRT Colorado working or advisory groups, please reach out to Kelli Sutton, Strategic Initiatives Manager, Illuminate Colorado, at [ksutton@illuminatecolorado.org](mailto:ksutton@illuminatecolorado.org).

## ***D. Colorado Consortium for Prescription Drug Abuse Prevention***

### **Colorado Consortium for Prescription Drug Abuse Prevention Highlights**

The Consortium helps to coordinate the statewide response to the opioid crisis and works closely with numerous partners from various disciplines in communities across the state, professional associations, and state departments, as well as with local and state elected officials.

Subject matter experts lead and participate in ten work groups of the Consortium that help promote evidence-based strategies for addressing the opioid crisis, increase awareness of the trends in the ongoing crisis, and identify policy ideas that will help support activities related to prevention, harm reduction, treatment, and recovery.

Although the number of drug overdose deaths remained stable in 2022 compared to 2021, they are high in comparison to previous years and have largely been driven by the availability and use of fentanyl.

### **Community Opioid Response**

The External Relations Strategists staff of the Consortium continued working 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 members of the newly established Regional Opioid Abatement Councils to receive and utilize opioid settlement funds.

### **Fentanyl Response Stakeholders**

The Consortium collaborated with staff of Rocky Mountain High Intensity Drug Trafficking Area on conducting quarterly meetings with stakeholders to share updates of responses to the fentanyl crisis across disciplines, and more particularly in the areas of law enforcement drug interdiction, harm reduction, public awareness, and the experience of coroners in documenting fentanyl overdose deaths. In addition to sharing information, the intent is to foster collaborative partnerships on common goals as related to addressing the fentanyl crisis. This partnership and the convenings, which occur via Zoom, will continue in 2024.

## **Assisting Jails with New Treatment Mandates**

The Consortium engaged representatives of County Sheriffs of Colorado and the Colorado Jail Association on convening opioid and other substance use disorder treatment providers to explore how best to assist jails with meeting the new mandates from HB22-1326 requiring jails to provide substance use assessments, withdrawal management, medications for opioid use disorders, and continuity of care upon release from incarcerations. This also entailed coordination with staff of the state Jail-Based Behavioral Health Services program and the Colorado Department of Health Care Policy and Financing. This effort is further being supported by the efforts of the Consortium's Treatment Work Group.

## **Black Advisory Committee on Substance Use in Colorado**

In collaboration with the Colorado Department of Public Health and Environment Office of Health Equity, the Consortium engaged with Black leaders to engage members of the Black community in Colorado to improve efforts to mitigate the impact of opioid and other substance use disorders in their communities. This led to use of funding from the Behavioral Health Administration to support the formation of the Black Advisory Committee on Substance Use in Colorado that is working on developing a state plan for responses in Black Communities. This effort is also connecting Black leaders with resources available through various state departments, such as access to Naloxone and information regarding billing for Medicaid eligible services.

## **Affected Families and Friends**

Leaders and members of the Affected Families and Friends Work Group assisted the Office of the Attorney General in convening sessions with members of families who lost loved ones to drug overdoses, to recognize the impact of these losses on families and honor their memory. Families also participated in a 3-part podcast series on the Veteran's Voice about substance use disorder through the family lens and the Anonymous Sister documentary discussion panel.

## **Public Awareness**

The Public Awareness Work Group and the communications staff of the Consortium worked with Amelie Company, a creative agency, to launch the Consortium's new fentanyl overdose prevention campaign, [Keep the Party Safe](#), aimed at individuals ages 18-35. The campaign has been very well-received and resulted in a unique partnership with AEG Presents, the world's second-largest presenter of live music and entertainment events, to



utilize and promote the campaign in AEG Presents music venue across the Denver Metro area.

## **Recovery**

Member of the Consortium's Recovery Work Group and recovery advocates provided guidance on a state plan for advancing the peer support profession in Colorado. The recommendations of this group were incorporated into the Behavioral Health Administration's (BHA's) plan for behavioral health workforce development and into a request for applications issued by the BHA on the use of over \$5 million dollars for peer support workforce development.

## **Recovery Friendly Work Group**

Led by the Center for Health Work and Environment (University of Colorado/School of Public Health), the Recovery Friendly Work Group was established to educate businesses, guiding them in creating workplaces that support staff struggling with common behavioral health conditions including substance use and addiction. This group also advocated for draft legislation regarding a voluntary designation process for recovery-friendly workplaces.

