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COLORADO SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE

MEETING MINUTES

February 3, 2017

10:00 a.m. – 1:00 p.m.

Colorado Municipal League

1144 Sherman St., Denver (South of the Capitol)

Conference Call Number

Local: 720-508-6015 Toll free: 1-888-239-0071

Passcode: 18497926#

Chair – Attorney General Cynthia Coffman

Vice –Chairs:

- *Treatment* – Marc Condojani, Director, Community Treatment & Recovery Programs, Office of Behavioral Health, Colorado Dept. of Human Services
- *Prevention* – José Esquibel, Director, Office of Community Engagement, Colorado Dept. of Law (Attorney General’s Office)
- *Law Enforcement* – Jerry Peters, Commander, Thornton Police Department

Attendees: Cynthia Coffman, Marc Condojani, José Esquibel, Wendy Buxton-Andrade, Aarika Matney, Dan Rubinstein, Liz Hickman, Dorothy Macias, Lisa Noble, Renie Dugwyler, Jenny Wood, Julia Roguski, Lindsey Myers, Lorendia Schmidt, Melissa Gallardo, Miles De Young, Rob Valuck, Adam Zarrin, Ron Kakowsky

Guests: Jade Woodward, Michael Root, Jack Reed, Allison Rosenthal, Jonathan Judge, Rebecca Helfand, Dana Smith, Lindsey Kato, Amy Engelman, Andrea Sivanich, Diane Carlson

I. **Welcome and Introductions:** Vice Chair Esquibel welcomed Task Force members and guests and lead the round of introductions

II. **Review and Approval of November 8, 2016 Minutes:** Task Force members approved the minutes.

III. **Announcements from Task Force Members**

Vice Chair Esquibel introduced the new Task Force members. Aarika Matney is the new Youth appointee to Task Force. She is currently a youth partner with Rise Above Colorado and works closely with the manager of Community Programs. She is in her last year as a student at the University of Denver majoring in Biology with minors in Chemistry and English.

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Chief of Police Miles De Young has been appointed to Task Force to represent the Colorado Association of Chiefs of Police. He is currently the Chief of Police for the Woodland Park Police Department.

Senator Cheri Jahn was appointed as the designee of the Senate Minority Leader.

Vice Chair Condojani reported that the federal government passed the 21st Century Cures Act. The Act creates a new Assistant Secretary for Mental Health and Substance Use to replace the Administrator at SAMHSA and coordinate mental health programs across the federal government. The bill also includes \$1 billion in state grants over the next two years to combat the opioid abuse and addiction epidemic. The bill includes a formula grant that every state and territory can receive for opioid crisis. The Colorado Office of Behavioral Health (OBH) is applying for \$7.8 million per year for two years for Colorado. The funding breakdown will be 80% for treatment and recovery services, 15% for prevention/communication, and 5% for administration. OBH held stakeholder meetings to obtain feedback on the best ways to approach the grant. A large portion of the federal money is expected to fund medication-assisted treatment therapies, such as Suboxone, Vivitrol and Methadone. The deadline to submit the application is February 17th. Awards will be announced in April and funds are expected to be received by May.

Liz Hickman shared that the High Plains Research Network (HPRN) is partnering with the University of Colorado on new grant to increase providers of Medication-Assisted Treatment (MAT), the *Implementing Technology and Medication Assisted Team Training and Treatment in Rural Colorado (IT MATTERS Colorado)* Training. Colorado ranked as high as number two in the country for self-reported misuse of prescription pain killers. There are evidence-based guidelines and recommendations for prescribing opioids and for treating Opioid Use Disorder (OUD). ITMATTERS proposes to increase local community awareness and knowledge by transforming complex language and OUD and MAT into locally relevant, actionable messages and materials. HPRN is comparing onsite and online training models. The project will provide rural primary care practices with Opisafe, a robust web-based opioid and MAT patient engagement and monitoring system that provides valuable patient-centered follow-up tracking. There are extraordinary high rates of opioid use disorder in NE and SE Colorado and San Luis Valley areas. This will be a great resource if we can convince physicians to supplement the treatment mix for the patient.

