



Treatment

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Access to treatment can make all the difference for individuals with substance use disorder. For those individuals with opioid use disorders (OUD), the risks of continued use or return to use after a relapse are different than other substance use disorders. This difference is due to the high risk of fatality upon relapse or return to use following voluntary or involuntary abstinence. When working with an individual with OUD, critical treatment services include consideration of medication-assisted treatment combined with behavioral therapy and other wraparound services such as emergency food, housing, and social support. Services can be accessed through opioid treatment programs, community mental health centers, federally qualified health centers, and private behavioral health providers and might require several treatment agencies to work together.

In this chapter, you will find resources for people seeking treatment for OUD, as well as information on the work being done at the state policy level to increase access to treatment. Use this chapter if you want to:

- Understand Colorado’s efforts to develop and expand treatment services for OUD;
- Learn more about how to find treatment in Colorado; and/or
- Learn more about medication-assisted treatment (MAT).

About Treatment

The American Society of Addiction Medicine (ASAM) defines substance use disorder as a “primary, chronic disease of brain reward, motivation, memory and related circuitry.” ASAM states that “dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.” ASAM believes that “like other chronic diseases, addiction often involves cycles of

relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”

It is important to understand what works for one individual may not be as effective for another. An individualized approach to treatment and recovery is needed. The following section briefly describes some of the key components of treatment for OUD and other

substance use disorders (SUDs). Information about recovery and related support services can be found in the Recovery chapter of this toolkit.

Opioid use disorder, like other substance use disorders, is a condition that requires treatment and support; depending upon the medication prescribed, OUD may require longer-term monitoring than recovery from other substances. Many individuals achieve long-term recovery, but relapse occurs commonly as a part of recovery. For individuals with OUD, relapse may require additional episodes or more intensive levels of treatment. Like diabetes or hypertension, OUD patients may need long-term recovery support services.

As is true for most chronic medical conditions, the reasons some individuals develop substance use disorders and others do not are a complex mix of genetic and environmental risk factors that can be exacerbated or mitigated by individual behaviors, mental health conditions, and lifestyle choices. Thus, it is not surprising that cognitive behavioral therapy (CBT) is an important component of substance use disorder treatment, delivered in individual and/or group therapy in both inpatient and outpatient treatment settings. Behavioral therapies focus on helping individuals increase motivation and acquire skills (such as learning to identify triggers, manage cravings, and avoid high-risk situations) to change their harmful substance-related behaviors and build more sustainable drug-free lifestyles. For more information visit www.samhsa.gov/treatment/substance-use-disorders.

Detoxification and the Continuum of Care

While inpatient detoxification is sometimes required to help individuals manage symptoms of withdrawal, if it is required then induction onto medication-assisted treatment (MAT) is highly recommended. Not all individuals with OUD or other SUDs require inpatient detoxification; for those who do, it is important to recognize that it is not an end point of treatment but the beginning. After inpatient detoxification, individuals often need to continue treatment in a residential or outpatient treatment setting.