## **Benzodiazepine Action**

The Benzo Action Work Group finalized the Benzo Peer Training curriculum and the train the trainer guidance material to begin increasing peers who will work with individuals impacted by Benzodiazepine Induced Neurological Dysfunction (BIND). The work group also produced benzo provider education modules and several members of the work group were co-authors of a peer-reviewed research paper on BIND published in PLOS ONE.

[Click here](#) for more information about Benzodiazepine use associated with brain injury, job loss, and suicide research, as well as links to the paper.

## **Harm Reduction**

The Harm Reduction Work Group identified a conflict in state statute regarding Colorado Good Samaritan law on reporting drug overdose events as a result of new penalties for fentanyl possession enacted through HB22-1326 Fentanyl Accountability and Prevention. The work group members proposed a policy solution that was introduced as a bill in the 2023 legislative session and signed by the governor. The new law restores immunity for simple possession of fentanyl under four grams for people who suffer an overdose or respond to an overdose

event and extends immunity to third parties who “render aid to or seek aid for” the person overdosing.

The Harm Reduction work group prepared a communication about the clarification of the Good Samaritan law that was disseminated primarily through harm reduction organizations. The work group also prepared a communication about the effects of Xylazine, since concerns are rising about the availability and use of this drug across the nation.

### **Provider Education**

Between January and November 2023, the Provider Education Work Group provided 23 trainings for 857 prescribers of controlled substances on substance use disorder treatment, safe opioid prescribing and pain management, rural health issues, and training on benzodiazepines, in addition to offering a large selection of online learning modules related to alternatives to opioids for pain management.

### **Medication Assisted Treatment Expansion Program**

With funding from the state legislature, the Consortium, working in partnership with the University of Colorado College of Nursing and School of Medicine Practice Innovation Program, completed a two-year Medication Assisted Treatment (MAT) Expansion Program at the end of June 2023. The focus of this program was the expansion of MAT in frontier and rural parts of Colorado. Six organizations received funding from the Consortium for the period of July 2021 through June 2023. Services were provided to 1,671 new patients in 40 clinics and 20 different counties. Individuals from 24 additional counties also accessed those services, resulting in this Program impacting 44 of the 64 Colorado counties. For the period of July 2023 through June 2025, five organizations are receiving funding for MAT and behavioral therapies in 20 counties.

## **IV. Colorado Substance Use Trends**

The Task Force reviews data from various sources to understand the trends in substance use and misuse in Colorado. This section provides a summary of key trends and presentations, as presented to the Task Force. Below are the titles, short summaries, and links to this year's presentations when relevant and available.

### **Supporting Perinatal Substance Use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado) Updates (February 2023)**

Jade Woodard and Dr. Kathryn Wells, co-chairs of the Supporting Perinatal Substance Use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado) committee shared the following priority areas for 2023 (and as articulated in Section III.C. above): (1) stigma reduction; (2) warm handoffs; (3) fetal alcohol spectrum disorder; and (4) statewide capacity.

SuPPoRT Colorado is working on a new pilot plan of safe care (POSC). A plan of safe care is required by the Children's Bureau through the Child Abuse Prevention and Treatment Act. Any infant identified as affected prenatally to substance abuse must have a plan in place to ensure the safety and wellbeing of that infant and their caregiver following their release from the hospital and/or by a health care provider.

### **Colorado Consortium for Prescription Drug Abuse Prevention and Buprenorphine Waiver Updates (February 2023)**

Dr. Lesley Brooks, Chief of Addiction Medicine at SummitStone Health Partners and Assistant Medical Director at North Colorado Health Alliance, shared that there had been federal legislative changes that eliminated the requirement waiver which previously acted as a roadblock for prescribing buprenorphine to those experiencing opioid dependence and addiction. As a result, there is an opportunity to provide truncated training for providers and the ability of a variety of providers to prescribe the medication without additional waiver training.

### **Pew Charitable Trust and Center for Improving Value in Health Care (February 2023)**

Jane Koppelman with Pew Charitable Trust shared that the organization has been working with the State of Colorado to help improve their opioid treatment systems and implement collection of data measures to determine the performance of state opioid

treatment systems, noting that there is a national interest in overdose data but that few states are including data tracking medication-assisted treatment (MAT) to address opioid use disorder in their data dashboards.

Jane Koppelman shared that the goal of the Pew project is to “help all states have the data they need to address the opioid crisis and to encourage that the data be: publicly available, include the Medicaid population, be disaggregated by geography/demographics, and be put into action.” Jane Koppelman highlighted the Opioid Use Disorder (OUD) “Cascade of Care,” a framework for assessing the effectiveness of a state’s OUD response apparatus by monitoring the length of treatment.

