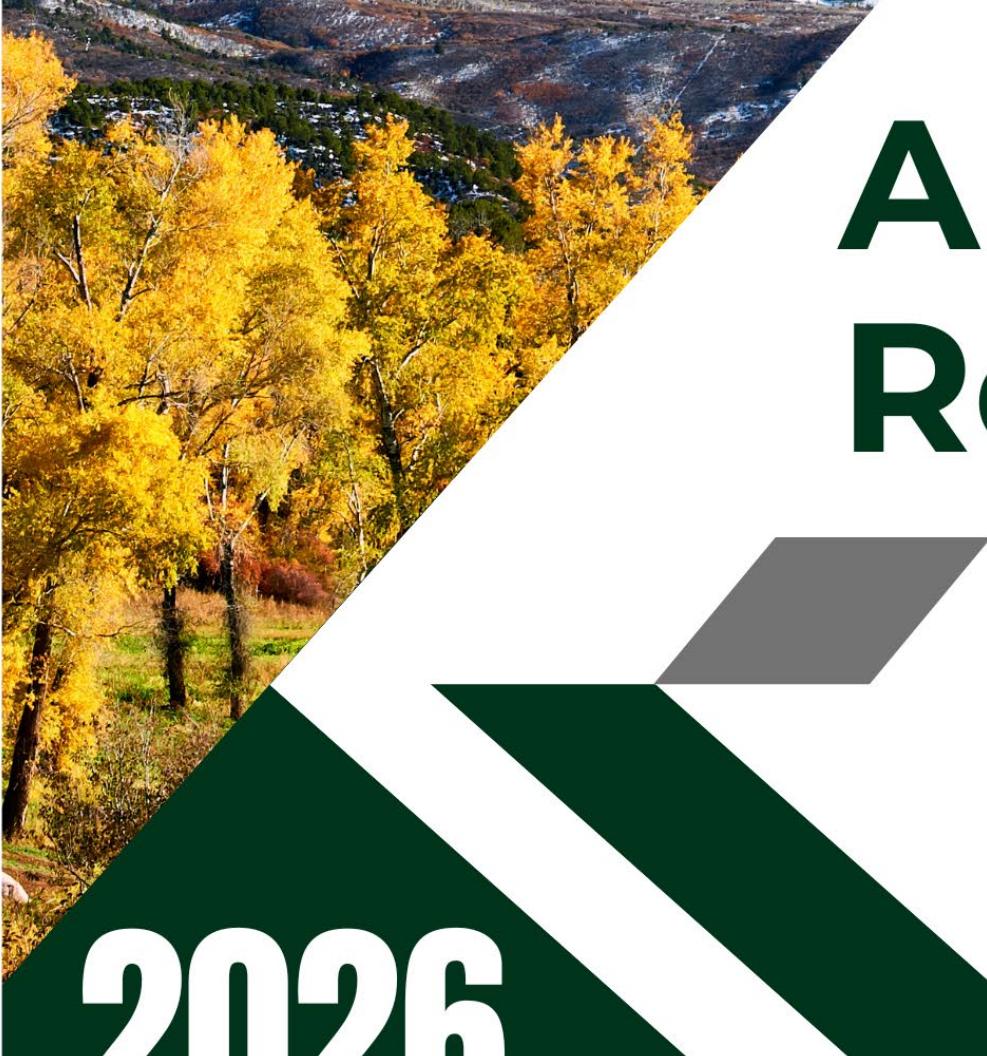




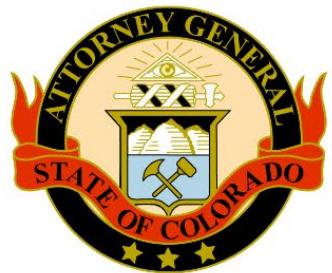
# Substance Abuse Trend & Response Task Force

State of Colorado



# Annual Report

2026



This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

**Phil Weiser**, Chair  
Colorado Attorney General

**Dr. Lesley Brooks**, Vice-Chair, Substance Abuse Treatment; Chief of Addiction Medicine, SummitStone Health Partners; Assistant Medical Director, North Colorado Health Alliance

**Sheriff Jaime FitzSimons**, Vice-Chair, Criminal Justice System; Sheriff, Summit County Sheriff's Office, Summit County

**Vanessa Devereaux**, Vice-Chair, Substance Abuse Prevention; Director, Division of Community Engagement, Colorado Department of Law



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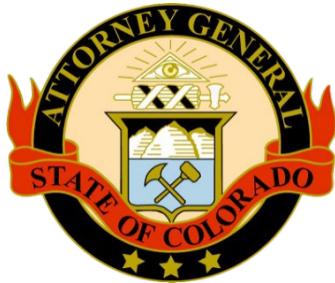
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**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy



**RALPH L. CARR**  
COLORADO JUDICIAL CENTER

1300 Broadway, 10th Floor  
Denver, Colorado 80203  
Phone (720) 508-6000

**Division of Community  
Engagement**

## **STATE OF COLORADO DEPARTMENT OF LAW**

Dear Partners in Substance Use Prevention:

As we close this year, I am deeply grateful to the dedicated and knowledgeable members who serve on the Substance Abuse Trend and Response Task Force (Task Force). Your commitment, expertise, and collaboration are essential as we confront increasing mental health and substance use disorder challenges in our communities. I value your partnership and look forward to continuing our critical work together in the year ahead.

Since taking office as Colorado's Attorney General, I have made combating the opioid and other substance use crisis one of my highest priorities and have worked to hold those responsible for this crisis accountable. I am proud of what our team, alongside many of you, has accomplished over the last five years—but we know there is still more work to do.

This year, I joined our fourth annual Colorado Opioid Abatement Conference in Loveland, Colorado, with over 500 attendees. Leaders—including elected officials, peer counselors, service providers, public health professionals, law enforcement officers, and others—came together to share lessons learned and strengthen partnerships. The conference advanced our goal of building a statewide community of leaders who exchange ideas and support one another in saving lives through stronger prevention strategies, expanded treatment options, and better support for people in recovery. At the conference, we honored correctional partners for expanding access to treatment and peer support in carceral settings and business leaders advancing recovery efforts across the state. It is with great pride that I also note the Colorado Department of Law received its certification as a Recovery Friendly Workplace at the conference and is committed to advancing recovery, reducing stigma, and supporting an inclusive and supportive workplace.

This year, for the first time in over a decade, Colorado has seen a decline of approximately 14% in opioid overdose deaths, including from fentanyl. To continue these efforts in reducing the opioid overdose deaths in our state, the Colorado Department of Law invested \$3 million in the Naloxone Bulk Purchase Fund, helping to ensure that Coloradans continue to receive lifesaving naloxone.

To date, our office is on track to receive over \$880 million in opioid settlement funds for Colorado. This past year, the Colorado Opioid Abatement Council released over \$77.6 million to the 19 Regional Opioid Abatement Councils and awarded over \$9.4 million in infrastructure share to projects across the state. These investments are helping communities build sustainable services that will save lives now and for years to come.

In closing, thank you to our committee members, vice chairs, and members of the public for your ongoing and essential work, reflected throughout this report. I am truly grateful for your dedication and honored to stand with you in this effort.

Sincerely,

A handwritten signature in blue ink that reads "Philip J. Weiser".

**Philip J. Weiser**  
*Attorney General, State of Colorado*

# I. Task Force Background

## Overview of the Substance Abuse Trend and Response Task Force

In 2013, the Colorado General Assembly reauthorized the Colorado State Methamphetamine Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244), with representatives of state government, local governments, and the private sectors, including but not limited to legislators, child and family service providers, public health officials, experts in the field of substance abuse treatment, child welfare workers, law enforcement officers, judges, and prosecutors.

