

Colorado Substance Abuse Trend and Response Task Force

Colorado Revised Statute §18-18.5-103(6)(d)(I-III)

José Esquibel, Vice Chair for Prevention

Associate Director

Colorado Consortium for Prescription Drug Abuse Prevention

Task Force Membership

Membership of the Colorado Substance Abuse Trend and Response Task Force is set forth in statute:

Chair, three vice-chairs, and twenty-eight members, including 3 members of the General Assembly

Task Force Leadership

Chair:

Attorney General Phil Weiser

Vice Chair for Treatment:

Marc Condojani, Office of Behavioral Health

Vice Chair for Criminal Justice:

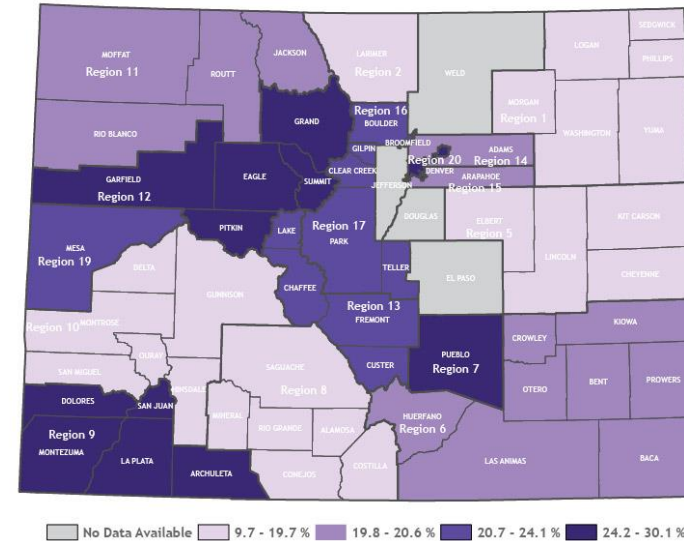
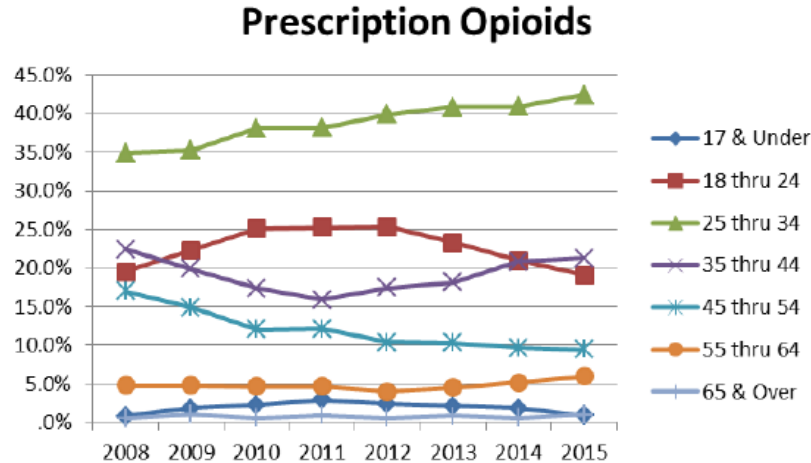
Chief Rick Brandt, Evans Police Department

Vice Chair for Prevention:

José Esquibel

Task Force Duties

Monitor Colorado Substance Abuse Data and Trends



Task Force Duties

Identify Best Practice Approaches and Assist Local Communities



Colorado Substance Exposed Newborns
Hospital Learning Collaborative



Peer Assistance Services



Task Force Duties

Annual Report and Recommendations to the Legislature

State of Colorado

Substance Abuse Trend and Response
Task Force



Thirteenth Annual Report
January 2019

Cynthia H. Coffman
Colorado Attorney General
Task Force Chair

Submitted by
January 1st to the
House and Senate
Judiciary
Committees

Data Committee

State Epidemiological and Outcomes Workgroup

- Multidisciplinary working group of data stewards
- 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.

Managed by the Office of Behavioral Health, Colorado Department of Human Services

Substance Exposed Newborns Steering Committee

6 Work Groups:

- Hospital Learning Collaborative
- Fetal Alcohol Spectrum Disorder
- Data and Research
- Provider Education
- Plan for Safe Care
- Policy



Substance Exposed Newborns Steering Committee Highlights

Colorado Hospital Learning Collaborative

- 19 birthing hospitals in Colorado participating
- Average length of stay for opioid exposed newborns reduced from 20 days to 10.75 days in second quarter of 2019 compared to the second quarter of 2018

Substance Exposed Newborns Steering Gaps and Recommendations

- Need for additional multigenerational treatment options where families not only can stay together but where everyone can access services:
 - i.e. family-based treatment where each member of the family has a treatment plan and both individual and family services are offered
- Few services are specific to parents in recovery:
 - Provide additional recovery support services that are tailored to the needs of parents
 - Increase transitional housing options for families, including children and allowing partners/spouses

