

2017

CBHC | Colorado Behavioral  
Healthcare Council

# Senate Bill 16-202 Report Overview



## CHAMPIONS FOR CHANGE:

### Meet the Managed Services Organizations (MSO) Partnering to Fight Substance Use Disorders (SUD)



ASPENPOINTE is an MSO covering a full spectrum of care, including mental health and SUD services, as well as career and education enhancement programs for individuals and families. By collaborating with clergy, educators, employers, the legal/criminal justice system, and other health and human service organizations in the Pikes Peak region, ASPENPOINTE leverages collective resources for the betterment of the community and the lives of residents within it.



Signal Behavioral Health Network exists to transform lives and communities by delivering high-quality and innovative professional services to behavioral health providers. Through partnership with the Colorado Office of Behavioral Health, 35 counties, and several judicial districts and Colorado-based organizations, they provide fund management, clinical auditing/oversight, client data collection and reporting, and advocacy for public policies and funding that is supportive of SUD treatment.



As an MSO serving Boulder County and the surrounding municipalities of Boulder, Longmont, and Lafayette, Mental Health Partners is a comprehensive community mental health center committed to supporting healthy minds, lives, and communities. Providing a broad range of programs and services for all age groups, Mental Health Partners believes in dedicated collaboration with other organizations to provide the best possible support for clients in recovery.



As the designated MSO for Colorado's Western Slope, West Slope Casa has built a legacy of improving the lives of those affected by alcohol and substance use in western Colorado. A coordinated and collaborative network of behavioral health providers covering 17 rural counties and more than 30,000 square miles of high desert and mountainous territory, West Slope Casa provides evidence-based, culturally-sensitive affordable care to ensure comprehensive treatment for those in need.

## ***Working together to win the battle against substance use disorders...***

One of the state's 10 Winnable Battles, preventing and treating SUD is a key public health priority in Colorado, with good cause. The fiscal, social, and human toll of substance use is staggering. Nationally, the U.S. struggles with an economic burden from substance use exceeding \$700 billion annually. The gap between those in need of services and those receiving treatment has widened. Overdose deaths have been on the rise across the country, particularly here in Colorado. In 2016, Colorado embarked on a new approach to tackling these issues by building on core, evidence-based principles:

- Treatment is clinically and financially effective
- Authentic community engagement and planning are critical
- Accountability and transparency are paramount

In 2016, Senate Bill 16-202 was passed by the Colorado General Assembly and signed by Gov. John Hickenlooper to improve access to SUD services within Colorado's MSO regions. The four MSOs work to ensure a full continuum of services are available through community-based substance use providers statewide. SB16-202 requires the MSOs to conduct robust needs assessments with stakeholders across all Colorado communities. With this information, the MSOs were able to develop strategies to increase access to SUD services that best matched local needs.

Critically, funding to implement these strategies is designed to be flexible and to avoid unnecessary, regulatory oversight. In 2016, the Colorado Office of State Planning and Budgeting highlighted, "The requirement that providers use multiple methods for obtaining reimbursement for contracted services creates an administrative burden and requires more resources be directed to these administrative and billing activities when the resources may be better allocated toward providing services to clients." SB16-202 maximizes the reach of public dollars to meet unique local healthcare needs, without compromising accountability or transparency.

**This report highlights how Colorado's MSOs have implemented and managed improvements to the SUD system throughout the state. Healthcare is local, and our hope is that Colorado's experience with SB16-202 will set the stage for how we address SUD and other health needs in our state moving forward.**



## COLORADO SNAPSHOT

**1 IN 7**  
**HIGH SCHOOL**  
**STUDENTS**

has taken prescription  
medications without a  
doctor's prescription

**224K**  
**PEOPLE in**  
**COLORADO**

misuse prescription  
medications every year



**15.7%**  
**COLORADANS in NEED**  
**of SUBSTANCE USE**  
**TREATMENT SERVICES**

but cannot find treatment due  
to a shortage of facilities

**12<sup>TH</sup>**  
**in the NATION**

for self-reported  
nonmedical use of opioid  
painkillers in 2012-13

**19.1%**

**of all TREATMENT**  
**ADMISSIONS**

are for methamphetamines

**3X MORE in**  
**PAST 4 YEARS**

deaths due to heroin  
in Colorado

**300**

**DEATHS/YR.**

are the result of  
painkiller overdoses

**↑82%**

**UNINTENTIONAL DRUG**  
**POISONING DEATHS**

from 2004 to 2013



## SB16-202 SUMMARY

Colorado's SB16-202 created a framework by which SUD service needs can be identified through community engagement and supported through funds managed by the MSO system.

