

**FINAL MINUTES**  
**Colorado Substance Abuse Trend and Response Task Force**  
**May 13, 2016**  
**10:00 am – 1:00 pm**  
**Colorado Municipal League**  
**1144 Sherman St., Denver, CO**

**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, Lisa Noble, Julia Roguski, Melissa Gallardo, Amy Kingery, Colleen Brisnehan, Peggy Heil, Shannon Breitzman, Robert Valuck, Dorothy Macias, Elizabeth Hickman, Repr. Kathleen Conti, Mike Britton

**Guests:** Jade Woodard, Michael Nerenberg, Whit Oyler, Becky Helfand, Cynthia Kowert, Ron Rakowsky, Jack Reed, Andrea Sivanich, Henny Lasley, Patricia Ross, Daniel Shodell, Sam Mamet, Kent MacLennan, Lindsey Kato, Dale Quigley, Helen Kaupang, Paula Riggs, Jesse Wheeler, Sabrina Moxcey, Melissa Reiss, Annette Davis, Kavitha Kailasam

**Introductions:** Attorney General Coffman called the meeting to order and attendees and guests introduced themselves.

**Review and Approval of Minutes:** Minutes from the February 5, 2016 meeting were approved as submitted.

**Announcements from Task Force Members:**

The 11<sup>th</sup> National Prescription Drug Takeback Day on April 30 was a great success, with 114 law enforcement agencies collecting 24,170 lbs. of prescribed narcotics in Colorado. DEA representative Helen Kaupang said that in spite of bad weather, record high collection and participation rates were reached at local, state and national levels. She thanked the Consortium for Prescription Drug Abuse Prevention (Consortium) and the Attorney General who annually sends a letter to law enforcement jurisdictions encouraging their participation.

Marc Condojani announced 2 grants for medication assisted treatment expansion programs targeting distribution of naloxone are due at the end of the month. Also, the Director of \_\_\_ at Dept. of Human Services position has closed and they are reviewing applications. Lastly, SAMHSA fellow Witt Oyler has gained a position on the Consortium.

Shannon Breitzman shared that \$5.5 million was received for community based substance abuse programs, such as Communities That Care. The Dept. of Public Health and Environment will

**DRAFT MINUTES**  
**Colorado Substance Abuse Trend and Response Task Force**  
**May 13, 2016**

fund 30 local health agencies starting in July. The model is for marijuana, drug abuse, and violence prevention and recipients will need to work in partnership with existing agencies.

José Esquibel announced that Take Meds Seriously has 249 followers on Facebook. The AG's Office of Community Engagement (OCE) has produced colorful wallet cards showing the social media contacts for the GoodToKnowColorado, SpeakNowColorado, and TakeMedsSeriously campaigns to help parents with resources and boost the social media impact of these state programs.

José also reported that the SATF's data funding grant went away, but he is hoping to partner with a state agency, such as the Helfand epidemiology group within the Dept. of Human Services' Office of Behavioral Health, for the data subgroup of the SATF. As vice chair, he envisions the SATF being the statewide repository for information on prevention efforts and groups involved, and to respond with assistance to coordinate and facilitate their efforts. The vice chairs will formalize a plan by the August meeting and present it for a vote.

Lisa Noble noted the Colorado Providers' Association and Rural Philanthropy Days events in the heart of Colorado - Teller County and the Gold Belt – which included listening tours and addressed housing, recruiting and retaining behavioral health staff. Many providers stay only 6 months and then are lured to more urban areas such as Colorado Springs, Pueblo, and Jefferson County. Rural communities are an entry point for credentialed staff, but they don't stay long enough to build a trust relationship with residents. She's looking for suggestions on how to turn that around. Peggy Heil added that the Behavioral Health Subcommittee is also concerned with this issue.

Shannon Breitzman said that CDPHE is addressing the issue of nursing and marijuana users and offered to present at a future meeting.

**Legislation Update**

*Jennifer Anderson, Legislative Director, Attorney General's Office*

Jennifer reviewed bills passed and postponed indefinitely related to the task force and its work (*see attached*) and answered questions. José Esquibel noted that the task force can take positions on bills, and the OCE will facilitate their testimony. He encouraged attenders to start the conversations now and propose legislation for next year at the August meeting.

