

# Colorado Opioid Abatement Conference

**DAY 2**

**AUGUST 16, 2022**



*The statements and opinions by the speakers do not represent the statements and opinions of the Colorado Attorney General, the Colorado Department of Law or the Colorado Opioid Abatement Council.*

**Join the Discussion**  
**#OpioidResponseCO**

# Attorney General Phil Weiser Opening Remarks



Join the Discussion  
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# Colorado's Opioid Settlement Funds Framework

Settlement Distributions

<https://coag.gov/opioids/dashboard/>





...now the Opioid Settlement Funds will be distributed to the Colorado 19 Regions.

# Regional Funds

The majority of the Opioid Settlement Funds will be distributed to 19 Colorado regional relationships. Regional councils may opt to request less than 100% of their allocation.



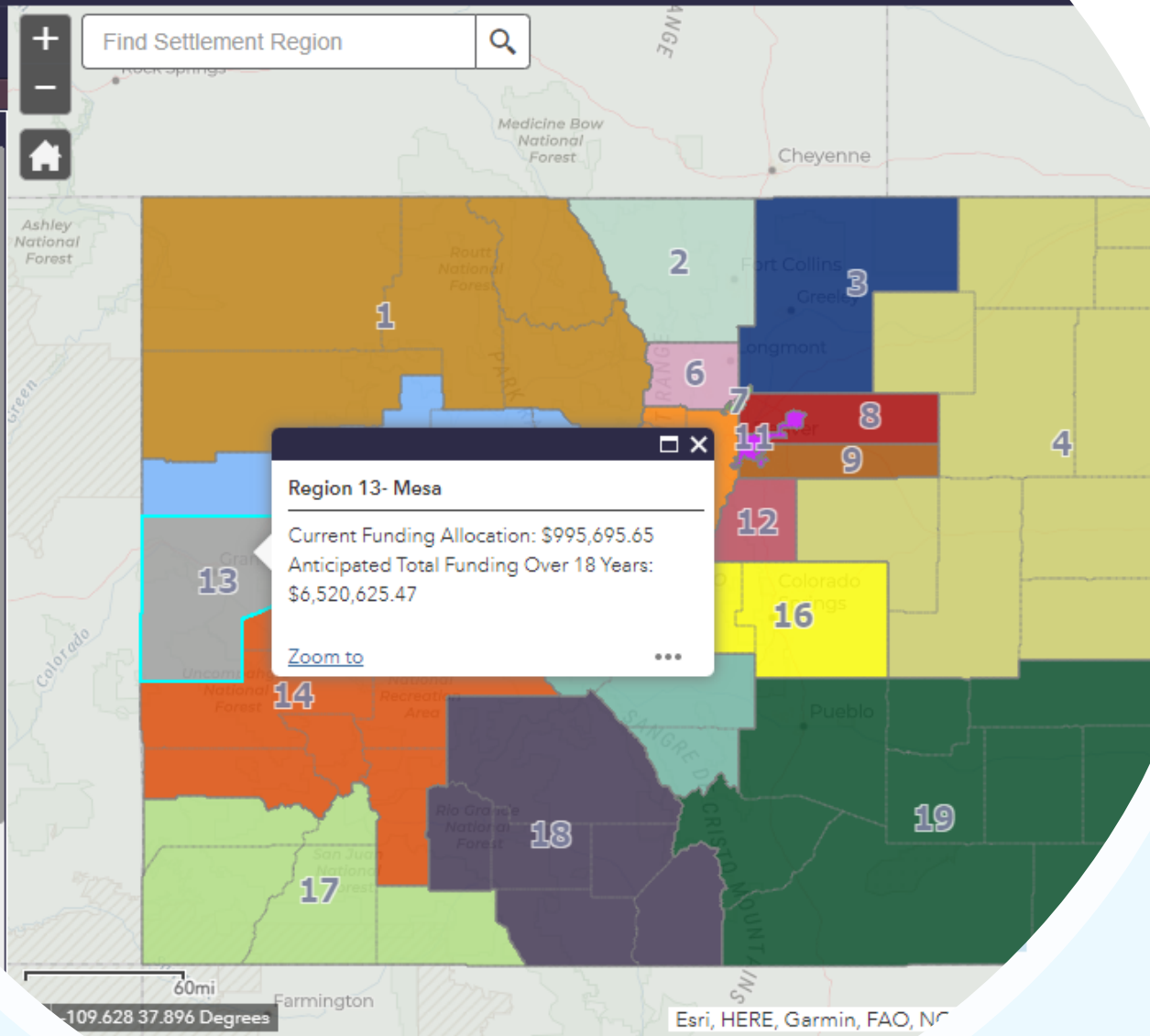
\$225,590,152.33

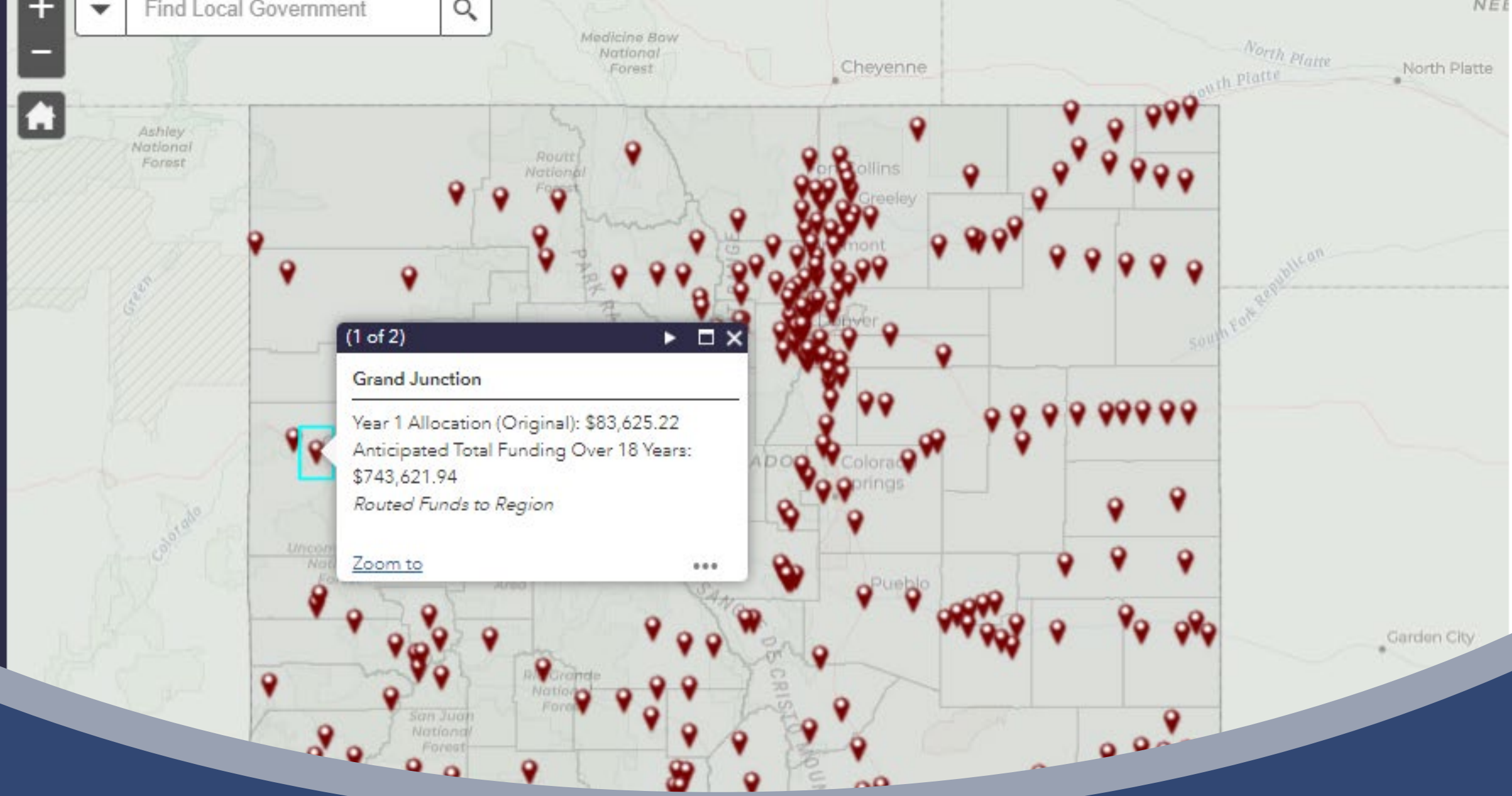
Total anticipated allocations over 18 years



## Region Distributions

with ArcGIS Web AppBuilder





(1 of 2) [Close] [Previous] [Next]

**Grand Junction**

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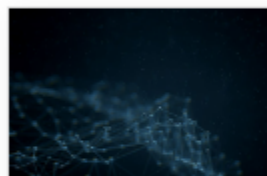
Year 1 Allocation (Original): \$83,625.22  
Anticipated Total Funding Over 18 Years: \$743,621.94  
*Routed Funds to Region*

[Zoom to](#) [More]

## State Share

The State Share, representing 10% of Opioid Settlement Funds, will primarily be used to fund programs with a state-wide impact. In addition, the State Share will support the work of the Opioid Response Unit and provide funding for the two federally recognized Colorado tribes. The Opioid Crisis Recovery Funds Advisory Committee was created by statute to advise the Attorney General on the expenditure of Opioid Settlement Funds that are held in the Attorney General's custodial fund.

