

SB20-028: SUBSTANCE USE DISORDER RECOVERY

Concerning measures to assist an individual's recovery from a substance use disorder.

Details

Bill Sponsors:	House – <i>Buentello (D) and Herod (D)</i> , Kennedy (D) Senate – <i>Pettersen (D) and Priola (R)</i>
Committee:	Senate Health & Human Services
Bill History:	1/8/2020- Introduced 1/30/2020- Senate Health & Human Services Refer Amended to Appropriations
Next Action:	Hearing in Senate Appropriations
Fiscal Note:	1/17/2020¹

Bill Summary

The bill addresses a variety of policy issues related to the general topic of substance use disorder (SUD) recovery. The bill:

- Appropriates funds for peer coaching and peer specialist training
- Continues the Opioid and Other Substance Use Disorder Study Committee
- Requires the state Substance Abuse Trend and Response Task Force to convene stakeholders to review progress on passed and enacted Study Committee bills
- Modifies how the determination of child abuse, neglect, or dependency is determined in situations involving alcohol or substance exposure
- Requires the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to design and conduct a comprehensive review of Colorado's SUD treatment and recovery services
- Requires the statewide perinatal substance use data linkage project, to conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health and human service outcomes
- Requires the Office of Behavioral Health (OBH) to establish a program to assist individuals with SUDs by providing the individuals with temporary financial housing assistance
- Creates the recovery support services grant program in the office to provide grants to recovery community organizations

Issue Summary

Peer Specialists/Coaches

Peers use their experience of recovery to support others on their journey to recovery. The lived experience, at times combined with skills learned through more formal training, allows these individuals to address the needs of the client in a unique manner. The definition of a peer specialist may vary depending on the program and job duties but tend to provide non-clinical, peer-based activities such as case management, group facilitation, and assisting with transition planning.² Whereas a peer recovery coach may provide a wide

¹ The fiscal note is based off the bill as introduced, not as it was amended by the Senate Health & Human Services Committee. The sections 'Bill Summary' and 'This Legislation' are both based off of the bill as amended in committee.

² Colorado Mental Wellness Network (Dec. 2014). *A Report on Colorado's Behavioral Health Peer Provider Workforce: Current Status and Recommendations for Workforce Development*. Retrieved from <https://cmwn.org/wp-content/uploads/2016/01/CMWNPeerWorkforcereport.pdf>

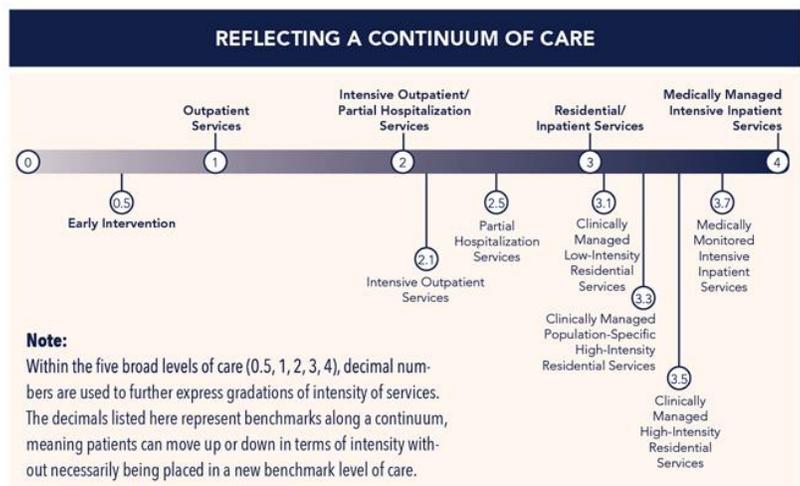
breadth of support to the client, including emotional, informational, instrumental, and connection support.³ A peer coach tends to work side by side with the client to develop their pathway to recovery.

