

Polysubstance Use Brief

Topical Brief Series: Vol. 1, Issue 2

References

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Polysubstance Use

Topical Brief Series: Vol. 1, Issue 2

What is Polysubstance Use?

Polysubstance use is defined broadly as using two or more psychoactive substances. Simultaneous polysubstance use refers to the concurrent use of multiple substances. Separate polysubstance use refers to the use of multiple substances over a period, such as 12 months or the past 30 days.¹ Given its broad definition, research on polysubstance use has explored a wide range of time intervals and has been limited by a focus on high-risk populations, small sample sizes, and self-report data.^{2,3} Clinicians diagnose substance use disorders (SUDs) individually, rather than a polysubstance use disorder.

While polysubstance use does not have a standard temporal or clinical definition, various polysubstance use behaviors are associated with acute and chronic health effects. Specific health effects can differ by combination of substances; however, some general dangers exist across combina-

tions. Simultaneous polysubstance use can lead to greater addictive effects, as well as unique and often more severe side effects than the individual effects of each drug. Overdose is of higher concern when combining substances because certain substances mask the effects of other substances, potentially leading to consumption of higher doses than a person is accustomed to. People often use multiple substances simultaneously to counteract the negative effects of one substance or balance out, enhance, or lengthen the effects of the high. Separate polysubstance use can also lead to greater addictive effects.⁴

Like general substance use, polysubstance use can be harmful to an individual without having a SUD diagnosis. This brief contains information on a variety of polysubstance use behaviors, including past-month polysubstance use of people 12 and older; adult polysubstance use; lifetime youth polysubstance use; polysubstance use disorders and treatment; and, public health and safety harms of polysubstance use.

Key Findings

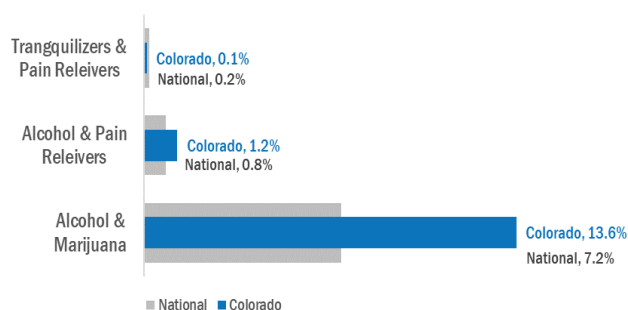
- Polysubstance use is broadly defined and is associated with numerous acute and chronic health effects.
- Nationally and in Colorado, alcohol and marijuana are the substances most commonly used in the past month.
- Treatment admissions in our state for the combination of methamphetamine and heroin rose dramatically from 2014-2018.
- In Colorado, the proportion of roadway fatalities involving polysubstance increased from 2013 to 2018.
- Overdose deaths due to methamphetamine and heroin were the most common combination of substances.

Prevalence of Polysubstance Use

National and state surveys on substance use behaviors are limited on polysubstance use. Most behavioral health surveys do not ask directly about simultaneous or separate polysubstance use. Instead, looking at the proportion of respondents indicating they used more than one substance within the past month is used as a proxy for polysubstance use. The National Survey on Drug Use and Health (NSDUH) asks about a variety of substances at the national and state level.

Individuals 12 and older in the U.S. and Colorado who reported using multiple substances in the past month primarily used alcohol in

Figure 1. Coloradans reported using **alcohol and marijuana in the past month** at nearly twice the national prevalence.



Data source: National Survey on Drug Use and Health, SAMHSA, 2016-2017

combination with another substance. The most prevalent combination was alcohol and marijuana (Figure 1), with nearly 20 million people in the U.S. using both in the past month.⁵

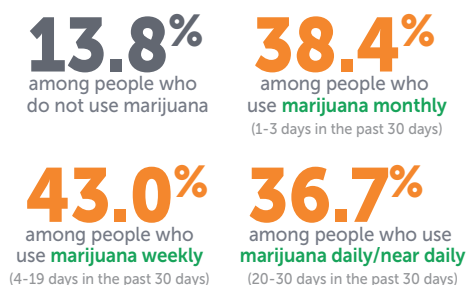
The combination of heroin and methamphetamine are of concern due to increased risk of overdose death. Nationally from 2016-17, about a quarter of people who used heroin in the past month also used methamphetamine, an increase of 10% from 2015-16. State-level data were unavailable for heroin and methamphetamine. Also of concern due to risk of overdose death is the combination of pain relievers and tranquilizers (benzodiazepines). In 2016-17, approximately 40% of Coloradans who used tranquilizers in the past month reported using pain relievers, a slight increase from 2015-16.⁶

