

# Memo

To: CHA

From: Brandeberry McKenna Public Affairs (BBMK)

Date: June 29, 2023

Re: Opioid and Other Substance Use Disorders Study Committees

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The Opioid and Other Substance Use Disorders Study Committee convened for the first meeting today. The Committee is lead by Rep. Chris deGruy Kennedy as Chair, Senator Kevin Priola as Vice Chair and members Rep. Ryan Armagost, Rep. Elisabeth Epps, Rep. Mike Lynch, Rep. Mary Young, Senator Jaquez Lewis, Senator Kyle Mullica, Senator Rod Pelton, Senator Perry Will. The committee is charged with the following:

- reviewing data, data analytics, and statistics on the scope of the substance use disorder problem in Colorado, including trends in rates of substance abuse, treatment admissions, and deaths from substance use.
- studying the current prevention, intervention, harm reduction, treatment, and recovery resources, including substance abuse prevention outreach and education, available to Coloradans, as well as public and private insurance coverage and other sources of support for treatment and recovery resources.
- reviewing the availability of medication-assisted treatment and whether pharmacists can prescribe those medications through the development of collaborative pharmacy practice agreements with physicians.
- examining what other states and countries are doing to address substance use disorders, including evidence-based best practices and the use of evidence in determining strategies to treat substance use disorders, and best practices on the use of prescription drug monitoring programs.
- identifying the gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans and hurdles to accessing those resources.
- identifying possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources; and
- examining law enforcement and criminal justice measures, including the prohibition of illegal drugs, penalties for trafficking illegal drugs, diversion, jail-based and prison-based treatment and harm-reduction programs, and technologies and other requirements useful in enforcing laws removing opioid and other illegal substances.

The committee will request bill drafts during the August 30<sup>th</sup> meeting and can request up to ten bills drafts, however, only has the authority to proceed with five bills. During the September 27<sup>th</sup> meeting the committee will take public comment on the bill drafts and vote on the bill drafts during the October 30<sup>th</sup> meeting.

Dr. Robert Valuck, Executive Director, Center for Prescription Drug Abuse Prevention and Jose Esquibel, Director of the Colorado Consortium for Prescription Drug Abuse provide an overview of Colorado's Addiction Crisis Response: Opioid and Other Substance Use Disorders Trends, Response Strategies and Legislation. The following are highlights from this discussion:

- The Colorado Consortium was created over a decade ago and has worked with all prior interim committees to support this work. Although the Consortium model is often seen as a national model and significant progress has been made there are still weaknesses in the model. The Consortium continues to struggle with engagement from those who have lived experience, people from communities of color, people from rural areas as well as faith communities.
- The type of substances that those struggling with substance abuse use has also changed from when the study committee was formed. Initially the committee worked significantly to address issues of overprescribing of prescription opioids and those efforts have been successful with the exception of southeastern part of the state. There continues to be the need for prescriber education on this issue particularly in the rural areas. More recently there has been an increase in the use of meth as opposed to prescription opioids or heroin. The overdose rates for meth have more than doubled in our state from 6.1 deaths per 100,000 in 2019 to 12.9 per 100,000 in 2021.
- Within the recovery, treatment and harm reduction sectors there are still some challenges and opportunities that need to be addressed. These challenges included the lack of reimbursement from Medicaid and private insurance for peer professionals and the ability to utilize peer professionals in a variety of settings. In the treatment sector there are workforce shortages (particularly in rural and frontier counties), difficulties in continuity of care and retention of care, lack of treatment for pregnant and parenting women and limited metrics on MOUD treatment. The harm reduction sector continues to try and reduce stigma associated with substance abuse, enhance evidence informed harm reduction efforts and enhance drug checking efforts. The PDMP would benefit from an examination of what is working well with the PDMP utilization and address the confusing statutory language from SB18-022. In the criminal justice sector work is needed to ensure people with addiction receive treatment and enhance law enforcement and public health partnerships.
- There are still barriers to access to treatment depending on where a person lives. The Eastern Plains and northwest Colorado have a low density of opioid use disorder treatment relative to the state average. Communities of color have less access to nearby opioid use disorder treatment locations. Only one in five opioid use disorder treatment facilities in Colorado accepts children/adolescents under age 18. Engaging hospitals could increase access to opioid use disorder treatment services especially in rural and frontier counties.
- Colorado still lacks recovery residents due to the lack of affordable housing for unhoused with SUDs and mental health disorders and attempts to expand recovery housing have been difficult. The expansion of the SUD 1115 waiver to allow for additional services

including transitional housing support and provide funding for programs that support employees in recovery would help address those issues.