To learn more about the Opioid Response Unit and efforts in combating the opioid crisis, please [click here](#).



**\$48,039,432.07**

Total anticipated allocations over 18 years



**\$10,278,886.58**

Total anticipated Year 1 allocations

## Infrastructure Share

The Infrastructure Fund, overseen by the Colorado Opioid Abatement Council (COAC), focuses on capital improvements and operational assistance for developing or improving the infrastructure necessary to abate the opioid crisis within the State of Colorado. The Infrastructure Fund is intended to supplement Opioid Settlement Funds requested by any party or region.

To learn more about the COAC, its members, and their efforts, please [click here](#).



**\$38,908,704.00**

Total anticipated allocations over 18 years



**\$5,129,116.64**

Total anticipated Year 1 allocations



## Resources

### The Abatement Council

Learn more about the Colorado Opioid Abatement Council members and their efforts.

[Learn More](#)

### The Advisory Committee

Learn more about the efforts of the Opioid Crisis Recovery Funds Advisory Committee.

[Learn More](#)

### Additional Resources

Visit the Opioid Response page to learn about the opioid crisis and for additional resources.

[Learn More](#)

### Let's Stay Connected

Get the latest news about ongoing efforts in combating the opioid crisis.

[Learn More](#)



# Colorado Opioid Settlement Dashboard

The Colorado Opioid Settlement Dashboard was created by the Department of Law on behalf of the Colorado Opioid Abatement Council (COAC). The Dashboard is designed to provide accurate and up to date information regarding the distribution of Opioid Settlement Funds. Data will be updated as expenditures are reported, annual funds are requested, and additional lawsuits are settled.



## Expenditure Data

All regional, and local governments, the State, and recipients of Infrastructure Funds are required to submit expenditure data showing how their Opioid Settlement Funds have been used for Approved Purposes. Expenditure data will be collected annually, and will be provided to the COAC one year after the first Opioid Settlement Funds distribution. Expenditure data will be shown on this Dashboard beginning in late 2023 to promote transparency and accountability for Opioid Settlement Funds, and to provide data on funding trends.



# Questions?



Email: [opioids@coag.gov](mailto:opioids@coag.gov)





# Incorporating a Rural/Frontier Focus



**Wendy Buxton-Andrade,  
Commissioner  
Prowers County**

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# Opioid Settlement: What You Need to Know



**John Feeney-Coyle**  
**Senior Assistant Attorney General**  
**Consumer Protection Office**  
**Colorado Attorney General's Office**



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# Opioid Litigation History



## Combating the Colorado opioid crisis:

Investing settlement dollars in communities for addiction treatment, recovery, prevention, and education.

\$385 million



 AmerisourceBergen  CardinalHealth  
 Johnson & Johnson  MCKESSON

\$50+ million



 **PURDUE** and Sacklers

\$60 million



 **teva**  Allergan  
an AbbVie company

\$18 million



  
**Mallinckrodt**

\$10 million



McKinsey  
& Company





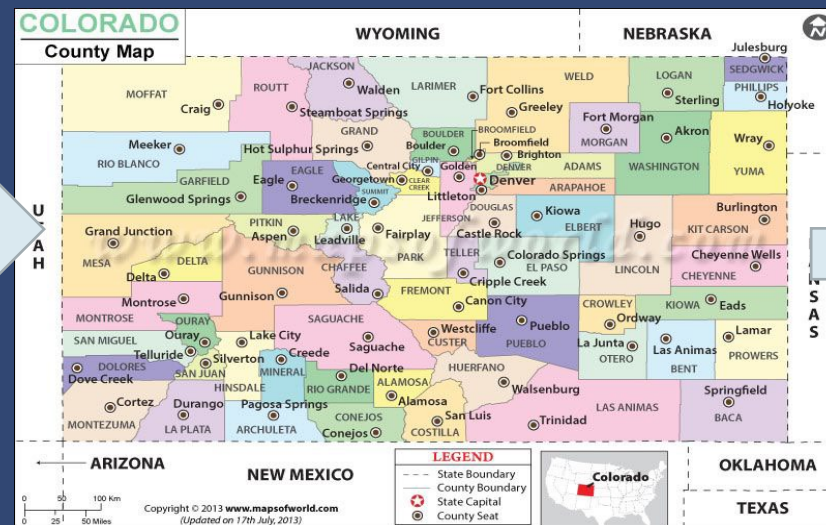
# Colorado Opioid Memorandum of Understanding



## Why did we need an MOU?

- Colorado maximized Opioid Settlement Funds
- Ensure proper expenditure of Opioid Settlement Funds
- Negotiations with County and Municipal Partners

## 64 Counties and 272 Municipalities



## Timeline: Payments & Distribution

2021 – McKinsey & Co

2022 – J&J/Distributors  
Mallinckrodt

Distributions  
4<sup>th</sup> Quarter 2022



# Colorado Opioid Settlement Funds

20%



**Direct to  
Participating Local Governments**  
  
\*Full Transparency

60%



**Regional Share**  
  
\*Full Transparency

10%



**Infrastructure Share**  
  
\*Full Transparency

10%



**Direct to State**  
  
\*Full Transparency

## 1

1

1



**Regional  
&  
Infrastructure  
Shares**

**Colorado Opioid  
Abatement Council  
(COAC)  
13 Members**

**6 Local Government  
Appointees**

- 2 Western Slope
- 2 I-25 Corridor
- 2 Eastern Plains

**6 Attorney General  
Appointees**

- 2 Licensed in SUD
- 3 with Experience  
In SUD
- 1 Affected Person

**Regional  
Share  
2-Year  
Plan**

**Regional Opioid  
Abatement Council  
(ROAC)  
Membership**

**Voting Members**

- County Rep
- Municipal Rep
- Public Health Rep
- Police, Sheriff, DA Rep
- Courts Rep

**Advisory Members**

- Treatment Providers
- Recover Providers
- Harm Reduction
- Affected Persons
- Other

**State  
Share**

**Opioid Crisis  
Recovery  
Funds Advisory  
Committee  
Membership**

**13 Governor Appointees**

- Licensed Physician
- Licensed Pharmacist
- Licensed Nurse
- Licensed Dentist
- Licensed Veterinarian
- Licensed Phy Therap
- Local Public Health
- Affected Person
- Affected Family
- Advocacy Org
- 16 State Organization  
Appointees

**Governance**



# Allowable Uses

**Treatment  
&  
Recovery**

**Prevention  
&  
Education**

**Criminal  
Justice –  
M.A.T.  
Diversion  
Co-Response**

**Harm  
Reduction-  
Preservation  
of Health &  
Dignity**

[See Allowable Uses at this link](#)

# Colorado MOU “Approved Uses” Exhibit A

<https://coag.gov/app/uploads/2021/10/1-Colorado-Opioid-MOU.pdf>

## **POTENTIAL OPIOID ABATEMENT APPROVED PURPOSES**

### **I. TREATMENT**

#### **A. TREATMENT OF OPIOID USE DISORDER AND ITS EFFECTS**

1. Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any co-occurring substance use or mental health issues.

# Next Step: Getting \$ Out the Door

**From:** [directingadministrator@nationalopioidofficialsettlement.com](mailto:directingadministrator@nationalopioidofficialsettlement.com)

**To:** [Authorized Official]

**Cc:** [Attorney, Case Manager]

**Subject:** National Opioid Settlements – Portal Registration for Authorized Official

**Importance:** High

[directingadministrator@nationalopioidofficialsettlement.com](mailto:directingadministrator@nationalopioidofficialsettlement.com)

*This is an official communication from the Directing Administrator of the National Opioid Settlements. The instructions included herein are intended for the addressee only. All other recipients have been copied for informational purposes only.*

**BrownGreer PLC**

[Name of Authorized Official]:

This email is from BrownGreer PLC, the Directing Administrator as defined in the Distributor Settlement Agreement dated as of July 21, 2021, as amended, between and among the Settling States, the Settling Distributors, and Participating Subdivisions (the “Distributor Settlement Agreement”) and the Janssen Settlement Agreement dated as of July 21, 2021, as amended, between and among the Settling States, Janssen, and Participating Subdivisions (the “Janssen Settlement Agreement”). All capitalized terms used in this email have the meanings ascribed to them in the Distributor Settlement Agreement and the Janssen Settlement Agreement (collectively, the “National Opioid Settlements”).