Adult Polysubstance Use

This section focuses on alcohol and marijuana due to the combination's prevalence in Colorado and nationally. Binge drinking (4+ drinks for a female or 5+ drinks for a male on a single occa-

sion) and daily or near daily marijuana use (20+ days in past month) both have documented health and safety concerns. Binge drinking has many serious risks, including injuries from car crashes, sexual assault, and several types of cancer.⁷ Daily or near daily marijuana use has respiratory, cognitive, and mental health effects. Heavy use of marijuana can damage memory and marijuana use in high doses can cause temporary psychosis while high.⁸

Figure 2. In Colorado, **binge drinking** is more prevalent among adults who use marijuana.



Data source: Behavioral Risk Factor Surveillance System, CDPHE, 2018

The Behavioral Risk Factor Surveillance System (BRFSS) is one of Colorado's primary data sources for understanding the prevalence of adult substance use. BRFSS is a national survey administered by the Centers for Disease Control and Prevention in coordination with state agencies. It collects data on past month use of alcohol, marijuana, and tobacco. While the survey is limited in the number of substances on which it gathers data, a larger state-level sample size allows for more extensive analyses.

In 2018, individuals who used marijuana in the past month reported more than twice the prevalence (Figure 2) of binge drinking compared to those who did not use marijuana.⁹ Approximately one in ten Colorado adults used marijuana daily or near daily. Of those individuals, respondents aged 18-34 reported the highest prevalence of binge drinking (Figure 2).¹⁰ Given the risks associated with binge drinking and daily or near daily marijuana use, public health and safety professionals should consider approaches that target reducing both behaviors.

Figure 3. **Colorado high school students who report in their lifetime** were less likely to have the following:

Youth Polysubstance Use

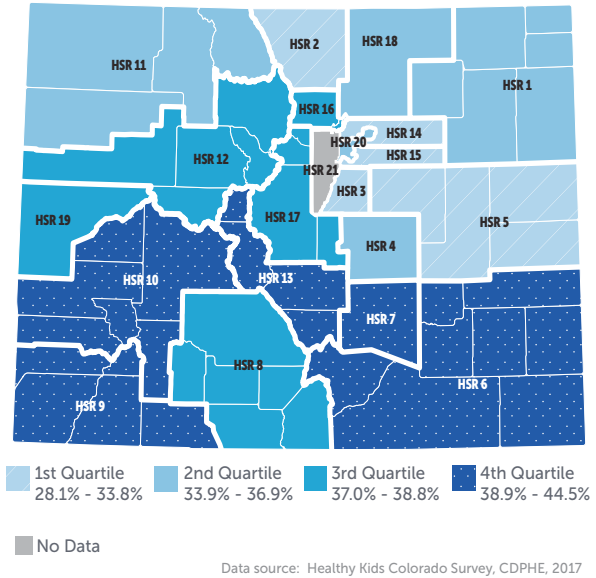
Like adults, youth also experiment with and use multiple substances simultaneously or separately. Previous research has found adolescents "may be



particularly vulnerable to the interactive and neurotoxic effects of polysubstance use.”¹¹ To understand youth polysubstance use in Colorado, the 2017 Healthy Kids Colorado Survey data were examined to understand the prevalence of high school students who reported using two or more substances in their lifetime. Figure 4 highlights the prevalence of youth polysubstance use by Health Statistics Region.¹²

The presence of protective factors – factors which are associated with reduced likelihood of youth substance use – were analyzed for youth who have only used one substance in their lives compared to two or more substances. In compiling state substance use profiles, six factors (Figure 3) that are most influential in reducing youth substance use of alcohol, marijuana, and prescription drugs were identified.¹³ Students who used two or more substances in their lifetime were consistently less likely to report these protective factors compared to students who used only one substance in their lifetime.¹⁴ Supporting opportunities for students, parents, and communities to build these protective factors can reduce youth substance use.

Figure 4. Percent of high school students who reported using 2+ substances in their lifetime by health statistic region (HSR).