- Rep. Mary Young asked about the use of telehealth. Senator Kevin Priola asked for the statistics related to adolescent alcohol abuse and gaps in treatment for alcohol abuse. Senator Kyle Mullica asked about the preparations for emerging drugs coming into Colorado, specifically xylazine and studies on increase in communicable diseases on the use of glassware.

Representatives from several state departments provided an update on the agencies role in addressing this issue.

- Marc Condojani, Director, Adult Treatment and Recovery, Behavioral Health Administration
  - Highlighted the partnership with the Colorado Hospital Associations, and their emergency departments on the Alternatives to Opioids (ALTO) effort.
  - Every strategy the BHA has been implementing is not trying to duplicate local efforts but fill gaps until local resources are able to provide the necessary resources. The mobile health units have been a great example of trying to provide the necessary treatment until that treatment can be provided locally.
  - Largest role to date has been expanding access for medications for opioid use disorder. Over 60% of people with OUD received MOUD last year. Access to both methadone and buprenorphine is far greater than the national average. There is still regional variation in access and utilization particularly in young people.
  - The BHA has Mobile Methadone Clinics, Medication Units and New Adolescent Residential Units. One of the challenges with the methadone clinics are that care needs to be provided continuously and the suggestion to address the gaps in rural areas was to partner with pharmacies and hospitals to ensure access to these services.
  - Rep. Mary Young raised a concern about removing adolescents from homes for treatment. Senator Rod Pelton suggested the continued investment in prevention. Senator Kyle Mullica asked about specific programs for the unhoused population and about the return on the investment for Colorado for recovery programs. Senator Kevin Priola asked for stats and studies on relapse as it relates to levels of continuum of care.
- Christen Bates, Deputy Medicaid Director and BHIC Office Director, Health Care Policy and Financing
  - Medicaid BH invests \$1.23B annually, up to \$650 million since FY19.
  - Prioritized \$138M ARPA funds to provider grants, permanent supportive housing, intensive outpatient services, crisis response, policy, provider training and technology.

- Supporting design and funding for two Recovery Campuses with DOLA.
- HCPF paying BHA claims starting 7/1; centralized reporting coming soon, new provider standards, new payment models and Universal contracts help improve access and connect accountability, payment and outcomes.
- Prioritizing Hospital Community Benefit funding (HB23-1243) with intention to drive more funds to BH.
- Providers deliver and covered SUD and support services – 61 residential and withdrawal management providers, 355 outpatient SUD providers. Integrated primary care practices also provider SUD screening, MAT and short-term counseling. Medication Assisted Treatment (MAT) delivered in primary care, substance use treatment centers and residential and hospital facilities. Daily dosing and methadone in 35 Opioid Treatment programs, specialized licensed 100% enrolled.
- Senator Kyle Mullica had a question about Medicaid redetermination and what that means for those in treatment and if there is a loss of coverage there. Rep. Mary Young asked about difficulties within the IDD community in accessing services.
- Jim Leonard, Deputy Director Pharmacy Office, Health Care Policy and Financing
  - As of July 1, no PARs were required for generic Suboxone tab or film. Medicaid covers Narcan with no PAR required and can be ordered by pharmacist or prescriber.
  - HCPF by statute does not have access to the Prescription Drug Monitoring Program to see trends for our members or identify those purchasing opioids from pharmacies without their insurance.
  - OpiSafe Prescriber Tool helps prevent misuse/abuse of opioids, benzos, controlled substances. Allocated 5,250 licenses, reduced total average opioid dosage by 16%.
  - There are improvements needed in the Medicaid provider networks. Need to expand total providers in Colorado and improve timely access to care. There are still needs for residential SUD beds. Stigma, more than cost, is the top reason people are not seeking SUD treatment in Colorado. There are gaps in serving priority populations and in particular a need for Spanish speaking providers. The committee will receive a report prepared by HCPF on options to cover services for incarcerated populations.
  - Two missing links in the Medicaid Continuum: Partial hospitalization programs and SUD and mental health services for youth.
- Leora Joseph, Director, Office of Civil and Forensic Mental Health, Department of Human Services
  - OCFMH serves two types of patients in our hospitals, civil and forensic patients.

