

RECOVERY IN COLORADO

Opioid & Other Substance Use Disorder Study Committee

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Recovery:



A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- SAMHSA

2017



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The Colorado Consortium's Recovery Work Group aims to engage communities and professionals in the role of recovery in the continuum of care while expanding equitable access to inclusive recovery support services through collaboration, shared data, mobilization of funding, and policy development.

Notable Legislation

2019

HB 1009 RECOVERY

Reps. Singer, Kennedy
Sens. Pettersen, Priola

- Expands housing vouchers for individuals with substance use disorder
- Requires certification of certain recovery residences
- Creates advisory group to advise Attorney General on use of funds from opioid-related litigation

2020

SB 028 RECOVERY

Sens Pettersen, Priola
Reps Buentello, Herod

- Allows biennial continuation of the Study Committee, next year focused on COVID-19 impact
- Modernizes definition of child abuse and neglect

2021

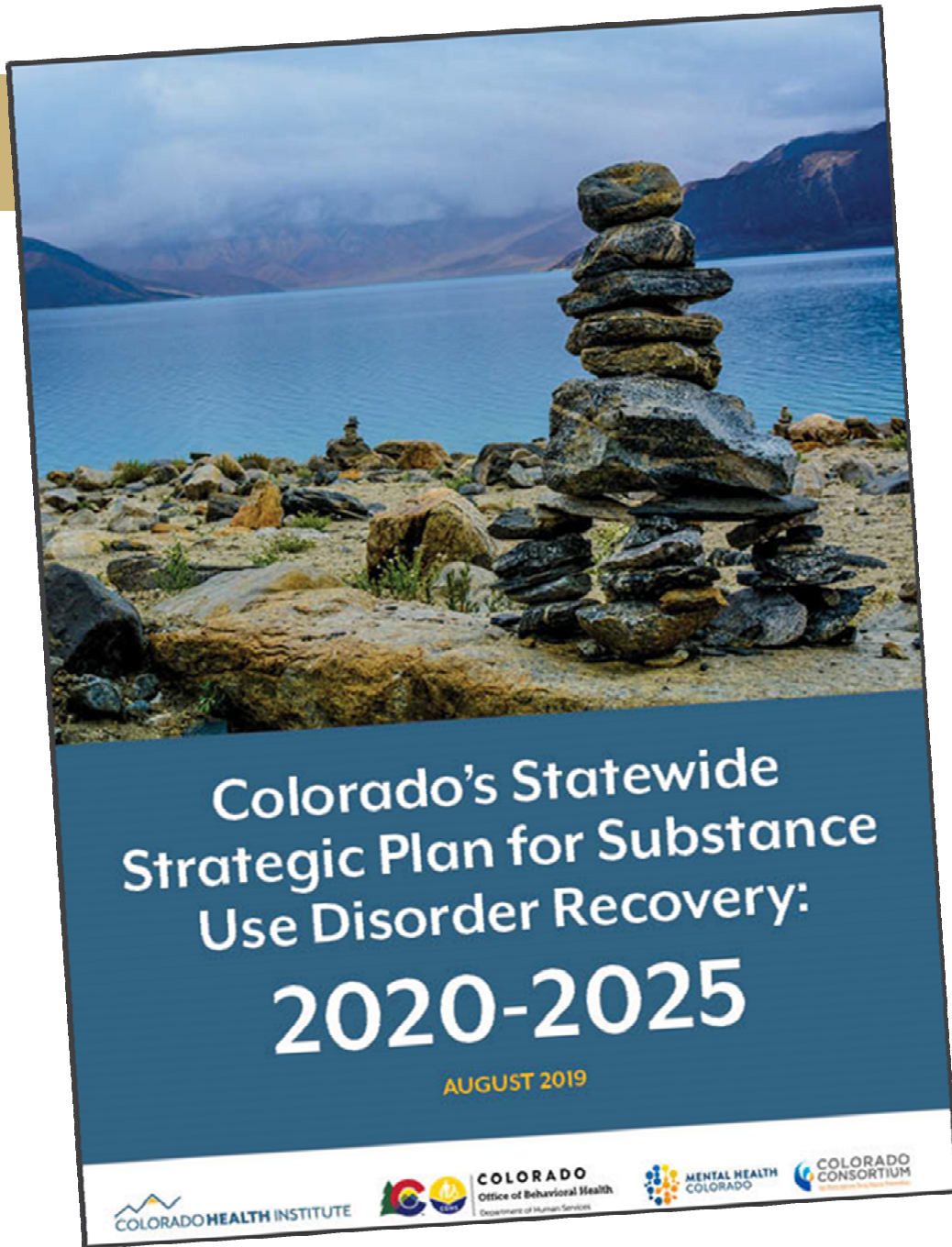
SB 137 BEHAVIORAL HEALTH RECOVERY ACT

RECOVERY SERVICES

- \$1.6M Recovery support services
- \$200K Recovery residence certification
- \$4M Housing assistance