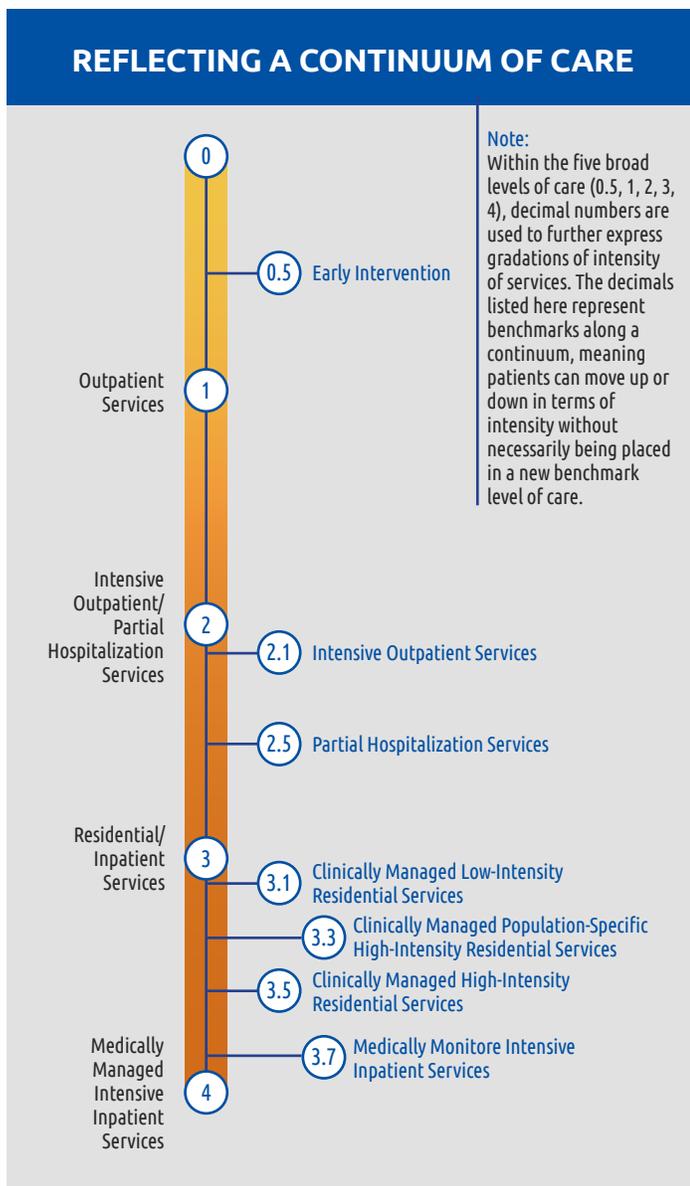
The optimal setting and length of substance use disorder treatment for an individual varies and must be assessed by a licensed clinician. Treatment episodes should include consideration of family- and community-based support services, housing, food, transportation, child care services, and employment services to help stabilize the lives of individuals undergoing treatment and promote long-term recovery. For more information visit www.samhsa.gov/treatment/substance-use-disorders.

In Colorado, treatment providers are required to use ASAM placement criteria to evaluate and recommend a level of care. ASAM defines the substance use continuum of care as beginning with early intervention through medically managed inpatient care. Placement along this continuum is determined by assessing six important dimensions. The assessed dimensions are:

1. **Acute intoxication/withdrawal potential:** Is the person currently intoxicated or will withdrawal be dangerous for them?
2. **Biomedical conditions:** Does this person have medical issues that will complicate withdrawal and/or treatment?
3. **Emotional, behavioral and cognitive conditions:** Does this person demonstrate unhealthy thoughts and emotions or have mental health challenges?
4. **Readiness for change:** Is this person interested in changing behavior? Are they ready to get started?
5. **Relapse potential:** What is the likelihood that this person will relapse or continue to use?
6. **Recovery/living environment:** What is the person's current living situation? What are the people, places, and things in their environment that are supporting ongoing use?

Licensed clinicians use these dimensions to create a holistic, biopsychosocial assessment which includes recommendations for service planning and treatment. This determination addresses the “degree of direct medical management” required, the “structure, safety, and security” of the placement, and the “intensity of treatment services” provided at each level.

This diagram shows the ASAM continuum of care model. Much more about the continuum is online at www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care.



Medication-Assisted Treatment

Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders, particularly opioid use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders and can help sustain recovery. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA). Valuable information about MAT can be found on SAMHSA’s website, www.samhsa.gov/medication-assisted-treatment/treatment.

Opioid treatment programs (OTPs) provide MAT in a specialty setting. OTPs prescribe the three federally approved medications for OUD, which are methadone, buprenorphine, and naltrexone. OTPs provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

OTPs must be accredited by a SAMHSA-approved accrediting body and certified by SAMHSA. Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. As of May 2019, 24 opioid treatment programs exist in Colorado. A full list of providers can be found under sub-section “Opioid Treatment Program Locator” on the Office of Behavioral Health’s website at www.colorado.gov/pacific/cdhs/opioid-treatment-programs-otps.



Office-Based Opioid Treatment (OBOT) also provides MAT but in a physicians' office. Two medications are available for prescription at an OBOT: buprenorphine and naltrexone (or depot-naltrexone.) Physicians and advanced practice nurses can obtain a waiver from the Drug Enforcement Administration to prescribe buprenorphine in an office setting through the IT MATTTs program in Colorado, which is discussed below.