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

As set forth in C.R.S. § 18-18.5-103(4), the core purpose of the Task Force and partners is to:

- a. Assist local communities in implementing the most effective models and practices for substance abuse prevention, intervention, and treatment and in developing the responses by the criminal justice system;
- b. Review model programs that have shown the best results in Colorado and across the United States and provide information on the programs to local communities and local drug task forces;
- c. Assist and augment local drug task forces without supplanting them;
- d. Investigate collaborative models on protecting children and other victims of substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
- e. Measure and evaluate the progress of the state and local jurisdictions in preventing substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and in prosecuting persons engaging in these acts;
- f. Evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and strategies for addressing those problems;

- g. Assist local communities with implementation of the most effective practices to respond to current and emerging substance abuse problems and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
- h. Consider any other issues concerning substance abuse problems and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution that arise during the course of the task force study;
- i. Develop a definition of a "drug-endangered child" to be used in the context of the definition of "child abuse or neglect" as set forth in section 19-1-103(1), C.R.S., and include the definition in its January 1, 2014, report to the judiciary committees of the senate and the house of representatives, or any successor committees.

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

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

- Phil Weiser, Colorado Attorney General, serves as Chair of the Substance Abuse Trend and Response Task Force, as specified in C.R.S. § 18-18.5-103(2)(a)(I).
- Dr. Lesley Brooks, Chief of Addiction Medicine at SummitStone Health Partners, and Assistant Medical Director at North Colorado Health Alliance, serves as Vice-Chair for Substance Abuse Treatment by appointment of the Speaker of the Colorado House of Representatives.
- Vanessa Devereaux, Director of the Division of Community Engagement, Colorado Department of Law, serves as Vice-Chair for Substance Abuse Prevention by appointment of the President of the Colorado Senate.
- Jaime FitzSimons, Summit County Sheriff, serves as Vice-Chair for the Criminal Justice System by appointment of the Governor.

The list of current members is found in Appendix A of this report.

### **Task Force Committees:**

- The [Colorado State Epidemiological Outcomes Workgroup \(opens new webpage\)](#) (SEOW) serves as the Data Committee of the Task Force. The SEOW consists of representatives of several state departments and other partners

that manage and analyze data relevant to substance use. Maura Proser, Epidemiology Unit Manager at the Colorado Department of Public Health and Environment (CDPHE) and Sharon Liu, Director of Community Prevention & Early Intervention co-chair the SEOW/Data Committee. See Appendix B for a summary of the charter of the SEOW.

- The [Screening, Brief Intervention, and Referral to Treatment \(opens new webpage\)](#) (SBIRT) Advisory Council identifies best practice approaches and barriers to implementing Screening, Brief Intervention, and Referral to Treatment as a standard of care throughout Colorado's health and mental health care systems. The council is chaired by Hannah Nibauer, LSW, SBIRT Program Manager at Peer Assistance Services. See Appendix C for a diagram of the structure of the SBIRT Advisory Council.
- The [Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado \(opens new webpage\)](#) (SuPPoRT Colorado) Steering Committee, formerly known as the Substance Exposed Newborns Steering Committee, is co-chaired by three individuals who bring unique expertise strong leadership and passion for this work. Dr. Lauren Bruns, Jillian Fabricius, and Kallen Thornton stepped into the role of Co-Chairs of the SuPPoRT Colorado Steering Committee.
- The [Colorado Consortium for Prescription Drug Abuse Prevention \(opens new webpage\)](#) serves as the Prescription Drug Abuse Committee of the Task Force. This committee was chaired by José Esquibel, Director of the Consortium Prescription Drug Abuse Prevention. The Consortium consists of 10 workgroups responsible for implementing the goals and strategies to mitigate the impact of the opioid crisis in Colorado. See Appendix E for a diagram of the Consortium workgroups.

## II. Progress on Task Force Strategic Priorities

This year, the Task Force prioritized maximizing the impact of the opioid settlement distribution and tracking data trends. A subsequent goal was to track substance use data trends to inform collaborative efforts.

### Opioid Settlement Distributions

Opioid settlement funds are being distributed directly to communities across Colorado to support essential substance use prevention, treatment, and recovery initiatives. To date, the Colorado Opioid Abatement Council has allocated more than \$119 million to the 19 Regional Opioid Abatement Councils and awarded \$9.4 million to infrastructure projects statewide. Additionally, over \$18.6 million in State Share funds has been awarded to grantees.



The Department of Law obtained sign-ons from over 290 Colorado municipalities and counties to join new settlements with Purdue and a group of secondary manufacturers in 2025, resulting in \$88 million additional funds to Colorado in 2025. To date, Attorney General Weiser and the Department of Law are

on track to receive over \$880 million for the state. This money will be paid out over 18 years, which gives Colorado a significant window of opportunity to work on long-term, strategic plans to help mitigate the opioid crisis. The distribution to local governments and [19 opioid regions \(opens new webpage\)](#) created by the MOU is a model unique to Colorado. Colorado was recognized for its leadership in opioid response with the inaugural state Award for Excellence in the Application of the [Opioid Litigation Principles \(opens new webpage\)](#). These Awards are designated by a coalition, led by faculty at Johns Hopkins Bloomberg School of Public Health, that developed a set of evidence-based guidelines, known as the [Opioid Principles \(opens new webpage\)](#) to help policymakers use opioid settlement funds effectively and equitably.

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

## Tracking Substance Use Data Trends

Across four quarterly meetings in 2025, the Task Force heard more than a dozen presentations from state experts and partners on substance use trends, data tools, and policy issues in Colorado. Speakers highlighted new and emerging data resources—such as SEOW Regional Profiles, CDPHE dashboards, and a proposed opioid settlement data system—to support equity-focused, local decision-making. Presentations underscored key concerns, including rising alcohol-related harms, increased youth use of high-potency THC, persistent racial and ethnic disparities in drug-related contacts, and the growing complexity of polysubstance use involving stimulants and fentanyl. Qualitative research on perinatal substance use and updates on legislative and child welfare efforts emphasized the importance of cross-sector collaboration, data-informed policy, and evidence-based interventions to strengthen prevention, treatment, and recovery across the state.

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

To access, please visit the [SEOW's data profiles \(opens new webpage\)](#).

## **III. Committee Work and Accomplishments**

### **A. *Data Committee***

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

The mission of the SEOW is to provide partners, communities, and policymakers with comprehensive data on the patterns, context, and impact of substance use in Colorado to inform interventions at the local, tribal, state, and federal levels.

The CDPHE Prevention Services Division, Violence and Injury Prevention and Mental Health Promotion Branch, Community Prevention and Early Intervention (CPEI) unit supports the SEOW through the Substance Use Prevention, Treatment, and Recovery Services Block Grant funding from the Substance Abuse and Mental Health Services Administration. The unit contracts with the Evaluation Center (TEC) at the University of Colorado Denver to facilitate meetings, develop and design publications, and manage data resources on the website.

The SEOW is committed to connecting people to various data through their website, bi-annual newsletters (fall 2024 and spring 2025), and the data resources on the SEOW website. The website went through changes to meet accessibility standards and continues to promote relevant data presentations at events and conferences.