**Substance Exposed Newborns Subcommittee**

*Jade Woodard, Illuminate Colorado*

Jade reviewed the session's efforts to expand the definition of substance exposed newborns in the Children's Code. They looked at child abuse and substance abuse and use in home and at pregnancy. Stakeholders were able to pass it in the House but it died in the Senate during a 2-hour window of frenzied end-of-session activity. Problems encountered were that positive test results of a baby required intervention by the Dept. of Human Services, even though the test doesn't determine whether or not it's safe for the infant to go home. Whether or not drug tests are administered to newborns varies widely and needs to be more uniform. It's an illegal search to do a test unless there is a medical indication or it falls under a safety exception. Also, testing for alcohol doesn't bring the same scrutiny.

**DRAFT MINUTES**  
**Colorado Substance Abuse Trend and Response Task Force**  
**May 13, 2016**

Illuminate is working on a project with funding collected under the Children's Justice Act. Six hospitals will participate in collaborative information gathering over a period of 16 months. They will look at policies such as who makes the decision to test and how, and how cases are referred to child welfare officials. Parkview Medical Center in Pueblo and the Medical Center of the Rockies health care system in Fort Collins and Loveland are participating. There are still 4 slots available and they will be recruiting until the end of July. Rural hospitals and a large metro area hospital would round out the sample. They are targeting a summit to report on the experience of the 6 hospitals in October or November of 2017. This is an effort to determine a best practices standard. Early intervention, at the beginning of a pregnancy and combined with prenatal care is the goal because removing the baby at birth interrupts critical mother/child bonding.

**Responses to Increased Opioid Overdose Deaths and Use of Heroin**

*José Esquibel, Director, Attorney General's Office of Community Engagement*

Attorney General Coffman has been watching the developing issue of naloxone in 17 counties that have seen a spike in overdose deaths. She has learned that other states, such as Massachusetts, distribute naloxone through the attorney general's office, which she would like to do here. The funds come from multi-state settlements with pharmaceutical manufacturers and into the custodial funds of the office. A settlement has been identified and they are two weeks away from making a bulk purchase of naloxone. They are looking to build a network for distribution to law enforcement and health agencies. José asked that any present who feel their group or agency can have a role in endorsing this plan or involvement in its implementation should let him know. Training in administering naloxone is available, as well as a mobile app of an overdose rescue and can be taught in police academies through POST (Peace Officers Standards and Training) office in the Dept. of Law.

Chief Brandt asked for information to be sent to the Colorado Association of Chiefs of Police as he sees that counties are eager to obtain the treatment. Josh Bloom also offered to help get the funding out across a wider audience. Mayor Ron Rakowsky of Greenwood Village offered that the Metro Mayors Caucus is putting together a template for implementation. Marc Condojani inquired about fire departments and first responders being included. Data gathering on its effective use should reflect both small and more populated jurisdictions. Rocky Mountain HIDTA offered to assist and suggested an online form for consistency.

Shannon Breitzman said the Colo. Dept. of Health and Environment has also been tracking the rise of heroin in Colorado. They met with HIDTA (federal High Intensity Drug Trafficking Area) in a cross sector meeting to review the issue. She encouraged those interested to join the Heroin Response Work Group of the Consortium, which she co-chairs with Tom Gorman. They are scanning the country for what is working that they can recommend for Colorado, which they hope to make to the task force in August. Recovery organizations can sustain support in recovery and need to be involved in the work group. Mitigating the impacts started with law enforcement, but they want to add all disciplines. A new prevention director has been hired at the Dept. of Human Services who can become involved. José Esquibel is on the faculty of the National Association of Attorneys General training division and has been asked to present regional trainings around the country. He noted that Colorado is in the top 5 states on prescription drug prevention through a collaborative approach. Heroin abuse is "over the levy and the tide is rising," so we need to do more.

**DRAFT MINUTES**  
**Colorado Substance Abuse Trend and Response Task Force**  
**May 13, 2016**

**Consortium for Prescription Drug Abuse Prevention Update and Actions**

***Rob Valuck, University of Colorado Skaggs School of Pharmacy***

Rob reported that the Safe Disposal and Public Awareness work groups are working on an initiative for a permanent disposal program, in addition to drug takebacks. A final rulemaking will take place on May 17<sup>th</sup> at the Colo. Dept. of Public Health and Environment, followed by signing a contract with a vendor, and then working with communities and Rise Above Colorado in May and June to develop a tool kit. They will use social media and start in late summer and early fall with permanent sites. Walgreens has committed to 500 sites nationwide.

The Data Dashboard work group surveyed users and found a good spectrum of agencies and groups are using the dashboard. They still want to enhance it with county-level data. The Legislature has requested that abuse deterrent opioid formulations have mandatory insurance coverage.

