

SB24-047 House Health & Human Services Committee

Peer Assistance Services Inc., is pleased to support **Section 11** of SB24-047 that requires the Screening, Brief Intervention, and Referral to Treatment Grant Program to implement statewide adolescent substance use screening in schools and pediatric settings.

Background

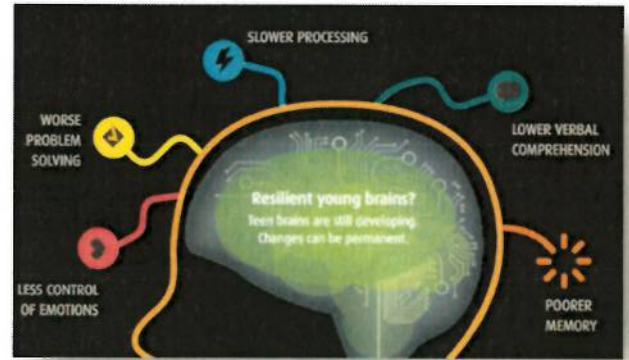
- 20-year history of statewide SBIRT programming.
- Consecutive 5-year SAMHSA grants from 2006-2016 → \$20 million for SBIRT implementation.
- Marijuana Tax Cash Fund dollars have supported SBIRT since 2016.
- 500 SBIRT trainings statewide provided by PAS, 25% focused on adolescent SBIRT.
- Trainings in 40 of 64 counties; 65% Rural or Frontier.

Substance Use

- Any use before age 15 significantly increases the risk of developing a substance use disorder.
- Substance use and mental illness are often co-occurring.

SBIRT is...

- An evidence-based practice recommended by the American Academy of Pediatrics, with implementation by age 12.
- **Screening** with validated questions, e.g., CRAFFT, AUDIT, DAST.
- **Brief Intervention** involves a supportive conversation based on screening results, helping young people identify reasons to avoid or change their substance use.
- **Referral to Treatment** includes further evaluation and follow-up to address any escalating substance use, identifying services to address concerns; for example, apps and virtual programs and positive social activities.
  - Data demonstrates that most youth who report alcohol or drug use do *not* need treatment. They need follow-up and support.



Key Data from the 2023 Youth Provider Survey Research

PAS collaborated with NORC at the University of Chicago to conduct this research project. The Youth Provider Survey aimed to inform us on the extent of SBIRT implementation in adolescent settings in Colorado. There were 260 respondents who work in pediatric settings and schools.

Topic	K-12 Schools	Primary Care including SBHCs
Respondent Professionals	Nurses and Behavioral Health staff	Physicians/APRNs/PAs
Colorado Locations	<ul style="list-style-type: none"> <li>• Urban</li> <li>• Suburban</li> <li>• Rural</li> <li>• Frontier</li> </ul>	<ul style="list-style-type: none"> <li>• Urban</li> <li>• Suburban</li> <li>• Rural</li> <li>• Frontier</li> </ul>
Current Screening	27% currently screen for substance use	80% currently screen for substance use
Common Challenges and Needs	<ul style="list-style-type: none"> <li>• Insufficient resources</li> <li>• Student-related needs</li> <li>• Competing priorities</li> <li>• Lack of SBIRT training</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient resources</li> <li>• Patient-related needs</li> <li>• Competing priorities</li> <li>• Lack of SBIRT training</li> </ul>
Knowledge and Expertise	50% reported low <u>knowledge</u> 61% reported low <u>expertise</u>	22% reported low <u>knowledge</u> 33% reported low <u>expertise</u>
Past SBIRT Training	35% reported past SBIRT training	53% reported past SBIRT training



General Assembly  
State of Colorado  
Denver

December 21, 2023

Hon. Representative Bird and Members of the Joint Budget Committee,

We, the members of the Opioid and Other Substance Use Disorders Study Committee, respectfully request continued support for our efforts to reduce the impact of substance use disorders in Colorado. The state's response to this crisis should continue to be a top priority.

In recent years, there has been a significant rise in the number of people who are suffering from substance use and mental health disorders. Unfortunately, the onset of the COVID-19 pandemic further exacerbated these issues. This has resulted in a range of negative consequences, including an alarming rise in overdose deaths, which remain at peak levels claiming the lives of 1,799 Coloradans in 2022.