#### **Epidemiological Profiles**

A large focus of the 2025 Fiscal Year was the development of the Epidemiological Profiles, highlighting state-level data for the following topics: opioids, tobacco, alcohol, mental health, cannabis, and stimulants. The purpose of these profiles is to provide state-level data for communities and decision-makers to drive action. Each was developed with input and review from recognized subject matter experts. These profiles will be placed on [the SEOW website \(opens new webpage\)](#) upon final approval for publication. Health Statistics Regional Profiles produced and reported in FY24 were published on the website in November 2024.

The profiles were designed with accessibility and equity at the forefront and developed using an interactive infographic software called Infogram. The software

tool makes all content visible to screen readers, has alternative text embedded into all graphics and charts, and has a feature that allows the data in charts and graphs to be exported as an Excel file to give individuals the ability to look at the content in different ways. The development of the profiles was a collaborative effort to ensure that the deliverable would be a useful resource for all Coloradans interested in examining localized substance use trends within their communities. Activities to support the creation of the profiles included a review of other SEOW sites' regional profiles, interviews with evaluators in different states, interviews with local and state public health representatives, and quarterly steering committee meetings to make collective decisions on the design of the profiles.

### **Youth-Driven Profile**

New this fiscal year, the Workgroup engaged young people across the state in a youth-driven profile. To complete this profile, evaluators worked with a youth steering committee and hosted focus groups of young people to learn the topics most important to them. This profile will also be published on the website in Infogram upon final approval for publication.

### **Presentations**

This year, evaluators were invited to host an in-person session at both the Grand Junction and Pueblo locations of the 2025 Shared Risk and Protective Factors conference. The purpose of the workshops was to encourage attendees to think about using interactive infographics to tell data stories. The Workgroup continues to present at the annual meeting of the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) and the annual update on substance use data trends for the Task Force. The SEOW will continue its steering committee of representatives from The Evaluation Center, state agencies such as CDPHE and Behavioral Health Administration, in addition to Rocky Mountain High Intensity Drug Trafficking Area, Vivent Health, and the Consortium.

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

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



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

### **Advisory Council Overview**

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

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

### **Advisory Council Goals of 2026:**

In 2026, the SBIRT Advisory Council will focus on strengthening implementation of SBIRT across healthcare, education, and community systems throughout Colorado. Building on the progress of the past year, the SBIRT Advisory

Council will continue to support partners in adopting evidence-based screening, brief intervention, and referral practices tailored to their settings. This includes providing targeted technical assistance, sharing lessons learned from pilot initiatives, and promoting consistent use of validated screening tools. The Council will also align closely with the Adolescent SBIRT Workgroup to advance youth-focused SBIRT implementation and expand the reach of the new Adolescent SBIRT Implementation Toolkit.

Expanding access to high-quality SBIRT training remains a key priority. The SBIRT Advisory Council will continue to enhance the Peer Assistance Services online training portal, offering accessible, self-paced modules for healthcare professionals, educators, and behavioral health staff. Additional modules focused on adolescent and perinatal population screening will be developed to ensure relevance across diverse practice settings. By tracking training participation and outcomes, the advisory council hopes to strengthen the statewide workforce's SBIRT capacity.

Collaboration across sectors continues to be central to the SBIRT Advisory Council's mission. In 2026, the SBIRT Advisory Council plans to strengthen partnerships with the Behavioral Health Administration, the Colorado Department of Education, and CDPHE to align SBIRT with broader youth mental health, prevention, and integrated care initiatives. The Council will also expand its membership to include additional youth-serving organizations, rural partners, and community-based groups to ensure diverse representation and statewide reach.

Finally, the Council will continue to play a key role in informing policy and sustainability planning. By sharing data-driven findings and policy briefs with the Substance Abuse Trend and Response Task Force, the Council will advocate for sustainable funding, infrastructure, and workforce development to ensure SBIRT remains a cornerstone of Colorado's behavioral health strategy. Through these efforts, the SBIRT Advisory Council aims to sustain momentum, deepen impact, and strengthen early intervention systems that promote the health and well-being of Coloradans across all ages.

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

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

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

The SuPPoRT Colorado Steering Committee seeks to identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for families across their lifespan.

The purpose of the Family Advisory Board (FAB) is to elevate the voices of families who have experienced, directly or indirectly, the impacts of substance use during pregnancy to understand barriers in seeking support and health care (including treatment and other services).

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

In April 2025, there was a significant change in Steering Committee leadership as Co-Chair Jade Woodard announced her departure from Illuminate Colorado and Co-Chair Dr. Katheryn Wells announced she will be stepping down as a Steering Committee Member to allow another expert to take her place.

Jade Woodard and Dr. Wells worked with the Behavioral Health Initiatives Team to develop a transition plan for new leadership to this space. Both Jade Woodard and Dr. Wells submitted nominations for successors and a decision was made to open up a third chair position to add balance and additional perspective.

Steering Committee Members and FAB members were asked to submit nominations for Co-Chair positions or submit an interest form if they were

interested in the position. Nominations were received and the three nominees accepted the Co-Chair Positions.

Dr. Lauren Bruns, Jillian Fabricius, and Kallen Thornton stepped into the role of Co-Chairs of the SuPPoRT Colorado Steering Committee. Each bring unique expertise, strong leadership, and passion for advancing this work.

Dr. Lauren Bruns is an Assistant Professor of Pediatrics with the University of Colorado School of Medicine and works exclusively as a newborn hospitalist affiliated with Children's Hospital Colorado. As a steering committee member of the Colorado Hospitals Substance Exposed Newborns Quality Improvement Collaborative (CHoSEN QIC) and the SuPPoRT Colorado Plans of Safe Care Work Group Co-Chair, Dr. Bruns has collaborated with healthcare institutions, community organizations, and state agencies to improve the care of families impacted by substance use and is very excited to continue this important work.

Jillian Fabricius currently serves as Illuminate's Co-Executive Director, providing strategic leadership, guidance, and direction to the organization including planning and oversight of the organization's operations and programs. Joining Illuminate in 2017, Jillian has previously held roles including Deputy Director and Director of Strategic Initiatives with a focus on systems change strategies, responding to shifting conditions, and supporting organizational and program sustainability. Prior to joining Illuminate Colorado, she connected citizens with opportunities to affect health policy as a community organizer. With her Masters degree in Social Work and a background in public health, she strives to work with individuals, communities, and policymakers to create a happier, healthier, and more just world where families have what they need to thrive.

Kallen Thornton is a leader in maternal and child health systems transformation, specializing in maternal behavioral health care for pregnant and parenting women. As Manager of Maternal, Child and Reproductive Health at Colorado's Behavioral Health Administration, she serves as the agency's senior authority on maternal behavioral health care, driving statewide program development, policy reform, and strategic cross-sector collaboration.

With over a decade of clinical social work and program development experience, Kallen brings deep expertise in trauma-informed, relationship-centered, and equity-driven care. Her work is rooted in a commitment to ensuring

systems and services are responsive to the complex needs of families—ultimately supporting the health, dignity, and thriving of all pregnant and parenting individuals and their children.

## **2025/2026 Strategic Planning**

Between August 2024 and January 2025, the SuPPoRT CO Steering Committee and Family Advisory Board (FAB) engaged in a comprehensive strategic planning process. The process began on August 25, 2024, with a kickoff meeting that included a data overview from Dr. Courtney Everson with the Colorado Evaluation and Action Lab, and a brainstorming session to identify priority areas. Following this, two sessions were held with the SuPPoRT CO Work and Advisory Group Chairs to review input captured from the Steering/FAB meeting and to add additional perspectives. The Behavioral Health Initiatives (BHI) Team, along with the SuPPoRT CO Steering and FAB Chairs, synthesized the data and brainstormed insights to develop proposed priorities for consideration.