Pew Charitable Trust is partnering with the Colorado Consortium for Prescription Drug Abuse Prevention and the Center for Improving Value in Healthcare on the analysis of data related to tracking the outcomes of seven Core Opioid Treatment Measures. With this effort, they hope to strengthen policies that help more people access medications for OUD and remain in treatment and recovery.

### **Opioid Settlement Distribution Update (February 2023)**

Heidi Williams, the prior Director of Opioid Response at the Colorado Department of Law, provided updates on the distribution of Opioid Settlement Funds in 2022, with \$23 million districted to 16 regions and \$4 million to 78 local governments in 2022.

The Colorado Opioid Abatement Council, which is responsible for the distribution and oversight of the Opioid Settlement Funds formed 3 committees (Administrative, Assistance, and Review committees) and adopted policies related to infrastructure funds, a two-year plan review and funding request, regional share remedial procedures, and infrastructure share remedial procedures to facilitate the ongoing distribution and oversight of Opioid Settlement funds.

### **Social Media, Fentanyl, and Illegal Drug Sales Report (May 2023)**

Counsel to the Colorado Attorney General Shalyn Kettering (Colorado Department of Law (DOL)) presented the Social Media, Fentanyl, and Illegal Drug Sales Report authored by the DOL regarding the overall background on the dangers of fentanyl, including public health and public safety, features on social media platforms that allow online drug sellers to perpetuate their criminal behavior, and recommendations by the DOL to help mitigate these threats.

[Click here](#) to view the full report.

The following key points are raised in the report:

- Drugs are widely available for sale on social media sites like Facebook, Instagram, and other less known platforms such as Wisper and Kik. Most drug transactions now occur at least partially online.
- Emojis, slang words, coded language, and images are commonly used to obscure drug references and avoid content moderation. Hyperlinks also redirect users off the platform to illegal online pharmacies or payment applications.
- Characteristics of social media platforms like public profiles, encryption, ephemeral content, and anonymous engagement make platforms attractive to drug dealers. More regulation and transparency are needed from tech companies to combat the online illicit substance use.

### **Safe Drug Storage and Disposal to Protect Kids Under 5 (May 2023)**

Jade Woodard, Executive Director of Illuminate Colorado, and Shannon Bryan, Use Disorder and Substance Exposed Newborn Specialist with the Colorado Department of Human Services Division of Child Welfare, presented on a proposed public health campaign around safe storage of substances to prevent accidental ingestion by children under 6 years old through a targeted safe storage public health campaign.

Data was shared showing a continued increase in the number of accidental exposures to marijuana for children under the age of 6 years old, with 310 human exposure reports to Rocky Mountain Poison and Drug Safety in 2021.

A two-pronged approach was proposed including direct consumer messaging tailored for specific populations and expanding training to health care and family serving professionals related to substance use, children, and families.

[Click here](#) to access the full concept paper.

### **SEOW Data Accessibility and Data Profiles (May 2023)**

Lauren Gant, Peter Rumbach, Elizabeth Sweitzer, and Junior (Phatravit) Watanasiri with The Evaluation Center at the University of Colorado Denver, presented on the State Epidemiological Outcomes Workgroup (SEOW) epidemiological profiles, providing suggestions on how to use the profiles to support substance use prevention, harm reduction, treatment, and recovery.

The profiles are tools for individuals and organizations working in substance-use-related areas like behavioral health, public health, public safety, and public policy. They

provide an overview of various substances, substance use behaviors, and consequences related to substance use.

The substance profiles compile and summarize data on demographics, mental health, alcohol, cannabis, opioids, stimulants, and tobacco. The demographics, mental health, and populations with special considerations profiles provide context about our state and the complexity of addressing substance use within different Colorado communities.

These profiles are sharable resources that can be used in their entirety, or as individual publications, pages, or datapoints, and can be used to inform substance use needs assessments.

[Click here](#) to access the SEOW's data profiles and other resources.

### **Legislative Session and Interim Study Committee Updates (May and November 2023)**

José Esquibel, Director for the Colorado Consortium for Prescription Drug Abuse Prevention, presented on the update on several bills related to substance use disorders that were being followed during the 2023 legislative session.

[Click here](#) to view the full legislative recap provided by the Consortium, and [click here](#) to view the update provided in April 2023 with more information about bills related to opioids and substance use treatment prevention.