You have been identified as the authorized representative of [Name of Subdivision], a Participating Subdivision in [Name of State], with respect to the National Opioid Settlements (the “Authorized Official”). Please create an account for [Name of Subdivision] in the National Opioid Settlements Portal (the “Portal”). The Portal will be the primary means for all Settling States and Participating Subdivisions to submit information and documentation to the Directing Administrator in connection with the National Opioid Settlements. As the Authorized Official, you will be the Portal Administrator for [Name of Subdivision], which means you will have the ability to add additional authorized accounts after you create your own account. *If you believe you were incorrectly identified as the Authorized Official of [Name of Subdivision], please email your dedicated Case Manager identified below or call the Directing Administrator at (888) 441-2010 so that we can update our records.*

To create a Portal account for [Name of Subdivision], click the link below or copy and paste it into your internet browser:



# Questions?



Email: [opioids@coag.gov](mailto:opioids@coag.gov)  
Direct: 720-508-6098



# PREVENTION PANEL: “MOVING UPSTREAM”



**NATE RIGGS**

Executive Director  
Prevention Research Center  
Colorado State University



**KENT MACLENNAN**

Founding Executive Director  
Rise Above Colorado



**TAMI CLARK**

Prevention Collaborative and  
Policy Specialist  
Colorado Department of Public  
Health & Environment (CDPHE)

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# Rise Above Colorado

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Operating since 2009, Rise Above Colorado is a statewide non-profit organization **preventing drug misuse and addiction.**

**#IRiseAbove: Empowering youth to make healthy connections, decisions, and change.**



## Examples of our efforts include:

- **Positive social norming campaigns** via **#IRiseAbove** - effectively communicating with teens in a compelling, relatable, accurate way
- **Partnerships** with community-based youth-serving organizations to support effective prevention programming
- Interactive, engaging, standards- and science-based **resources/curriculum** - for adults who serve teens





## Examples of our efforts include:

- **Youth substance use survey** - conducted state-wide every other year
- 50 large-scale **community art** projects across Colorado
- State-wide and Denver-based **teen action councils** – driving youth civic engagement through the principles of Positive Youth Development



# ALLOWABLE USES DISCUSSED

Fund community anti-drug coalitions that engage in drug-abuse prevention efforts.

Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, or training of coalitions in evidence-informed implementation.

School and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

Corrective advertising/affirmative public education campaigns.

Engaging non-profits and faith community as a system to support prevention.

Create school-based contacts whom parents can engage to seek immediate treatment services for their child.

# Lift the Label: Colorado's Anti- Stigma Campaign



**Charlotte Whitney**  
**Deputy Communications Director (Interim)**  
**Behavioral Health Administration**

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**Join the Discussion**  
**#OpioidResponseCO**



A composite image featuring three diverse individuals (a Black man, a woman with tattoos, and a woman in a hijab) looking upwards against a background of vibrant, overlapping colors (blue, green, yellow, and red).

# Partnering with Lift The Label

Charlotte Whitney  
Deputy Communications Director



COLORADO  
Behavioral Health  
Administration

LIFT THE LABEL



# Remove Stigma Through Storytelling And Education

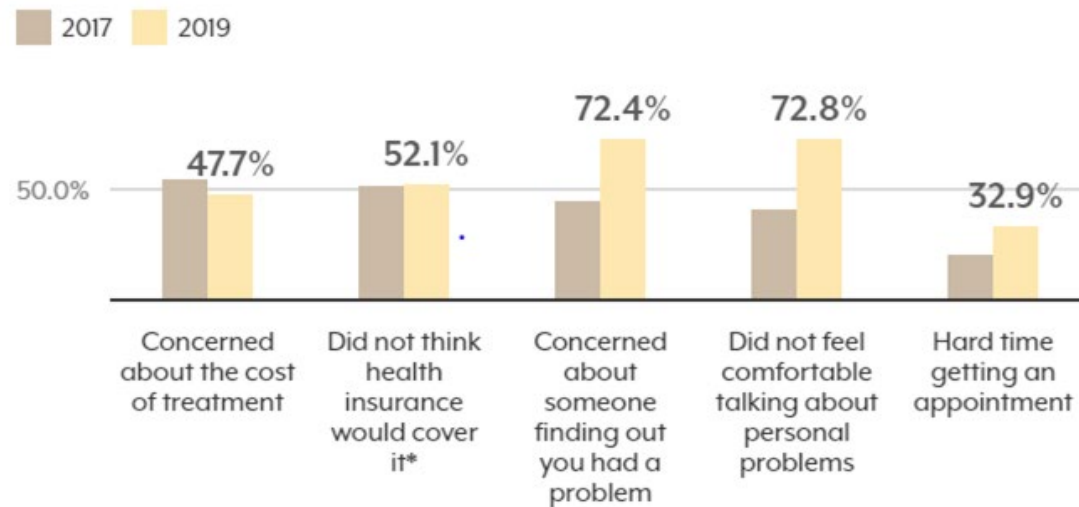
Lift The Label is a public awareness campaign that strives to remove damaging labels and stigma that prevent those with addiction from seeking effective treatment.



# Why We Focus On Stigma

## More Coloradans Cite Stigma as a Reason for Not Getting Care

Reasons for not receiving needed substance use services




\* Asked of currently insured

Chart: Colorado Health Institute • Source: [2019 Colorado Health Access Survey](#)

Stigma and fear of judgment keep people in Colorado from seeking the treatment they need.





Treatment for opioid use disorder needs

I didn't seek treatment because of:



"I had a good support system, but the stigma made me feel like I wanted to get off methadone."

- Laynee | In Recovery  
Colorado Springs, CO

Shedding light on:

# Shame

Shaming the use of medications for treating addiction can drive people away from recovery.

Swipe up to see how you can support a loved one.

LIFT THE LABEL 





# **RECOVERY CARDS PROJECT**

**BY LIFT THE LABEL**

# Remove Stigma Through Sharing Hope and Encouragement



Recovery Cards Project was created to spotlight the importance of recovery.

Working with artists in Colorado and nationwide, we designed these cards to celebrate recovery, the efforts of those working to achieve it, and the people who support and encourage them every day.

# Reaching Thousands of Coloradans



Over 70,000 cards sent out since September 2019 via:

- Online orders
- Tabletop kits
- Traveling display

# How can I work with Lift The Label?

Establish what you're wanting (and able) to gain out of a partnership:

- Bring Lift The Label to your community:
  - Determine your funding sources and budget to support the campaign
  - If you have a budget to support this effort, start a conversation with us about what you're looking for
- Promote Lift The Label resources to your community: **[LiftTheLabel.org/About](https://LiftTheLabel.org/About)**
  - Access the Lift The Label social media toolkit
  - Order free materials to distribute
  - Request a free Recovery Cards Project tabletop kit: **[bit.ly/RCP-Kits](https://bit.ly/RCP-Kits)**



# Why partnering with Lift The Label is worth it!

Lift The Label has brand awareness and has built brand equity for over four years.

- Informed and supported by the treatment and recovery community.
- Wealth of knowledge and learnings that produce results.
- We're statewide, so your community likely has seen Lift The Label and you can build on that awareness!

No need to start from scratch, you can use what we've already developed!

- Well-developed, strategy-driven and research-informed campaign work
- Developed and maintained by advertising and communications experts
- Access to LegitScript designation for more effective reach and messaging

# What's the cost of bringing Lift The Label to my community?

As always, cost depends on quantity desired, but there's absolutely options!

- Purchase bilingual Lift The Label print materials in bulk to distribute in your community! You can order any of the materials you see on the [LiftTheLabel.org/About](https://LiftTheLabel.org/About) page, starting at **~\$500**.
- Purchase Recovery Cards Project cards in bulk to distribute in your community, starting at **~\$3,000**.

Provided funding is available, Lift The Label can co-invest on your bulk purchase and/or cover the costs of the agency hours to coordinate and fulfill your order.

**Contact:**  
[charlotte.whitney@state.co.us](mailto:charlotte.whitney@state.co.us)

## ALLOWABLE USES DISCUSSED

Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Engaging non-profits and faith community as a system to support family members in their efforts to help the opioid user in the family.