Substance Use Disorders & Treatment

A person who uses multiple substances is not necessarily dependent upon those substances. However, a small minority of people with an SUD are dependent on more than one substance. In 2018, 20.3 million people in the U.S. aged 12 and older had an SUD in the past year. Thirteen percent of those, or 2.7 million people, had both an alcohol and illicit drug use disorder. The number of individuals with two or more SUDs is comparable to previous years, with young adults, aged 18-25, having the highest prevalence among all age groups in 2017 and 2018. Individuals with two or more SUDs are three times less likely to receive treatment within the past year compared to individuals with either an alcohol use disorder or an illicit drug disorder. State-level estimates of the percentage of individuals with both an alcohol and illicit drug use disorder were unavailable.^{15, 16}

Treating addiction for polysubstance use is more complicated and requires specialized treatment to achieve full recovery.¹⁷ It is valuable to understand the unique challenges of treatment for individuals who are admitted for polysubstance use. From 2014 to 2018 in Colorado, individuals aged 25-34 constituted the largest group of treatment admissions, followed by 35-44 year-olds. In general, the number of treatment admissions increased from 2014 to 2018. Admissions with polysubstance use accounted for approximately 60% of all treatment admits within that time, with proportions remaining stable since 2014. Individuals aged 18-34 were more likely to be admitted for polysubstance use compared to a single substance.¹⁷

Over the 5-year period between 2014 and 2018, the most common combination of substances used by people admitted for polysubstance treatment was alcohol (primary) and marijuana (secondary). The next most common combination was methamphetamine (primary) and marijuana (secondary). The number of people seeking treatment for heroin and methamphetamine increased drastically during this period, while admissions for other common combinations remained stable (Figure 5). In 2018, the number of admits for alcohol and marijuana (2,951) was only slightly higher than admits for heroin and methamphetamine (2,851). People admitted to treatment for polysubstance use

ted using 2+ substances
ng protective factors.



10%

less likely to report

**THAT THEIR PARENTS/
GUARDIANS KNOW
WHERE AND WHO THEY
ARE WITH WHEN NOT AT
HOME**

than those who
reported using only 1
substance in their
lifetime.



7%

less likely to report

**THINKING THEIR FAMILY
HAS CLEAR RULES
ABOUT ALCOHOL AND
DRUG USE**

than those who
reported using only 1
substance in their
lifetime.



4%

less likely to report

**THINKING IT WAS
IMPORTANT
TO FINISH
HIGH SCHOOL**

than those who
reported using only 1
substance in their
lifetime.



3%

less likely to report

**THINKING IT WAS
IMPORTANT
TO FINISH
HIGH SCHOOL**

than those who
reported using only 1
substance in their
lifetime.

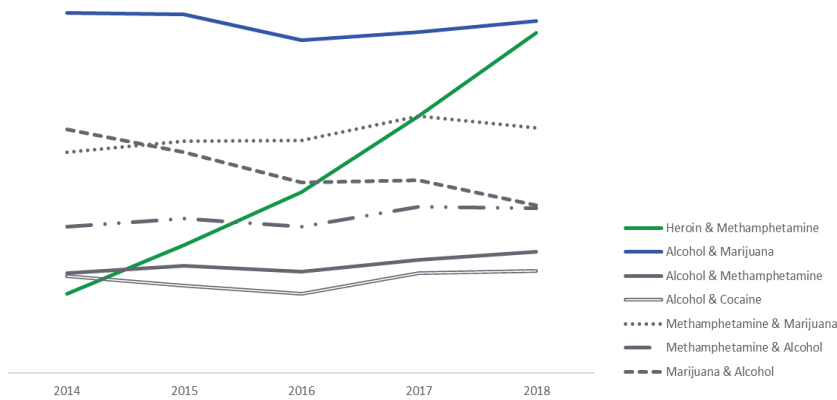
were more likely to have severe issues with work, school, and maintaining relationships with friends and family. Furthermore, when compared to people admitted for a single substance, people admitted for polysubstance use were 16% more likely to have a co-occurring mental health problem and 15% more likely to have minimal achievement of treatment goals.¹⁹ Once in treatment, polysubstance users face greater challenges than those seeking treatment for a single substance. Professionals working in this area should consider the unique challenges for polysubstance users to provide the support necessary for successful treatment and recovery.