Commissioner Wendy Buxton-Andrade expressed interested in learning more about ITMATTERS for the SE part of the state.

Vice Chair Jerry Peters voiced concerns about Fentanyl and the dangers for law enforcement because of the potential airborne contamination. Fentanyl can be absorbed through the skin or through accidental inhalation of airborne powder. The largest risks for officers and detectives is coming in contact with fentanyl during the course of enforcement such as buy-walk or bust operation. K-9 detection units are particularly at risk when sniffing potential contraband. With law enforcement what do you do with these unknown issues now? Do we try to do testing and exposing law enforcement to it? TrueNarc is a testing read out. It can push through the package to see what it is but they took is very expensive. Do we do a controlled housed testing area? Fentanyl fake pills are being produced with house labs. It is a huge threat to law enforcement. Narcan has helped but need several doses to reverse because so dangerous. In Adams County alone, we have found 4 cases of Fentanyl showing up in the tox-screens. There are also future concerns on impacts for safe clean up.

Peggy Heil stated that the Bureau of Justice Assistance (BJA) has two grant solicitation opportunities in response to the growing opioid epidemic:

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- *Comprehensive Opioid Abuse Program Training and Technical Assistance (TTA) Program FY 2017 Competitive Grant Announcement. Applications Due: April 25, 2017*
<https://www.bja.gov/Funding/COAPTTA17.pdf>.
- *Comprehensive Opioid Abuse Site-based Program FY 2017 Competitive Grant Announcement Applications. Due: April 25, 2017* <https://www.bja.gov/Funding/CARA17.pdf>

Narcan Training Update

Lisa Raville provided an update on Narcan training through the Colorado Naloxone for Life initiative. The Attorney General's Office provided funding to purchase 2500 Narcan kits with 5,000 doses for distribution to law enforcement and first responders throughout the state and for funding. Before the trainings this fall, there was 25 agencies that carried naloxone. Now 105 agencies are currently trained and carrying Narcan. There have been seven reported reversals documented. The other key piece of the initiative is the OpiRescue app to record overdoses and reversals. The shelf life of a Narcan Rescue Kit is two years at room temperature.

Rob Valuck explained that the OpiRescue App is available to download on the app stores for both android and apple devices. OpiRescue takes SAMSHA's information on opioid signs and instructions for easy access through the app. Signs, instructions, and reporting reversals is all available on the app. Mostly law enforcement and some Medical have reported. We want to hear from everyone. All law enforcement have been pre-populated so it is easy to save your profile for easy reporting.

We can tell by geomap intersection, where a rescue was performed and with the app data can be gathered data on what was done, etc. No one has that info and we need it to help learn more statewide. Where are the problem areas and where are the kits being used? Currently, the Colorado Office of the Attorney General is paying for the access to this data service so every law enforcement agency that wants to use the OpiRescue App can use it for free for now. How do we report this to the sheriff and police associations so we can collect and see what is happening? Federal dollars managed by the Colorado Department of Public Health and Environment is providing funding to evaluate the Colorado Naloxone for Life Initiative for the next three years. Anything you can do to promote the use of the app is appreciated so that we can collect the data on reversals to access the effectiveness of the increased access to Narcan.

Dana Smith extended an invitation to all law enforcement to work out at the Phoenix Multisports for free. They have facilities in both Denver and Colorado Springs. Please contact Dana if you are interested in this program.
danas@phoenixmultisport.org

Recognition Awards

Lisa Raville presented Attorney General Cynthia Coffman with a Narcan Rescue Kit for completing the Colorado Naloxone for Life training. The Attorney General and Vice Chair Esquibel participated in one of the trainings presented this past fall in La Junta with other law enforcement officers.

A recognition plaque was prepared for Judge Dan Kaup who retired. He was appointed to the Task Force in 2009 and retired at the end of 2016. The Attorney General extended gratitude to Judge Kaup for his service to the Task Force. Judge Kaup wasn't able to attend the meeting today, but the plaque will be sent him.