HB 1021 RECOVERY SUPPORT SERVICES

- Defines peer support professional, RSS Organizations



38 Recommendations

THREE STRATEGIC OBJECTIVES

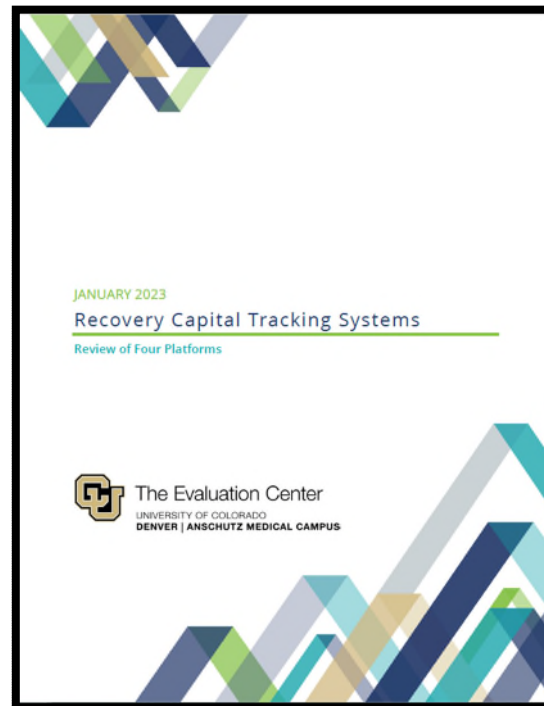
1. Create a Recovery-Oriented System of Care
2. Provide Recovery-Oriented Clinical Care
3. Equip Communities with Recovery Support

Supporting & Measuring Recovery in Colorado

LANGUAGE IS KEY

To support struggling friends, neighbors, employees, co-workers, family and other community members, it is critical to use language which creates a supportive culture to motivate and encourage individuals on their respective paths to recovery.

HELPFUL LANGUAGE:	HURTFUL LANGUAGE:
Person with a substance (alcohol, opioid, etc.) use disorder, person with hazardous or harmful use	Addict, alcoholic, substance abuser, junkie, drunk
Substance use or misuse	Abuse, drug problem, "addiction"
Return to use, recurrence of use	Relapse, "off the wagon"
Medication-assisted recovery	Medication-assisted treatment
Positive or negative lab results	"Dirty" or "clean" lab results
Precontemplative, ambivalent about...	In denial about...
Person struggling to maintain recovery	Chronic relapser, frequent flyer
Withdrawal management	Detox
Has not begun to..., opted not to...	Resistant, non-compliant
Person involved with criminal justice, person currently incarcerated/formerly incarcerated.	Drug offender, criminal, prisoner/parolee