### **HB22-1326 Data Analysis (August 2023)**

Lauren Gase, Senior Researcher/Project Director, Colorado Evaluation and Action Lab, University of Denver, presented on an analysis of key provisions included in the Fentanyl Accountability and Prevention Act of 2020.

The Colorado Department of Public Health and Environment (CDPHE) contracted with the Colorado Evaluation and Action Lab to develop an analysis plan, using the following three methods: (1) comprehensive literature review; (2) interviews with 50+ stakeholders from diverse fields; and (3) an assessment of potential data sources.

The study focuses on the following three areas: (1) acute needs through first response- system; (2) increase criminal penalties for possession of 1-4 grams of fentanyl; and (3) public health and harm reduction approaches for disparately impacted populations. The study will be implemented over a 15-month period (November 2023 - January 2025).

There are four types of approaches that can be used—and were employed in HB22-1326—to address fentanyl:

- Primary prevention, which aims to prevent substance use initiation, substance misuse, and substance use disorder (SUD).
- Law enforcement, which aims to decrease the supply of illicit drugs and deter people from possessing, distributing, or selling illicit drugs.
- Treatment and recovery, which aims to support individuals with a SUD in accessing and staying engaged in the most effective treatments and long-term recovery supports.
- Harm reduction, which focuses on empowering people who use drugs to use strategies to stay alive and as healthy as possible.

While a multi-component strategy is needed to address the issue of fentanyl, research suggests that some strategies can be complementary. However, some strategies may be contradictory. Likewise, not all strategies have the same level of evidence of impact and some strategies may have unintended consequences. The goal of this study is to synthesize and continue to build the best available evidence about what works to reduce the negative impacts of fentanyl.

### **Substance Use Trends and Health Outcomes from Colorado Department of Public Health and Environment (CDPHE) (August 2023)**

Julia Stullken, Alcohol Epidemiologist, Colorado Department of Public Health and Environment presented on Excessive Alcohol Use to the Task Force, including prevalence data, risk factors, demographic factors, emergency room data, and community impacts associated with excessive alcohol consumption in Colorado.

Key themes from the presentation included the following data points: (1) Alcohol is the most prevalently used substance in Colorado; (2) Binge drinking is not just a youth or young adult issue, but younger people are more likely to binge drink when they consume alcohol; and (3) Alcohol screening in hospital settings could provide a more complete picture of alcohol-related harms.

Julia Stullken highlighted that while many campaigns target youth audiences, since a primary factor for excessive alcohol use in young adults depends on whether adults in the home drink in excess, it is important to educate trusted adults and parents on potential harms to alcohol use in the home environment.

Barbara Gabella, Injury Epidemiologist, CDPHE, and Kylie Yocum, Drug Epidemiologist, CDPHE, shared the following key data points on opioid related deaths and age-adjusted drug overdose death rates:

- Number of overdose deaths mentioning fentanyl continue to increase in Colorado, where 51% (917) of 1799 overdose deaths in 2022 involved fentanyl, up from 48% (912) of 1881 overdose deaths in 2021.
- Age-adjusted overdose rates involving fentanyl remained stable in 2022.
- Number and rate of overdose deaths related to prescription opioids that do not mention fentanyl have remained low and stable.
- 7% of all overdose deaths from July 2019-December 2021 had at least one bystander present according to data from the CDC (Center for Disease Control and Prevention).
- Rate of Emergency Department visits for nonfatal synthetic opioid overdoses quadrupled from 2020 to 2022.
- Nonfatal overdoses involving synthetic opioids has shifted from a concentration in urban regions to a statewide prevalence, according to data from 2021-2022.
- 19% of students in public high schools report it is “sort of easy” or “very easy” to get prescription drugs without a prescription according to the 2021 Healthy Kids Survey.
- 2% of youth 12-17 years old report prescription pain reliever misuse in the past year according to preliminary results from the 2021 National Survey of Drug Use and Health.
- In 2022, psychostimulant overdoses (including from methamphetamine) were 11.8 deaths per 100,000 persons, an increase from 8.9 deaths in 2019, but a slight decrease from 12.5 deaths in 2021.
- Fentanyl continues to be combined with other drugs, such as cocaine and psychostimulants, while Xylazine and Nitazenes are emerging threats within the opioids landscape.

[Click here](#) to view CDPHE’s Drug Overdose dashboard to see more data.

### **Addressing Health Disparities (August 2023)**

Lesley Brooks, Chief of Addiction Medicine at SummitStone Health Partners and Assistant Medical Director at North Colorado Health Alliance, presented on health



disparities. Health disparities are differences between groups in health insurance coverage, affordability, access to and use of care, and quality of care.