Public Health & Safety Harms

Polysubstance use has public health and safety consequences. Polysubstance use is a risk factor for overdose death. A 2017 study reviewed national data from 2002 to 2015 to assess the increase in opioid-related deaths involving another substance. Results showed that 22.1% of the increase in opioid deaths over that period were attributable to combining another substance with opioids.²⁰ Similarly, a 2015 study that reviewed heroin deaths from 2002 to 2013 concluded that nearly three out of five heroin-related deaths involved another substance.²¹ In Colorado in 2018, the rate of polysubstance overdose deaths was 8.1 (per 100,000) compared to 16.5 (per 100,000) for all drug overdoses. Methamphetamine and heroin were the most common combination in overdose deaths.²²

Roadway fatalities resulting from polysubstance use are also of concern. In Colorado, the proportion of roadway fatalities that involved polysubstance use steadily increased from 2016 to

Figure 5. In Colorado the number of people admitted for the combination of heroin and methamphetamine has seen a dramatic increase.



Data source: Drug/Alcohol Coordinated Data System, Office of Behavioral Health, CDHS, 2014-2018

2018, while the rate of fatal crashes involving a single substance remained stable. Roadway fatalities involving both alcohol and marijuana constituted most roadway fatalities involving more than one substance.^{23,24} According to the Colorado Department of Public Health and Environment, "using alcohol and marijuana together increases impairment and the risk of motor vehicle crash more than using either substance alone." In 2018, the proportion of fatal crashes involving alcohol in combination with stimulants (primarily methamphetamine) reached the same rate as those involving alcohol and marijuana. Of the 45 fatal crashes that tested positive for methamphetamine in 2018, over half of them involved an additional substance.²⁵

Conclusion

Polysubstance use is broadly defined and associated with numerous acute and chronic health effects. The combination of binge drinking and daily or near daily marijuana use is of concern due to documented health effects. Additionally, treatment admissions for the combination of methamphetamine and heroin are increasing dramatically. Continued and improved data collection and monitoring of polysubstance use are essential for understanding these behaviors and informing public health and safety efforts.

For more information

including references, please visit our website - www.coloradoseow.org

Substance Abuse Trend and Response Task Force Committee Update

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based, early intervention practice designed to identify, reduce, and prevent risky use of alcohol and other substances. When combined with community level prevention strategies, SBIRT contributes to the prevention of disease, injury, death, and other negative consequences of alcohol and other substance use in individuals, families, and communities.

SBIRT Advisory Council Co-Chairs: Bethany Pace-Danley, Peer Assistance Services, Inc. & Kacy Crawford, Colorado Department of Public Health and Environment

SBIRT Adolescent Work Group Co-Chairs: Kelsey Robinson, Peer Assistance Services, Inc. & Christy Boland, Colorado Association for School-Based Health Care

SBIRT Training and Education Work Group Co-Chairs: Sam Bourdon, Peer Assistance Services, Inc. & Darlyn Baker, Contractor with ViewPoints Psychotherapy

The SBIRT Advisory Council has met quarterly since October 2019. The Advisory Council currently consists of 43 members. We continue to recruit new members to join the Council and its two work groups, focused on 1) adolescent SBIRT, and 2) training and education.

Adolescent SBIRT Work Group	SBIRT Training and Education Work Group
<p>Current project: White paper series</p> <ul style="list-style-type: none"> Finalized literature review & Paper 1 outline Drafting Paper 1 – exploration of current landscape of adolescent SBIRT and advocating for SBIRT implementation <p>Next steps:</p> <ul style="list-style-type: none"> State-wide provider survey informed by Paper 1 Paper 2 on survey results re: adolescent SBIRT in CO (rate of implementation, barriers/challenges, etc.) Potential to add “youth voice” to this project – through (Youth) Patient Advisory Group, podcast series, etc. Currently brainstorming how to incorporate youth <p>Upcoming Meeting: Monday, August 17th, 3-4PM via Zoom</p>	<p>Current project: SBIRT & Community Colleges</p> <ul style="list-style-type: none"> Developed a proposal outlining goals and rationale for SBIRT capacity building with the Colorado Community College System Proposal submitted to Chancellor Joe Garcia April 22nd Potential for working with individual campuses rather than the Colorado Community College System. Currently on hold due to COVID-19 <p>Work group members participated in a survey to determine focus areas for FY 20-21</p> <ul style="list-style-type: none"> Feedback will be utilized to plan next steps while community college project is on-hold Collaboration with Adolescent SBIRT Workgroup <p>Upcoming Meeting: TBD – Fall 2020</p>