Four Dimensions of Recovery

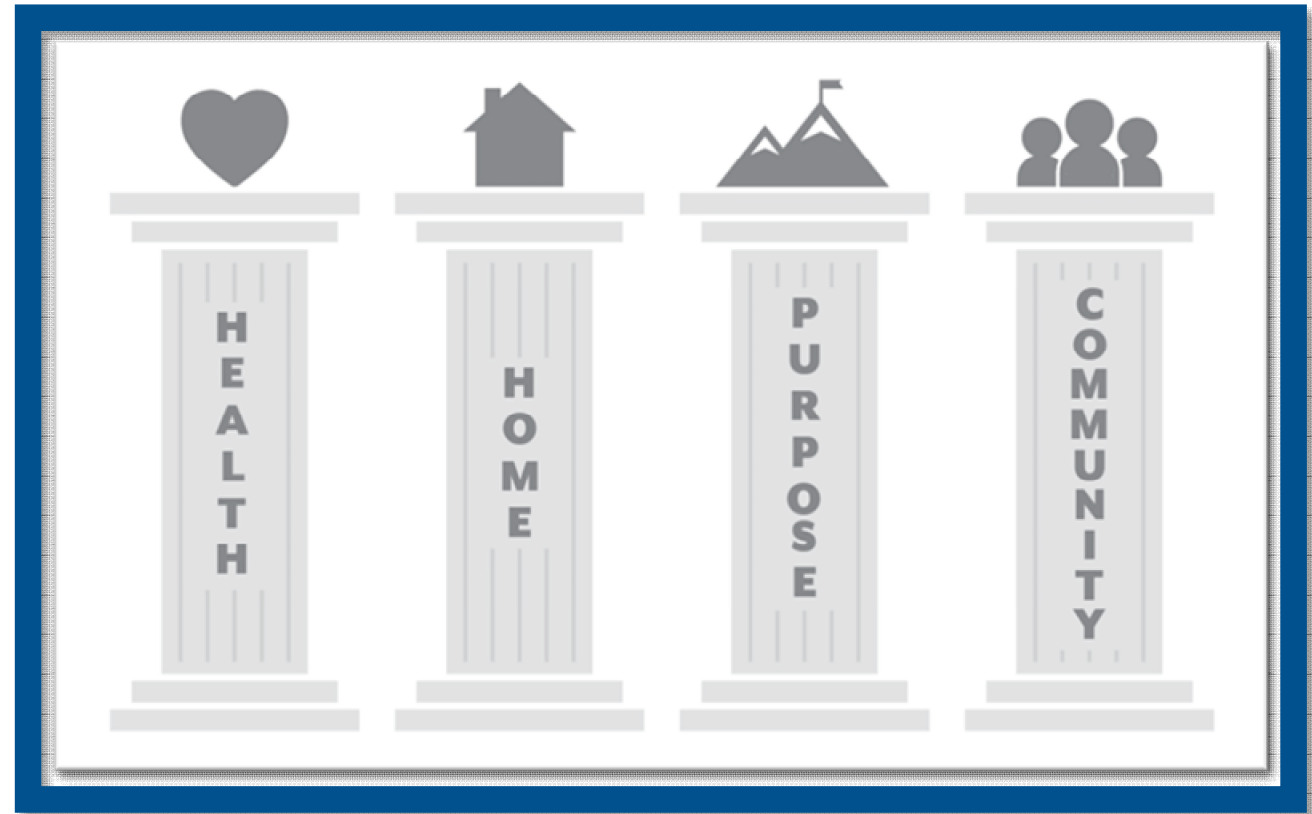
- SAMHSA



Eight Dimensions of Wellness

- SAMHSA

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.



Peer Support Professionals



CRS §27-60-108

Self-identify as having experienced the process of recovery from a mental health disorder, substance use disorder, trauma, or one or all of such conditions

- Completed formal training
- Provide nonclinical support services

Evidence-Based Care = Improved Outcomes

- **Increased retention in treatment**
- **Improved relationships**
- **Reduced returns to use/recurrence**

Challenges

HEALTH

System-wide stigma

Peer support not being implemented in the health care continuum appropriately

HOME

Recovery Residences needed esp. for women (with children), gender diverse Coloradans

NIMBY (not in my backyard)

Medicaid not funding transitional housing

COMMUNITY

Stigma

Recovery Community Organizations in approximately 12/64 counties

Few resources for Spanish-speaking

PURPOSE

Barriers to employment (legal history)

Workplace culture

Lack of recovery support in high schools and higher ed.

Existing Opportunities

HEALTH

Provider education
Growing the Peer Support
Professional Occupation

HOME

Increasing Recovery
Residences state-wide

COMMUNITY

Grants for Recovery
Community Organizations

PURPOSE

Recovery-Friendly Workplace
5280 High School
Collegiate Recovery Program
Leaders (DU, CU)

Policy Suggestions

HEALTH

Support/Resources for
parents/children impacted by
substance use

HOME

Housing Voucher Program
evaluation/revision
Source of funding for transitional
housing/recovery residences

COMMUNITY

Transparency of Recovery Support
Service Grant spending
Require grant recipients support
multiple pathways

PURPOSE

Recovery-Friendly Workplaces
Recovery High Schools
Fund position to build/support
collegiate recovery programs