On November 18, 2024, the Steering Committee and FAB reviewed an updated SuPPoRT CO Data Snapshot focused on publicly facing perinatal substance use data, and workshopped priority area themes. During this meeting, the group finalized priorities and began brainstorming strategies to support each priority area. The BHI Team and Chairs then synthesized this work and developed proposed strategies and Work/Advisory Group structures.

On January 23, 2025, the Steering Committee and FAB met and finalized the 2025/2026 SuPPoRT CO Strategic Plan. Please be sure to visit the [2025/2026 Strategic Plan \(opens new webpage\)](#) for more information.

In March 2025, Work and Advisory Group Chairs and members, with support from the BHI Team, developed Action Plans that align with the final 2025/2026 Strategic Plan.

Across all focus areas, strategies, and activities are the following foundations:

- Family voice and lived expertise and leadership
- Ensuring data-informed strategic planning, activity engagement, and impact

Throughout 2025, all Work Groups and Advisory Groups under the Steering Committee and FAB continued to meet on a regular basis to drive action toward the goals and activities outlined in each respective Work/Advisory Group Action Plan. The working and advisory groups each have a core group of multidisciplinary participants who are dedicated to achieving the goals and objectives of the group.

## **Work and Advisory Group Structure and Progress for 2025**

During the Strategic Planning process, the opportunity arose for a proposed structure change to move the Safe Babies State Advisory Group (SAG) under SuPPoRT Colorado. Internal discussions led to identifying an opportunity to optimize efforts and build capacity of both SuPPoRT CO and Safe Babies Court by making this structural change. The proposed change was presented to the State Department of Child Welfare, the SAG, Zero To Three, and the SuPPoRT CO Steering Committee and FAB. The change was solidified with consensus from each space.

A nomination process was held with the final appointment of SAG Co-Chairs by the current SuPPoRT CO Steering Committee Chairs in March 2025.

The SAG finalized an Action Plan and recently developed working groups for each of their five goals (to promote equitable access, strengthen cross-system collaboration, advance developmentally informed practices, and center family and community voice) and work groups are tasked with driving forward the strategies and ensuring that the strategies are evidence-informed, culturally responsive, and sustainable. Work Groups have a balance of perspective and expertise in order to ensure cross systems coordination.

## **Fetal Alcohol Spectrum Disorder (FASD) Awareness**

The FASD Awareness Chairs, and the Behavioral Health Initiatives Director, and the members of the group decided to transition to an Advisory Group with the guidance of the Steering Committee and FAB.

The FASD Awareness Group identified a primary goal of ensuring that FASD prevention and intervention efforts were integrated throughout all components of SuPPoRT CO. The group recognized that additional work was needed to improve

conversations around alcohol use during pregnancy in Colorado. This need was underscored through a review of the SuPPoRT CO Data Snapshot and related data on alcohol use during pregnancy. Findings indicated that alcohol use during the third trimester of pregnancy in Colorado was higher than national averages.

Additionally, the data revealed concerning trends regarding the frequency and quality of discussions between health care providers and patients about the potential effects of alcohol use during pregnancy.

These findings reinforced the decision to transition to an Advisory Group, ensuring that FASD awareness, prevention efforts, and intervention strategies were intentionally embedded across all SuPPoRT CO initiatives. The newly formed FASD Advisory Group would provide ongoing guidance to SuPPoRT CO and its associated Work and Advisory Groups to promote a consistent and integrated approach to FASD prevention and intervention.

The Advisory Group also expanded its leadership structure by adding a third chair, the Brain Injury Specialist from the Department of Education—who brings additional expertise and perspective to this important work.

### **Plan of Safe Care (POSC) Work Group**

The Plan of Safe Care Work Group with the support of the Co-Chairs, and Behavioral Health Initiatives team, continued to support statewide POSC implementation and lead POSC Strategic Planning.

The Work Group collaboratively developed and finalized a universal slide deck for POSC training. The Work Group completed guidance on the use of the two POSC templates that were developed and finalized in 2024. The guidance is now an additional tool that can be used for training and technical support for POSC implementation.

This foundational work now informs the group's ongoing efforts to strengthen cross-system collaboration and enhance implementation strategies across sectors.

The Work Group continues to track POSC training and/or technical assistance provided across Colorado and monitor POSC implementation efforts across the state. The Work Group is currently working to develop a structured feedback loop to better learn from the current implementation efforts, including

identifying opportunities to break barriers and elevate and optimize learnings from successes.

### **Looking Ahead for SuPPoRT Colorado**

The Steering Committee, FAB, and the Work and Advisory Groups will continue advancing their action plans and strengthening cross-systems coordination to better support families impacted by perinatal substance use. Efforts will also focus on moving upstream through the continued implementation of Plans of Safe Care (POSC), promoting prevention, early intervention, and comprehensive support for Colorado families.

For more information on SuPPoRT Colorado or to join SuPPoRT Colorado working or advisory groups, use the following link. Reach out to Kelli Sutton [ksutton@illuminatecolorado.org](mailto:ksutton@illuminatecolorado.org) to get involved in 2025/2026 efforts.

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

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

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

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

### **Drug Overdose Trends**

The 2025 year began with good news about the significant decline in Colorado opioid overdose deaths in 2024. Data from the Colorado Department of Public Health and Environment indicates that the total number of Colorado drug overdose deaths decreased from 1865 in 2023 to 1603 in 2024.

Specifically opioid overdose deaths, mainly driven by fentanyl, saw a sizable decline from 1,273 in 2023 to 964 in 2024, an encouraging trend. However, if the data on either opioid overdose deaths or overall drug overdose deaths are removed for the period of the COVID pandemic years of 2020-2023, both are still in an upward trajectory with 1,072 drug overdose deaths in 2019 and 1,603 deaths in 2024 and with 768 opioid-related deaths in 2019 and 964 in 2024.

Overdose deaths involving fentanyl (761) dropped below the number of overdose deaths involving methamphetamine or other psychostimulants (800). This is a mix of good news and concerning news. Overdose deaths involving methamphetamine or other psychostimulants have remained steady since 2021 and are not showing a sign of decline comparable to opioid overdose deaths. This necessitates attention regarding response efforts in the fields of harm reduction and treatment. The Consortium will be elevating the statewide discussion on response efforts related to stimulant use and stimulant use disorders.

## **Funding Cuts**

In addition to grant funding, the Consortium receives funding from the State General Fund and the Marijuana Tax Cash Fund allocated by the Colorado General Assembly. The budget shortfall addressed in the 2025 legislative session led to numerous cuts in the state budget. This included a loss of funding to the Consortium for the Perinatal Substance Use Data Linkage Project (\$250,000) and the Medication-Assistance Treatment (MAT) Expansion Program (\$3 million), which was a collaborative effort with University of Colorado College of Nursing and provided funding for MAT services at 34 sites in 21 frontier and rural counties in the state. In the 2024-2025 fiscal year, 672 individuals with opioid use disorder were served and hundreds more continued their treatment.

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

The Consortium engaged representatives of County Sheriffs of Colorado and the Colorado Jail Association on convening opioid and other substance use disorder treatment providers to explore how best to assist jails with meeting the new mandates from House Bill 2022-1326 requiring jails to provide substance use assessments, withdrawal management, medications for opioid use disorders, and continuity of care upon release from incarcerations. This also entailed coordination with staff of the state Jail-Based Behavioral Health Services program and the Colorado Department of Health Care Policy and Financing. This effort is further supported by the efforts of the Consortium's Treatment Work Group.