Health and healthcare disparities are often viewed through the lens of race and ethnicity, though they also occur across a broad range of dimensions, socio economic status, age, geography, language, gender, disability, citizenship status, residency status, sexual identity, gender identity, and sexual orientation.

Lesley Brooks emphasized the need to understand impacted populations through complete, accurate, valid, and reliable demographic data to address health disparities and provide actionable data to communities, and posed the following key questions:

1. Who are these impacted persons?
2. What are their characteristics – age, race/ethnicity, gender, gender identify, etc.?
3. Where do they live?

Discussion ensued on what mechanisms or resources are available to culturally competent organizations to try and ensure access to funding or grants to address health disparities.

### **Colorado Public Safety Data Trends (November 2023)**

Colorado Department of Public Safety DUI Statistical Analyst Allison Rosenthal discussed the most recent trends and demographics related to public safety.

At the national level, there has been a dramatic increase in the amount of fentanyl seized, increasing tenfold from fiscal year 2019 to fiscal year 2023, while there has been a significant decline in marijuana seized over the same period. In fiscal year 2023, fentanyl seizures resulted in the equivalent of approximately 1.2 billion doses being seized (according to data from the US Customs and Border Patrol).

Colorado drug arrest trends show a plateau in the number of drug arrests for methamphetamines/amphetamines and marijuana, following a period of decreased arrests that coincides with the pandemic and subsequent changes in classification of drug possession offenses. There has been a general decline in cocaine and heroin arrests across the past five years. In contrast, opioid derivatives and synthetic narcotics, which includes fentanyl, have seen a rise in the past five years, and in particular from 2020 to 2021.

[Click here](#) to view the full presentation.

## **Medicaid Waiver for Criminal Justice Settings (November 2023)**

Cristen Bates, Deputy Medicaid Director and Office Director for Colorado Medicaid and CHP+ Behavioral Health Initiatives and Coverage, Colorado Department of Health Care Policy and Financing, presented on Medicaid coverage in jails, prisons, and in juvenile justice facilities, and options to address long-standing barriers to coverage for individuals who are incarcerated.

Currently Medicaid is not allowed to pay for services provided in jails, prisons, or juvenile justice facilities. A new federal option allows states to provide limited Medicaid benefits for incarcerated individuals.

Colorado studied this option and found that implementing the expansion could improve outcomes and remain cost neutral or possibly include cost savings, even when accounting for an increase in access. The proposed waiver would provide case management, assessments, and a 30-day supply of medications for individuals in the 90 days before release from state prisons and youth facilities. Medication-assisted treatment would be covered during incarceration.

The Substance Use Disorder Interim Committee has drafted a bill to support implementation, with a goal to submit the waiver by April 2024 and for approval by January 2025.

[Click here](#) to view the full presentation.

# Appendix A: Substance Abuse Trend and Response Task Force Member Roster

## Chair

Colorado Attorney General **Phil Weiser**, Task Force Chair

## Vice-Chairs

**Dr. Lesley Brooks**, Vice-Chair, Substance Abuse Treatment

Chief of Addiction Medicine, SummitStone Health Partners

Assistant Medical Director, North Colorado Health Alliance

**Chief Rick Brandt**, Vice-Chair, Criminal Justice System

Chief of Police, Evans Police Department, City of Evans

**Vanessa Devereaux**, Vice-Chair, Substance Abuse Prevention

Director, Division of Community Engagement, Colorado Department of Law

## Members

President of the Senate Designee: **Sen. Kevin Priola**, Senate District 13

Senate Minority Leader Designee: **Sen. Perry Will**, Senate District 5

Speaker of the House Designee: *Vacant*

House Minority Leader Designee: *Vacant*

Local Child and Family Service Provider: **Julia Roguski**, Associate Executive Director, Savio

Major Health Facility: **Dr. Kathryn Wells**, Executive Director, of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

Human Service Agency: **Shannon Bryan**, Substance Use Disorder and Substance Exposed Newborn Specialist, Division of Child Welfare, Colorado Department of Human Services

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

Behavioral Health Treatment Provider: **Dante Gonzales**, Chief Executive Officer, Centennial Mental Health Center

Colorado Department of Education: *Vacant*

Colorado District Attorneys Council: **District Attorney John Kellner**, 18<sup>th</sup> Judicial District

County Sheriffs of Colorado: **Sheriff Jaime FitzSimons**, Summit County

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

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

Organization Providing Advocacy and Support to Rural Municipalities: **Jessica Sandgren**, Council Member, City of Thornton, appointed by Colorado Municipal League