In accordance with the bill, the MSOs:

- Performed a state-wide community needs assessment and produced subsequent action plans;
- Expanded the SUD system of care; and
- Provided services that would not otherwise be funded, with an emphasis on portions of the continuum that have little or no support from other payers (residential services, withdrawal management, specialized treatment, prevention, and recovery services).

**SB16-202 has significantly increased access to desperately needed services across Colorado by providing flexibility in funding to meet the needs of each community.**

## STATEMENT OF NEED

**More than 255,000 Coloradans misuse prescription drugs, and deaths involving the use of opioids nearly quadrupled between 2000 and 2011.**

The Colorado Office of Behavioral Health and the Western Interstate Commission for Higher Education recently completed an analysis documenting unmet needs for SUD services across the state. This comprehensive behavioral health needs analysis projected the extent of unmet need to increase significantly by 2025. In response, the Colorado General Assembly designed SB16-202 to improve ongoing assessment of local needs and enhance access to treatment and support. Signed by Gov. John Hickenlooper, the legislation paved a new path forward for addressing SUD as a key public health priority and winnable battle for Colorado.



## COMMUNITY ACTION PLAN

SB16-202, the Increasing Access to Effective Substance Use Disorder Services Act, directs and empowers Colorado’s four MSOs to perform the following tasks:

- 1) Conduct a statewide needs assessment reviewing and identifying gaps in SUD services, including issues related to capacity, access, and sustainability
- 2) Develop and refine community action plans, with intentions around addressing as many areas of priority as possible
- 3) Direct coordination, strategy, and funding towards as many of these areas as possible

The intent of these community action plans is to increase access to a full continuum of effective SUD services, including prevention, intervention, treatment, and recovery support. The action plans serve as roadmaps to fill the most critical service gaps in each geographic region of the state.

SUBSTANCE USE CARE CONTINUUM				
Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to healthcare services, income and economic security, and workplace certainty.	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies.	Screening and detecting substance use problems at early stages and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: <ul style="list-style-type: none"> <li>• Outpatient Services</li> <li>• Intensive Outpatient/Partial Hospitalization Services</li> <li>• Residential/Inpatient Services</li> <li>• Medically Managed Intensive-Inpatient Services</li> </ul>	Removing barriers and providing support to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life.



## KEY FINDINGS

The Keystone Policy Center was engaged to help facilitate the SB16-202 needs assessment process across Colorado.

The Keystone SUD report identified three recurrent issues across the state:

1. Flexibility and sustainability of funding
2. Care coordination across the continuum of services
3. Limited access to a qualified workforce

In particular, the Keystone report found that current, restrictive payment protocols at the state level has led to millions of dollars going unused instead of being applied to patient care. Allowing providers and MSOs greater flexibility in how they may use funding to support their communities with needed services was a common request.

Across the state, stakeholders identified challenges to building and sustaining a complete continuum of care due to disjointed and inflexible funding. These challenges are compounded by inconsistent insurance benefits, inconsistent access to all levels of services, and an inability to appropriately scale capacity in both rural and urban areas. These concerns support additional complaints about a scarcity of qualified workforce, especially in rural and frontier areas.

## BENEFITS TO INCREASING ACCESS TO SUD SERVICES

The economic burden of substance use is significant: approximately \$700 billion per year. Research shows that treatment is clinically and cost effective, decreasing unnecessary utilization of our medical systems and other expensive, avoidable levels of care. When savings related to healthcare are added to savings to other systems, total savings can exceed costs by a ratio of 12:1.