SBIRT *in* Colorado Updates

Statewide Training and Technical Assistance:

- We continue to offer training and technical assistance remotely via Zoom
 - Currently initiating outreach for FY 20-21 training
- As practices continue to provide services via telehealth, we have prioritized technical assistance and resource creation around telehealth and SBIRT

SBIRT Advisory Council Member Updates & Related Projects

- The SBIRT Advisory Council met on Thursday, July 30th, 2020
 - Sarah Blackwell, CDPHE, and Rebecca Rees, CDC/CSTE, CDPHE – presented on Health eMoms preliminary data
 - Charles Smith, SAMHSA – provided a national update on COVID-19 and mental health/substance use
 - José Esquibel, Director of the Colorado Consortium for Prescription Drug Abuse Prevention – provided legislative updates
 - Kacy Crawford, CDPHE – shared recent study from Research Triangle Institute (RTI) on changes in drinking behavior during COVID-19
 - The next SBIRT Advisory Council meeting will be held in October

Colorado Consortium for Prescription Drug Abuse Prevention

Updates: July 2020

Legislative Update

All five opioid-related bills proposed by the Opioid and Other Substance Use Disorders Interim Study Committee ([HB20-1085](#), [HB20-1065](#), [HB20-1017](#), [SB20-007](#), [SB20-028](#)) passed the Legislature during the 2020 session. A great majority of the proposed funding was eliminated from the bills due to the state budget shortfall caused by the response to COVID-19. More details, including a summary of the bills can be read at:

<http://www.corxconsortium.org/legislature/>

Assistance to Local Coalitions by External Relations Strategists

The four [External Relations Strategists](#) of the Consortium continue to provide technical expertise in responding to the opioid crisis to leaders and stakeholders across the state, especially for those who are part of the 19 community or regional coalitions that are working to improve prevention, harm reeducation, treatment and recovery services.

Grant Writing Program

In fiscal year 2020, the Consortium manage funds to assist organizations in rural and frontier Colorado in seeking state, federal and foundation grant funds. As of June 30, 2020, 65 organizations asked for grant writing assistance 145 times, resulting in 86 grant applications submitted and successful grant awards totaling \$2,331,436.

The Consortium is able to continue this successful program thanks to a pool of grant writers and funding from the COVID19 CASRES Act through the Colorado General Assembly. The funds grant writing assistance funds are available through December 20, 2020. More information is found at: [Grant Writing Assistance](#).

Medication Assisted Treatment Expansion Program

The Consortium continues to work in collaboration with the University of Colorado College of Nursing on the implementation of the Medication Assisted Treatment (MAT) Expansion Program. The Year 2 of the project provides funding to seven health care organizations with 40 clinics in rural and frontier counties of the state to provide MAT and associated behavioral therapies for individuals with an opioid use disorder.

The Year 1 report on the MAT Expansion Project was submitted to the Colorado General Assembly in June and is available upon request.

Faith Leaders Response to Colorado's Addiction Crisis

Across the state faith community leaders are assisting individuals and families struggling with addiction and those who are in recovery of an opioid or other substance use disorder.

The Consortium is partnering with the Office of the Attorney General on co-convening a group of faith community leaders of various faith denominations to discuss ways faith communities leaders as they work to help support individuals in seeking treatment for substance use disorders and sustaining long-term recovery.

International Overdose Awareness Day Preparation

August 31 is International Overdose Awareness Day and efforts are underway to conduct activities in various communities across Colorado. In particular, Consortium staff and members of Consortium's Public Awareness Work Group are collaborating with others on events for the day. Already, a media push for the Bring Naloxone Home campaign is being made through digital advertising in Colorado.

Drug Overdose Deaths

Drug overdose deaths rose in Colorado in 2019 and preliminary data from local sources indicates that the trend is continuing in 2020. Colorado was highlighted as having a 30 percent increase in overdose deaths through March 2020 in a recent report in *The New York Times: The Upshot* ("[In the Shadow of the Pandemic: U.S. Drug Overdose Deaths Surge to Record](#)"). Fentanyl is a driving factor in the increase of overdose deaths in Colorado and across the nation,

COLORADO SEN TEERING COMMITTEE



FISCAL YEAR REPORT



SFY 2020

Prepared by





The Colorado Substance Exposed Newborns (SEN) Steering Committee envisions 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 SEN Steering Committee is tasked with identifying and implementing strategies for realizing that vision.