## **Consortium Partnership Highlights**

### *Medication-Assisted Treatment Expansion*

The Medication-Assisted Treatment (MAT) Program was a longstanding partnership between the Consortium, the University of Colorado College of Nursing, the Practice Innovation program in the University of Colorado Anschutz Medical Campus, and community-based health and substance use disorder (SUD) treatment providers.

In the period of July 2024 to July 2025, 672 people at 34 sites in 21 frontier and rural counties were able to initiate MAT treatment and hundreds more continued their treatment. The program also assisted grantees to develop new policies to expand

in-person and telehealth services, increased capacity to address social needs through care coordination and peer support, and strengthened inter-agency connections to increase referrals. The loss of funding for this program will likely have a negative impact on access to treatment for opioid use disorder in frontier and rural communities.

#### *The Perinatal Substance Use Data Linkage Project: From Research to Policy Action*

The Perinatal Substance Use Data Linkage Project ([opens new webpage](#)), authorized by Senate Bill 2019-228 and strengthened through subsequent legislation, is generating Colorado's first comprehensive picture of families affected by prenatal substance use. This project is conducted by the Colorado Evaluation & Action Lab at the University of Denver.

By securely linking data from vital records, health care, behavioral health, and child welfare systems, the project will provide population-level estimates of prenatal substance use, identify which communities are most impacted, and track related maternal and infant health outcomes. These insights will help policymakers understand trends, target prevention and treatment efforts, and guide more effective state investments. Findings from this work will be available to inform policy and legislative action during the 2026 session.

Unfortunately, funding for this project was cut in the 2025 state legislative session due to budget constraints. Resourcing of this project is essential to preserve Colorado's only statewide data source on opioid and illicit substance use during pregnancy, close critical information gaps, and ensure policymakers have timely, evidence-based information to guide family health and substance use response strategies statewide.

#### *Assisting Jails*

The Consortium continued its partnership with County Sheriffs of Colorado and the Colorado Jail Association, which began in 2022, to assist jails in meeting the mandate of House Bill 2022-1326 regarding opioid treatment and continuity of care. This collaborative effort was expanded to include the Center for Addiction Medicine at Denver Health as a partner in conducting regional Continuity of Care sessions with local jail staff and representatives of numerous community-based organizations serving individuals leaving incarceration. The intent of this effort is to improve the connection between jail staff and local organizations to better help meet the immediate needs of individuals with an opioid use disorder upon release from

incarceration.

### *Stories in Black and White: Honoring Voices of Loss and Recovery*

The Affected Families and Friends Work Group partnered Rocky Mountain High Intensity Drug Agency and CDC Foundation along with various other organizations to conduct eight exhibitions of photographs and stories of individuals whose lives were lost to a drug overdose and individuals who found their way into recovery from drug addiction. The purpose of the exhibit is to help reduce the stigma of substance use by highlighting the stories of those impacted by substance use disorder and the overdose epidemic. The photos and narratives encourage impactful conversations around substance use disorder and how individuals and communities can help our family members, friends, and neighbors overcome the challenges associated with the rapidly evolving drug overdose crisis.

Four exhibits were displayed at various sites in Denver, two in Golden, one in Loveland during the fourth annual Colorado Opioid Abatement Conference, and another on the University of Colorado Anschutz Medical Campus in Aurora.

### *Legislative Summit*

The Consortium co-sponsored a SUD Legislative Summit held on July 29, 2025, with several legislators or their aides and with stakeholder advocates from the fields of harm reduction, treatment, and recovery.

Stakeholders identified and presented specific policy considerations for further enabling and strengthening the implementation of evidence-based programs and practices in communities across the state related to prevention, harm reduction, treatment, and recovery and for improving the health and well-being of people affected by opioid and other substance use disorders.

The following twenty-three policy recommendations were shared:

1. Re-Authorize the Interim Study Committee on Opioids and Other Substance Use Disorders for 2026, 2028, and 2030.

### **Updating Syringe Services Programs Statute**

2. Address the following in state statute:

- a. Add definitions for specific syringe services;

- b. Clarify authority for implementing syringe service programs;
- c. Prohibit banning of syringe service programs;
- d. Clarify immunity for drug checking by syringe services programs;
- e. Require a state standing order for naloxone for the Colorado Naloxone Bulk Purchase Fund;
- f. Extend immunity for reporting a drug overdose event to people on pretrial release, probation, furlough, supervised release, or parole.

### **Addressing Prior Authorization for FDA-Approved Medications for Opioid and Other Substance Use Disorders**

- 3. Eliminate prior authorization for any FDA-approved medication for substance use disorder without regard to frequency of dosage, dosage amount, formulation, or route of administration for both Medicaid and commercial insurers.

### **Outpatient Treatment Program (Methadone Treatment) Central Registry Access Recommendation**

- 4. Require the Behavioral Health Administration (BHA) to make Central Registry data accessible digitally within 24 hours of an update to prescribers with access to the Prescription Drug Monitoring Program.

### **Intramuscular (IM) Buprenorphine Induction Billing in Hospitals**

- 5. Work with Medicaid and payors to ensure the IM buprenorphine products are readily accessible in EDs, hospitals, and community paramedicine programs, and that the cost of medication and administration of IM buprenorphine is reimbursed.

### **Red Flag Lists and Birthing Women**

- 6. Request that Child Welfare review the practice of “Red Flag Lists” that are sent by County Child Welfare to local hospitals requesting that the hospital flag the patient’s chart so that the County Child Welfare office is notified when the birthing individual arrives at the hospital for their birthing admission and make a definitive move to eliminate it as a communication tactic with

hospitals.

### **Promoting Healthy Outcomes for Children & Families Impacted by Substance Use**

7. Direct the Colorado Department of Early Childhood to establish a stakeholder process to identify strategies to increase utilization of The Conversation Guide for Professionals on Substance Use, Children, & Families training for early childhood professionals across sectors.

### **Increase Access to SUD Treatment for Pregnant and Postpartum People**

8. Include in C.R.S. § 27-80-115 data collection regarding services provided to pregnant and postpartum women served through Special Connections.
9. In C.R.S. § 27-80-112, add “child care” to the list of services made available by entities providing care under this program.
10. Require the Behavioral Health Administration to promulgate rules to establish tools and best practices pursuant to C.R.S. §§ 27-80-112 and 27-80-114 in providing child care services and convene a stakeholder group, including the Colorado Department of Health Care Policy and Financing, the Department of Early Childhood, and other relevant experts, to inform the rulemaking process.
11. Submit a data request from legislators to better understand the current services provided by Special Connections providers and funded through this program in order to help move this work forward in the state.

### **Policy Recommendations Related to Methadone Treatment for Opioid Use Disorders**

12. Require Patient Advisory Boards as part of licensing requirements at every Outpatient Treatment Program (Methadone Treatment Program) made up of people in treatment, resourced and empowered to shape policies from hours of operation to grievance procedures.
13. Institute a statewide Outpatient Treatment Program Oversight Board led by current or former methadone patients, to guide patient individualized care models, implementation, and expansion.

## **Opioid Data Linkage and 42 CFR Interpretation Recommendations**

14. Improve estimation of Colorado drug use disorders prevalence (e.g., opioid use disorders, opioid misuse) rather than relying on national data.
15. Institute enabling legislation that supports an infrastructure for linked data (e.g., data warehouses) where these complex diseases can be studied across the lifespan and the data utilized to prioritize use of state resources allocated for opioid and other substance use disorders treatment.
16. Require the development and use of a standard interpretation of 42 C.F.R. Part 2 across state agencies, which would facilitate timely data analysis.