Chief Mike Root represented the Colorado Association of Chief of Police on the Task Force since 2010. He served over 44 years in law enforcement before his recent retirement. He was very involved in the steering committee of the Task Forces' Rural Law Enforcement Methamphetamine Initiative (LEMI), which provided

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support for rural communities that struggled with the impact of methamphetamine abuse in 2010 through 2011. Rural LEMI was successful because the initiative connected people in rural communities with existing resources and provided valuable technical assistance on best practice approaches to the problem of methamphetamine abuse. Attorney General Coffman presented Chief Root with a plaque in recognition of his service to the Task Force.

IV. Legislative Update

Jennifer Anderson, Director of Legislative Affairs, Colorado Attorney General's Office

See Legislative Report Summary at the end of this document.

There are over 90 bills that are yet to come. If you have questions, we will continue to pass on info via email because session will be over before our next SATF meeting.

The Task Force policy Ad-hoc committee met and developed a set of recommendations related to expansion of Medication-Assisted Treatment and expansion of substance abuse treatment in school settings. Both recommendations will require funding. These recommendations were include in the Annual Report of the Task Force to the Colorado General Assembly.

Lindsey Myers shared the link to the page where CDPHE several legislative trackers that may be of interest to the Taskforce. <http://vipreventionnetworkco.com/p/policy-resources.html>

V. Substance Exposed Newborns Committee

Kathryn Wells, MD, Denver Health

Jade Woodard, Executive Director, Illuminate Colorado

- SEN Hospital Learning Collaborative
- FASD Updates

The SEN Committee completed three sessions of the ECHO (Extension for Community Health Outcomes) learning model with representatives of five hospital systems in Colorado.

One big update is making connections for Medication-Assisted Treatment for pregnant moms so that treatment is accessed following birth for up to one year, if diagnosed with a substance use disorder while pregnant. Among pregnant women there is a high point of motivation between pregnancy delivery and first post-partum appointment, but current Medicaid benefit requirements preclude accessing the treatment benefit if treatment is not elected prior to birth. There is an interest in seeing the eligibility period extended 72 hours or one week after birth so there is time for first well child or post-partum checkup and the possibility of a mother being more motivated to seek treatment. Medicaid would have to approve waiver for HIPAA.

The SEN Committee is reviewing the statute language for the children's code. Last year the proposed changes to the children code regarding drug-endangered children passed through the Senate but died in appropriations. The members of the SEN Committee are comfortable with language from last year.

Last year, there was a concern that the measure to revise the definition of drug-endangered children in the children's code would specifically apply to parents that are using marijuana when assessments are being made for child abuse. However, a newborn that is tested positive for marijuana is only one indicator not the only indicator for possible child abuse. There are five very clear risk factors and there is criterion that must be met

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on top of substance abuse exposure. If changes need to be made, it is in interest of the children's safety, health, and welfare.

Also, the SEN Committee was approached by legislators interested in updating criminal code for child abuse. Many states have child endangerment charge that is lower than abuse charge. For example: a parent receives a DUI with a child in the back seat, or a child is upstairs sleeping during domestic. The question we need to answer is if it will help with consistent charging and reporting. Illuminate Colorado is reaching out to law enforcement lobbyists. Would love to hear from the law enforcement side on this issue.

VI. Consortium for Prescription Drug Abuse Prevention Update & Actions

Rob Valuck, University of Colorado, Skaggs School of Pharmacy

- *Take Meds Back: Permanent Rx Collections in Colorado*
- *Community Responses and Support: AmeriCorp and VISTA*
- *Prescriber Education*

The Office of Behavioral Health is providing some funding to support a couple of new staff positions with the Consortium.

Take Meds Back: Permanent Rx Collections in Colorado—The Colorado Department of Public Health and Environment has launched permanent prescription drug collection sites across the state and is working very closely with the Disposal Work group and the Public Awareness Work Group of the Consortium on this effort. The goal is to eventually have a permanent collection location in every county in Colorado. The official public announcement and the launch of the media campaign occurred in early January. The link to current locations is found at www.takemededback.org.