# Regional Opioid Abatement Panel

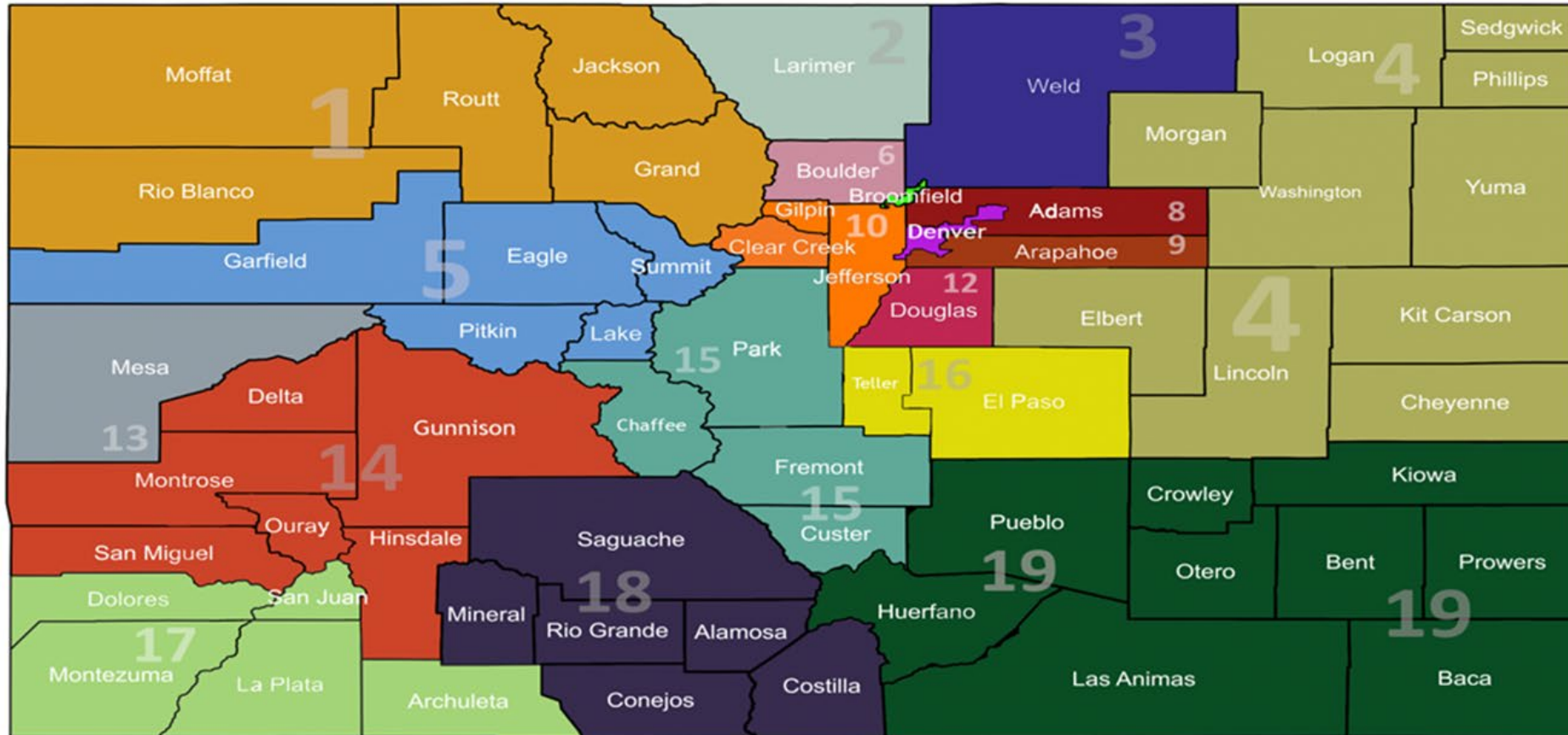


**Moderated by Attorney General Phil Weiser**

**Join the Discussion  
#OpioidResponseCO**

# Colorado Opioid Settlement Regions

Regions for the distribution of opioid settlement funds



Region 1	Region 5	Region 9	Region 13	Region 17
Region 2	Region 6	Region 10	Region 14	Region 18
Region 3	Region 7 (Broomfield)	Region 11 (Denver)	Region 15	Region 19
Region 4	Region 8	Region 12	Region 16	



# REGIONAL OPIOID ABATEMENT COUNCIL PANEL



**LORI LASKE**

County Commissioner  
Alamosa County  
Region 18



**LESLEY DAHLKEMPER**

County Commissioner  
Jefferson County  
Region 10



**BOB MCDONALD**

Executive Director  
Denver Department of Public  
Health & Environment  
(DDPHE)  
Region 11



**DR. RYAN JACKMAN**

Project Director – Mesa,  
Surrounding Counties  
Rural Communities Opioid  
Response Program (RCORP)  
  
Medical Director  
St. Mary's Integrated Addiction  
Medicine Clinic  
Region 13

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# Behavioral Health Administration (BHA): What's Coming Down the Pipeline



**Summer Gathercole, Deputy Commissioner  
Behavioral Health Administration**

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# What is coming down the pipeline

Funding Opportunities for the Behavioral Health System



**COLORADO**  
Behavioral Health  
Administration



# Continuum Gap Grant Program

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- \$25M to address gaps in the behavioral health continuum of care for local communities
- \$34M to address gaps in the behavioral health continuum of care specifically for children, youth, and families

Request for Applications to be released by 12/31/2022.





# Focusing on Children, Youth, and Families

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- \$5M to expand SUD residential beds for adolescents
- Intensive support to children, youth and families through June 2025 through existing Administrative Service Organizations (ASOs)

# Fentanyl Accountability & Prevention

- Funding to support existing Managed Service Organizations (MSOs) to conduct regional needs assessments related to fentanyl and other opioids
- Provides MSOs with \$10M in funding to improve and expand withdrawal management and crisis walk-in centers



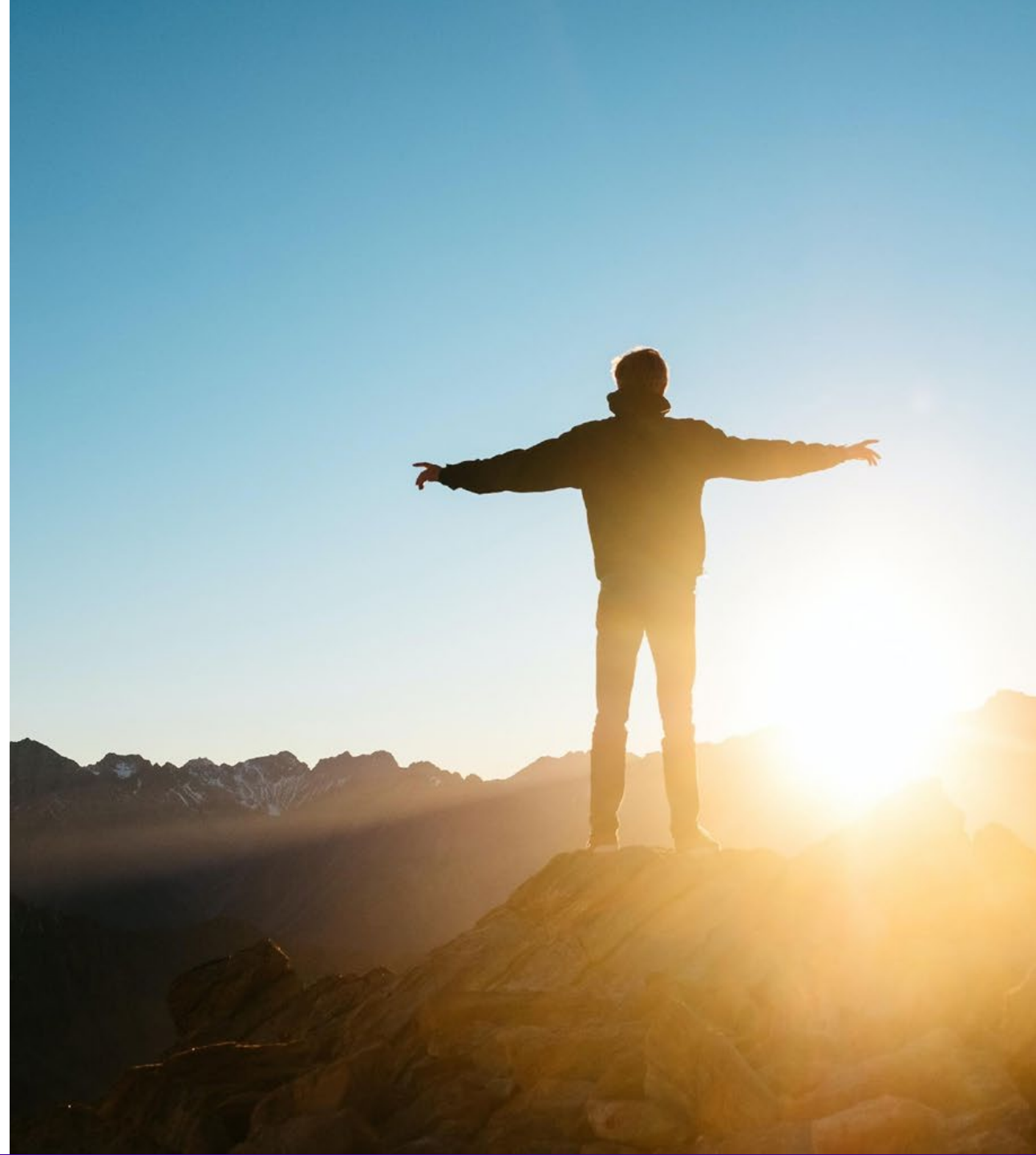


# Diversion Efforts

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- \$50M in grant funding to local communities to support, create, and expand diversion and deflection programs.