Funding Initiatives

State and federal funding and legislative initiatives have appropriated millions of dollars to expand the capacity of the treatment system to address the state's opioid crisis by increasing access to MAT and developing Colorado's treatment workforce. Two significant sources of funding are the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grants, both managed by Colorado's Department of Human Services, Office of Behavioral Health. Information about STR is online at www.colorado.gov/pacific/cdhs/colorado-state-targeted-response-opioid-crisis.

STR funding propelled state-specific efforts to immediately address the opioid crisis in Colorado by providing more than \$15 million to fund efforts between May 2017 and April 2019. SOR funding will fuel the continuation and growth of many of these efforts by funneling more than \$30 million into the prevention, intervention, treatment, and recovery continuum of care from September 2018 to September 2020. The programs directly related to treatment will be discussed in this chapter.



State Targeted Response to the Opioid Crisis

Updated 5/16/19

The Colorado Department of Human Services, Office of Behavioral Health (OBH) is using federal grants to help Coloradans with opioid use disorder access treatment.

Overview of Statewide Opioid Grants

State Targeted Response (STR) Grant	State Opioid Response (SOR) Grant
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In May 2017, OBH received \$15.7 million over two years from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the STR Grant. This grant will end in April 2019.

In September 2018, OBH received \$30.1 million over two years for the SOR Grant from SAMHSA. Several activities will be an extension of the STR Grant and will end September 2020.

Funded Activities

Prevention	Treatment	Recovery	Criminal Justice	Harm Reduction
<ul style="list-style-type: none"> Family Services (CRAFT Model) Alternatives to Opioids (ALTOS) Training for Physicians 	<ul style="list-style-type: none"> Funding for Medication-Assisted Treatment (MAT) Mobile MAT Units Buprenorphine Training for Prescribers 	<ul style="list-style-type: none"> Peer Coach Workforce Employment Services Peer-Run Sober Living 	<ul style="list-style-type: none"> Day of Release Treatment Transition Services Community-Based Criminal Justice Referrals to MAT Law Enforcement Education 	<ul style="list-style-type: none"> Naloxone Distribution Naloxone Education

Accomplishments as of April 2019

- 190 new family services facilitators and 315 family members served
- 1,947 underinsured or uninsured individuals have been provided MAT
- 530 prescribers have been trained to provide buprenorphine
- 596 individuals connected to treatment through Peer Recovery Coaches
- 481 individuals received MAT before or upon release from jail
- 27,027 naloxone kits distributed



Increasing Access to Medication-Assisted Treatment

In Colorado, OBH is instrumental in influencing programming and funding for treatment services. Historically funded by SAMHSA Block Grant dollars, the additional funds provided by STR and SOR have enabled OBH to strategically increase access to MAT across the state.

Increase in OTPs

Building upon existing programs and networks, STR and SOR funds have significantly increased treatment capacity for individuals and families in Colorado.

The number of Opioid Treatment Programs (OTPs) in Colorado has increased from seven to 24. Acting as a “hub,” these programs are authorized by the state to utilize all forms of MAT and also provide connections with “spoke” providers throughout the state. Directly related to this expansion is the Medication-Assisted Treatment Prescription Drug and Opioid Addiction program (MAT-PDOA), a project modeled after the evidence-based Vermont “hub and spoke” model of treatment that intends to expand networks for care collaboration between OTPs and community-based primary and specialty care offices. MAT-PDOA efforts will continue through September 2019 and more information about this effort can be found at www.colorado.gov/pacific/cdhs/medicated-assisted-treatment-prescription-drug-and-opioid-addiction-mat-pdoa-programs.

MAT in Emergency Departments

Two emergency departments were funded by the STR grant to develop buprenorphine induction protocols for hospital emergency rooms wishing to induct individuals with opioid use disorder presenting at the emergency department. St. Anthony North Health Campus in Westminster and its operation at the 84th Street Clinic and UHealth University Hospital at the Anschutz Medical Campus in Aurora are developing protocols and service delivery procedures to initiate patients on MAT. These two programs have inducted more than 100 patients with MAT. The Colorado Hospital Association has supported the development of these programs and is identifying lessons learned, barriers faced, and best practice recommendations for other emergency departments who implement this practice.

