

2019 Recovery Stakeholder Input

Opioid & Other Substance Use Disorders Study Committee

Stakeholders from healthcare, local government, public health, criminal justice, professional associations, and private citizens had the opportunity to submit feedback via paper or electronic form. 232 individuals or agencies submitted 241 stakeholder input forms. In total, 374 policy recommendations were received as each submission could include more than one policy recommendation.

Results are compiled and summarized below related to Recovery. Please see the binder folder or electronic file of all submissions.

Payment Reform

- Allow Medicaid-reimbursable, autonomous peer service delivery in Colorado (an administrative task out of the Department of Health Care Planning and Finance (HCPF) to implement the rules, regulations, codes & standards of care)
- Amend current funding structure which creates unnecessary competition between recovery support services (i.e. peer supports are competitors rather than collaborators)
- Create equity across the Managed Service Organizations (MSOs) in terms of funding provided to Peer Recovery Organizations
 - Even though Peer Recovery Organizations are not required to meet licensure requirements at the national or state level, ensure funding by all Managed Service Organizations (MSOs) to provide peer services and coaching

Funding

- Fund peer recovery coaches and increase compensation for existing positions
- Offer loan forgiveness and scholarships to those seeking certification as Peer Support Specialists and Recovery Coaches
- Offer non-restricted grant funding that can cover the administrative and indirect costs associated with running a peer support program
- Expand access and funding for evidence-based and trauma-informed programs of recovery as well as treatment centers versed in these alternatives (e.g., Self-Management and Recovery Training (SMART) recovery programs)
- Fund peer support business models (provide insurance and Medicaid access to fund streams for peer business and community supports)
- Offer financial compensation to recovery advocates participating in policy discussions
- Ensure policy discussions include voices of entire recovery community and not just treatment providers

Housing

- Implement Housing First in Colorado
- Reevaluate zoning laws and eligibility restrictions around prior drug-related convictions and other barriers that prevent individuals from attaining housing
- Create recovery residences that utilize a harm reduction system
- Expand options for supportive housing in the rural and frontier Colorado

- Require transitional residential housing programs and sober living sites to accept all forms of Medication Assisted Treatment (MAT) for their residents and applicants
- Fund Recovery Housing, halfway houses, and recovery support services across the state with capital expenses allowable
- Fund short-term housing (up to 90 days) for individuals participating in outpatient or therapeutic work model
- Assist individuals in recovery with rent payments
- Develop criteria to ensure that property managers are not overly restrictive on housing based off of criminal records and past evictions (there are clients in recovery with housing vouchers who cannot get housing because of these requirements)

Recovery Support Services

- Increase access to peer recovery supports for people in a parenting or caregiving role to sustain recovery, to increase child safety and well-being, and to strengthen families
- Expand the service array available to involuntary commitment clients to invest in after-treatment recovery services, expanding Office of Behavioral Health (OBH)'s capacity and the Managed Service Organization (MSO) systems' supportive services to this population
- Create a culture of recovery by offering minors, individuals undergoing MAT, and those in recovery a realistic alternative for activities and entertainment
- Fund creation of more recovery community centers and community support programs

Other

- Recognition that peers and people in recovery represented at legislative study committees is not a full representation of the opinions of all people in recovery and leaders of recovery support services