RFP will be released in fall 2022.



# Workforce is a priority

1 \$29M to support pay increases for frontline SUD workforce

3 Employer retention grants, applications available by 12/31/22

2 Career Pipeline grants, applications available by 12/31/2022

4 Scholarships for peer support credentialing and behavioral health aide certification, as well as internship stipends for emerging clinicians, through the Department of Higher Ed

# Thank You

Visit our webpage for details on upcoming opportunities regarding funding and stakeholder engagement.

[bha.colorado.gov](https://bha.colorado.gov)  
[@BHACONnect](https://twitter.com/BHACONnect)



**COLORADO**  
Behavioral Health  
Administration

# Law Enforcement & Diversion Panel



**Moderator: Attorney General, Phil Weiser**

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**Join the Discussion**  
**#OpioidResponseCO**



# LAW ENFORCEMENT AND DIVERSION PANEL



**JAIME FITZSIMONS**

Sheriff  
Summit County Sheriff's Office



**TERRENCE GORDON**

Police Chief  
Thornton Police Department



**CHRISTIAN CHAMPAGNE**

District Attorney  
6<sup>th</sup> Judicial District



**ALEXIS KING**

District Attorney  
1<sup>st</sup> Judicial District



**BRIAN MASON**

District Attorney  
17<sup>th</sup> Judicial District

# ALLOWABLE USES DISCUSSED

Expanded research for swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances.

Law enforcement expenditures relating to the opioid epidemic.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Support pre-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues, including using established strategies.

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment, including MAT, and related services.

Support for innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

# What is ODMAP?



ODMAP is a **FREE**, web-based tool that provides near **real-time surveillance** of suspected overdose events to **support public safety and public health** efforts to mobilize an **immediate response** to overdose events.



For more information about ODMAP, visit **[www.odmap.org](http://www.odmap.org)**. You can also reach out to Rocky Mountain HIDTA Drug Intelligence Officer Sarah Hoke at **[shoke@rmhidta.org](mailto:shoke@rmhidta.org)** to discuss how ODMAP can be beneficial to your community and stakeholders.

**ODMAP**  
**OVERDOSE DETECTION**  
**MAPPING APPLICATION PROGRAM**

# Leveraging Federal Funds & Resources



**Charlie Smith**  
**Substance Abuse and Mental Health**  
**Administration (SAMHSA)**

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# SAMHSA SUD/Opioid Initiatives

Charles H. Smith, PhD, MA

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

Colorado Opioid Abatement Summit



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# SAMHSA At-A-Glance

## Mission

Established in 1992 to **reduce the impact of substance abuse and mental illness on America's communities**

**Behavioral Health is Essential to Health**

**Prevention Works**

**Treatment is Effective**

**People Recover**

## Priorities & Principles

SAMHSA has identified **five core near-term priorities**, as well several cross-cutting principles

## Budget

FY 2022: **\$6.6B**

COVID-S: **\$4.25B**

American Rescue Plan Act: **\$3.56B**

FY 2023 budget request: **\$10.7B**

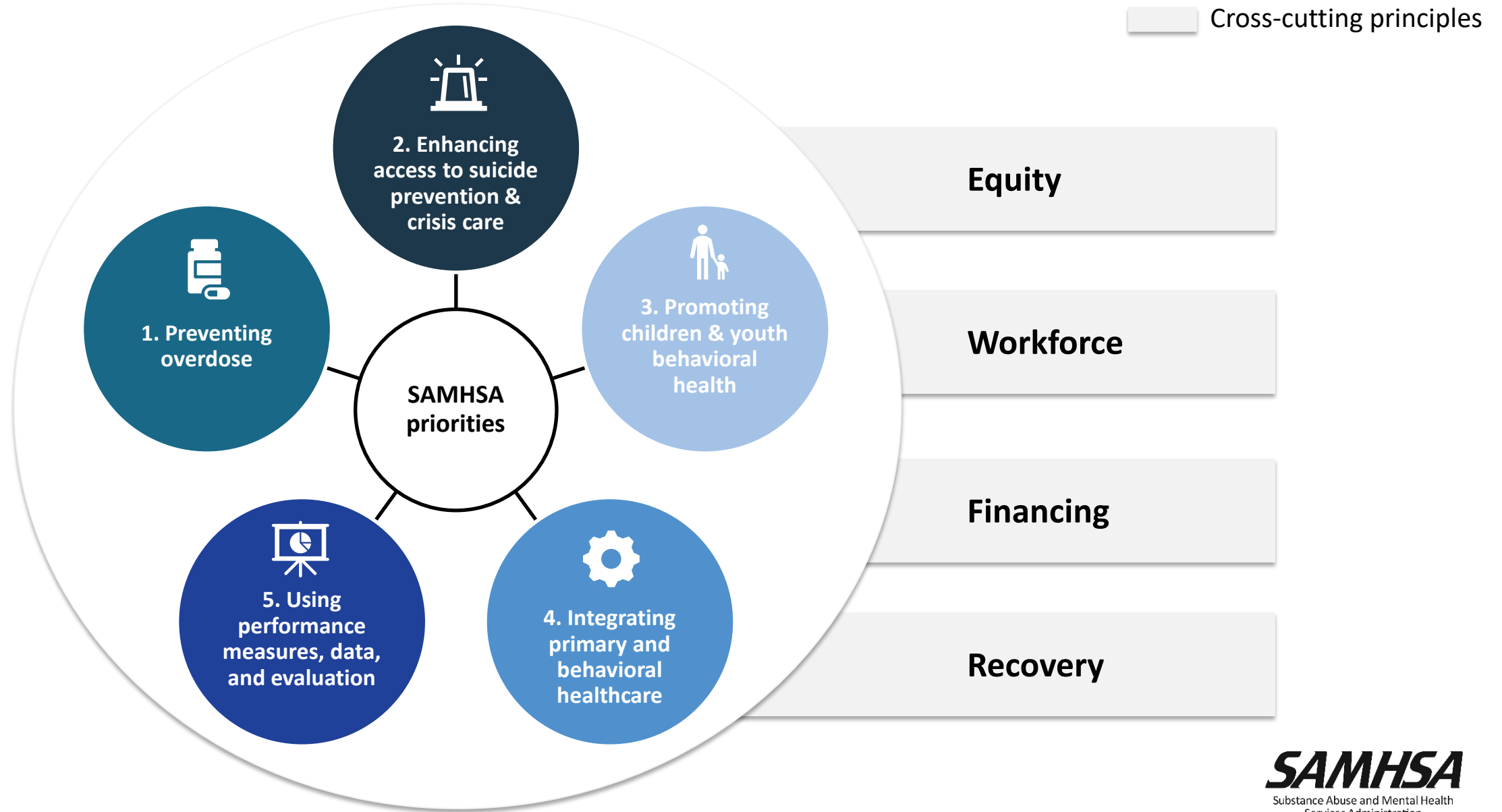
## Organization

- Office of Assistant Secretary
- Office of Management, Technology, and Operations
- Office of Financial Resources
- Center for Substance Abuse Prevention
- Center for Substance Abuse Treatment
- Center for Mental Health Services
- Center for BH Statistics and Quality

## Operations

- Leadership & Voice
- Funding
- Data/Surveillance
- Training & Practice Improvement
- Regulation and Standard Setting

# SAMHSA Priorities and Cross-Cutting Principles



# SAMHSA's Center for Substance Abuse Treatment (CSAT)

The mission of the Center for Substance Abuse Treatment is to promote community-based substance use disorder treatment, and recovery support services for individuals and families in every community. CSAT provides national leadership to improve access, reduce barriers, and promote high-quality, life-saving, and effective treatment and recovery support services.