Funding Treatment for Individuals

Acknowledging the gap for underinsured or non-insured Coloradans, a portion of STR and SOR funds have been allocated to pay for treatment for those falling in that gap. As of May 2019, approximately 2,000 Coloradans

were able to access outpatient MAT and nearly 200 homeless individuals were able to obtain residential treatment services directly funded by STR and SOR. By contracting with OBH, the state’s managed service organizations (MSOs) were able to deliver these treatment services to individuals who would not have been able to pay for them.

Another treatment gap identified in Colorado is for individuals coming out of jail with an identified OUD. These Coloradans are at high risk for opioid overdose, and developing continuity of care for substance use disorder treatment has been difficult. OBH has partnered with Colorado sheriff departments to begin MAT services prior to release from jail and to link these individuals with MAT providers for ongoing treatment services after their release. With the grant, more than 480 individuals have been inducted onto MAT before leaving incarceration.

Mobile MAT Units

As of May 2019, six recreational vehicles have been purchased to become “mobile MAT units” to be operational by the end of 2019. These vehicles are designed to increase the state’s ability to address treatment needs in rural communities where access to MAT and behavioral health services is limited or nonexistent. These units will be visiting communities across the state with staff equipped to both prescribe MAT and provide mental health support. More information about the mobile MAT units is expected to be released in the spring or summer of 2019.

Increasing Access to Services for Family Members

Since 2017, OBH has supported and promoted the use of evidence-based curricula to help treatment providers address the health and wellbeing of family members. These curricula include Celebrating Families (www.celebratingfamilies.net), The Incredible Years program and the Community Reinforcement and Family Training approach (CRAFT), which is discussed online at www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement.

CRAFT is designed specifically for loved ones of individuals actively using or engaged in treatment. This model focuses on the support people of the person using substances and uses a gentler approach towards getting or keeping their loved one engaged in treatment. Family members learn positive communication skills and the principles of positive reinforcement to encourage continued support and treatment for their loved one.

During the STR grant cycle, more than 300 individuals participated in one of these treatment programs.

For providers interested in using CRAFT curriculum with families, training on this curriculum will continue to be available through SOR funding.

More information about CRAFT and a training program for clinicians, peer specialists and prevention providers is online at www.colorado.gov/pacific/cdhs/article/obh-offers-family-focused-training-substance-use-providers.

Increasing the Treatment Workforce

Loan Repayment

Along with efforts to increase the number of medical providers able to deliver MAT services, efforts have been launched to increase the number of providers who can deliver the behavioral therapy portion of treatment. Both state and federal loan repayment programs exist to further this aim, especially for areas identified as having this workforce shortage. The Health Resources and Services Administration's National Health Service Corps (NHSC) accepts annual applications for its loan reimbursement funds that are available to full- and part-time providers. More about the NHSC program can be found at nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program.html

Senate Bill 18-024 allocated funds to Colorado Department of Health's Colorado Health Service Corps (CHSC) to repay loans for approved applicants serving in a health professional shortage area. The bill appropriated \$2.5 million dollars from the state marijuana tax cash fund to be used annually to address the workforce shortage. More information about the CHSC can be found at www.colorado.gov/pacific/cdphe/colorado-health-service-corps.

Native Tribe Services

STR funding was allocated to assess the needs of two tribal communities in Colorado: the Ute Mountain Ute and Southern Mountain Ute tribes. Following the completion of a needs assessment, staff were hired and trained to deliver outpatient treatment and education services in these communities. SOR funding will continue the delivery of these efforts and will continue to target the federally recognized tribes, and also will work with the urban native population through Denver Indian Family Health Services (DIFHS.)