Task Force Committees

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



SBIRT in Colorado

SBIRT is an evidence-based approach

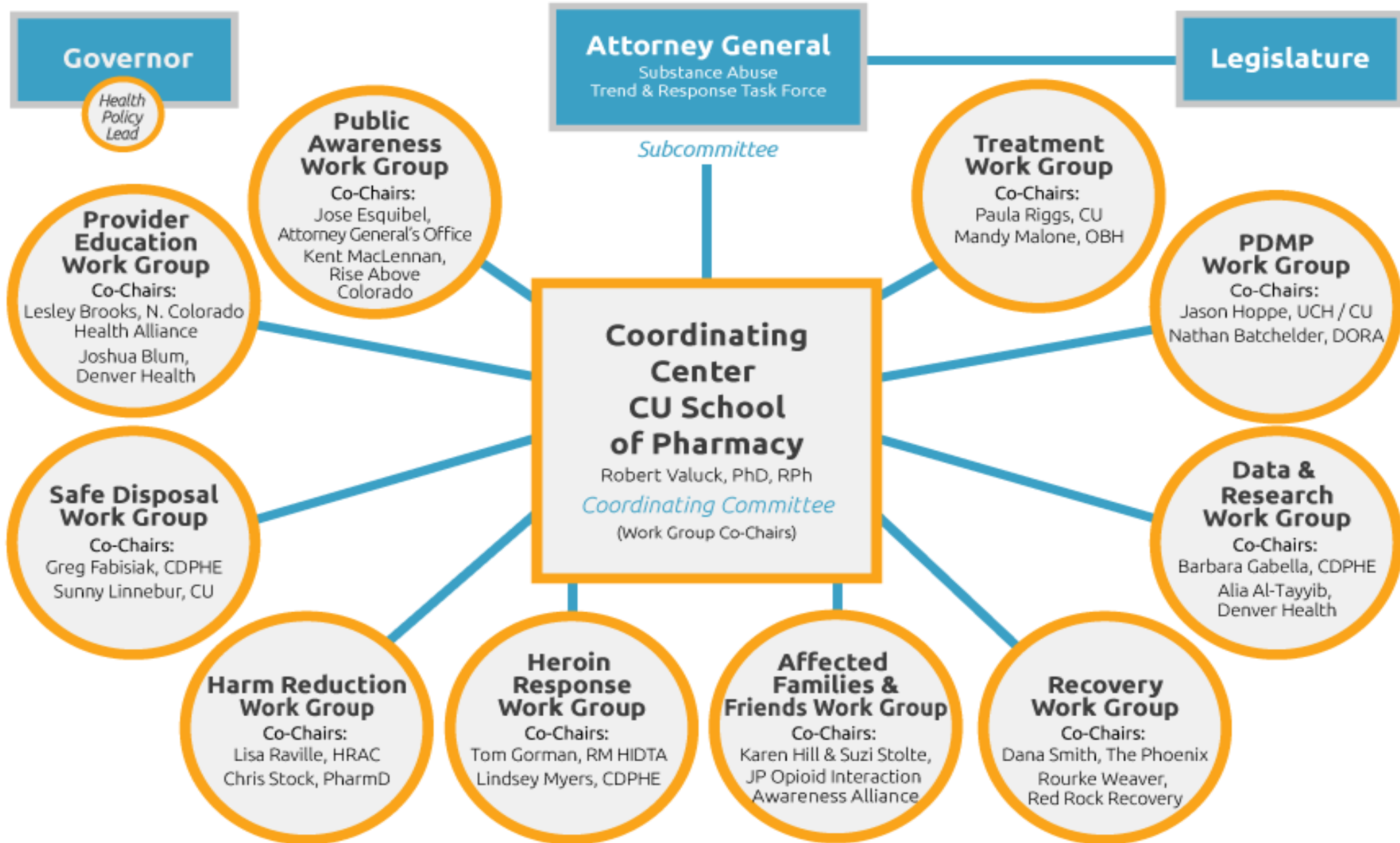
Implemented mainly in health care settings

HB18-1003: Expanded prevention, early intervention training and TA statewide

- Over 35 in-person trainings conducted – up from 14 funded trainings in prior year
- 400+ individuals trained in 21 counties in FY1819

SBIRT Gaps

- SBIRT is not yet an established standard of care in Colorado
- Demand for training statewide continues
- Opportunities to expand SBIRT for adults and adolescents



Jose Esquibel

Vice Chair of Prevention

Substance Abuse Trend and Response Task Force

Associate Director

Colorado Consortium for Prescription Drug Abuse Prevention

jose.a.esquibel@cuanschutz.edu