- **Strategic Priorities**

- Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
- Advancing Prevention, Treatment, and Recovery Support Services for Substance Use

- **Program Areas**

- State Block Grants
- State Opioid Response
- Discretionary Grant Programs
- Regulatory Oversight for Opioid Treatment Programs and DATA waiver administration





# SAMHSA's Opioid Portfolio

## Grant Programs

- Substance Abuse Prevention and Treatment Block Grant
- State Opioid Response / Tribal Opioid Response
- Comprehensive Opioid Recovery Centers
- Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)
- Strategic Prevention Framework: Prescription Drugs
- Strategic Prevention Framework: Partnership for Success
- State Pilot Grant Program for Treatment for Pregnant and Postpartum Women
- 1st Responders-Comprehensive Addiction & Recovery
- Native Connections
- Certified Community Behavioral Health Centers
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## Publications/Resources

- Opioid Overdose Prevention Toolkit
- A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders
- Rx Pain Medications, Know the Options, Get the Facts: Treating Overdose with Naloxone
- Treatment Improvement Protocol (TIP #63): Medications for Opioid Use Disorder Toolkit

## Technical Assistance

- Opioid Response Network (ORN)
- Addiction Technology Transfer Center (ATTC)
- Prevention Technology Transfer Center (PTTC)
- Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT)
- Rural Opioid Technical Assistance Centers (ROTAs)
- National Center for Substance Abuse and Child Welfare

# SAMHSA FY22 Colorado Office of Behavioral Health (Morgan Medlock, MD)

## Formula Funding

Substance Abuse Prevention and Treatment Block Grant	\$47,035,181
Community Mental Health Services Block Grant	\$59,388,925
Projects for Assistance in Transition from Homelessness (PATH)	\$1,019,120
Protection & Advocacy for Individuals with Mental Illness (PAIMI)	\$451,860
State Opioid Response Grant	\$20,842,436
COVID-19 Emergency	\$2,859,649

Total Mental Health Funds	\$80,308,276
Total SUD Funds	\$100,526,106
Total Funds	\$180,834,382

## Discretionary Funding

### ■ Substance Use Prevention

- Sober Truth Drinking (Chaffee Cty, Eagle River Youth Coalition)
- CARA Local Funds (Grand Futures)
- Strategic Prevention Framework (DHH, Eagle River Youth, Mesa Cty, Tri-Cty)
- Rural Opioid Technical Assistance (CSU)

### ■ Substance Use Treatment

- Treatment Court (State Judicial, Southern Ute)
- GABHI (CCH, Volunteers of America, Boulder)
- Minority Aids Initiative (Mile High Council)
- TCE-HIV (Empowerment Center)
- BCOR (Springs Recovery, Peer Coach Academy)
- MAT-PDOA (Northern Health Alliance)
- Rural EMS-SUD (Ute Pass, Upper Pine River FD)

### ■ Mental Health

- Zero Suicide (CDPHE)
- GLS College Suicide Prevention (DU, Aurora Community College)
- ReCAST (Denver Dept of Environmental Health)
- Infant/Early Childhood MH (MHCD)
- NCTSN (UCD, Aurora CMHC)
- Consumer Network (CMHN)
- Mental Health Awareness Training (Denver Environ Dept, Midwest MHC)
- Project AWARE (CDE)
- CCBHC (Boulder CMHC, Aurora MHC, SE CMHC, North Range BHC)
- Healthy Transitions (CDHS-OBH)
- Assisted Outpatient Treatment (MHCD)
- Assertive Comm Txt (CCH)

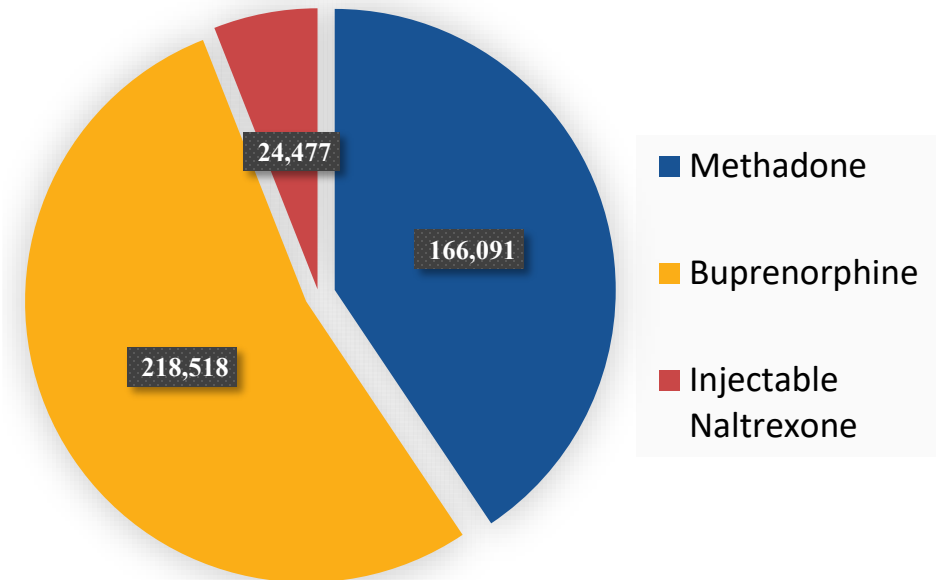
### ■ Tribal Behavioral Health

- Native Connections (Southern Ute, Ute Mtn, DIFRC)
- Youth and Family Tree (Standing Rock)

# State Opioid Response Grants

- ✓ 971,372 - clients received treatment services
- ✓ 692,069 - clients received recovery support services
- ✓ 307,956 - overdose reversals
- As of 04/08/2022, 4,265,396 naloxone kits have been distributed.
- The SOR/TOR - Program Instrument revised to collect comprehensive data on the full range of required education and prevention activities that will inform congressionally-mandated reports on the SOR program.

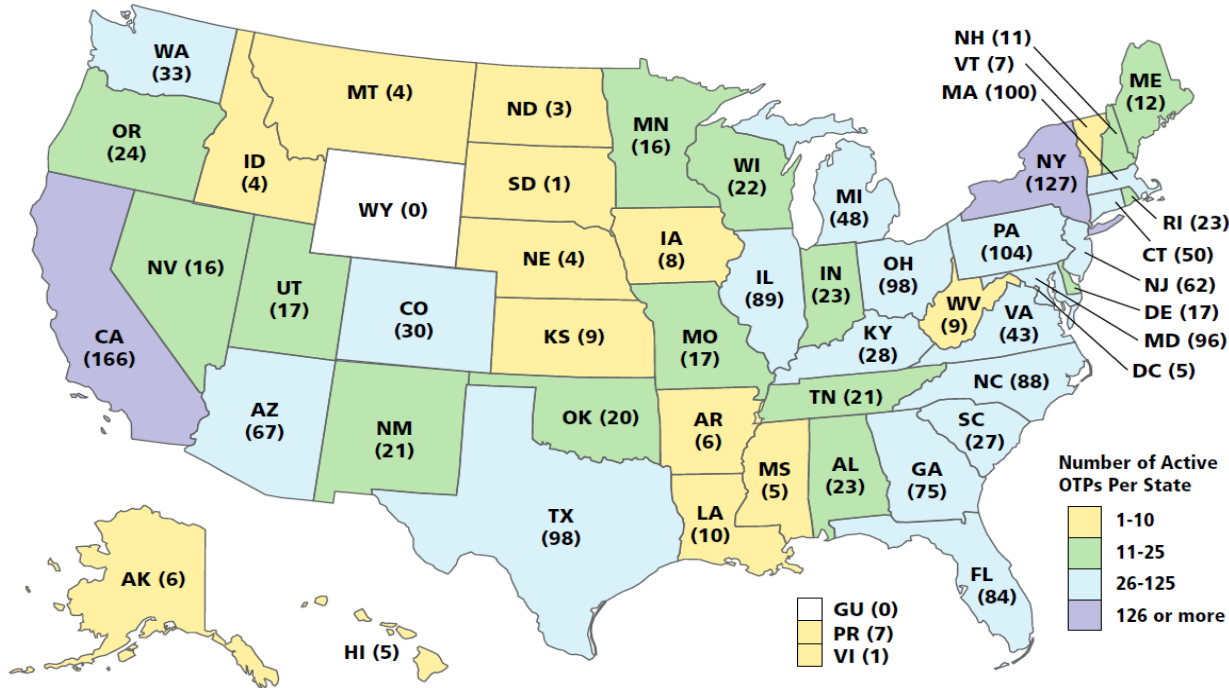
Number of Clients who Received MOUD by Medication Type



*\*Based on the grantees' Performance Progress Reports (PPR) from Sept. 30, 2018 to Sept. 29, 2021*