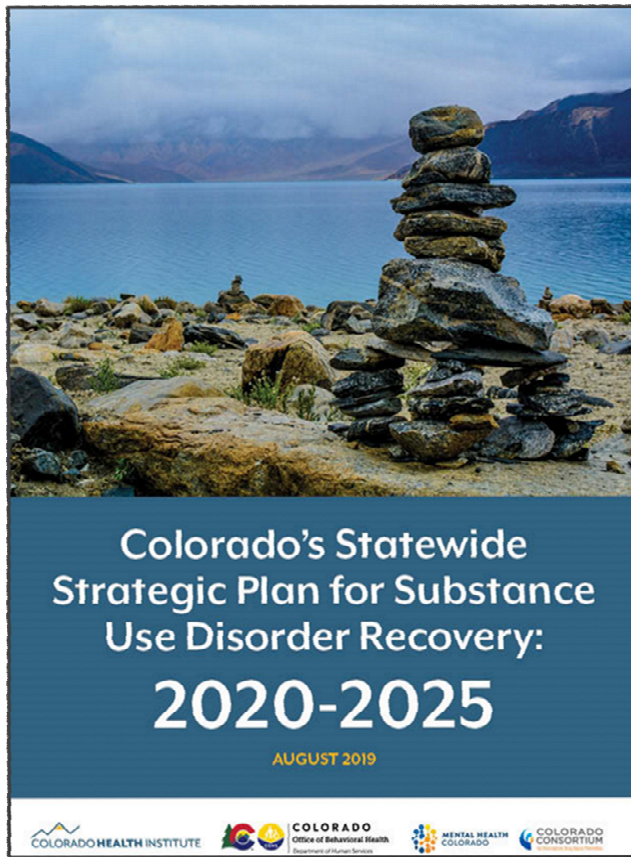


Tonya Wheeler, CPFS
Executive Director

My “Living” Experience

- Living in active & sustained recovery since May 23, 1990.
- Before 1999: Raised in (and started recovery in) small rural towns (<25,000) and only knew of abstinence-based recovery supported by treatment and the 12-Step model.
- 1999-Present: Moved to Colorado, worked as an SUD counselor, a peer support professional, and a recovery advocate.
- Advocates for Recovery Colorado was created in 2001 and I became the Executive Director in 2009.
- Earned Certified Peer and Family Specialist (CPFS) credential.

Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery: 2020-2025



The Strategic Plan started with 2 questions:

- 1. What are the gaps in providing recovery support in communities, state agencies, and local partners?**
- 2. What are the critical strategies needed to address those gaps?**

Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery: 2020-2025

Specific Gaps Identified:

- Community Connections to Recovery Support Services
- Community Recovery Housing
- Community Peer Support Professionals

Strategies Developed in Consideration of the



Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery: 2020-2025

Outlines three objectives essential for building up Colorado's capacity to support recovery in all its forms:

1. Create a Recovery-Oriented System of Care.

This objective focuses on building a foundation to support a recovery system — primarily through data collection and funding.

2. Provide Recovery-Oriented Clinical Care.

This objective recognizes that many people with substance use disorders do access treatment, and clinicians should connect them with recovery supports during treatment and after leaving the formal treatment setting.

3. Equip Communities with Recovery Supports.

Recovery happens in communities and through community-driven leadership. This objective helps equip communities and local leaders — such as law enforcement, city councils, and public health agencies — to use this plan to strengthen their local recovery system.

Each of the objectives should be addressed in collaboration with state agencies, such the Office of Behavioral Health and the Colorado Consortium for Prescription Drug Abuse Prevention; community leaders; and healthcare providers, including those who provide substance use treatment.

The Vision: Building a Recovery-Oriented System of Care

Four Critical Building Blocks:

- 1. The Whole-Person Health Approach to Recovery** – This issue has been at the top of the work in Colorado. Many successes have been achieved in this arena.
- 2. Integrating Community Voices** – Colorado has done a better job on the inclusion of people with living experience but can and should continue to work toward this solution. There are still occurrences where “WE” are only used to “check the box” of inclusion. Colorado needs to continue to hear, respect and respond to the voices of people with living experience.

The Vision: Building a Recovery-Oriented System of Care

3. **Recovery in the Continuum of Care** – A lot of progress has been made since the creation of the Recovery Strategic Plan. Ongoing work will help this stay at the forefront in Colorado
4. **Best Practices for Promoting Recovery** – This is an issue that we need to continue to work on. While the BHA is holding stakeholder meetings and asking for community input, there is a perception in the recovery community that voices are not being heard, for a couple of reasons:
 - Stakeholder meetings are only held virtually no in-person option. The meetings can feel like the stakeholders are being talked at instead of allowing their voices to be heard, respected and applied to the work.
 - Colorado is not utilizing models where this work has been done. Instead of reinventing the wheel let's see what has already been established.

Ongoing Needs to be Addressed

Maintenance and Continuation of Funding specific to non-clinical peer recovery support services in Colorado (RCO model)

Concerns: *SB17-202*: Loss of or reduction of funds due to the reduction in cannabis sales

SB21-137: Continue grant program for RCOs

Clinical vs Non-Clinical Recovery Support Services – Work was done for over a decade to educate/advocate for differences being made between the clinical RSS model and the non-clinical RSS model. We need to continue to see these and support BOTH due to not everyone entering recovery through treatment.

Additional Opportunities to Consider

Develop Colorado Standards for Recovery Community Organizations

https://facesandvoicesofrecovery.org/wp-content/uploads/2023/03/070623_National-Standards-for-RCOs.pdf

Handouts Provided to Committee

Oversight of Recovery Community Organizations

- Best Practices to be included for certification
- Accountability for Recovery Community Organizations

Certifying Recovery Community Organizations

Racquel Garcia, CEO & Exec Director

*Hard
Beauty*



THANK YOU!

Happy to answer questions

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