Alcohol or Substance Exposure in Children

Prenatal exposure to substances, including alcohol, has the potential to cause a variety of physical and developmental issues. In the United States, it is estimated that 15 percent of infants are affected by prenatal alcohol or illicit drug exposure.⁴ As of February 1, 2020, 23 states and the District of Columbia consider substance use during pregnancy to be child abuse and 3 consider it grounds for civil commitment.⁵ Data from Colorado's *Pregnancy Risk Assessment Monitoring System* documents the use of alcohol during pregnancy as well as healthcare worker and patient interactions about the subject during prenatal care.⁶ In 2016, 17.3 percent of pregnant women reported consuming alcohol during the last 3 months of their pregnancy, up from 12 percent in 2015. Only 67.8 percent of respondents said that their healthcare worker talked about how drinking alcohol could affect baby, while 57.8 percent said that they talked about how using illegal drugs could affect the baby.

Continuum of Care

The figure to the right illustrates the American Society of Addiction Medicine's (ASAM) listing of the continuum of levels of care necessary in order to be able to refer a person to the level of care appropriate for their particular need.⁷ Services in the continuum range from the least intensive interventions on the left (Early Intervention, Outpatient, and Intensive Outpatient Services), to the most intensive interventions on the right (Partial Hospitalization, Residential, and Inpatient Services). When critically important service levels are missing, a community lacks the tools needed to give a person experiencing substance use disorder the best evidence-based chance of recovery.



Housing First

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness. The approach is guided by the principle that an individual needs a basic necessity like housing before they can address other issues like a substance use disorder, obtaining a job, or learning how to budget.⁸ The housing in this approach is intended to be permanent but the types of housing provided varies by program. Services that are provided include screening, needs assessment, housing

³ SAMHSA (2017). *Peers Supporting Recovery from Substance Use Disorders*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-substance-use-disorders-2017.pdf

⁴ National Center on Substance Abuse and Child Welfare (n.d.) *Infants with Prenatal Substance Exposure*. Retrieved from <https://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx>

⁵ Guttmacher Institute (Feb. 1, 2020). *Substance Use During Pregnancy*. Retrieved from <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>

⁶ Colorado Department of Public Health and Environment. *CO Health and Environmental Data*. Retrieved from <https://www.cohealthdata.dphe.state.co.us/>

⁷ ASAM Continuum (May 13, 2015). *What are the ASAM Levels of Care?* Retrieved from <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

⁸ National Alliance to End Homelessness (Apr. 2016). *Fact Sheet: Housing First*. Retrieved from <http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf>

assistance, support services, case management, and sometimes on-site medical or behavioral health care.⁹ In this approach SUD services are usually offered, although abstinence and/or treatment are not required for participation.

A study found that individuals with SUD report less housing stability than those without a SUD. It further found that participants in the Housing First group were 17 times more likely than those in a “treatment as usual” group to report sustained housing and high scores on community functioning.¹⁰ It is important to note that all types of SUDs do not respond the same to the Housing First model; one study has shown that stimulant users, such as cocaine, have somewhat less successful housing outcomes than individuals with other SUDs.¹¹

This Legislation

Peer Coach & Specialist Training

The bill appropriates \$250,000 for the 2020-2021 state fiscal year, and each year after, to the Department of Labor and Employment to provide peer coach and peer specialist training to individuals recovering from substance use disorders.

Opioid and Other SUD Study Committee

The bill allows the Opioid and Other SUD Study Committee to meet in the 2021 and 2023 interims. The committee still may meet up to six times in the two interims and recommend up to five bills.

Duties of the State Substance Abuse Trend and Response Task Force

The bill adds an additional duty to the State Substance Abuse Trend and Response Task Force, which requires the task force to convene stakeholders for two purposes. First, the group is to review progress on bills that were introduced by the Opioid and Other SUD Study Committee and enacted. In addition, the group is to generate policy recommendations related to SUDs, including prevention, harm reduction, treatment, criminal justice, and recovery. The required report of the task force to the General Assembly must be also sent to the study committee by January 1, 2021, and each January 1 after.

Child Abuse & Neglect

The bill changes the category regarding substance use that is used to determine child abuse and neglect. The category is amended to read, “any case in which a child is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health care provider, and the newborn child’s health or welfare is threatened by substance use.” The same language is used to determine if the child is neglected or dependent.