# CSAT - Division of Pharmacologic Therapies (DPT)

**SAMHSA Certified Opioid Treatment Programs**  
(1,890 as of January 20, 2022)



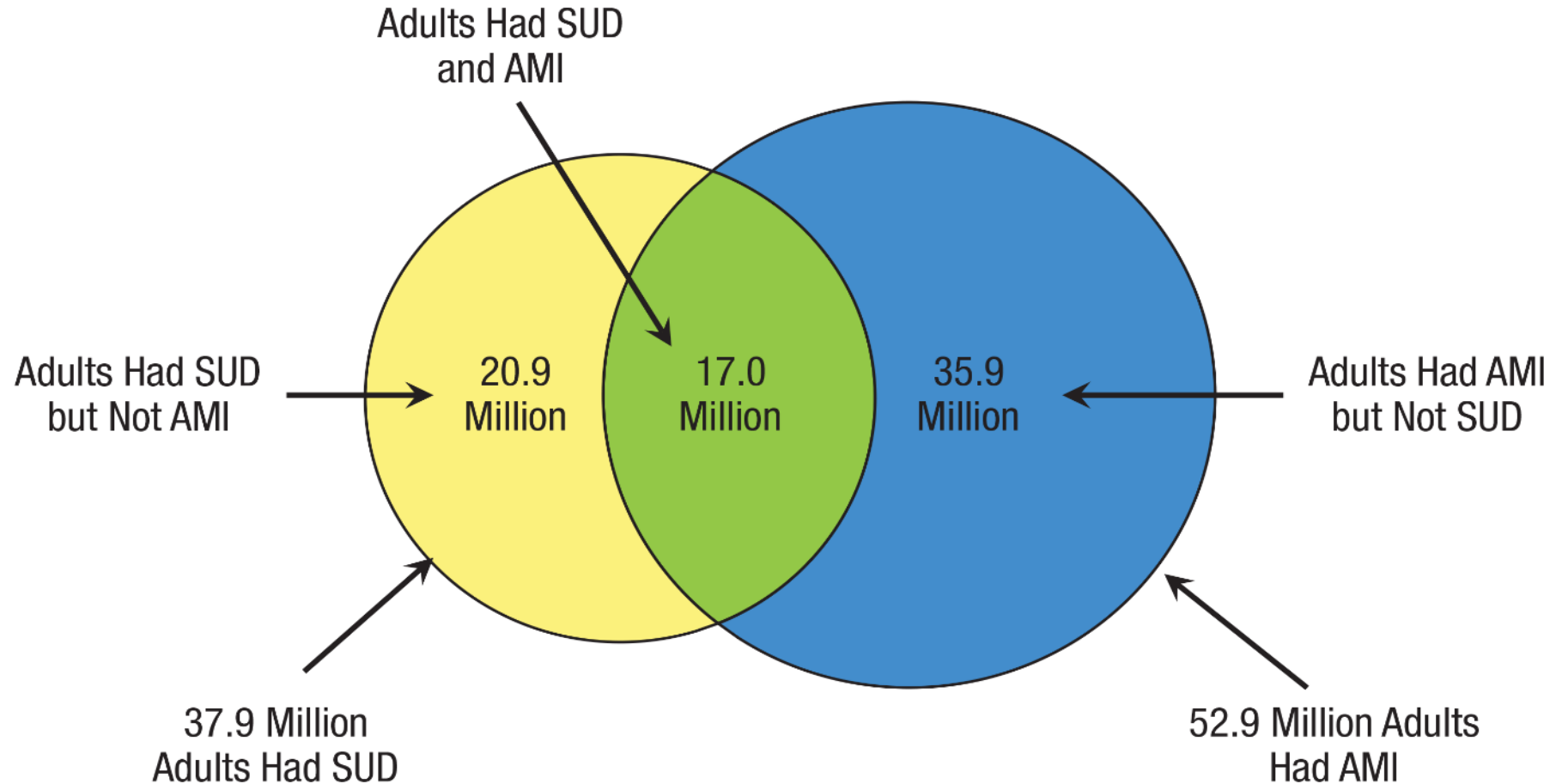
Source: SAMHSA, CSAT, OTP Database. January 2022

## Key DPT Activities:

- Regulate Opioid Treatment Programs (OTPs): Currently more than 1,890 opioid treatment programs (OTPs) that collectively treat more than 600,000 patients each year.
  - OTP Certification and Technical Support (implementation of Federal Regulations)
  - Support and Assistance for the State Opioid Treatment Authorities
  - Accreditation Bodies Oversight and Monitoring
- DATA 2000 (Provider-based)
  - DATA 2000 Waiver Review and Certification
  - Practitioner Support and Technical Assistance
- Grants Programs
  - Comprehensive Opioid Recovery Centers
  - Provider Clinical Support Services - Universities (student engagement, training and recruitment)



# Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older (NSDUH, 2021)



73.8 Million Adults Had Either SUD or AMI

# Treatment Best Practices



**Moderator: Dr. Don Stader**  
**Swedish Medical Center**

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# TREATMENT BEST PRACTICES PANEL



**DR. JOSH BLUM**

Director of Outpatient  
Substance Use Disorder  
Treatment  
Denver Health and Hospital  
Authority  
  
Past President Colorado  
American Society for Addiction  
Medicine



**DR. RYAN JACKMAN**

Medical Director  
St. Mary's Integrated Addiction  
Medicine Clinic  
  
Project Director  
Rural Communities Opioid  
Response Program (RCORP) for  
Mesa, Surrounding Counties

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# Treatment Best Practices

Why and How to Focus our Efforts in Addressing the  
Opioid and Substance Use Crises in Colorado

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# Addressing the Need

- The prevalence of substance use disorders in the general population is 8% to 10% (6% to 7% for women, 9% to 11% for men)
- A public health-oriented approach to effective, practical, and sustainable policies and practices demonstrate the evidence based options to be:
  - **Prevent** substance “use” before it starts
  - Identify and intervene early in cases of substance “misuse” and **reduce harm** in continued use, particularly among **special populations**
  - Effectively **treat** substance use disorders
  - Support and maintain long-term **recovery**