# COLORADO *can do* BETTER

**SUBSTANCE USE DISORDER PREVENTION, INTERVENTION & TREATMENT STRENGTHENS COMMUNITIES & SAVES DOLLARS**

**\$1 SPENT ON TREATMENT RETURNS AS MUCH AS \$7**

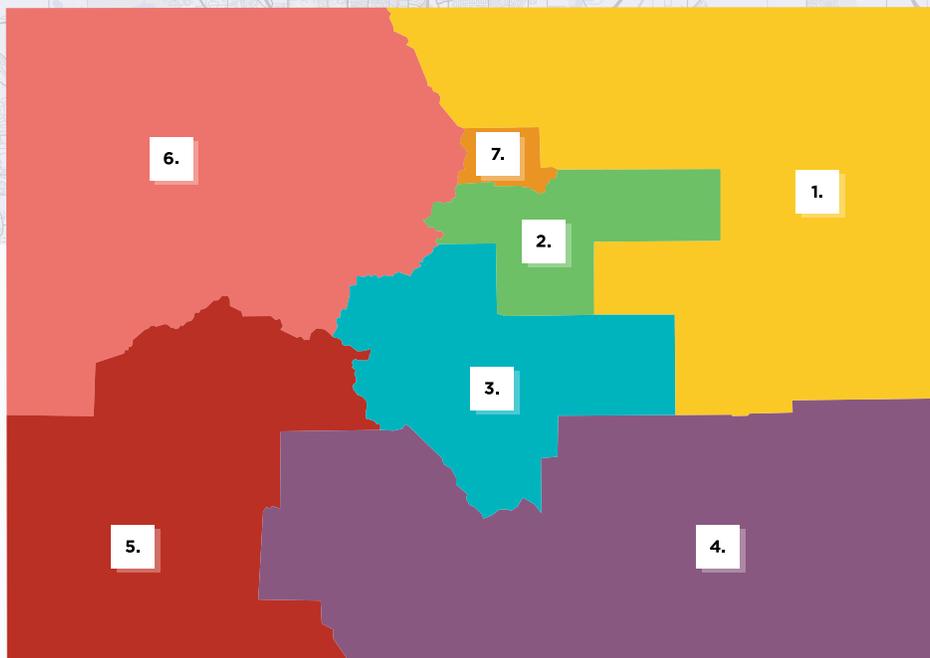
in associated criminal justice costs

**WHEN YOU ADD HEALTH-RELATED SAVINGS:** fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.

**TOTAL SAVINGS exceed COSTS BY 12:1**

Source: National Institute for Health

# MSO Territory Map



## Milestones for SB16-202

- 1 In 2016, enabling legislation passed to equip the MSOs with resources to perform a statewide assessment of SUD services to understand the needs and gaps in our system
- 2 Community assessments conducted by MSOs
- 3 Identified gaps and need relating to SUD and unused funds
- 4 Based on this review, each region developed an action plan to fill those gaps
- 5 In 2017, the Colorado Joint Budget Committee approved \$6 million to implement those action plans

What follows is a region-by-region summary of how the funds have been applied, including highlights and success stories that have changed the way we're dealing with SUD in the state.



## Region 1

Larimer, Weld, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne Counties



### NEEDS/GAPS

- Workforce: retention and training including Medication Assisted Therapy (MAT)
- Increased training in trauma-informed care
- Case or care management, system navigation
- Better information and data sharing
- Better data related to outcomes of interventions and treatment
- Crisis service alternatives and stabilization/acute treatment unit
- Funding for transitions, including kids re-entering school settings and homeless
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs
- Short- and long-term residential treatment
- Intensive outpatient services, including sustainable rural options
- Prevention including early intervention, especially with kids
- Detox services/facilities with a medical component
- Public education
- Creating sustainability in rural communities

### HIGHLIGHTS

#### **Adult and Adolescent Prevention and Treatment Expansion**

Larimer County expanded a variety of services, including adolescent treatment and prevention, adult treatment options, and medication-assisted treatment. It is particularly important to ensure access to services in areas experiencing regional population growth.

Nearly five dozen additional adolescents began accessing services. For the adult population, medication assisted treatment has grown significantly with a reported 43 Suboxone inductions and 15 Vivitrol initial injections thanks to SB16-202 funding.