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

Colorado Department of Public Safety: **Erin Crites**, Statistical Analyst, Division of Criminal Justice, Department of Public Safety

Office of The Child's Representative: **Alex Wolff**, Case Consultant Coordinator, Office of The Child's Representative

Colorado Department of Corrections, Division of Adult Parole: **Melissa Divido**, Manager, Division of Adult Parole, Department of Corrections

Colorado Drug Investigators Association: **Ray Padilla**, Police Detective, Westminster Police Department and Task Force Officer, Drug Enforcement Administration Task Force

Youth Representative: **Kaole Vang**, Youth Advisor, Rise Above Colorado

Substance Abuse Recovery Community Organization: **Tonya Wheeler**, Executive Director, Advocates for Recovery Colorado

Environmental Protection: **Lynette Meyers**, Colorado Department of Public Health and Environment

Community Prevention Coalition: **José Esquibel**, Director of the Consortium Prescription Drug Abuse Prevention

Colorado Department of Public Health and Environment: **Andrés Guerrero**, Manager, Overdose Prevention Unit, Colorado Department of Public Health and Environment

Colorado Department of Human Services, Behavioral Health Administration: **Joy Hart**, Director, Division of Statewide Programs, Behavioral Health Administration

District Court Judge Experienced in Handling Cases Involving Substance Abuse: **Hon. Ingrid Bakke**, Chief Judge, 20<sup>th</sup> Judicial District

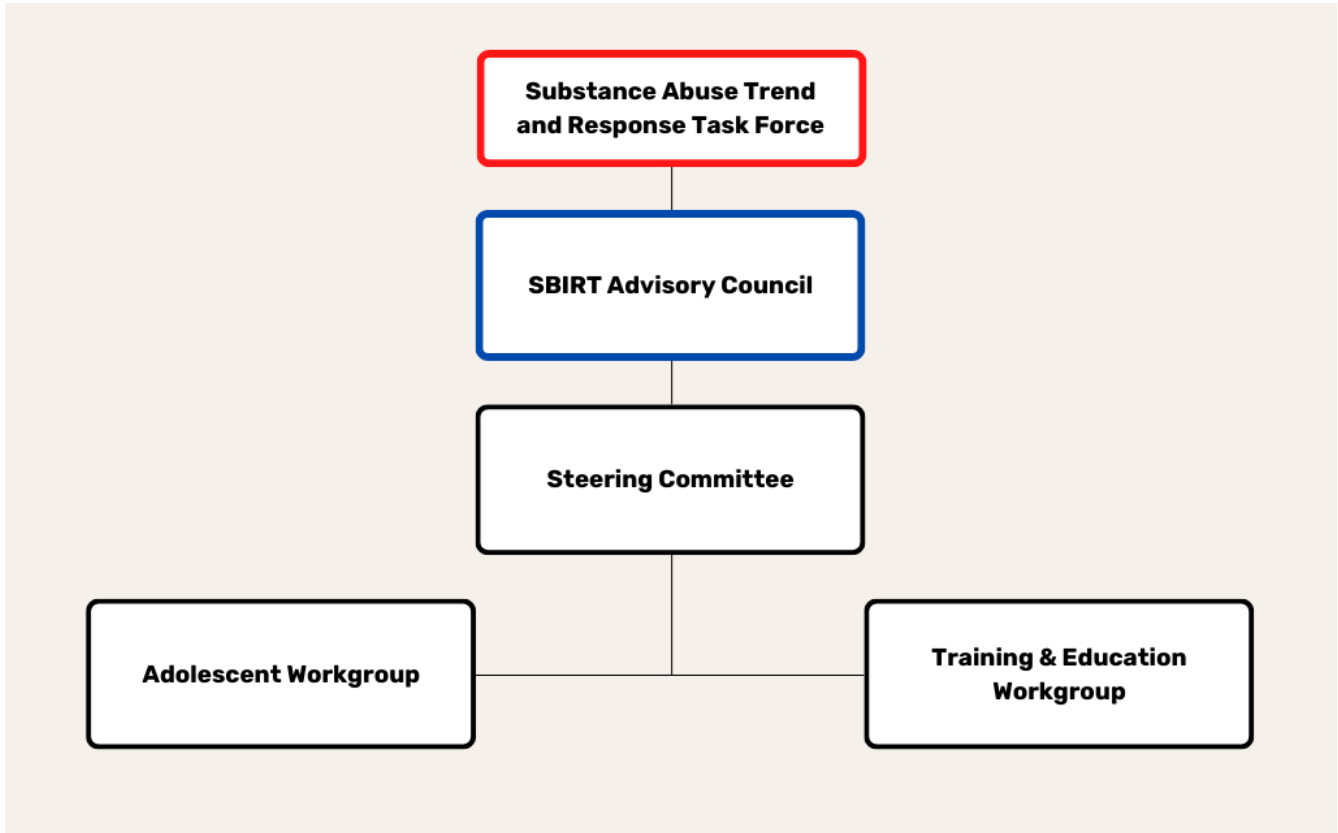
Judicial Department Division of Probation. **Cary Heck**, Chief Probation Officer, 2<sup>nd</sup> Judicial District