# Evidence for Medication for Opioid Use Disorder (MOUD)

Kakko et al 2003; Soeffing et al. 2009

## Range of treatment goals

Minimization  
of harms from  
ongoing use

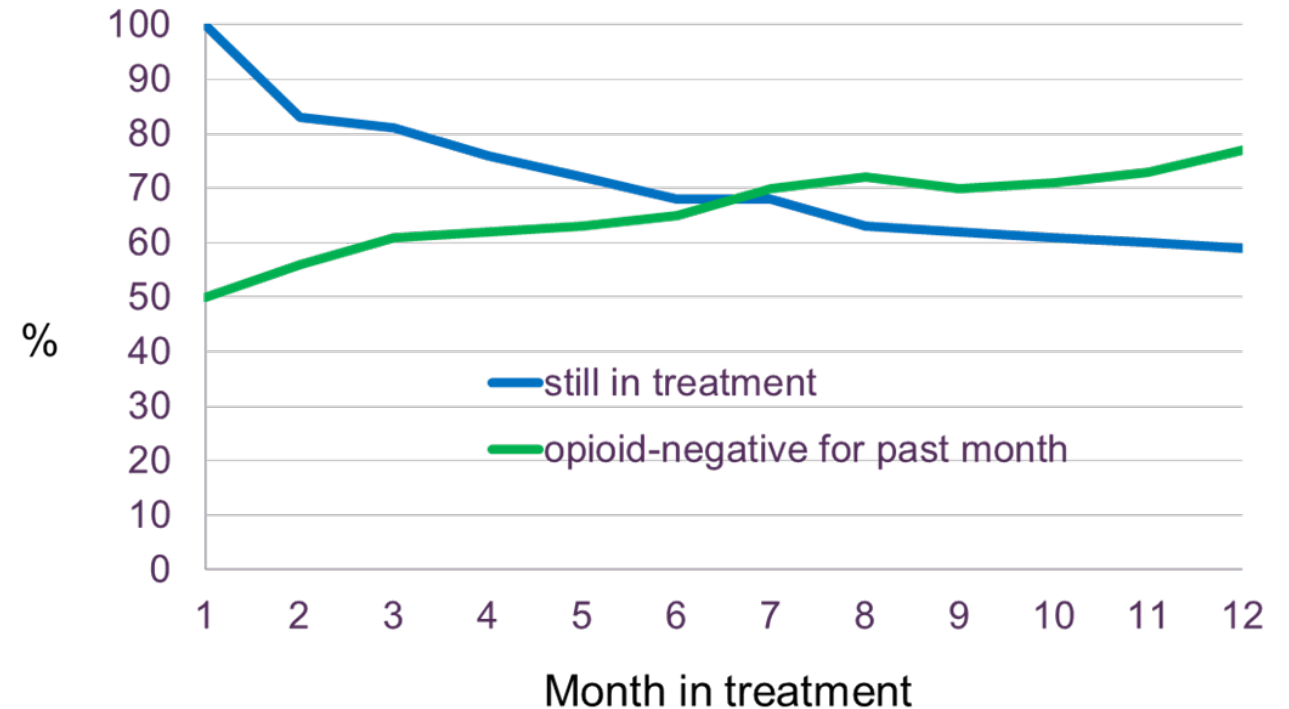


Sustained recovery  
with abstinence  
from all substances

### FDA approved MOUD

- Buprenorphine
- Methadone
- Naltrexone
- Naloxone\*

## MOUD increases rates of retention while decreasing rates of use



# Evidence for Medication for Opioid Use Disorder (MOUD)

Dupouy et al. 2017; Evans et al. 2015; Sordo et al. 2017; Santo et al. 2021

## Range of treatment goals

Minimization  
of harms from  
ongoing use



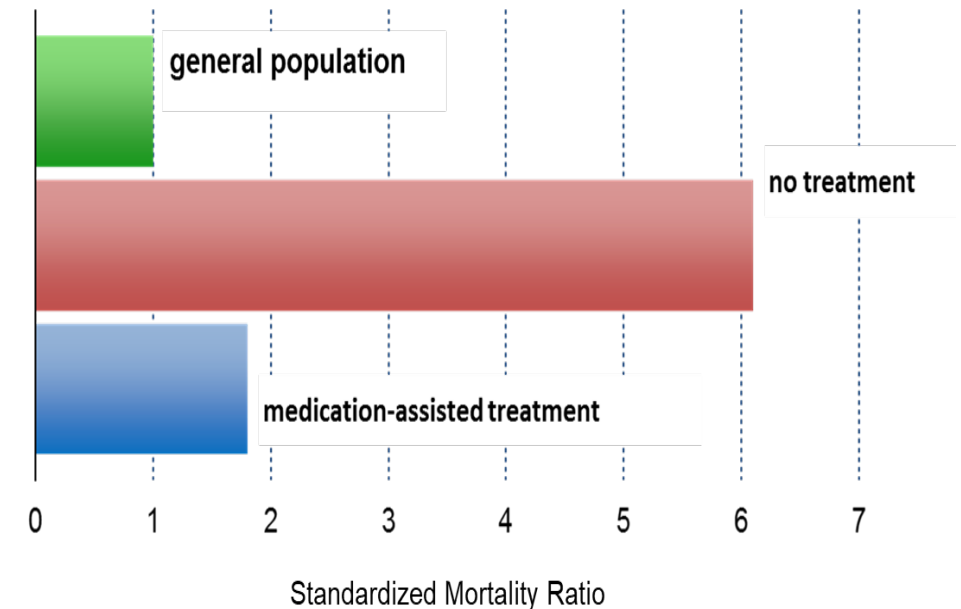
Sustained recovery  
with abstinence  
from all substances

### FDA approved MOUD

- Buprenorphine
- Methadone
- Naltrexone
- Naloxone\*

## MOUD decreases rates of mortality

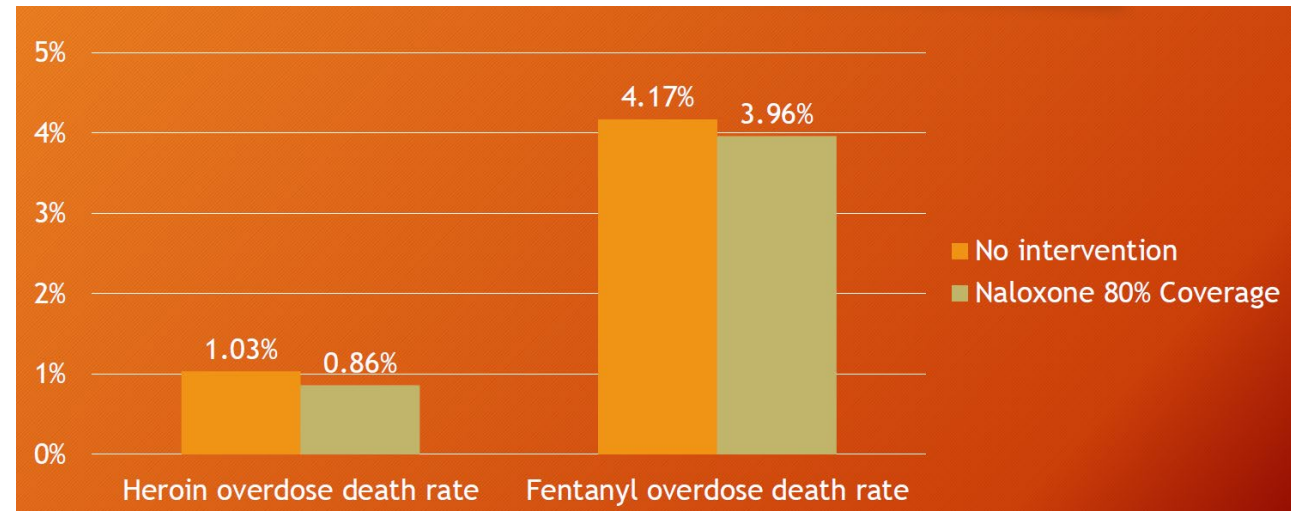
### Death rates:



# Harm Reduction is cost effective

- Syringe access
  - \$4,000-\$12,000 to prevent one HIV infection
  - Lifetime HIV medication cost: \$405,000-\$648,000
  - NYC syringe access program: **Cost savings of \$1300-\$3000** per client
  - **ROI of \$7.58 for every \$1 spent**
- Naloxone
  - Increased cost, but increased QALYs
  - \$438 Incremental cost-effectiveness ratio

Belani HK et al. 2008; Nguyen TQ et al. 2014; Coffin P et al. 2013





# Fentanyl - Has Made the Need to build treatment infrastructure more urgent!

## One million fentanyl-laced pills seized near LA in largest California bust of its kind, DEA says

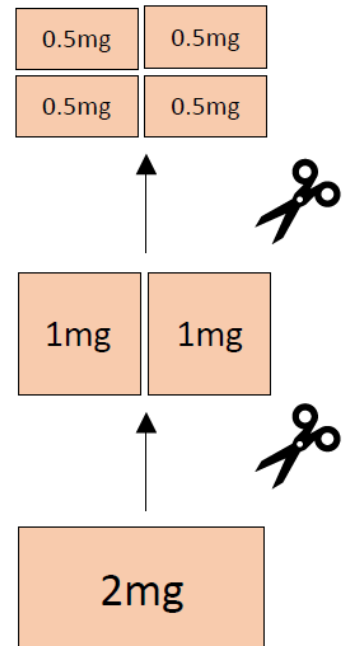


**Mike Snider**  
USA TODAY

Published 1:30 p.m. ET July 15, 2022 | Updated 1:55 p.m. ET July 15, 2022



- >2x higher likelihood of OD than heroin (10x compared with Rx opioids)
  - Rapid onset
  - Half found pulseless
- More difficult to induct onto buprenorphine
  - >5x risk of precipitated withdrawal with buprenorphine treatment
- Requires novel approaches
  - Microdosing
  - Macro dosing



# Panel Discussion



**Dr. Josh Blum & Dr. Ryan Jackman**

# Summary - What does good treatment look like?

1. Evidence based
2. Low Barrier
  - a. Multiple access points, especially non-traditional settings
  - b. Accounts for the continuum of options, including harm reduction
  - c. Avoid complex intake processes and unrealistic expectations
3. Continuity/Coordination of care
  - a. Community and Treatment efforts are connected
4. Community Specific
  - a. Utilizes existing resources, access points, and champions, including recovery/peers
  - b. Resources fit the need (Rural vs Urban)
  - c. Leverages local recovery network and peers
5. Without Stigma

## Next Steps:

1. Community needs assessment
  - a. Name the gaps in care and access
  - b. Identify barriers that can be removed
  - c. Recognize where care is already being provided and discuss how evidence based practices can improve it
2. Develop hierarchy of needs to enable your communities to better address addiction
3. Coordinating Community Efforts
  - a. Bring treatment providers, persons in recovery, and families affected by substance use to the table in your governance committees
  - b. Ask how they can work together to address topics identified in #1



# ALLOWABLE USES DISCUSSED

Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer, if necessary) a patient for OUD treatment.

Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD.

Training for health care providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists, including but not limited to training relating to MAT and harm reduction.

Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any co-occurring substance use or mental health issues.

Expand telehealth to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for OUD.

Regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.

# Recovery Panel: “Nothing About Us, Without Us”



**Moderator: Rourke Weaver**

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# RECOVERY PANEL: “NOTHING ABOUT US, WITHOUT US”



**RACQUEL GARCIA**

Director

HardBeauty Foundation

Certified Addiction Counselor,  
Interventionist, Recovery  
Coach, expert trainer,  
entrepreneur



**STEVE STRONG**

Program Director

The Other Side Academy



**KYLE ROGERS**

Peer Recovery Navigator

Re-Entry Program

Homeward Alliance, Fort  
Collins



**MILA LONG**

Certified Addiction Counselor  
and Addiction Specialist  
(CAS/CACIII), CRAFT facilitator,  
Acupuncture-Detox specialist

Denver Recovery Group, Reach  
for Change, Youth in Recovery,  
Recovery Quest Counseling

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# What is Recovery?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

## Recovery in the Substance Use Disorder Continuum of Care



The traditional model of substance use care is a four-part linear diagram, starting with prevention, moving to intervention, then treatment, and finally recovery. A recovery-oriented system of care must be pictured differently. It's a circle, not a continuum, with recovery at the center and recovery services integrated into every component of the care continuum.





# Four Dimensions of Recovery

- Health
- Home
- Purpose
- Community

## Building Block 1: The Whole-Person Health Approach to Recovery



People go through their recovery journeys in clinical settings, at work and school, in their communities, and at home. Taking a whole-person approach to recovery means arranging recovery supports in each of these places.

SAMHSA has provided a framework for understanding recovery supports that props up this whole-person approach. It's known as the *four dimensions of recovery*.



# ALLOWABLE USES DISCUSSED

The full continuum of care of recovery services for OUD and any co-occurring substance use or mental health issues, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.

Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

Scholarships for certified addiction counselors.

# Closing Remarks



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