Region 1 experienced capacity growth, including clinical workforce, facility expansion, and medication access.

#### **Withdrawal Management Sustainability and Expansion**

Also known as detox services, Greeley expanded its withdrawal management facility and contributed to serving more than 1,500 clients in Weld County.

While the allocation was only a small percentage of the overall operational costs for the facility, the investment increased access to care and supported sustainability moving forward.

#### **Residential Expansion**

Expanding and sustaining a residential program in northeast Colorado, helping to support the treatment of 384 individuals.

While the allocation was only a small percentage of the overall operational costs for the facility, the investment increased access to care and supported sustainability moving forward.

#### **Adolescent Prevention**

SUD prevention services were provided across 10 school districts and directly to 13 schools across the 10-county northeast corner of the state.



## Region 2

Denver, Adams, Arapahoe, Broomfield, Douglas, Jefferson, Clear Creek, and Gilpin Counties



### NEEDS/GAPS

- Workforce: shortages of providers, training including Medication Assisted Therapy (MAT), certifications, access to telehealth, and mobile services
- Increased training in trauma-informed care and adverse childhood experiences
- Case or care management, system navigation
- Prevention
- Support for community transitions including peer supports, family/community reconnection, and nutrition
- Better information and data sharing
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs, including those for veterans
- Detox services/facilities with a medical component
- Intensive outpatient services
- Connection and convening the different sectors to develop a system of care
- Treatment within the criminal justice system
- Residential treatment (short-, mid-, and long-term) and transitional residential services

### HIGHLIGHTS

#### **Withdrawal Management Sustainability and Expansion (Startup Costs)**

The metro area experienced a sustainability challenge for three of four withdrawal management (detox) facilities. SB16-202 funding helped to move the programs to community mental health centers, which allowed them to be more stable, available, and better integrated with the crisis system. They are on track to serve a combined 9,000 clients region-wide.

#### **Integrated Recovery Care**

Region 2 created a Recovery Nurse Advocate program, modeled after the highly effective Nurse-Family Partnership, featuring nurses trained specifically to help pregnant mothers struggling with substance abuse and their babies, with a special focus on individuals with opioid use disorders.

The Recovery Nurse Advocate program was able to provide services to 50 pregnant or post-partum women.

#### **Residential Sustainability and Expansion**

Region 3 expanded three adult residential programs, including a primary focus on serving pregnant women and women with dependent children.

Physical expansion and increased workforce helped 437 clients across three facilities receive care.

“**After going through this program, I want to live! I never want a drink again! I love myself! I’m happy, determined, and sober!**”

- treatment services recipient  
10/09/2017



## Region 3

El Paso, Teller, Park, Lake, Chaffee, Fremont, and Custer Counties



### NEEDS/GAPS

- Workforce: access and capacity including telehealth/mobile services, retention, more training with co-occurring behavioral health issues, and varying certifications by payer
- Affordability of treatment
- Residential treatment (short-, mid-, and long-term)
- Intensive outpatient services
- Case or care management
- Better data: cost/benefit of treatment, and cultural needs
- Public education and awareness
- Barriers related to internal regulations
- Siloed funding and administration at state and local levels
- Continuum of housing options
- Supportive transportation
- Prevention including early intervention and in schools
- Loss of mental health court (El Paso County)
- Transitional supports, especially for those transitioning from the criminal justice system
- Increased training in trauma-informed care
- More flexibility and nimbleness in state and local funds to better meet community needs
- Effective mental health services
- Detox services/facilities with a medical component

### HIGHLIGHTS

#### Workforce Expansion and Recruitment

To expand services to an additional nine sites, a workforce expansion fund was established to recruit qualified substance use counselors.

Hiring incentives made available by SB16-202 funding secured new certified addictions counselors and licensed addictions counselors to expand capacity to serve approximately 240 new individuals.

Staff expansion at the regional withdrawal management facility, and investments in outpatient SUD workforce to expand medication assisted therapy capacity, particularly in the El Paso County area.

In the prior fiscal period, three SUD provider positions were filled. In FY 17, seven positions were staffed, an increase of four directly resulting from the SB16-202 investments.