## **Alcohol Policy Recommendations**

17. Remove pre-emption on municipal/county excise taxes on alcohol (as has been done for tobacco and marijuana).
18. Ban alcohol marketing on government assets (for example, public transportation, college campuses).
19. Increase excise alcohol taxes in Colorado.

## **Recovery Recommendations: State Recovery Plan, Sealing of Records, and Interest on Restitution**

20. Direct the Behavioral Health Administration to consult with stakeholders to develop a five-year Strategic Action Plan for Recovery Support Services that sets forth the vision, goals, objectives, and activities/strategies for a recovery-ready Colorado.
21. Make retroactive the record sealing protections of House Bill 2019-1275, which made it illegal for sentencing agreements to include a waiver of sealing rights.
22. Institute a reform of interest paid on restitution for individuals who comply with payment on their court-ordered restitution.

## **Patient Safety/Continuity of Care**

23. Establish standards for addiction treatment and recovery housing in Colorado, prioritizing safety, accountability, and care coordination to close systemic gaps

that leave patients vulnerable and at risk for adverse outcomes, including drug overdose.

24. Establish discharge protocols and harm reduction practices across continuum of care settings.

## IV. Colorado Substance Use Trends

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

### **Working with Data to Improve Community Health (February 2025)**

Although presenters from CDPHE were unable to attend, Opioid Response Unit staff and José Esquibel emphasized the importance of leveraging data around equity and demographics to guide health interventions. They stressed the need to not only collect data but to actively apply findings to inform resource allocation, policy decisions, and local strategies. Esquibel encouraged Task Force members to advocate for data accessibility and use available datasets, such as those curated by the State Epidemiological Outcomes Workgroup (SEOW) and CDPHE's Colorado Health Information Dataset platform.

### **Colorado State Epidemiological Outcomes Workgroup (SEOW) Regional Profiles (February 2025)**

Lauren Gant, Senior Evaluation Specialist at the Evaluation Center, housed within the University of Colorado Denver, presented the newly released SEOW Regional Profiles. She explained that these profiles offer localized data, organized by Health Statistics Regions, to support decision-making on substance use trends. The profiles were designed to be user-friendly, accessible, and actionable for a broad audience, including policymakers, service providers, and community organizations.

Gant detailed how the profiles used over 40 data sources, emphasized use of plain language, and met accessibility standards. She demonstrated the features of the dashboards and explained how users could download and interact with the data. Attendees expressed enthusiasm, and PJ Higgins inquired about the potential for regional comparisons, which Gant noted was possible by downloading raw data for analysis. José Esquibel added that additional collaboration with data stewards could enhance comparisons.

### **Qualitative Statewide Research on Perinatal Substance Use Disorder (February 2025)**

Courtney Everson, Senior Project Director at the Colorado Evaluation and Action Lab at the University of Denver, presented findings from a statewide qualitative study on perinatal substance use. The study focused on understanding lived experiences of birthing individuals navigating substance use during pregnancy through the postpartum period. Courtney identified five key themes that collectively help understand the risk and protected factors: (1) The perinatal period can be an empowering moment; (2) There are layers of barriers that impede access to help; (3) Financial stability is the foundation of family well-being; (4) Even a single, key relationship can make all the difference; and (5) Birthing individuals can experience disrespect from some health care providers, negatively impacting access to care. Everson emphasized the powerful role of peer support and highlighted the need for service delivery models that prioritize empathetic care. Everson offered a range of practical recommendations for cross-sector collaboration to strengthen support systems for pregnant and parenting individuals impacted by substance use.

### **Vision for an Opioid Settlement Statewide Data System (May 2025)**

Opioid Response Unit staff introduced a presentation on data transparency and accountability regarding the opioid settlement. Lauren Gase with Mindful Metrics outlined a shared vision for a statewide data and learning system. This system would aim to promote public trust, support data-driven local decision-making, and foster a culture of learning.

The four core components of the system were described as:

- Publicly available online platform
- Training and technical assistance
- Mechanisms to support learning conversations
- Opportunities for peer learning and sharing

Attendees were asked to review the draft vision and provide feedback, particularly in identifying additional data sources or indicators that would be helpful to include in a system. Emphasis was placed on ensuring the platform would be useful for both local partners and state decision-makers.

### **Addressing Alcohol Harms in Colorado (May 2025)**

Dr. Bill Burman, a physician at the Public Health Institute at Denver Health

delivered a data-rich presentation on alcohol consumption and its associated public health burdens in Colorado. It was noted that Colorado consistently ranks among the top quartile nationwide for alcohol use and has seen a 70% increase in alcohol-related death rates over the past decade.

Dr. Burman outlined the extensive and varied consequences of alcohol use, including its link to cancers, injuries, liver disease, mental health conditions, and child neglect. Moreover, alcohol was found to be involved in over a quarter of toxicology reports for overdose deaths. Attention was drawn to Colorado's remarkably low alcohol excise taxes. Unlike other substances such as tobacco and marijuana—which are taxed at significantly higher rates, alcohol taxes had not been adjusted in decades and were effectively eroded by inflation. Comparisons illustrated that Colorado taxed beer at \$0.08 per gallon, while neighboring states taxed at rates significantly higher.

Evidence from national and international studies was presented to reinforce the effectiveness of raising alcohol taxes. Increases in such taxes have been linked to declines in car crashes, liver disease, sexually transmitted infections, and overall mortality. Dr. Burman also recommended increased investment in public health messaging and access to treatment, funded through such tax adjustments.

Julie Stullken from the Colorado Department of Public Health and Environment shared that individuals can get involved in coalitions organizing for prevention on CDPHE's website.

### **Screening and Brief Interventions for Alcohol Use (May 2025)**

Hannah Nibauer Manager of Screening, Brief Intervention, Referral to Treatment (SBIRT) for Peer Assistance Services in Colorado provided an overview of the model. Emphasis was placed on identifying and supporting individuals at moderate risk before more severe substance use disorders develop.

Statistics highlighted that roughly 25% of adults who drink fall into the at-risk of alcohol risk category while 4% have an alcohol use disorder. Individuals in the at-risk category often respond well to brief interventions rather than requiring intensive treatment. The presentation also pointed out an increase in alcohol use among middle school students based on recent Healthy Kids Colorado Survey data, reinforcing the need for earlier intervention.

SBIRT was described as applicable across diverse professional settings—from

schools and public health departments to medical offices—and training was available for various disciplines. Attendees were encouraged to reach out for training support and materials, including guidance for working with adolescents and perinatal populations.

### **THC Use in Youth (August 2025)**

Allison Dodge, Donor Relations, One Chance to Grow Up, presented on the ongoing challenges of youth marijuana use in Colorado, focusing on high potency products, marketing strategies targeting young people, and the associated mental health risks. Dodge emphasized the need for continued advocacy and education, citing that 55% of new users are under 21, and shared data showing concerning trends in youth marijuana use and its link to mental health issues. The group discussed the importance of addressing knowledge gaps, such as the need for pregnancy warnings and public awareness campaigns and called for guidance on resources to support these efforts.

### **Substance Use and Crime Trends: Update on Criminal Justice Data (August 2025)**

Allison Rosenthal, Statistical Analyst, Colorado Department of Public Safety, presented trends in drug seizures and arrests in the United States and more specifically in Colorado, highlighting a significant drop in marijuana seizures but stable methamphetamine seizures, and a four-fold increase in fentanyl seizures between 2020 and 2024. She introduced a new data source on law enforcement contacts, showing disparities in drug-related contacts and arrests by race and ethnicity, with Hispanic, American Indian, and Black individuals more likely to be contacted or arrested. Rosenthal also presented data on drug-related school incidents, noting a steady rise in marijuana-related contacts since the pandemic, despite overall decreases in other drug-related offenses.