The State Board of Human Services is to promulgate rules to differentiate between whether there is child abuse or neglect or if a child is neglected or dependent.

State Plan for the Continuum of Care

The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies is to design and conduct a comprehensive review of Colorado’s SUD treatment and recovery services. The review is meant to inform a state plan for the delivery of services across the continuum of care

⁹ Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing first for homeless persons with active addiction: are we overreaching?. *The Milbank quarterly*, 87(2), 495-534.

¹⁰ Division of Addiction, Cambridge Health Alliance (Jan. 24, 2018). *Substance Use: Housing First or treatment as usual?* Retrieved from <https://www.basisonline.org/2018/01/stash-vol-14-1-substance-use-housing-stability.html>

¹¹ Edens, E.L., Tsai, J., & Rosenheck, R.A. (2014). Does stimulant use impair housing outcomes in low-demand supportive housing for chronically homeless adults?. *Am J Addict*, 23(3), 243-248. doi: 10.1111/j.1521-0391.2014.12089.x.

to those at risk of experiencing relapse after a period of recovery. The Center is to consult with recovery research experts to:

- Conduct a review on effective models of care across the continuum as well as assess the evidence of SUD treatment and recovery services including efficacy, outcomes, and quality of care. This includes “hand-offs” in care.
- Assess standards of care to determine if they adequately address risk for relapse
- Focus on recovery management services and years of relapse risk in comparison to other chronic health conditions
- Analyze the effect of stigma on access to care for those who experience relapse
- Identify and provide practice and policy recommendations for improving services for those who experience relapse

The assessment should consider the needs of underserved populations and communities. The findings and recommendations must be reported to the study committee by August 1, 2021. In making the recommendations, the Center must consult with individuals in recovery, recovery community organizations, recovery residences, treatment providers, and recovery advocacy groups. In order to complete these tasks the General Assembly is to appropriate \$500,000 to the Center for state fiscal year 2020-2021.

State Perinatal SUD Linkage Project

The statewide perinatal SUD linkage project must conduct ongoing research related to the incidence of perinatal substance exposure in relation to infant and family health and human service outcomes based on the standards for determining child abuse or neglect or whether the child is neglected or dependent. The Center is to be appropriated \$75,000 for state fiscal 2020-2021 to complete the research.

Housing Assistance

The Office of Behavioral Health (OBH) is to establish a program to provide temporary financial assistance to individuals with a SUD who have no supportive housing options when transitioning out of a residential treatment setting or is receiving outpatient treatment. The program is subject to available appropriations. OBH is to promulgate rules that establish the maximum amount of housing assistance and maximum amount of time the assistance may be given. The rule regarding the maximum amount of time must be clinically based. OBH is to prioritize assistance to those individuals entering recovery residences. By February 1, 2021, and each February 1 after, OBH is to submit a report that details the amount of assistance, number of individual participants, number of entities participating, and duration of assistance each individual/entity received. The report goes to the Opioid and other SUD Study Committee, Senate Health and Human Services Committee, House Health and Insurance Committee, and House Public Health Care and Human Services Committee. For state fiscal year 2020-2021, and every state fiscal year after, the General Assembly is to appropriate \$4 million to OBH.

Recovery Support Services Grant Program

The bill defines “recovery community organization” as an independent, nonprofit organization that is led and governed by local representatives of recovery communities that organize recovery-focused policy advocacy, carry out community education and outreach, or provide peer run recovery support services. The recovery support services grant program is created in OBH to provide grants to recovery community organizations to provide recovery services to individuals with co-occurring substance use and mental health disorders. An organization that receives a grant may only use the money to:

- Offer opportunities to individuals in recovery to engage in mental or physical wellness or community service activities
- Provide guidance to individuals and their families on navigating treatment, social service, and recovery support systems

- Help individuals to connect with resources needed to initiate and maintain recovery: health, home, community, and purpose¹²
- Assist in establishing and sustaining a social and physical environment that is supportive of recovery
- Provide local and state recovery resources to organization participants and community members
- Provide recovery support services for caregivers and families of individuals recovering from a co-occurring disorder

OBH is to administer and implement the program and disburse the grant funds to each managed service organization (MSO). OBH is to promulgate rules necessary to implement the program.