#### Mental Health First Aid Training

MHFA is an evidence-based practice included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. There is an adult curriculum and a youth curriculum, training participants in prevention for mental health and substance use disorders.

The programs are shown to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues. SB16-202 helped train new MHFA instructors and was used to purchase needed training supplies. The courses targeted rural communities and trained nearly 200 community members.

MHFA serves as a building block towards integrated care and toward engaging more community members in planning and implementation of SB16-202 activities.

#### Withdrawal Management Sustainability

Per both the SB16-202 Community Action Plan and local community input, withdrawal management ranks as one of Region 3's most vital SUD focus areas. Administration of the region's detox facility is tenuous, as the county provider operating the lone detoxification facility in MSO SSPA Region 3 historically runs at a sizeable loss.

This outlay helped the county provider defray SUD costs, and ensured sustainability and continued existence of this program. SB16-202 dollars were applied to offset otherwise unfunded withdrawal management costs incurred during the year ending June 30, 2017. The funds aided EPC in serving 4,658 clients during FY 17.



## Region 4

Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla Counties



### NEEDS/GAPS

- Workforce: access and capacity, certification requirements, retention, and training including Medication Assisted Therapy (MAT)
- Team-based care to address generational use
- Residential treatment (short-, mid-, and long-term)
- Transitional residential services
- Case or care management: navigation and whole person care
- More flexibility and nimbleness in state and local finds to better meet community needs
- Better partnerships with law enforcement, including awareness of community resources
- Transitional services for those leaving the criminal justice system
- Continuum of housing options
- Supportive transportation
- Detox services/facilities with a medical component
- More coordination among state and local agencies related to funding, communication, and administration
- Lack of resources for those with co-occurring mental health and substance use disorders
- Prevention: trauma-informed care, adverse childhood experiences, informed consumers, stigma, early intervention, addressing normalization of use
- Public education and awareness, personal motivation
- Intensive outpatient services, including sustainable rural options

### HIGHLIGHTS

#### Medication Assisted Treatment Care Coordination

Increased use of Medication Assisted Treatment (MAT) for individuals with opioid use disorders through improved care coordination and use of OpiSafe, a comprehensive pain management technology platform that utilizes a smartphone or other access to the web. OpiSafe helps prescribers using MAT by automatically checking the Prescription Drug Monitoring Program database, assisting in evaluation of ongoing opioid use and functioning, and scheduling drug screening as needed.

SB16-202 dollars expanded MAT workforce and supported coordination efforts with an integrated healthcare treatment team.

#### Withdrawal Management Sustainability and Expansion

Region 4 saw support for withdrawal management services in Alamosa, Pueblo, and Trinidad. These facilities have been faced with increasing costs for personnel, utilities, and client meals, as well as ongoing issues in hiring and retaining qualified staff. At the same time, the region has seen significant increases in individuals struggling with substance use seeking assistance (nearly double over last three years).

This supportive funding allowed those detox facilities to remain viable and expand access to additional clients, serving a combined 3,220 admissions during the year.

#### Peer Recovery Specialists

Peer Recovery Specialists play an important role in the SUD service delivery system. SB16-202 helped to hire a new recovery specialist to monitor implementation of recovery support services and to guide individuals in transitioning successfully back into the community from residential care.

Services in Region 4 supported the four dimensions of recovery: health, home, purpose, and community, and included illness management and Wellness Recovery Action Planning (WRAP).



## Region 5

Archuleta, La Plata, Montezuma, Dolores, San Miguel, San Juan, Ouray, Hinsdale, Gunnison, Montrose, and Delta Counties



West Slope Casa

### NEEDS/GAPS

- Workforce: shortages of providers, high turnover rates, certification requirements, increased training in medication assistance, and access to telehealth and mobile services
- Increased training in evidence-based and trauma-informed care
- Case or care management, including to assist with transitions
- More flexibility in state and local funds to better meet community needs
- Creating sustainability in rural communities
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs
- Residential treatment
- Intensive outpatient services
- Prevention, including early intervention
- Detox services/facilities with a medical component
- Addressing the festival culture
- Better access to care that reflects the culture of the region

### HIGHLIGHTS

#### **Montrose Withdrawal Management**

At present, there is no withdrawal management facility in Montrose or the surrounding six-county region. Detoxing clients are either treated at the hospital or transported more than an hour away to Grand Junction.