The SEN Steering Committee was established in 2008 and is a subcommittee of the Colorado Substance Abuse Trend and Response Task Force. The SEN Steering Committee exemplifies a collaborative approach to addressing community issues and continues to engage additional partners as appropriate to effectively address program targets. Beginning its second decade, the SEN Steering Committee embarked on a new chapter not only for their efforts but also for their structure. With a set of 2018-2020 priorities shaped by over 150 stakeholders from around the state in 2017, the SEN Steering Committee continued its efforts to convened, supported, and guided work groups to advance the six priority areas in 2018.

In State Fiscal Year 2020, the SEN Steering Committee, the Family Advisory Board (FAB), the Colorado Hospital SEN (CHoSEN) Collaborative, and the SEN Work Groups built on their past efforts to move towards impact for Colorado communities.

BUILDING IMPACT

A grayscale photograph of a mountain range, likely the Colorado Rockies, with a prominent peak in the foreground. The mountains are covered in dense evergreen forests. A solid purple horizontal bar is positioned at the bottom of the image, matching the design elements at the top of the page.

PROGRESS BY THE NUMBERS

10

Ten Coloradans with lived experience related to substance use during pregnancy have formed the SEN Family Advisory Board, which met four times in SFY2020.

50%

Nearly 50 percent of Colorado births occur in a hospital participating in the Colorado Hospital SEN Quality Improvement Collaborative (CHoSEN QIC).

3

The Data & Research Work Group support the Colorado Evaluation and Action Lab in beginning integration of maternal child data from 3 different administrative datasets for the Perinatal Substance Exposure Data Linkage Project.

46

The FASD Identification Work Group, with support from Illuminate staff, hosted two FASD Awareness Roadshow events with 46 participants.



140

The Plans of Safe Care Work Group continued their multi-phase dissemination of the finalized Plans of Safe Care Discharge Guidelines and Checklist at the Plans of Safe Care Kickoff event, which had 140 attendees.

50

The SEN Provider Education Work Group vetted an additional 50 resources to expand their online resource platform for perinatal health care professionals created with support from the Colorado Department of Public Health and Environment.

14+19

The SEN Policy Work Group monitored 14 state policy initiatives and 19 budget items related to substance use and families.

32

Thirty-two hospitals or organizations were represented at the most recent CHoSEN Forum in May of 2020.

SFY2020 IN REVIEW

SEN STEERING COMMITTEE

The Steering Committee convened four times in SFY2020 to guide the priority areas implementation of the SEN work groups, identify and pursue emerging opportunities, finalize an evaluation framework, and reaffirm their strategic priorities for 2020. As part of ongoing strategic planning, the Steering Committee revisited its vision and mission statements and developed a complementary equity statement to guide its work to improve the experiences of individuals, children, and families in Colorado. The Steering Committee has also developed a SEN Landscape Analysis of existing and emerging efforts around the state and begun implementation of its evaluation framework, as demonstrated by the accompanying data profiles of each work group.

FAMILY ADVISORY BOARD

The Family Advisory Board (FAB) began meeting quarterly in August 2019, and has had four full meetings. In July-December of 2019, the FAB drafted a purpose statement, informed the SEN Steering Committee's vision and mission statement revisions, reviewed the SEN Steering Committee's six priority areas, and brainstormed barriers to accessing services. In January-June 2020, the FAB participated in story-sharing training, provided feedback on communications materials developed by the "Tough as a Mother" campaign through the Office of Behavioral Health, and brainstormed with the SEN Provider Education Work Group on opportunities for centering family voice in perinatal Provider Education efforts. Additionally two FAB members attended the April Steering Committee as liaisons to share updates from the full FAB.

Due to COVID-19, the April meeting was conducted via Zoom and participants were provided stipends for their time and expertise. At all previous meetings, child care, stipends, and a shared meal were provided to FAB members at each meeting as a means to compensate for members for their expertise and as a way to remove barriers to attendance.