State Innovation Model

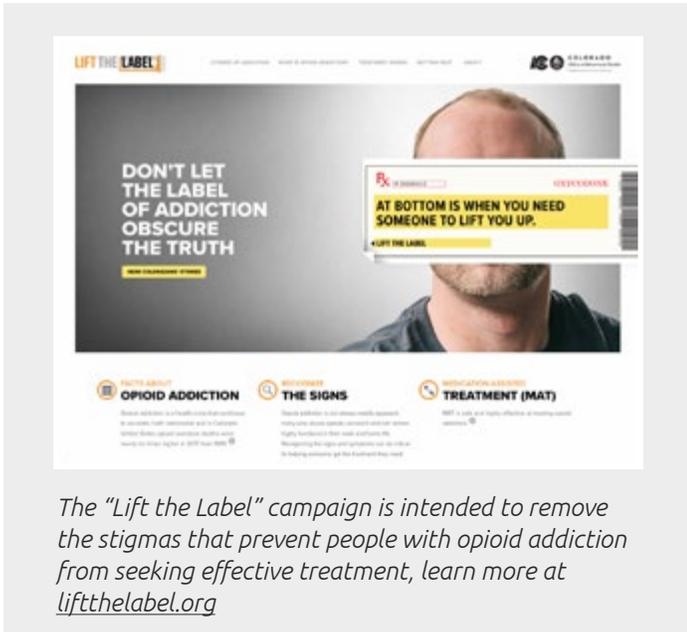
The State Innovation Model (SIM) was an effort funded by the Centers for Medicare & Medicaid Services designed to help primary care practices integrate behavioral and physical health care in their primary care practices. Although this program officially ended in July 2019, its efforts to include the treatment of mental health and substance use disorders in a primary care setting have set the stage for expansion of the treatment workforce in Colorado. This effort has expanded treatment capacity in Colorado by training more than 330 providers in how to prescribe MAT. Please visit www.colorado.gov/healthinnovation/what-is-sim for more information.

IT MATTTRs/IT MATTTRs2

The High Plains Research Network at the University of Colorado Department of Family Medicine used STR funds to develop a program to both incentivize and train Colorado physicians to obtain their DEA waiver and to deliver MAT. This program provided training and financial reimbursement for medical doctors, physician assistants, and nurse practitioners to obtain their "X Waiver," which is required to prescribe MAT for opioid use disorder. This program also provides comprehensive team training to clinic and practice staff in order to get the practice ready to care for these patients. An additional component provides a community-based participatory intervention to increase the community conversation about OUD and MAT; the program's goal is to decrease stigma and increase access to care throughout Colorado. More information about the outcomes and scope of the program can be found at www.practiceinnovationco.org/itmatttrs2.

Other Efforts

Public Awareness



The “Lift the Label” campaign is intended to remove the stigmas that prevent people with opioid addiction from seeking effective treatment, learn more at liftthelabel.org

In 2018, OBH launched the Lift the Label public awareness campaign, which is intended to remove the stigma that prevent people with opioid addiction from seeking effective treatment. SOR and STR funded the campaign. More information about Lift the Label is in the Public Awareness chapter, and its website is liftthelabel.org.

The Consortium has been instrumental in increasing public education and awareness of the opioid crisis by promoting safe disposal of prescription medications, adoption of more rigorous and parsimonious opioid prescribing practices, and broader utilization of the state’s Prescription Drug Monitoring Program (PDMP). These efforts have increased resources and expanded treatment capacity to address the state opioid crisis, at least in the short term. It has also brought greater awareness of the gaps and limitations of our current treatment system for OUD and other SUDs, including limited infrastructure, poor continuity of care, and lack of healthcare payment reforms necessary to support more meaningful integration of prevention, screening, early intervention, and treatment.

Parity

Substance use disorder, mental health, and medical treatment services continue to operate and function largely as separate systems of care supported by separate funding streams and non-equitable reimbursement rates for similar treatment services that are not aligned with federal parity legislation enacted more than a decade ago (i.e. Mental Health Equity and Addiction Equity Act). In 2018, Colorado House Bill 18-1357 was passed, establishing an Office of the Ombudsman for Behavioral Health Access to Care as an independent office within the Colorado Department of Human Services (CDHS) to assist Coloradans in accessing behavioral health care. At the time of the publication, CDHS is working to establish the infrastructure of this office and hiring staff. The bill also requires the Commissioner of Insurance to report on issues related to mental health parity requirements by March 1 of each year.

Finding Treatment in Colorado

Colorado Crisis Services

Colorado Crisis Services is Colorado’s first statewide resource for mental health, substance use, or emotional crisis help, information, and referrals. It was formed as a part of the initiative set forth by former Governor John Hickenlooper in partnership with CDHS to strengthen Colorado’s behavioral health system. Its purpose is to provide greater access to behavioral health services, ensuring Coloradans get the right services in the right locations at the right time. For more information please visit coloradocrisisservices.org.