Leveraging SB16-202 funds, Montrose will open a combined facility that will house both a withdrawal management program and a behavioral health crisis center. Final project scope (number of beds in each unit, arrangement of rooms, etc.) is undetermined at the end of the year due to conflicting licensing and operating rules that govern the two functions. These differences are being worked out and final plans will likely be approved by the end of 2017.

#### **Homeless Outreach Collaboration with the Bridge Shelter**

The homeless population has many barriers to accessing treatment, and often has distrust of service providers. Local providers in southwest Colorado partnered through SB16-202 to provide outreach, engagement, and SUD treatment services to the homeless population.

Funding supported the clinical workforce in Region 5, including a Level III certified addictions counselor (CAC) from the community mental health center embedded at a homeless shelter, to build relationships with clients, identify and address barriers to care, and increase engagement in care.

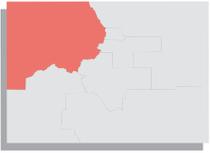
Launched mid-year, this program served 31 clients for the region.

#### **Fort Lyon Statewide Homeless Network**

Individuals with significant substance use disorders and chronic homelessness utilize significant resources in the community, including law enforcement, emergency department, detox, and shelters. The facility is the only long-term program geared toward people experiencing homelessness and substance use disorders.

While located in Bent County in southeast Colorado, Fort Lyon helps successfully break the cycle of homelessness and addiction for individuals across Colorado.

In Region 5, 30 community members were screened for the Fort Lyon program, with seven individuals from the southwest corner of the state being accepted. Providers will work intensively with each person as their return to the community is planned and initiated.



## Region 6

Mesa, Garfield, Rio Blanco, Moffatt, Routt, Eagle, Pitkin, Summit, Grand, and Jackson Counties



West Slope Casa

### NEEDS/GAPS

- Workforce: shortages, low salaries, and high turnover rates
- Increased training in trauma-informed care
- Case or care management
- Better information and data sharing
- More flexibility in state and local funds to better meet community needs
- Crisis service alternatives and stabilization
- Creating sustainability in rural communities
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs
- Affordability of treatment
- Residential treatment
- Intensive outpatient services
- Prevention, including early intervention
- Detox services/facilities with a medical component
- Systems for high utilizers

### HIGHLIGHTS

#### **Pitkin County Withdrawal Management**

In FY 17, the withdrawal management services in Pitkin County expanded from two beds to four, with support for expansion and operational costs from SB16-202 funding.

Since the expansion was completed, approximately five clients per month are served locally and specific capacity to supporting female clients has increased from two to five clients each month, and have not had to be referred elsewhere.

#### **Ambulatory Withdrawal Management**

Eagle County has been without a withdrawal management program for several years. While there have been ongoing efforts to bring together community support for funding a new, traditional detox facility, these efforts have not been successful.

SB16-202 funding has now been dedicated to standing up ambulatory withdrawal management for the county that will treat approximately 100 clients in its first year of operation. This will prevent costly and time-consuming transportation of withdrawing clients over Vail pass to adjacent counties for services.

#### **Withdrawal Management Follow Up Services**

Region 6 implemented a more extensive case management system and expanded the case management workforce to support client recovery and motivate them to pursue further treatment. As a result of the enhanced program, clients reported staying in recovery longer and 42 percent successfully transitioned into outpatient treatment.



# Region 7

Boulder County

## NEEDS/GAPS

- Workforce: shortage of providers, training in medication assistance, and certification requirements
- Treatment within the criminal justice system
- Transitional programs and services, including people leaving the criminal justice system
- Focus on harm reduction
- Case or care management, system navigation
- Prevention: SBIRT, stigma, early intervention, and screening
- Detox services/facilities with a medical component
- Better information and data sharing
- Continuum of residential treatment (short-, mid-, and long-term) and transitional residential services
- More flexibility and nimbleness in state and local funds to better meet community needs
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs
- Workforce development programs
- Crisis stabilization services available 24/7
- Public education, communication, and partnerships (including faith in the community) to increase awareness of resources available
- Agency alignment of funding, administration, and rules

## HIGHLIGHTS

### Enhanced Outpatient Program

SB16-202 funding will allow clients to access a more intensive level of outpatient services across Boulder County. At a capacity level, Boulder has implemented a unique tracking program for opiate users and increased staff education to better meet the needs of different populations experiencing high levels of substance use.