To receive a grant, an organization must submit an application to the applicable MSO. The MSO is to review the applications and award grants. The MSO is to prioritize applicants who outline its capacity to delivery services to meet the needs of diverse racial, cultural, income, ability, and other underserved groups. By December 1, 2021, and each December 1 after, each MSO that has awarded grants shall submit a report to OBH that at a minimum includes:

- Number of community members involved in the recovery community organization
- Detailed description of the organization's advocacy efforts
- Any collaborative projects an organization has with other organizations across the state
- Any other information required by OBH

By March 1, 2021, and each March 1 after, OBH is to submit a summarized grant report to the Opioid and other SUD Study Committee, Senate Health and Human Services Committee, House Health and Insurance Committee, and House Public Health Care and Human Services Committee. Each state fiscal year, starting in 2020-2021, the General Assembly is to appropriate \$3.5 million from the General Fund to OBH for the grant program. OBH can use some of the funds to pay direct and indirect costs of program administration.

Reasons to Support

Research emphasizes that substance use disorders are legitimate disorders of the brain, that require a full continuum of care (including, but not limited to, MAT and long term recovery residences) in order to give the individual the best chance of recovery. Larimer County has a strong interest in assuring that there are quality recovery residences (that allow continuation of MAT) in our community, in order to have the full continuum of care required for those with substance use disorders. Although funding for the residences themselves was not included in the planning for the recent county ballot initiative, 1A, which was passed to expand access to mental health services, funding for the continuance of SUD counseling and services for people in the residences was included. Having increased funding for vouchers for those who need housing and have a behavioral health condition is a major need in Larimer County.

Affordable housing is incredibly hard to find- and far more difficult for those with mental illness or SUD, who require the stability in order to manage their conditions. For those coming out of state-run institutions, assuring a healthy environment rather than a return to homelessness or to a previously unhealthy environment can help maintain health and stability, and avoid future interactions with local and state health and human services and the criminal justice system.

Within the creation of a State Plan for the Continuum of Care, the identification of the practices and policies for improving services for those who experience relapse has a high potential of impact in the community.

Continuing the interim committee is important to be able to propose meaningful and community-driven policy solutions to these continuing substance use issues in Colorado.

¹² Substance Abuse and Mental Health Services Administration (SAMHSA)'s four major dimensions that support recovery- more information on these dimensions can be found here: <https://www.samhsa.gov/find-help/recovery>

Ensuring training for peer specialists and coaches strengthens the workforce that is providing care for those with substance use disorders.

Supporters

- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Cross-Disability Coalition
- Colorado Medical Society
- Colorado Pharmacists Society
- Colorado Providers Association (COPA)
- Colorado Psychiatric Society
- Colorado Society of Osteopathic Medicine
- Denver Health
- Emergent Biosolutions
- Kempe Foundation for the Prevention and Treatment of Child Abuse
- Mental Health Colorado
- Safe AF Entertainment
- SCL Health

Reasons to Oppose

Some may voice concern that individuals with a SUD are given priority over other at-risk groups (older adults, those with disabilities) for housing vouchers. A SUD can be categorized as a disability, and some of those who fall into other at-risk groups also have a SUD. Others may assert that the funds for the voucher program should be directed to reducing waitlists for other existing housing programs that need the funds to decrease waitlists. Others may have a concern of allowing people to receive state-funded housing vouchers after relapse as they may believe that not revoking the voucher condones the person's substance use relapse.

Opponents

- Any opposition has not been made public at the time of publication.

Other Considerations

The Department of Health Care Policy and Financing is currently completing an assessment of SUD services across the continuum of care in order to prepare for the new Medicaid benefit¹³ for SUD treatment. It may be prudent to wait to see what that process unveils and develops rather than mandating a separate state plan that could have overlapping interests with the current process.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

¹³ New benefit as required by HB18-1136