- CDHS was sued in 2011 for failure to provide timely competency evaluations and restoration treatment which has created a significant waitlist of pretrial detainees. CDHS currently pays up to \$12 million/year in fees and fines for noncompliance and has paid \$28 million so far. There is a cap on the fines, but that cap is not permanent and expires in 2026. There are 460 people in jails that are suffering from mental illness. CDHS is on time with completion of competency evaluations but not meeting the timeframes for admitting clients to restoration services.
- HB22-1303 will provide residential behavioral health treatment to individuals with severe mental health conditions. The Mental Health Transitional Living Homes (MHTL) will provide for a less restrictive level of care in a home link environment. There are a total of 125 beds, 24 in state run homes the remaining beds will be contracted. Designed to serve individuals with SMI, co-occurring disorders including SUD, criminogenic and behavioral factors and involuntary short- and long-term outpatient certification.
- HB23-1153 the department is tasked with hiring a vendor to study the intersection of mental health and homelessness and to determine the feasibility of establishing a system to support individuals with serious mental illness in accessing behavioral health care and housing support services.
- Individuals with a substance use disorder oftentimes become competent while waiting in jail due not actively using substances. However the department currently does not have the authority to re-evaluate at any point if we believe there has been a change in acuity/competency.
- Sam Bourdon, Harm Reduction Grant Fund Coordinator, Prevention Service Division, Department of Public Health and Environment
  - CDPHE overdoes prevention unit trains and assists community partners on fentanyl, overdoes and harm reduction.
  - Office of STI/HIV/Viral Hepatitis offers to support to syringe access programs, local public health agencies and community partners to enhance their ability to serve people who use/inject drugs and present overdoes/infection disease.
  - Harm Reduction Grant Program – funds 13 projects across the state to implement evidenced based harm reduction efforts focusing on ensuring that people who use drugs are able to reduce the risks associate with drug use.
  - Free Naloxone Distribution – allows eligible entities to access opiate antagonists, such as naloxone or Narcan at no cost.
  - Free Fentanyl Test Strips Distribution – 23 LPHAs participate in this program.
  - Syringe Access Programs – CDPHE oversees all of the Colorado’s 21 syringe access programs through direct funding, supplies, distribution and or technical assistance.

- Colorado Household Medication and Sharps Take-Back Program - This program accepts and destroys unused and expired over the counter and prescription medications generated by households at 334 locations across the state. All locations accept prescribed controlled substances.
- Workforce Initiatives -The Colorado Health Service Corps program offers repayment of qualified student loans if you practice in a Health Professional Shortage Area, delivering health care services to patients who are underserved. The program currently supports 272 behavioral health clinicians in 30 counties.
- Toxicology System - The CDPHE Coroner Mini-grant Program has helped 16 coroners' offices across the state conduct more advanced toxicology testing to determine causes of death. This data provides important information on which areas are being impacted by fentanyl overdose and allows CDPHE to also stay attuned to emerging substances in the illicit drug supply.
- Barbara Gabella, Senior Epidemiologist, Prevention Services Division, Department of Public Health and Environment
  - Fentanyl death rates rose and remain high in 2022.
  - Overdoses death rates involving prescription opioids, psychostimulants, or cocaine without mention of fentanyl remained stable or decreased.
  - Xylazine (non-opioid tranquilizer) that has been approved by the FDA approved for use in animals is the cause of four deaths as of April 2023. CDPHE has coordinated a work group related to the drug use and treatment of patients exposed to the drugs.
  - Senator Kyle Mullica did have a concern that Colorado is under reporting the impacts of Xylazine because the results are not always realized.