Community Response and Support—A Concept Paper is being prepared for submission to VISTA proposing a partnership with the Area Health Education Centers and Rise Above Colorado for utilizing VISTA members to assist in capacity building activities of local community groups that are organized around addressing the opioid epidemic. There are also discussions about how the AmeriCorps program may be able to offer assistance with direct services work in local communities that are implementing strategies to address the opioid epidemic.

Prescriber Education—The Colorado Department of Public Health and Environment is providing funding to the Consortium to conduct prescriber education. To date, 500 doctors have been trained across the state.

Mayor Ron Rakowsky of Greenwood Village shared that the Metro Mayors Caucus Public Safety Committee is working with local realtors to educate them on ensuring that homeowners lock up their prescribed drugs before showing a home. Pilfering of prescription opioid is occurring when the drugs are not secured before a showing.

VII. Rise Above Colorado: Youth Substance Abuse Prevention

Jonathan Judge, Director of Community Engagement, Aarika Matney, Youth Advisor, Amy Engelman, Director of Educational Engagement

The presentation by Rise Above Colorado on the organizations; current work is available on the Task Force webpage: <https://coag.gov/SATF-agenda-minutes>

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Rise Above Colorado has free classroom resources on prescription drugs.

The Rise Above Colorado youth survey was released in January. Marijuana, prescription drugs (stimulants and pain medication) usage did not change from the fall of 2013 to the spring of 2016. Alcohol use increased as did access and curiosity. A quarter of youth misusing drugs are starting earlier (age 12). While it's not a huge survey, with 607 respondents, it is representative of the state as a whole. The survey will be shared over the coming months in order to initiate a conversation to help frame the issues. The full survey is available on the Rise Above Colorado website.

The results of this survey are similar to those of the Healthy Kids Colorado Survey in regard to youth substance use and perceptions of harm. The administration the Rise Above survey is part of a grant from the Colorado Office of Behavioral Health for prescription drug abuse prevention. Rise Above is working with the staff that administer the Healthy Kids Colorado Survey and with staff at the Colorado Department of Public Health and Environment.

VIII. Heroin Response Work Group Findings

Lindsey Myers, Branch Chief, Violence and Injury Prevention, CDPHE Lindsey Kato, heroin Strategies Coordinator, CDPHE

The preliminary report on heroin in Colorado is completed and will be released as part of press conference in March. The report includes the results of a survey of over 700 individuals in treatment for opioid use disorders, the majority related to heroin. The results offer remarkable insights into what contributed to their opioid use and more. A next step is drafting a document on strategies for preventing and intervening with the abuse of opioids and identifying a short list of priority strategies for the Heroin Response Work Group to address this year.

IX. Coordination of Prevention Efforts

Jenny Wood announced that OBH is working on launching a statewide assessment of prevention. An advisory group will be convened. There still remains a need to coordinate prevention efforts in Colorado and for standardizing the norms and knowledge across agencies for prevention professionals. This includes creating norms across the agencies to help increase certification of prevention professionals.

Vice Chair Esquibel recommended an initial conference call to discuss the objectives and needs that will be spearheaded by Jose Esquibel. Jenny Wood, Jonathan Judge, Lindsey Kato, Lindsey Myers volunteered to be a part of this workgroup discussion.

X. Task Force Priorities for 2017

Members of the Task Force conversed in small groups before sharing thoughts about possible priorities for 2017.

- There continues to be a need for a broader change of culture with regard to substance abuse, which remains a challenge in society. Still, it is important to acknowledge that the majority of residents of Colorado do not abuse drugs. For young people age 19-25, how do we best get information to this group, especially support for social norming. What work is occurring through college orientations?