SFY2020 IN REVIEW



CHOSEN COLLABORATIVE

The CHoSEN Collaborative grew to 24 hospitals in the CHoSEN Quality Improvement Collaborative (CHoSEN QIC) across the Rocky Mountain region and 64 new members through the effort's education activities. In November, 73 members came together for a forum in Glenwood Springs to share insights, and in May, 68 members participated in an all-virtual forum to do the same. CHoSEN branding guidelines, website, and outreach materials were developed and finalized, and two video education series were developed and launched to give clinicians and families the tools they need to achieve positive outcomes. While COVID-19 has required healthcare professionals to change focus and introduced the need for more creativity to support practice change, progress has continued to be made this state fiscal year. Highlights from the CHoSEN Collaborative annual data summary and associated activities are below.

SITE VISITS

8/22/19 Poudre Valley Hospital
14 participants

10/8/19 Parkview Medical Center
19 participants

Please note: COVID-19 impacted site visit safety and feasibility.

PROVIDER EDUCATION

Summer 2019 ECHO Series
12 registrants

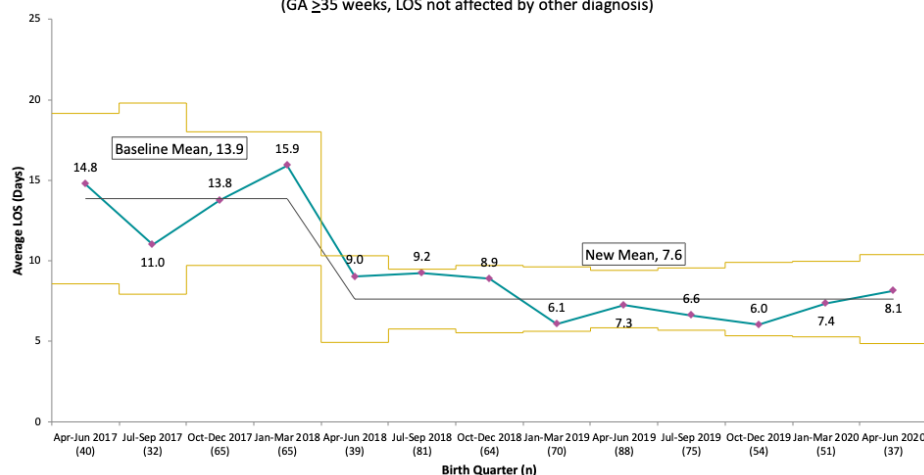
Fall 2019 ECHO Series
31 registrants

November 4, 2019: CHoSEN Forum
73 participants from 17 hospitals

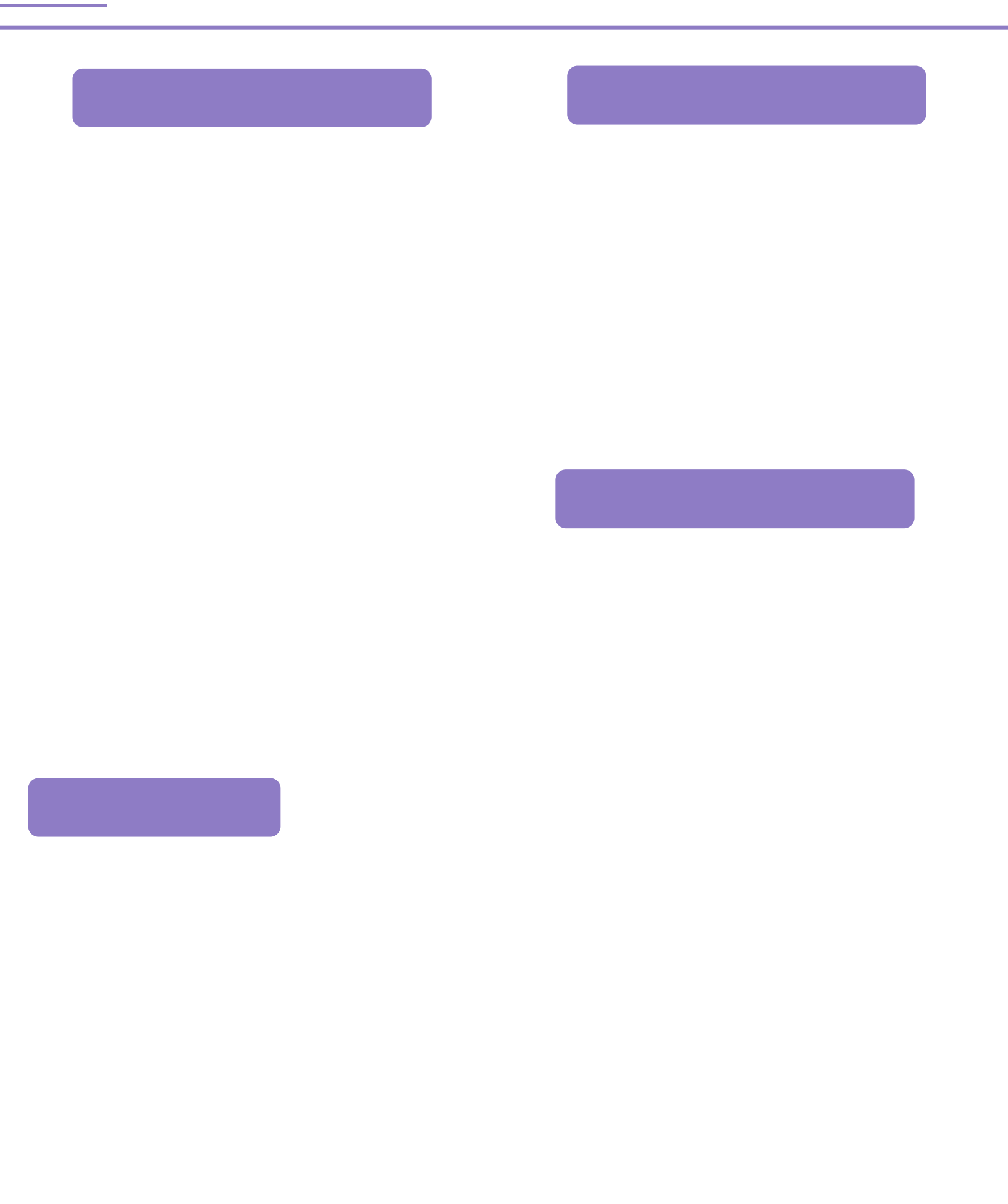
Spring 2020 ECHO Series
21 registrants

May 12, 2020: CHoSEN Forum
68 participants from 32 hospitals or organizations

CHoSEN QIC Cohort: Average Length-of-Stay for OEN, $n = 761$
(GA ≥ 35 weeks, LOS not affected by other diagnosis)

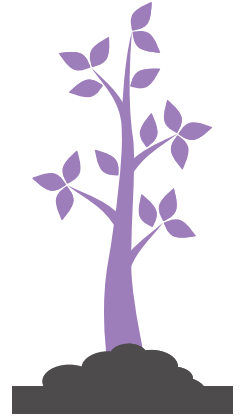






The SEN Steering Committee and its work groups have an ambitious SFY2021 ahead:

- The Steering Committee will be working to support alignment of the SEN Work Groups and new externally implemented projects while monitoring emerging opportunities. Additionally, the Steering Committee together with the FAB will be identifying 2021-2023 priorities.
- The Family Advisory Board will continue to meet quarterly, interface with the SEN Steering Committee, and collaborate with SEN Work Groups to co-create and implement priority areas.
- The CHoSEN Collaborative will be continuing to engage and recruit additional perinatal providers to participate with a particular focus on expanding support for outpatient maternal and pediatric providers as well as those practicing in rural and frontier communities.
- The Data & Research Work Group will develop trend analyses on health outcomes and child welfare involvement of birthing individuals and infants impacted by substance use during pregnancy, while concurrently launching the Colorado Perinatal Substance Use Qualitative Research Project.
- The FASD Identification Work Group will refine their FASD Report in response to the FASD Roadshow events, disseminate final FASD Report to stakeholders, and develop and implement specific strategies for at least one of the final recommendations included in the report.
- The Plans of Safe Work Group will strategize around best practice approaches for successful implementation by hospitals and child welfare staff across the state.
- The SEN Policy Work Group will monitor emerging needs and opportunities in light of COVID-19 surrounding research, advocacy, and implementation of initiatives impacting substance use and families.
- The SEN Provider Education Work Group will identify opportunities for adaption and creation of new resources and will collaborate with the SEN Family Advisory Board to inform future work.



OPPORTUNITIES FOR SFY2021