### **Fatal Overdose Data from Colorado Department of Public Health and Environment (CDPHE) (August 2025)**

Christine Demont, Lead Data Analyst/Epidemiologist, CDPHE, presented data on drug overdose deaths in Colorado from 2015 to 2024, highlighting a 14% decrease in 2024 but noting that unintentional deaths still occur. She discussed trends in opioid, fentanyl, and methamphetamine-related deaths, as well as demographic and situational factors contributing to overdoses. Jamie Feld and José Esquibel raised questions about the combination of methamphetamine and fentanyl

in overdose decreases. The group acknowledged the need for continued prevention efforts and discussed the importance of addressing methamphetamine use, which has been less targeted in policies.

### **Syndromic Surveillance Dashboard (August 2025)**

Kyla Muñoz, Syndromic Surveillance Epidemiologist, CDPHE and Kylie Yocum, Drug Epidemiologist, CDPHE, presented on the new Syndromic Surveillance Dashboard and explained how the system uses emergency department data to monitor trends and detect potential outbreaks, with 76% of target Emergency Departments onboarded and data updated hourly. The new dashboard, developed in collaboration between Muñoz and Yocum, provides monthly breakdowns of overdose categories and contextual information, though it is not yet publicly available. Jamie Feld mentioned plans to share the resource in the next opioid response unit newsletter and encouraged attendees to share it with local jurisdictions.

### **Legislative Updates (November 2025)**

Jefferey Reister, Legislative Affairs, Colorado Department of Law discussed the need to protect opioid settlement funds from being redirected by the General Assembly. He also mentioned legislation to reduce the burden on the task force by repealing the annual report. José Esquibel, with the Colorado Consortium for Prescription Drug Abuse and Prevention, shared updates on two bills: one addressing patient safety for individuals with substance use disorders, and another proposing a new state plan for recovery support services.

### **Stimulant Use Disorder and Methamphetamine Overdose Deaths (November 2025)**

Steve Carleton, Chief Clinical Officer, PorchLight Health, presented the national and Colorado trends in stimulant use disorder, highlighting the rise in polysubstance use and overdose deaths involving fentanyl and stimulants. He emphasized the effectiveness of contingency management, a treatment approach that provides incentives for negative drug screens, explaining its scientific basis and the positive impact on brain healing. Carleton shared results from a recent study involving 3,000 veterans, which showed a 40% reduction in deaths among participants who received contingency management compared to the control group. He urged the audience to advocate for this evidence-based practice in Colorado, noting its potential to significantly reduce stimulant use and overdose deaths.

## **SuPPoRT Colorado Opportunity (November 2025)**

Jillian Fabricius, CO-Executive Director, Illuminate Colorado, shared updates from her organization. She began with the toxicology guidance developed by SuPPoRT Colorado's Policy Analysis Workgroup, noting that it is currently being updated and disseminated to birthing hospitals. Fabricius encouraged participants to watch for the release of this updated guidance.

Second, Fabricius shared there will be future conversations on red flagging practices around how child welfare and birthing hospitals work together. Fabricius welcomed attendees to join the upcoming conversations and committed to share more information at a later date.

Lastly, Fabricius shared that Illuminate is planning to convene a policy stakeholder process in the next few months related to our state's definition of child abuse and neglect, specifically to prenatal substance use. She acknowledged that this process had already taken place in 2020; however, a subsequent Colorado Supreme Court ruling adopted an interpretation that differed from the intent of the original stakeholder group. As a result, they plan to reconvene stakeholders to further discuss the issue.

## **Ignite Session (November 2025)**

Samantha Pino, shared her personal journey of overcoming addiction and depression, highlighting the challenges she faced and the triumph of her recovery. She emphasized the importance of empathy, boundaries, and support in recovery, and expressed gratitude for the people who helped her along the way. Pino's story inspired attendees, who offered words of encouragement and appreciation.

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

### **Chair**

Colorado Attorney General Phil Weiser, Task Force Chair

### **Vice-Chairs**

**Dr. Lesley Brooks**, Vice-Chair, Substance Abuse Treatment; Chief of Addiction Medicine, SummitStone Health Partners; Assistant Medical Director, North Colorado Health Alliance

**Sheriff Jaime FitzSimons**, Vice-Chair, Criminal Justice Sheriff, Summit County Sheriff's Office

**Vanessa Devereaux**, Vice-Chair, Substance Abuse Prevention Director, Division of Community Engagement, Colorado Department of Law

### **Members**

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

Minority Leader Designee: **Sen. Perry Will**, Senate District 5 Speaker of the House Designee: *Vacant*

House Minority Leader Designee: *Vacant*

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

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

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

Criminal Defense Bar: *Vacant*

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

Colorado Department of Education: *Vacant*

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

County Sheriffs of Colorado: *Vacant*

Colorado Association of Chiefs of Police: **Chief Bob Dalley**, Chief of Police, De Beque Marshal's Department

County Commissioner from a Rural County: *Vacant*

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

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

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

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

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

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

Youth Representative: **Suyash Shrestha**, Youth Advisor, Rise Above Colorado

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

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

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

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

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

District Court Judge Experienced in Handling Cases Involving Substance Abuse:

**Hon. Ingrid Bakke**, Chief Judge, 20<sup>th</sup> Judicial District

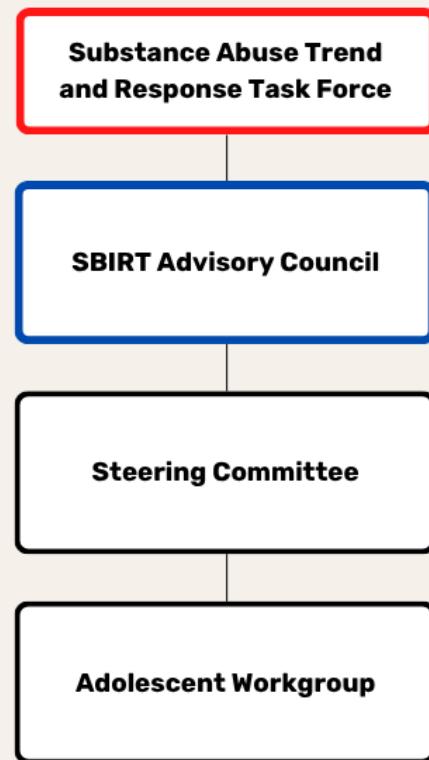
Judicial Department Division of Probation. **Cary Heck**, Chief Probation Officer, 2<sup>nd</sup> Judicial District