Investments increased provider capacity for direct service and has reduced wait times for clients.

### Suboxone Clinic

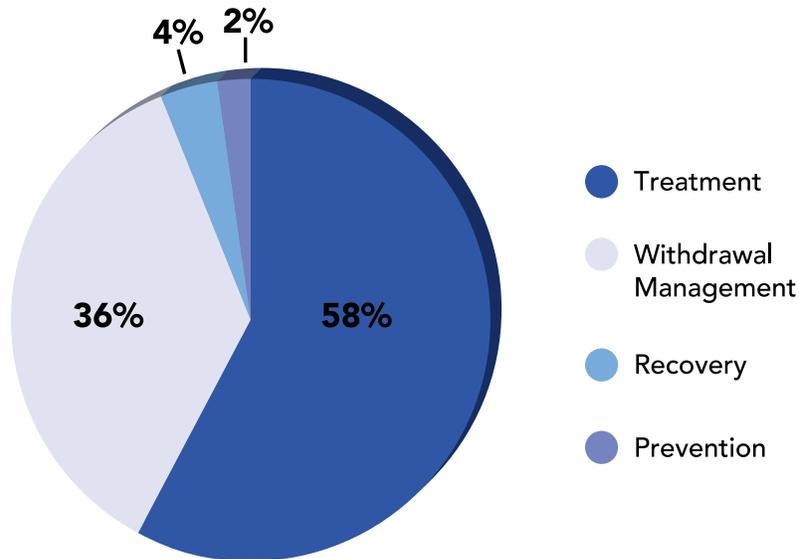
A comprehensive Suboxone program has been implemented using SB16-202 funding to improve infrastructure, train staff, and implement medication-assisted treatment. There are no other public funding mechanisms to start up such a program, so SB16-202 represented a unique opportunity to build capacity that can now be sustained using Medicaid and other payment streams.

“ **A client was referred to the Enhanced Outpatient Program (EOP), who was struggling with alcohol use. He had lost his career following an accident resulting in traumatic brain injury 10 years ago. He had not had a prior treatment experience beyond a DUI program in the past, and this was his first exposure to dialectical behavior therapy and cognitive behavioral therapy skills. He was our first EOP graduate, having requested to attend longer than the 12 weeks of the program to strengthen his absorption of the material. He was able to remain sober, and enhanced relationships with all family members, particularly a young son. He reported benefits from both the curriculum and the format used in the EOP.** ”

- Mental Health Partners

## SB16-202 Funding Allocation

FY 16-17



## SB16-202 SUCCESSES

In every region, funding allowed MSOs to expand existing services, including important investments in the clinical workforce. Several locations will see withdrawal management services for the first time, and others will have these treatment lines revamped after significant gaps in recent years. Many regions hired specialist medical staff with the new funds, including peer support specialists, care managers, certified addictions counselors, licensed addictions counselors, and registered nursing staff. Finally, incremental steps were taken toward addressing the critical scarcity of residential levels of care in nearly every region of the state.

## NEXT STEPS AND GOALS FOR THE COMING YEARS

It is critical to have flexible dollars available that are responsive to local need and allocated based on community stakeholder engagement. This new way of distributing funds has proven effective and is promising for ongoing public investment in addressing substance use and mental health disorders. This will be an important step to combating the growing epidemic of substance use disorders, and it can serve as a model for other states grappling with this national public emergency.

The program is currently 100 percent funded by the Marijuana Tax Cash Fund as a result of the voter-approved legalization of recreational marijuana sales. The forward thinking provided by the legislature in allocating a percentage of this tax revenue has led to great strides in combating substance use in the state; these efforts will only continue to improve as the tax contribution grows.



# CBHC | Colorado Behavioral Healthcare Council

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