If you or someone you know is in crisis you may speak to a person who can help by calling 1-844-493-8255 or by texting “TALK” to 38255.

Opioid Treatment Programs

Opioid treatment programs provide MAT and behavioral therapy services to individuals with opioid use disorder. These programs also are a gateway to other resources and services that support a person in their recovery such as medical assessments, clinical assessments, infectious

disease screening, group counseling, case management services, and more. A list of the opioid treatment programs licensed by the Colorado Department of Human Services, Office of Behavioral Health can be found at www.colorado.gov/pacific/cdhs/opioid-treatment-programs-otps.



OBH maintains a page with information about Opioid Treatment Programs online at www.colorado.gov/pacific/cdhs/opioid-treatment-programs-otps

SAMHSA's Behavioral Health Services Treatment Locator

SAMHSA's Treatment Locator is a confidential and anonymous source for information for those seeking behavioral health treatment. Once the website user enters their city or zip code, a map displaying the various treatment options in their area. The treatment locator can be found at findtreatment.samhsa.gov.

LADDERS

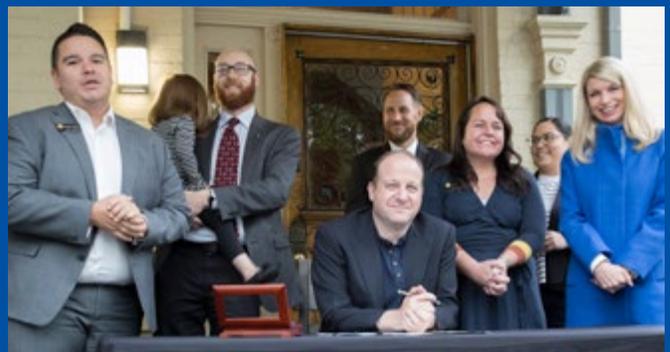
The Colorado Department of Human Services, Office of Behavioral Health has developed a database called LADDERS with information about substance use and mental health treatment providers. The database can be found at www.colorado.gov/ladders.

Buprenorphine Waiver Process and Resources for Prescribers

An additional waiver is required to prescribe buprenorphine for opioid use disorder. For more information about this waiver and the process, MDs and DOs should consult the Provider Education chapter or visit www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management. PAs and NPs should visit www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers.

2019 legislation

In 2019, the Colorado General Assembly passed a number of bills related to preventing and treating opioid use disorder. More about these bills can be found in the Introduction to the Consortium chapter.



Policy Resources and Important Legislation

Legislative changes are improving the treatment system in Colorado. The resources listed below may assist the reader in understanding Colorado's treatment system and where improvements are being made.

The Colorado Department of Human Services, Office of Behavioral Health wrote a policy analysis that includes a section on treatment policies. The analysis is available online at www.colorado.gov/pacific/cdhs/article/policy-analysis-explores-state-legislation-and-response-opioid-crisis.

The Mental Health Parity and Addictions Equity Act is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical or surgical benefits. For more information, please visit www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea-factsheet.html.

The Medication-Assisted Treatment Pilot Program created by Colorado Senate Bill 19-001 will expand the work of SB 17-074, an MAT-expansion grant that was launched in Pueblo and Routt counties. SB 19-001 will continue the delivery of services in Pueblo and Routt counties and expand services to Alamosa, Conejos, Costilla, Custer, Huerfano, Mineral, Rio Grande, and two additional counties. Funding from this bill will assist NPs and PAs obtain "X-waivers" to prescribe buprenorphine waiver and provide MAT and behavioral therapies to address opioid use disorder in these counties. For more information, please visit www.leg.colorado.gov/bills/sb19-001.

The Consortium's Treatment Work Group

The Consortium's Treatment Work Group is focused on identifying the immediate needs and barriers in the substance use treatment community in Colorado and developing recommendations for clinicians, payers, and policy makers for addressing these needs in collaboration with other work groups and state partners. In the coming year, the work group will be focusing on developing the treatment workforce, supporting parity enforcement, identifying treatment resources across the state, and continuing to identify gaps and barriers to treatment.

If you have an interest in this area or have questions about this topic, reach out to a program manager at pm@corxconsortium.org. If you would like to join or get more information about the work group, please visit www.corxconsortium.org/treatment-work-group. You can also join by emailing info@corxconsortium.org.



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