Governor's Policy Staff Representative: **Brandon Davis**, Policy Advisor, Governor's Office

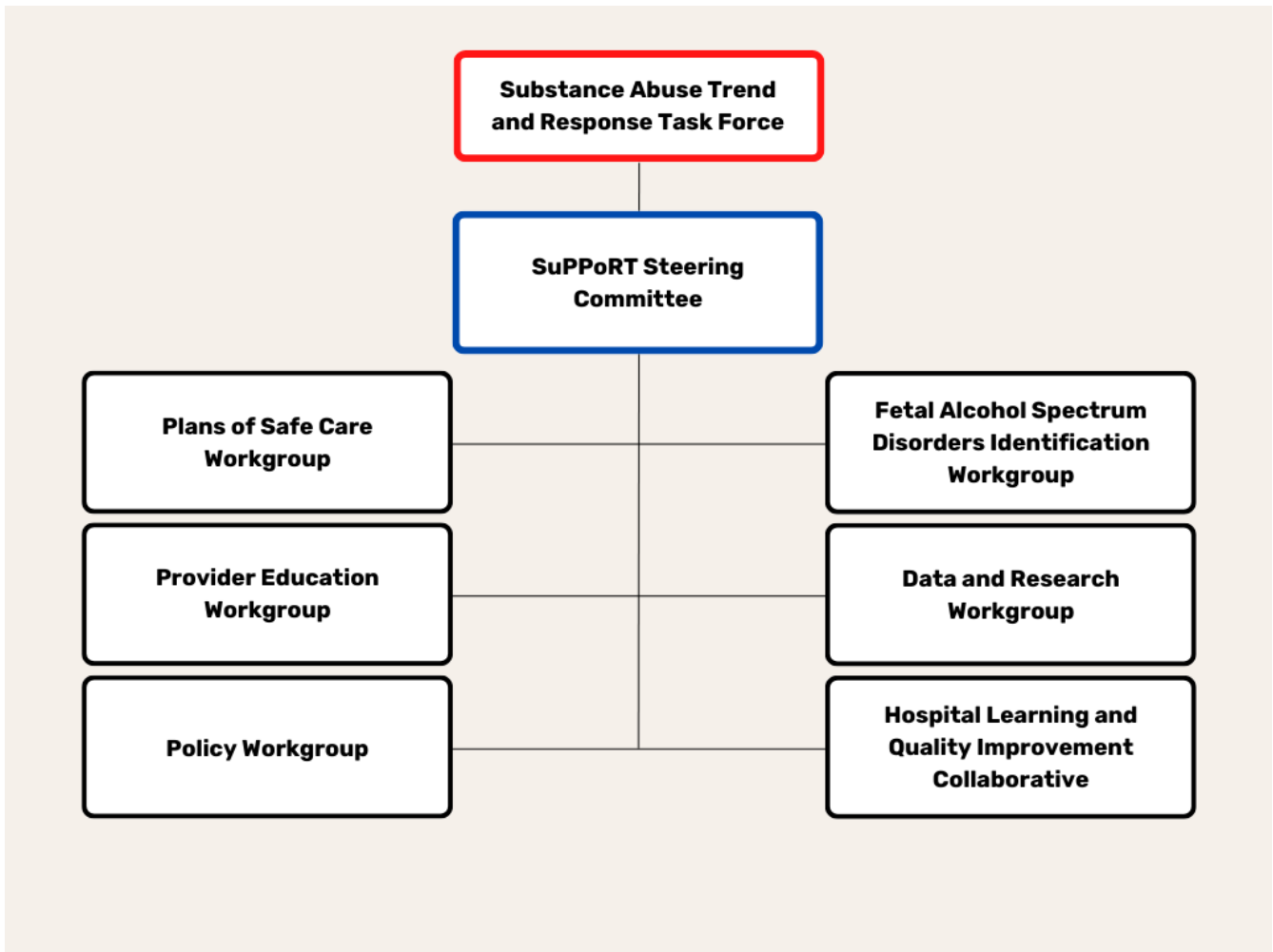
## **Appendix B: Summary of the Charter SEOW**