There are many ongoing alliances and meetings with crucial groups such as AHEC, Colorado Municipal League, and regional and local task forces. They are being innovative in training in medical and dental schools on how to prescribe and deal with opioids. José noted that capacity is the next step, because Rob can only do so much. What would work – regional groups? Other agencies helping out? Look for ways to organize teams to assist. Helen Kaupang noted that the DEA’s takeback program’s status may change with the new administration, so local takeback programs and depositories need to step up.

**Medication Assisted Treatment: Recommendations for Colorado**

***Paula Riggs, MD, University of Colorado, School of Medicine***

Dr. Riggs presented recommendations and goals for medication assisted treatment on behalf of the Treatment work group of the Consortium. She explained that addiction is a neurological, biological based medical illness, and should be considered for treatment within mainstream medical treatment. Just as tuberculosis used to be stigmatized and patients confined to a sanitarium, now addiction and the mentally ill are in the sanitarium, away from notice. The workgroup recommends that gaps in treatment be identified and aligned with the Affordable Care Act and other national health care reforms and integrated into mainstream medical care. The Mental Health and Addiction Parity Act of 2008 provided that patients in several federal programs (MCOs, ABPs and CHIP) are ensured benefits for mental health and substance use disorder treatment on equal footing with traditional medical benefits. The treatment coverage should align with other diseases, like diabetes. And HIPAA and confidentiality requirements should apply, like they do with other medical conditions.

Although treatment is now available for only the most severe users, the most impact can be made by providing treatment to adolescent early users. Through behavioral health specialists in high schools and referring clinicians, treatment can be provided before use advances in 1-2 years to injection heroin. We need to fill the gap of early interventions using evidence based proven treatments in non-traditional settings. And there should be universal screening guidelines for symptoms and signs, like heart attack prevention. The stigma will go away, eventually.

What can task force members do? Use models of integrated treatment. Build a model and then transport it to the rural treatment setting. Collaborate and leverage the integrations we already have. Use a multi-disciplinary team approach. Build in continuing care in individualized treatment plans. In summary, get closer to primary care, have a co-location or sub specialty, locate in schools for early intervention, and use team approaches.

**DRAFT MINUTES**  
**Colorado Substance Abuse Trend and Response Task Force**  
**May 13, 2016**

Parity in coverage has been advanced by lawsuits against Medicaid and insurance companies for non-treatment. Also, educate the public as to their access to treatment, like the American Cancer Society. Peggy Heil noted that patients are more likely to seek treatment in a general clinic. Efforts are being made to revise 42CFR which was recently published for comment. Dr. Michael Nerenberg suggested that physicians need to get more involved, saboxone-certified, because patients can only get it with a general treatment program and they are already overcrowded. With a six month waiting period, people move or lose touch while waiting; treatment needs to be provided sooner. Liz Hickman noted that the SE Health Group, and NE Centennial Group are partnering to come together a saboxone providers. They are building a collaborative model for medical providers. Shannon Breitzman offered to contact CDPHE and the Department of Education about co-located training for school based health centers.

José asked that additional recommendations for specific task force endorsement be brought to the meeting in August, specifically addressing barriers to action.

**Routt County: Police Assisted Addiction and Recovery Initiative**

*Ken Davis, Director of Community Integrations, Northwest Colorado Visiting Nurse Association.*

Ken Davis spoke on behalf of the Yampa Valley Drug Task Force. Community awareness events are critical to engage citizens, such as through libraries and the Kiwanis. His area has experienced an increase from 6 to 12 deaths per 100,000 from heroin. There has been a four-fold increase in heroin arrests in Steamboat Springs. In response, the drug task force teamed with PAARI police assisted recovery organization. There is wide support from the Routt County Sheriff, law enforcement, the district attorney, judges, the chief probation officer, local hospitals and city council. In implementation, drugs are handed over to law enforcement, but instead of arrest, the subject is connected with treatment. The skate church has become a connection hub. Other aids to success are having a single point of contact, having short term housing available, having counselors on call, and having other resources available for treatment. Transportation to treatment facilities is needed. MAT and saboxone certified providers are available but reticent. They feel more consideration is needed within the judicial and probation system because patients are at high risk for falling off treatment upon release. More counties and police stations need to be on board for maximum effectiveness. They are in the very beginning stages of conversation with child welfare investigators. The program has not yet been fully implemented.

Other suggested referrals were Young People in Recovery and a nurse model in Massachusetts tapping into suicide prevention volunteers.

**Meeting Adjourned:** 1:20 p.m.

**Next Meeting:**

Friday, November 4, 2016, 10:00 a.m. – 1:00 p.m.  
Colorado Municipal League, 1144 Sherman St., Denver