While we understand the state's limited budget and competing needs at this time, we cannot turn a blind eye to this ongoing crisis. We have identified the following recommendations after consideration of both cost and urgent need:

- **Continue funding for the Opiate Antagonist Bulk Purchase Fund to increase access to naloxone.** The Opiate Antagonist Bulk Purchase Fund provides funding for the bulk purchase of naloxone, a medication that can reverse opioid overdoses. HB22-1326 allocated \$19 million of ARPA dollars from the Behavioral and Mental Health Cash Fund. It is anticipated that these funds will be fully expended by the end of June 2024. Reauthorizing funding for this program is essential. There is an ongoing expenditure of approximately \$1 million per month in requests from eligible entities. Maintaining support for the Opiate Antagonist Bulk Purchase Fund will equip communities with the resources needed to respond to opiate overdoses quickly and effectively, saving lives.
- **Continue funding for the Jail-Based Behavioral Health Services program to prevent incarceration due to untreated substance use disorders.** The Jail-Based Behavioral Services program has been crucial in connecting incarcerated individuals to screening, assessment, transitional case management, and re-entry support. By treating underlying mental health issues and addictions, the program aims to support long-term recovery and successful community reintegration. Funding for this program is set to expire at the end of June 2024. Continuing funding will support county jails providing behavioral health treatment, counseling, and transition planning to help break the cycle of substance abuse and incarceration.
- **Continue Funding the Colorado Grant Writing Assistance Program.** Established in 2019, This program has been highly successful in securing over \$24 million in external funding for small nonprofits and local governments, with a return on investment of over 40:1. The program has increased the quality of grant applications from underserved rural and urban communities, making them more competitive in the application review process. Funding for the program, initially from Marijuana Tax Cash and later from American Rescue Plan (ARPA) funds, has expired. Prioritizing funding in the amount of \$150,000

annually for this program will help ensure our communities, particularly from underserved urban and rural areas, have the resources they need to address substance use disorders by accessing federal, state, and private foundation funding.

- **Continue and increase funding for the Perinatal Substance Use Data Linkage Project.** SB19-228 authorized an innovative project to link data across administrative systems to identify opportunities to strengthen families affected by substance use during pregnancy and track progress on state investments. Since its creation, additional legislation (SB20-028, SB21-137) has strengthened the data linkage project and findings have informed actionable opportunities at the systems level. To achieve optimal results, this program requires an annual appropriation of \$250,000. Dedicated funding is crucial to optimize link data efficiency, expand data partnerships, provide a longitudinal look at service utilization and outcomes, track state investments over time, and support the state in leveraging federal and non-governmental funding to lift, scale, and sustain needed services.
- **Prioritize grant funding for expanding Screening, Brief Intervention, and Referral to Treatment (SBIRT) to better identify adolescent substance misuse and support provider training.** The Prevention bill out of our committee would require the Department of Health Care Policy and Financing to implement a statewide adolescent substance use screening, brief intervention, and referral to treatment (SBIRT) practice in school-based health centers and for pediatricians and professionals in pediatric settings, through the existing SBIRT grant program. Prioritizing funding of \$250,000 for this grant program is a high priority. By screening adolescents and providing brief interventions through SBIRT, risk factors can be identified early, and youth can be connected to the necessary treatment and support services. Expanding SBIRT to more primary care and school-based settings will allow for broader reach and earlier intervention to prevent adolescent substance misuse from escalating to more severe disorders requiring intensive treatment.
- **Fund a public awareness campaign on safe THC edible storage.** Since 2017, the number of accidental marijuana exposures for children under six in Colorado has continued to increase. Colorado has taken steps to address accidental exposures with packaging and labeling requirements, but more action is needed. Education campaigns targeting at-risk individuals have been successful in influencing behavior and attitudes. Prioritizing funding for a THC edible storage public awareness campaign would provide a great opportunity to support education for families and prevent accidental ingestion by children.
- **Continue and increase funding for Colorado's Harm Reduction Grant Program to expand access to public awareness and harm reduction initiatives.** The Harm Reduction Grant Program offers grants to local public health departments and community organizations to implement harm reduction services that aim to reduce health risks associated with substance use. Among these services, there is a demonstrated need for greater access to naloxone and testing kits to check substances for deadly contaminants. Making naloxone and testing kits more widely available has been demonstrated to save lives by preventing and reversing overdoses. Allocating more funds to CDPHE's Harm Reduction Grant Program will enable more organizations throughout Colorado to offer these life-saving tools and interventions.

While we understand the budgetary challenges our state faces at this time, the investments we propose in substance use prevention, harm reduction, treatment and recovery will save the state money long-term in avoidable healthcare and criminal justice costs.

We welcome the opportunity for discussion of these priorities and we respectfully ask for your support. The lives and well-being of many Coloradans depend on it.


Sincerely,



Representative Chris deGruy Kennedy, Chair



Senator Kevin Priola, Vice Chair



Representative Mary Young



Senator Sonya Jaquez Lewis



Senator Perry Will