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

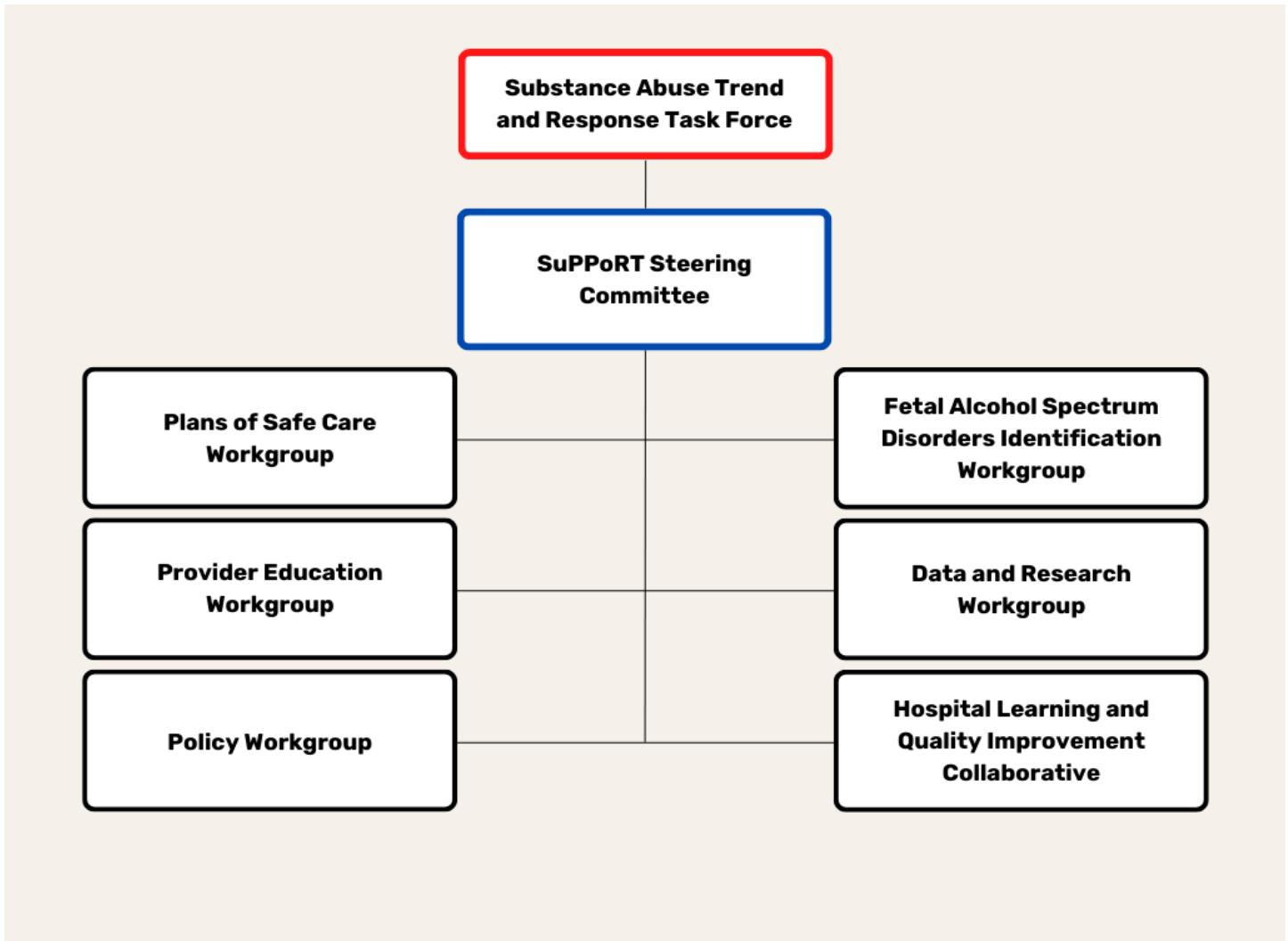
## **Appendix B: Summary of the Charter SEOW**

The Colorado State Epidemiological Outcomes Workgroup (SEOW) is a multi-disciplinary working group with the goal of promotion, collection, analysis, and clear communication of data to support improved health in Colorado. To accomplish this, the SEOW is tasked with increasing access to data and data products that address substance use and health issues to inform promotion, prevention, intervention, treatment, recovery, enforcement, and broader policy.

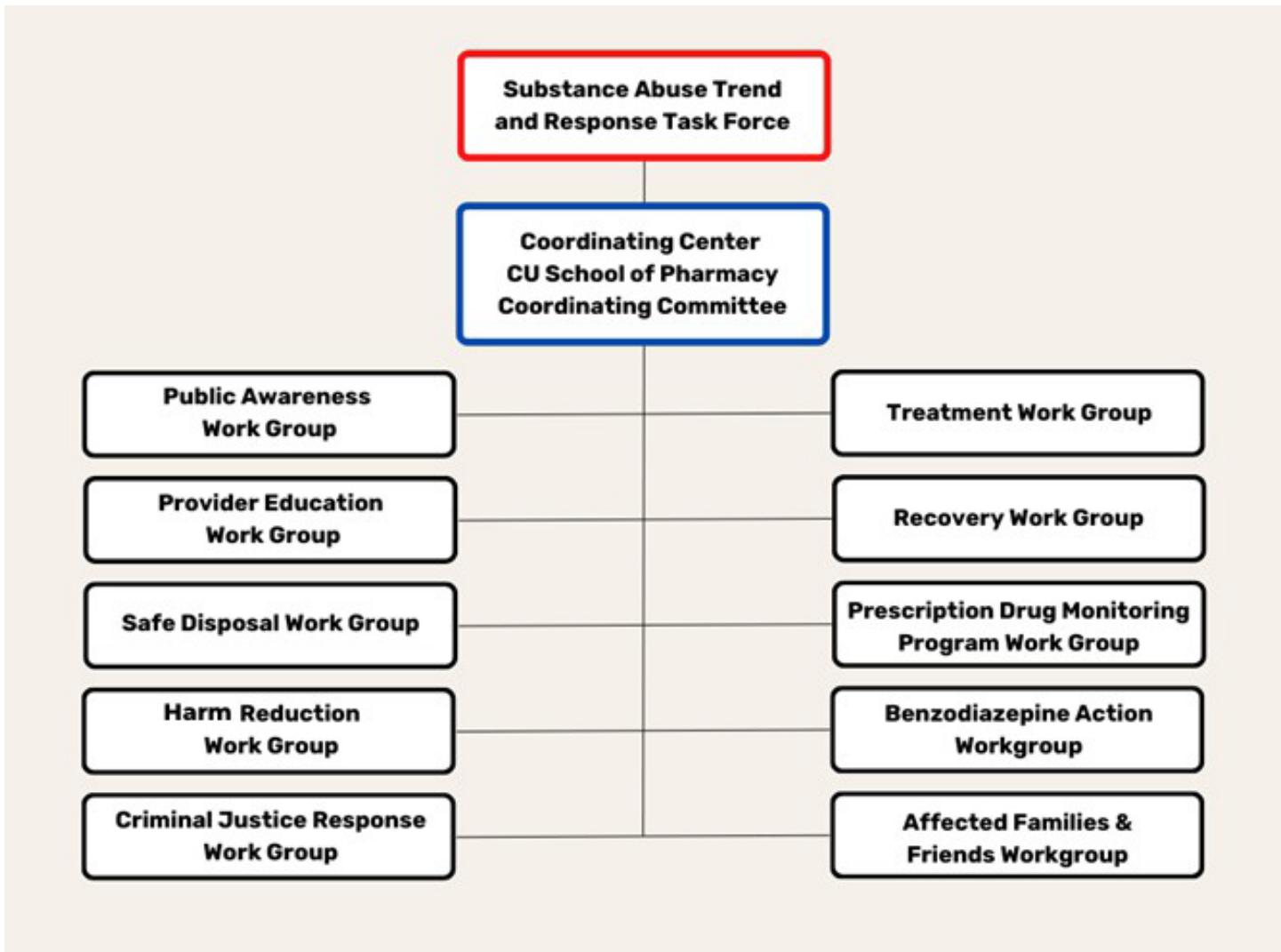
## **Appendix C: Structure of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Advisory Council**



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



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



Please visit the [Consortium's work groups \(opens new webpage\)](#) website to learn more.