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 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Advisory Council

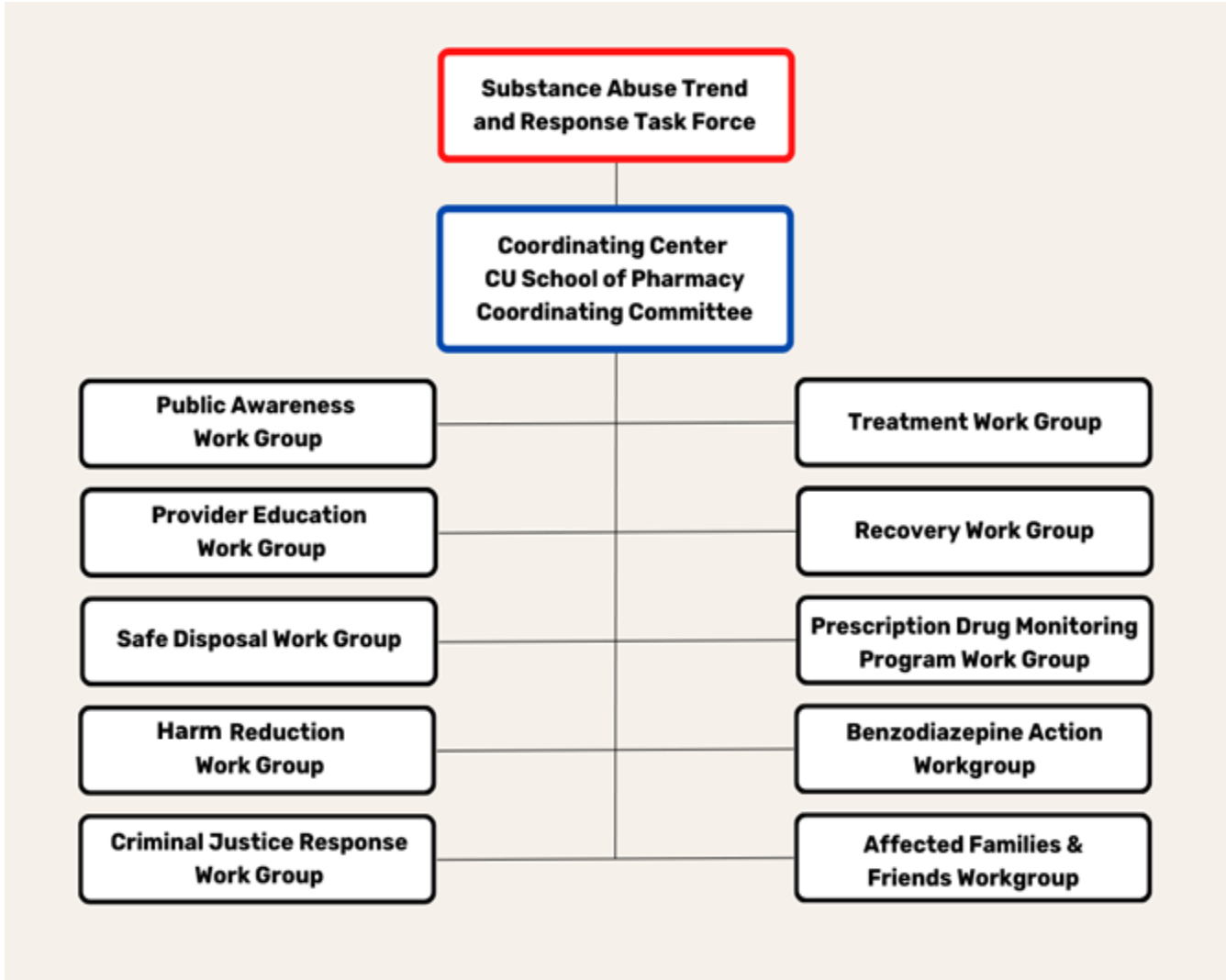


# Appendix D: Structure of the Supporting Perinatal Substance Use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado) Steering Committee





## Appendix E: Structure of the Colorado Consortium for Prescription Drug Abuse Prevention



[Click here](#) for more information about the Consortium's work groups.