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- It still important to focus on the impact of substance abuse on children. The Task Force remains committed to this, especially through the Substance Exposed Newborns Committee and the work with the Hospital Learning Collaborative, which is addressing best practice hospital settings and for which there is a summit planned for November 2nd of this year. Some areas to consider in this regard include:
 - Recruiting a representative of the Office of Behavioral health to join this group for pushing into prenatal period
 - Normalizing the conversation about when parents use.
 - Educational messages to keep kids safe.
 - Creating the opportunity to brainstorm “kids issues” in general with regard to parental substance abuse.
- Prescriber education is critical at this point, especially with regard to alternative pain management.
- Addressing the lack of Medication Assisted Treatment is still critical. The expectation of additional federal dollars will serve to help in this regard. In particular the need for school-based treatment and ways to provide Medication Assisted Treatment for offenders.
- Underage use of marijuana should continue to be monitored and awareness of the impact of early marijuana use on adolescent development needs to be provided to the public.
- There could be another big wave of Take Meds Seriously awareness along with the Narcan training and safe disposal expansion efforts.
- How do we get that message out to all our networks and channels? The different things we are working on.
- We are expecting grants, but we now need have the workforce to effectively use these resources.
- Continue to work on data gaps looking at data from across the different fields of expertise. The State Epidemiological and Outcome Workgroup will be pulling together data and presenting information of trends.
- Consider a prevention summit.

XI. Closing Comments and Adjournment

ENC: SATF Legislative Report

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SB17-019

Medication Mental Illness In Justice Systems

Calendar Notification: Monday, February 13 2017
SENATE JUDICIARY COMMITTEE
1:30 PM SCR 352
(2) in senate calendar.

Short Title: Medication Mental Illness In Justice Systems

Sponsors: B. Martinez Humenik / J. Singer

Summary: **Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems.**

The bill implements recommendations from the task force concerning the treatment of persons with mental illness in the criminal and juvenile justice systems and the medication consistency work group of the behavioral health transformation council to promote increased medication consistency for persons with mental illness in the criminal and juvenile justice systems. The recommendations include:

- Requiring the unit and office within the department of human services that administers behavioral health programs (OBH), including those related to mental health and substance use, and the department of corrections to promulgate rules that require providers under each department's authority to use an agreed upon medication formulary (formulary) by mental health providers and justice system providers (providers);
- Requiring OBH to conduct annual and biannual reviews of the formulary to address any urgent concerns related to the formulary, update the formulary, and ensure compliance with the medicaid formulary;
- Requiring the department of corrections, county jails, community mental health centers, the division of youth corrections, and other providers to share patient-specific mental health care and treatment information, provided federal and state confidentiality requirements are met;
- Requiring OBH and relevant providers to develop a plan for electronically sharing patient-specific mental health care and treatment information across systems;
- Requiring OBH to encourage providers to utilize cooperative purchasing for the formulary to maximize statewide cost savings;
- Encouraging the pharmaceutical cooperative purchasing entity to include an ongoing drug utilization review process;
- Requiring OBH to investigate and develop options for collaboration with local county jails to coordinate medication purchasing. Based on that information, the behavioral health transformation council shall develop a medication purchasing plan on or before July 1, 2017; and
- Requiring the department of human services and the department of corrections to report progress on the implementation and use of the

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medication formulary and cooperative purchasing as part of each department's 'State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act' hearing, beginning in January 2018 and annually thereafter.

(Note: This summary applies to this bill as introduced.)

Status: 1/11/2017 Introduced In Senate - Assigned to Judiciary

Amendments:

[SB17-032](#) Prescription Drug Monitoring Program Access

Calendar Notification: NOT ON CALENDAR

Short Title: Prescription Drug Monitoring Program Access

Sponsors: M. Merrifield

Summary: Current law gives law enforcement officials and state regulatory boards access to the prescription drug monitoring program with a request that is accompanied by an official court order or subpoena. The bill changes this requirement to an official court order or warrant issued upon a showing of probable cause.

(Note: This summary applies to this bill as introduced.)

Status: 1/11/2017 Introduced In Senate - Assigned to Judiciary
2/1/2017 Senate Committee on Judiciary Postpone Indefinitely

Amendments:

[SB17-068](#) School Counselors Early Support For Students

Calendar Notification: Thursday, February 16 2017
SENATE EDUCATION COMMITTEE
1:30 PM SCR 352
(1) in senate calendar.

Short Title: School Counselors Early Support For Students

Sponsors: N. Todd / J. Singer

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Summary:

Under current law, a public school that includes any of grades 7 through 12 is eligible to receive a grant through the behavioral health care professional matching grant program.

Sections 2 to 5 of the bill add elementary schools to the list of public schools eligible to receive a grant through the program.