A representative from the Behavioral Health Administration provided a Deep Dive of the agency's efforts.

- Summer Gathercole, Deputy Commissioner of Operations, Behavioral Health Administration.
  - The BHASOs are scheduled to launch in July of 2025. The BHASOs will help individuals and families connect to behavioral health care and ensure timely access to service. Provide a continuum of behavioral health safety net services and care coordination. Consolidate MSOs, ASOs and Services offered by CMHCs. Interface and align with the RAEs that manage services and provide care coordination for Medicaid members.

Representatives from several agencies provided an update on the financial landscape.

- Cristen Bates, Deputy Medicaid Director and BHIC Office Director, Health Care Policy and Financing
  - HCPF review/update rates annually for BH, RAEs have flexibility on contracting, use these rates as guidance.



- Shows we are increasing rates every year for Independent Providers (including SUD)
- Medicaid covers more services than most commercial providers, but still working on increasing rates.
- Practice Transformation, Integrated Behavioral Health Grants – program created from HB22-1302. 151 grant applications, 257 sites, likely 150 to be awarded. The impact of these grants reached 37 Colorado counties, 11 urban, 26 rural and frontier.
- SUD and Permanent Supportive Housing- Colorado has 3,000 permanent supportive housing (PSH) units, 98% are Medicaid members, 75% have a BH diagnosis. The funding for the program was a pilot funded by ARPA dollars.
- 1115 Waivers – expanding coverage and supports for vulnerable populations to cover all Coloradans effective January 1, 2025.
- Jamie Field, Deputy Director of Opioid Response, AG Office
  - The state received \$385 million from AmerisourceBergen, Cardinal Health, Johnson and Johnson and McKesson, \$150 million from CVS Walgreens, \$50 million from Purdue and the Sacklers, \$40 million from Walmart, \$90 million from Teva and Allergan, \$18 million Mallinckrodt and \$10 million from McKinsey and Company.
  - The Colorado Opioid Settlement Funds Distribution is 20% direct allocation by formula to participating local governments, 60% regional opioid abatement fund formula allocations to regions, 10% infrastructure fund to support hard hit areas in the state with resource needs, 10% direct allocation to state government.
  - The opioid settlement funds are allowed to be used for prevention, harm reduction, treatment, criminal justice, recovery and community leadership.
  - The state share provided \$4 million in competitive grants, \$750k for substance use prevention campaign for 10–14-year-olds and their trusted adults, \$2 million for the Ute and Southern Ute Mountain Tribes and have a forthcoming interagency agreement for Medications for opioid use disorder/Medicaid care coordination in prison.
- Stephen Peng, Chief Financial Officer, BHA
  - Provided a breakout of funding by Major Services (FY23)
    - CMHC - \$45 million funds, \$5.5 million cash funds, \$6.7 million federal funds, \$4.0 stimulus federal funds.
    - ASO - \$25.7 million in general funds, \$4.1 million cash funds, \$5 million federal funds, \$4.0 stimulus federal funds.

- MSO- \$30.3 million in general funds, \$30.5 million cash funds, \$2.4 million reappropriated funds, \$34.5 million federal funds, \$14.2 million stimulus federal funds.
- Commissioner Lesley Dahlkemper, Jefferson County
  - Worked with the AG's work on providing the framework for the distribution of the opioid settlement dollars.
  - Region 10 – impact has seen firsthand the impact of the opioid community and has lost 353 people to opioid overdose. Placed an emphasis on equity, lived experience and evidenced based practices. Issuing RFPs for services in the next couple of weeks and the council will determine how to divide up those dollars.
- Commissioner Wendy Buxton-Andrade, Prowers County
  - Worked in the substance use arena for over 10 years and engaged in creating the Colorado blueprint.
  - Region 19- includes 9 rural counties. Creating a website for residents to seek help and a QR code to hand out and develop marketing campaign for easy access to resources for the community.

The next meeting is July 19<sup>th</sup> at 9am and the full power points from the presentations today can be found here:

<https://leg.colorado.gov/content/iopioidsubstance2023ascheduleandmeetingmaterials>.