Under current law, a public middle, junior, or high school is eligible to receive a grant through the school counselor corps grant program.

Sections 6 to 10 of the bill add elementary schools to the list of public schools eligible to receive a grant through the program.

(Note: This summary applies to this bill as introduced.)

Status:

1/13/2017 Introduced In Senate - Assigned to Education

Amendments:

[SB17-074](#)

Create Medication-assisted Treatment Pilot Program

Calendar Notification: Wednesday, February 8 2017
SENATE HEALTH & HUMAN SERVICES COMMITTEE
Upon Adjournment SCR 354
(1) in senate calendar.

Short Title: Create Medication-assisted Treatment Pilot Program

Sponsors: L. Garcia / D. Esgar

Summary:

The bill creates the medication-assisted treatment (MAT) expansion pilot program, administered by the university of Colorado college of nursing, to expand access to medication-assisted treatment to opioid-dependent patients in Pueblo and Routt counties. The pilot program will provide grants to community- and office-based practices, behavioral health organizations, and substance abuse treatment organizations to:

- Assist nurse practitioners and physician assistants working in those settings to obtain training and support required under the federal 'Comprehensive Addiction and Recovery Act of 2016' (CARA) to enable them to prescribe buprenorphine as part of providing MAT to opioid-dependent patients; and
- Provide behavioral therapies in conjunction with medication as part of the provision of MAT to opioid-dependent patients.

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The general assembly is directed to appropriate \$500,000 per year for the 2017-18 and 2018-19 fiscal years from the marijuana tax cash fund to the university of Colorado board of regents, for allocation to the college of nursing to implement the pilot program.

Each grant recipient must submit a report to the college of nursing regarding the use of the grant, and the college of nursing must submit a summarized report to the governor and the health committees of the senate and house of representatives regarding the pilot program.

The pilot program is established and funded for 2 years and repeals on June 30, 2020.

(Note: This summary applies to this bill as introduced.)

Status: 1/13/2017 Introduced In Senate - Assigned to Health & Human Services

Amendments:

SB17-082

Regulation Of Methadone Treatment Facilities

Calendar Notification: NOT ON CALENDAR

Short Title: Regulation Of Methadone Treatment Facilities

Sponsors: K. Lambert / P. Lundeen

Summary: Current law requires the department of human services to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. This authority includes standards for methadone treatment facilities.

The bill defines methadone treatment facilities, removes regulatory authority over methadone treatment facilities from the department of human services, and authorizes regulatory authority of methadone treatment facilities by the department of public health and environment.

The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, residential child care facilities, and public parks, and a disclosure of infractions by the owner of the facility, its holding company, and any other entity under the holding company. When infractions are disclosed, the department must determine whether the public interest requires denial of an application or other remedial action.

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The bill also specifies that a methadone treatment facility is not a medical clinic for zoning purposes.

(Note: This summary applies to this bill as introduced.)

Status: 1/13/2017 Introduced In Senate - Assigned to Health & Human Services

Amendments:

SB17-146 Access To Prescription Drug Monitoring Program

Calendar Notification: NOT ON CALENDAR

Short Title: Access To Prescription Drug Monitoring Program

Sponsors: C. Jahn / J. Ginal

Summary: The bill modifies provisions relating to licensed health professionals' access to the electronic prescription drug monitoring program as follows:

- Allows a health care provider who has authority to prescribe controlled substances, or the provider's designee, to query the program regarding a current patient, regardless of whether the provider is prescribing or considering prescribing a controlled substance to that patient;
- Specifies that a veterinarian who is authorized to prescribe controlled substances may access the program to inquire about a current patient or client if the veterinarian suspects that the client has committed drug abuse or mistreated an animal; and
- Specifies that, in addition to accessing the program when dispensing or considering dispensing a controlled substance, a pharmacist or designee of the pharmacist may access the program regarding a current patient to whom the pharmacist is dispensing or considering dispensing a prescription drug.
(Note: This summary applies to this bill as introduced.)

Status: 1/31/2017 Introduced In Senate - Assigned to Health & Human Services

Amendments: