



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

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About the Colorado Health Institute

The Colorado Health Institute, which produced this strategic plan, is a nonprofit and independent health policy research organization that is a trusted source of objective health policy information, data, and analysis for the state's health care leaders. The Colorado Health Institute is primarily funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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The Colorado Department of Human Services, Office of Behavioral Health oversees and purchases substance use and mental health prevention, treatment, and recovery services and provides inpatient care at the state mental health institutes.

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- Jalyn Ingalls
- Alex Caldwell
- Sara Schmitt
- Joe Hanel
- Brian Clark

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- Emily Costello

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- Jeff Riley, Executive Assistant, Tribe Recovery
- Mark Wonder, President, Diamond Standard Events LLC

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Dear Fellow Coloradans,

I'm proud to present Colorado's first statewide strategic plan for substance use disorder recovery. This plan aims to educate Coloradans about recovery and provide a strategic vision to improve the resources many people in recovery need but cannot access.

Recovery is defined as a process of change through which an individual makes a commitment to improve their health and well-being, live a self-directed life and strive to reach their full potential. Although an estimated 400,000 Coloradans are in recovery from a substance use disorder, recovery is often misunderstood. Recovery is a highly personal endeavor, and the exact process is unique to each individual.

The Office of Behavioral Health, in conjunction with our partners at the Colorado Health Institute and Mental Health Colorado, listened closely to hundreds of people with lived experience of recovery and used their thoughts and expertise to guide this plan.

Recovery is more than clinical treatment, although treatment can be a component of recovery. Recovery is about reclaiming a person's everyday life. People in recovery need stable housing, purpose, health, and community support. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines these as the four pillars of recovery, and this plan builds on those pillars.

This plan also builds on important work already underway in Colorado, including Colorado's Statewide Strategic Plan for Primary Prevention of Substance Use, Colorado's Behavioral Health Task Force, multiple cities and counties that have passed local behavioral health taxes, and several other partnerships and efforts to improve behavioral health care in Colorado.




Dr. Robert Werthwein
*Director of the Colorado
Department of Human Services,
Office of Behavioral Health*

In House Bill 18-1003, the General Assembly tasked the Colorado Consortium for Prescription Drug Abuse Prevention to assess the state's recovery needs and create a strategic plan to address them. This plan — created in partnership with the state's leaders in behavioral health and with hundreds of people in recovery — fulfills that mandate. It sets forth a vision of a system of care in Colorado that supports people who have struggled with addiction throughout their lives, and that vision will guide us as we focus on next steps to improve recovery resources for Coloradans.

The Office of Behavioral Health wishes to sincerely thank the amazing individuals living in recovery who contributed time, energy and thoughtful feedback on this project. Additionally we wish to acknowledge the hard work of CHI, Mental Health Colorado, the Colorado Consortium for Prescription Drug Abuse Prevention, and the OBH team.

The Office of Behavioral Health is committed to making the work in this plan happen, and we look forward to partnering with people and organizations across the state to give all Coloradans the opportunity to improve their health and wellness, live a self-directed life, and reach their full potential.

Regards,
Robert Werthwein, Ph.D
*Director of the Colorado Department
of Human Services, Office of Behavioral Health*



“ I entered recovery through a 12-step program and built a strong foundation in the first year. I returned to university and am currently pursuing a Master’s in Public Health while working as a peer navigator at the Denver Department of Public Health and Environment. My role involves building relationships, empowering others, and connecting them to the appropriate services and resources. When I was first on my journey of recovery, the encouragement from peer support and empowerment of self-advocacy **gave me hope for the future.**”

“ I was not a religious person, so AA did not resonate with me. Surrounding myself with like-minded individuals who have goals and aspirations, and were sober, was important. I am no longer anonymous and am proud to share my life — and just completed a master’s degree to help serve others seeking recovery. When I was first on my journey of recovery, the thought of being able to return to my life goals that I was working towards prior to substance misuse **gave me hope for the future.**”

The story of recovery is not told in the past tense. It's a story that unfolds in the present, with a hope-filled vision of the future.

Recovery is a process, not an end state, and often people undergoing this process need more continued support than they are getting. The quotes on the opposite page from two Coloradans illustrate how recovery is a process that's different for everyone.

An estimated 400,000 Coloradans are in recovery from substance use disorders, and each has a unique story.¹ Their stories and experiences demonstrate that recovery services such as peer supports and employment can provide hope along the recovery journey.

Colorado has an urgent need to reorient its clinical and data systems, funding, and community supports to promote recovery.

The Colorado Health Institute conducted a landscape and gap analysis and identified specific opportunities for the state to strengthen its efforts on behalf of people in recovery from substance use disorders. The analysis identified:

- **System needs** for a common language, definitions, and standardized data collection to promote a recovery-oriented system of care;
- **Clinical needs** to prepare health care providers with recovery-inclusive language and recovery resources for their patients; and
- **Community needs** to equip neighborhoods and towns with a range of recovery support services for their residents.

This document lays out a plan to address those needs. It is Colorado's first statewide strategic plan for recovery.

The plan makes clear that recovery happens in communities — outside of clinical settings. Clinical treatment can provide a bridge to recovery, but an individual's recovery is supported by safe and stable housing, having meaningful work or another day-to-day activity, and good mental and physical well-being.

Nearly 50 percent of people report using recovery supports during their recovery journey. Only about 28 percent of people in recovery report using formal treatment.² This plan's strategic objectives reflect this reality.

This strategic plan 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.

Finally, 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 as the Office of Behavioral Health and the Colorado Consortium for Prescription Drug Abuse Prevention; community leaders; and health care providers, including those who provide substance use treatment.

This plan will move Colorado toward a common understanding of recovery — while recognizing that recovery is a personal, individualized experience, and defining it too rigidly could exclude the experience of some people.

The Process

The Colorado General Assembly requested a strategic plan to address recovery statewide and assigned the task to the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium) (HB18-1003).

The Opioid and Other Substance Use Disorder Interim Committee identified recovery as critical component to the substance use disorder continuum of care, and sponsored this plan to further Colorado's understanding of recovery needs. While the recommendations put forth in this plan are specific to substance use disorders, many of the findings can be broadly considered for mental health as well.

Using funding from the State Opioid Response Grant, the Colorado Department of Human Services, Office of Behavioral Health (OBH) collaborated with the Consortium to create a plan. OBH and the Consortium contracted with the Colorado Health Institute (CHI) in partnership with Mental Health Colorado (MHC) to conduct a statewide landscape and gap analysis and strategic planning process.

This report reveals the results of the analysis and planning process that CHI and MHC conducted between February and June 2019.

CHI started with two questions: **What are the gaps in providing recovery support in communities, state agencies, and local partners? And what are the critical strategies needed to address those gaps?**

To assess the needs and create the strategic plan, CHI and MHC:

- Conducted a review of the scientific, peer-reviewed, and gray literature to identify evidence-based and promising practices in recovery.
- Established and facilitated a Recovery Advisory Committee of community partners and people with lived experiences in recovery from across Colorado.
- Defined key recovery terms.
- Planned, conducted, and analyzed three community listening sessions and seven key informant interviews.
- Conducted and analyzed a survey to gather input from nearly 300 people in recovery, their families, and providers statewide.
- Worked with the Recovery Advisory Committee to highlight and prioritize the top recovery needs statewide.
- Drew from the expertise of the Committee members to identify and organize strategies that will address those needs.

Defining Recovery in Our Terms

The landscape and gap analysis found that Colorado's communities, policymakers, and health care providers need a common understanding of recovery to comprehensively advance policies and practices that will help Coloradans recover from substance use disorders.

These terms are defined to educate the readers of this document. Any need to legislatively define these terms should include further discussion with the recovery community.

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.

Recovery-Oriented Systems of Care: Clinical systems that support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.³

Recovery Community Organization: An independent nonprofit organization that organizes recovery-focused advocacy, hosts community education and outreach programs, and/or provides peer-based recovery services.

Recovery Capital: The resources (social, physical, human, and cultural) necessary to begin and maintain recovery from substance use disorder.

Recovery Residences: Any premises, place, facility, or building that provides housing accommodations for individuals with a primary diagnosis of a substance use disorder that is free from alcohol and non-prescribed or illicit drugs, promotes independent living and life skill development, and provides structured activities and recovery support services that are primarily intended to promote recovery from substance use disorders. (This definition comes from House Bill 19-1009).⁴

Medication-Assisted Recovery: Medication-assisted recovery (also known as medication-assisted treatment) combines medication to normalize brain functioning with counseling and behavioral interventions. Medication-assisted recovery is considered an evidence-based practice that reduces overdose deaths, reduces drug use, and improves social functioning.⁵

Strategic Plan Framework

VISION

People in recovery are valued and thrive in their communities.

MISSION

Embed recovery support services in Colorado communities by integrating recovery into the substance use disorder continuum of care.

GOALS

- People in recovery are housed.
- People in recovery have purpose — through work, education, or something else.
- People in recovery have a strong community of support.
- People in recovery are healthy.

STRATEGIC OBJECTIVES

- Promote a Recovery-Oriented System of Care.
- Provide Recovery-Oriented Clinical Care.
- Equip Communities with Recovery Supports.

Guiding Principles

Recovery leaders created this strategic plan using a series of guiding principles and values, described below.



Individually Driven.

There are many pathways of recovery. One size does not fit all.



Inclusive.

Recovery services are inclusive and culturally responsive. As recovery advocates say, “nothing about us without us.”



Supports Whole-person Health.

Recovery is more than just sobriety.



Accountable.

Recovery supports are monitored with recovery-informed data and outcomes and meaningful evaluation.



High Quality.

Recovery supports are ethical, safe, responsible, community-informed, and evidence-informed or evidence-based.



Equitable.

All people in recovery need to be able to access supports.

Colorado's Recovery Needs — And Building Blocks of a Recovery-Oriented System of Care

The following two sections highlight the needs identified in the landscape and gap analysis and the building blocks of the ideal future state — a comprehensive recovery system in Colorado.

The first section describes three important gaps in Colorado's current recovery services, encompassing system, clinical, and community needs. These three needs align with the three strategic objectives that Colorado's recovery leaders will implement starting in 2020.

The next section describes where Colorado is headed with its recovery system. It describes four critical building blocks of a comprehensive recovery system — the whole-person health approach, community voices, a recovery-oriented continuum of clinical care, and best practices to be delivered statewide. (See Figure 1.)

Implementing this plan will begin to address these needs and will advance Colorado's system toward this vision for the future of recovery.

The Gaps: What are the Greatest Needs in Colorado's Recovery Landscape?

In the landscape and gap analysis, CHI and MHC reviewed available data, assessed the current landscape of services, and conducted statewide community engagement efforts.

CHI and MHC found many gaps in knowledge when it comes to understanding what is happening in recovery in Colorado. That said, the assessment did identify several key needs for Colorado's leaders to address, including systems needs, clinical needs, and community needs.

Below is a high-level view of those needs. They are detailed under each of the strategic objectives starting on page 20 in the sections describing "What Colorado's Recovery Leaders Need to Know."

Community Voices in Recovery

A recovery-oriented system of care is based on a care process that draws on lived experiences of recovery. Members of the recovery community should be involved in designing the system and the supports it provides.⁶

This strategic plan incorporates 335 voices of people in recovery across 40 counties in Colorado. For more on the community engagement methodology, see Appendix 1.

System Needs

An estimated 400,000 people in Colorado are in recovery.¹ However, we do not know where they live, what recovery supports they need, or whether there is enough funding to support their needs.

- **Standardized Data Systems.** Colorado does not have data to characterize the demand and supply of recovery supports. That's because recovery supports and the people who use them often remain anonymous.
- **Education.** Colorado's health care providers, policymakers, and other community leaders do not fully understand recovery or what services support a person in recovery.
- **Funding.** Colorado's main substance use funding sources are focused on treatment, and more funding is needed specifically for recovery support services.

Clinical Needs

Today, recovery is not well integrated into the continuum of care for substance use disorders. Developing a recovery-oriented system of care will require major improvements, from how clinicians use recovery supports to how recovery supports are funded.

- **Recovery-Oriented Substance Use Treatment.** Understanding treatment as a start, rather than an

Figure 1. Elements of this Strategic Plan



end, is a necessary philosophical shift among health care providers.

- **Connection to Recovery Support Services.** Patients who are in treatment or leaving it, or are connected to primary care, should be introduced to community recovery support services so they can find support when they leave the clinic.

Community Needs

Colorado’s recovery system needs additional supports outside of the clinical setting — such as housing and employment assistance, providing sober social activities, and opportunities to improve mental health and physical well-being.

- **Community Connections to Recovery Support Services.** Colorado’s health care providers, substance use disorder experts, and community leaders often do not know what recovery support services are available in their communities.
- **Community Recovery Housing.** Housing is one of the basic needs for people in recovery, but there is a lack of accessible and affordable sober living options for people in recovery in Colorado and barriers to accessing housing options.



- **Community Peer Specialists.** Peer specialists provide evidence-based support to people in recovery, but Colorado does not know the capacity of this workforce in local communities. People in recovery highlighted the need for peer specialist support statewide.

The Vision: What are the Building Blocks of a Recovery-Oriented System of Care?

The Recovery Advisory Committee — with input from hundreds of recovery experts, people in recovery, and other community members statewide — outlined a vision for Colorado’s future recovery-oriented system of care.

These four critical “building blocks”

include the whole-person approach to recovery, integrating community voices, a recovery-oriented continuum of clinical care, and best practices to deliver statewide. On the following pages we describe each of the building blocks and provide specific examples of how each of these concepts are put into practice.



Building Block 1: The Whole-Person Health Approach to Recovery



People go through their recovery journeys in clinical settings, at work and school, in their communities, and at home. Taking a whole-person approach to recovery means arranging recovery supports in each of these places.

SAMHSA has provided a framework for understanding recovery supports that props up this whole-person approach. It’s known as the *four dimensions of recovery*.



HEALTH

Overcoming or managing one's diseases or symptoms and making informed, healthy choices that support physical and emotional well-being.

Example:

Health Solutions in Pueblo provides medication-assisted recovery in a primary care setting to increase access to care.

Definition:

Sobriety or symptom management is just one health factor to be addressed in recovery. Other opportunities to achieve good mental and physical health are critical as well, such as integrated primary care, access to food and exercise, or counseling services.

PURPOSE

Participating in meaningful daily activities and having the independence, income, and resources to participate in society.

Example:

5280 High School is Denver's only recovery high school. This school provides a safe, drug-free education for students who identify as in recovery or want to start their recovery journey.

Definition:

People in recovery should have the autonomy to identify and engage in an activity that is meaningful to them. This could be finding a job, volunteering or serving others, or going to school.

HOME

Establishing a stable, safe, and recovery-supportive place to live.

Example:

The Colorado Coalition for the Homeless has a variety of housing options – from Housing First living spaces to substance-free housing.

Definition:

Having a place to live is imperative for people in recovery. A range of recovery housing options should be available to best support the varied needs of people in recovery.

COMMUNITY

Engaging in creating a foundation of relationships and social networks to provide support, friendship, love, and hope.

Example:

The Colorado chapters of Young People in Recovery provide opportunities for people in recovery to engage with a community of peers by hosting sober events and creating partnerships with other community organizations.

Definition:

Supportive relationships can be found in friends made through recovery community organizations, mutual help groups, other community activities, family, or employment and volunteering. Providing people with opportunities to build social networks and establish healthy relationships at sober activities is an important support for people in recovery.





Building Block 2: Integrating Community Voices

Four Themes Highlighted by People with Lived Experience in Recovery

The voices of people in recovery are critically important for understanding the needs of people in recovery. Mental Health Colorado engaged over 330 people in recovery, and their allies to gather community voices. A description of the survey methodology can be found in Appendix 1.

The findings from this research are summarized here, and are integrated throughout this strategic plan.

Theme 1: Health

Multiple stakeholders — from policymakers to physicians — need to reconceptualize recovery and better understand the role of recovery support services in treating substance use disorders.

Health care providers need to learn how to use nonstigmatizing language, support their patients in recovery, integrate and expand mental health services for people with substance use disorders, and embrace best practices for providing medications for this population, such as medication-assisted recovery.

Theme 2: Housing

People in recovery resoundingly identified safe and stable housing as a need. Housing options for people in recovery who have a criminal background is also a high need.

Nearly 88 percent of participants report that access to recovery housing is a priority need. Additionally, over 90 percent of lesbian, gay, bisexual, transgender, and questioning individuals (LGBTQ) and justice-involved survey participants identified housing as a priority need as well.

Theme 3: Purpose

People in recovery identified the need for treatment and recovery options while employed, including the ability to pay for treatment with employer-sponsored insurance.

Additionally, they shared concerns about being fired while in treatment or recovery, and identified the need for employment protection if they seek services.

Theme 4: Community

Community members shared that recovery programs need more diverse staff who reflect the communities they serve. Programs that are not religious-based are needed throughout the state, as well as programs that provide support, safety, and social inclusion.

Other needs are drug-free social opportunities and transportation to attend social events. Suggestions included outreach through social media groups, working with law enforcement to support relationships with people in recovery, and putting on other sober activities to help build social connections for people in recovery.

More specifically, justice-involved people and LGBTQ individuals were identified as populations needing targeted services. Community members identified supports during and after incarceration as a need, such as programs to help after the initial probation period.

Map 1. Recovery Survey Responses by County

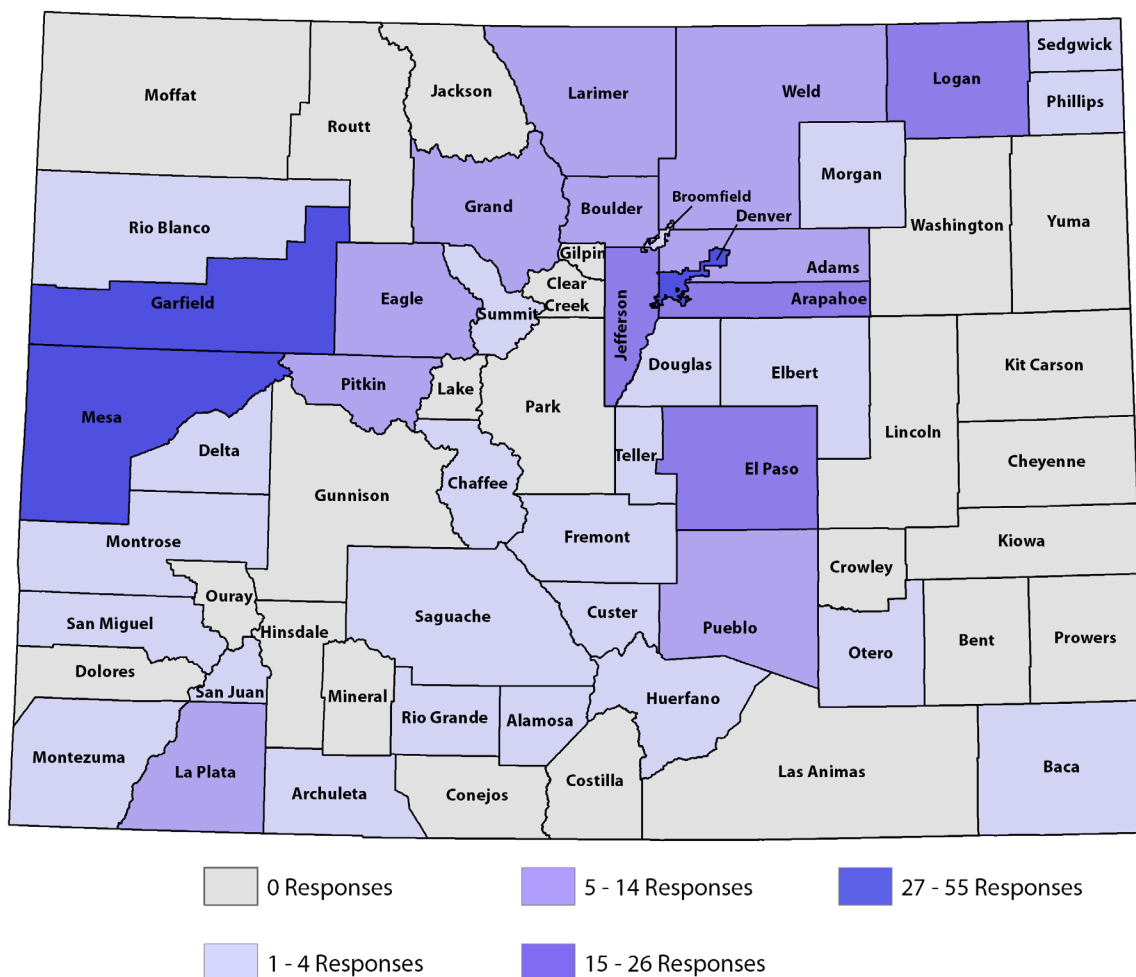
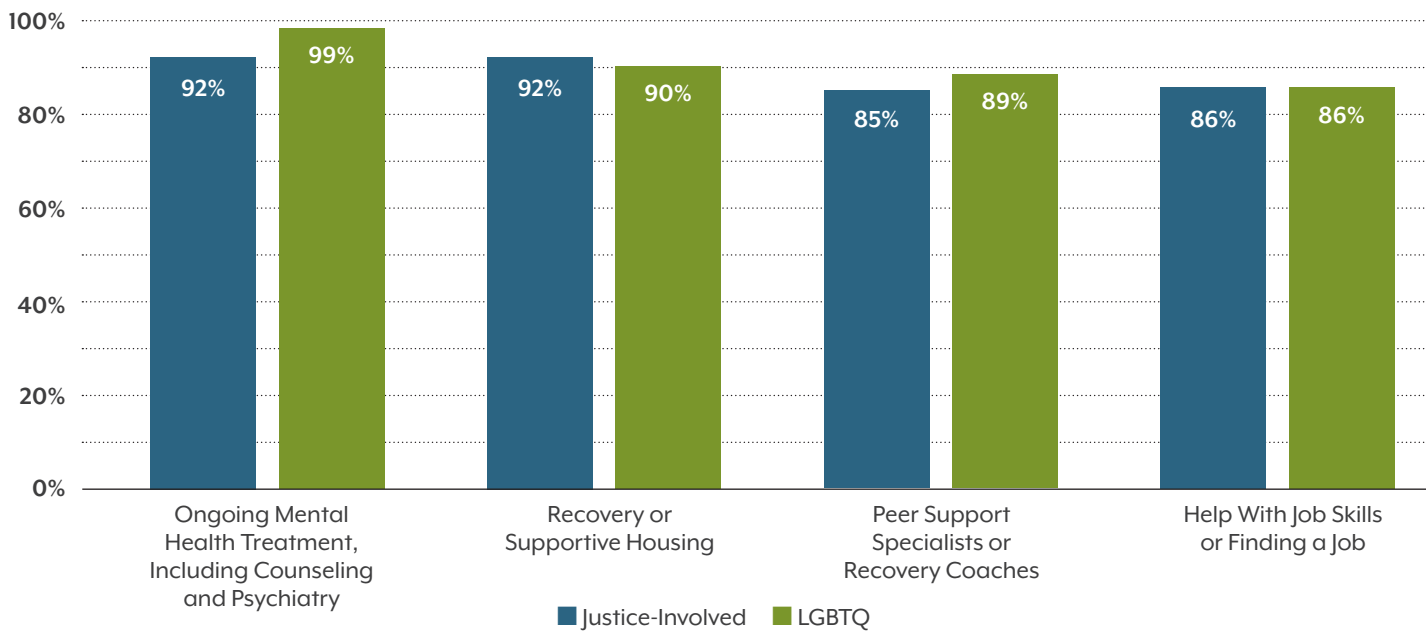


Figure 3. Percentage of Recovery Support Services Rated as Important by Marginalized Populations.



Building Block 3: Recovery in the Substance Use Disorder Continuum of Care



The traditional model of substance use care is a four-part linear diagram, starting with prevention, moving to intervention, then treatment, and finally recovery. A recovery-oriented system of care must be pictured differently. It's a circle, not a continuum, with recovery at the center and recovery services integrated into every component of the care continuum.



Recovery-oriented Prevention

What it is: Prevention approaches create environments and systems where people can be healthy. These systems are important for people at all stages of the continuum, and recovery-oriented prevention specifically helps people who are in recovery.

Example: Communities that Care Program

This is a proven process to promote healthy youth development and improve youth outcomes by identifying community-specific risk and protective factors and allowing youth to participate in identifying needed prevention programs.



Recovery-oriented Intervention

What it is: Interventions can take place in many settings (home, work, school, health care or judicial) by friends, family, health providers, teachers, and other community members. These interventions optimally connect people to supports that will address the root cause of substance use, which can include adverse childhood experiences, trauma, loss, and mental health.

Example: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

This is a screening tool, often used by primary care providers, that can be used to have an open and respectful discussion that allows patients to set their own goals and identify the services they need and for providers to follow up on patients.



Recovery-oriented Treatment

What it is: Recovery oriented treatment is clinical services that focus on linking all measures of success to long-term recovery outcomes and empower people to choose their own path to recovery.

Example: Miracle Program for Mothers

This program provides peer support specialists to mothers who are working on recovery in a place where they can live with their children, receive treatment, get job support, and join sober community activities. All peer support specialists have been through the Miracle program themselves.



Recovery Support Services

What it is: Support programs are often staffed by people who have shared experiences of recovery. They provide one-to-one or group support and substance free social activities to create community.

Example: The Phoenix

The Phoenix is a gym that helps people in recovery through mental and physical fitness. Instructors are all in recovery themselves, and they provide support and a community of people who understand what someone is going through.



Building Block 4: Best Practices for Promoting Recovery



Envisioning a future of recovery includes using best practices for supporting people in recovery. Research shows that these interventions or recovery support services have a strong evidence-base.

Evidence-Based Services

Peer specialists and peer recovery coaches

Based in both clinical and community settings, these workers are trained to use their own experience of recovery to provide support and connect people to other recovery supports.

Employment-based recovery services

These take multiple forms, including job training, employee assistance programs, recovery-friendly workplace policies, or businesses run by people in recovery themselves.⁷ An example is employee assistance programs that provide on-site assessments, counseling, and referrals to services as needed.

Medication-assisted recovery

Medication-assisted recovery combines medication to normalize brain functioning with counseling and behavioral interventions. Medication-assisted recovery is considered an evidence-based practice that reduces overdose deaths, reduces drug use, and improves social functioning.⁸

Mutual-help groups

Mutual-help groups bring together people to share their common experiences and provide support to one another. The most common mutual aid group is Alcoholics Anonymous, which is associated with prolonged abstinence and remission. Many other mutual-help groups are less rigorously studied, like LifeRing or SMART Recovery, but they are similar to Alcoholics Anonymous in that they are peer-led and recovery-focused.⁹

Recovery residences

These are nonmedical settings that provide substance-free living environments to support people in recovery.¹⁰ The most rigorous analysis has been on Oxford Houses, a group of more than 2,400 recovery houses across that country that have rules and expectations for their residents. The analysis found that living in an Oxford House increased employment and reduced criminal recidivism.¹¹

Next Step

It is recommended that a certification or licensing process be in place to ensure recovery residences provide safe and supportive environments for residents. Colorado has already taken a step in this direction with the passing of HB19-1009.



Evidence-Based Programs

To strengthen its recovery system, Colorado's recovery leaders should consider implementing innovative approaches used in other parts of the United States. The promising practices listed below are examples of those approaches. None of them are available yet in Colorado.

Transition Clinic Medical Homes

Transition clinics provide health care to people recently released from incarceration who have chronic diseases, such as mental health and substance use disorders. Care is primarily provided by community health workers who were once incarcerated themselves. Services include housing, social, and employment support in addition to physical health care. There are active transition clinics in 11 states and Puerto Rico.

Addiction Recovery Mobile Outreach Team (ARMOT)

ARMOT provides case management and peer recovery support services to people with substance use disorders. Patients are connected to ARMOT and are provided services in the community, such as connections to mutual aid groups and ongoing peer specialist support. This has been piloted in rural Pennsylvania, and initial results suggest that the program is effective at connecting people to services.

Reentry Systems of Effective Treatment (RESET)

RESET is a program for women leaving incarceration through the Leading into New Communities transitional housing facility in North Carolina. RESET begins connecting women with substance use disorders in jails to recovery services before they leave incarceration. In addition, services provided in jails include group therapy and one-on-one counseling.

Vermont Recovery Network

The Vermont legislature funded the Vermont Recovery Network of 12 peer-run recovery centers throughout the state. The centers connect people to multiple recovery support services, such as employment, peer support, and mutual aid groups. The network's innovative idea is to use a central organization to connect recovery centers and coordinate their services.

...

The four pillars described on Page 12 — health, home, purpose, and community — are foundational to a recovery-oriented system of care. Moving forward, this document lays out strategies for building these foundations and addressing Colorado's critical recovery needs.

The Strategic Framework

Colorado’s recovery leaders have work to do to address Colorado’s recovery needs and create a recovery-oriented system of care. This strategic framework outlines the plan to guide that work. The plan includes three strategic objectives, 41 recommendations to achieve those objectives, and expected outcomes.

Each objective includes contextual insights and questions for Colorado’s recovery leaders to consider when putting the plan into practice. The Colorado Consortium for Prescription Drug Abuse Prevention will serve as the coordinator of a broad group of partners to champion implementation efforts moving forward, including but not limited to individuals and organizations who participated in the Recovery Advisory Committee.

STRATEGIC OBJECTIVE ONE:

Create a Recovery-Oriented System of Care

A comprehensive recovery system requires a foundation of data, resources, and commitments from policymakers. This strategic objective directs Colorado’s state agencies, funders, and legislators to establish that foundation by creating funding streams, policies, and a regulatory environment that promote a recovery-oriented system of care.

Strategy:

Create sustained targeted funding opportunities to support existing recovery support services or develop new services.

Expected outcomes:

- Recovery support services will be available and adequately funded in all communities across the state.
- Funding for recovery services will make up a measurable and growing portion of substance use disorder spending in Colorado.

Recommendations:

- Dedicate funding from the Substance Abuse Block Grant to recovery support services to be sustained through 2025.
- Present the Recovery Strategic Plan and recommended funding opportunities to state and federal agencies, and philanthropic organizations.



Strategy:

Equip funders to use language that is inclusive of recovery.

Expected outcome:

- People who fund recovery support services — including staff at state agencies and private philanthropies, as well as legislators — will use non-stigmatizing language in their recovery funding efforts, and people accessing those funds will use the same terminology to describe and deliver their services.

Recommendations:

- Synthesize recovery glossaries, such as the Recovery Addictionary, to create a standard language for Colorado.
- Use “Our Stories Have Power” and the “Lift the Label” campaign as a model to create trainings to embed recovery-inclusive language into policy and practice.

- Share the recovery-inclusive glossary and distribute training broadly to advocacy organizations, state agencies, and philanthropic foundations.
- Review funding announcements and other materials from selected statewide funders (such as OBH, private philanthropies, and the legislature) to assess the use of non-stigmatizing, pro-recovery language.



Strategy:

Implement systematic data collection to assess and monitor recovery.

Expected outcome:

- Statewide survey data will provide a comprehensive picture of the number of people in recovery and recovery needs in Colorado.

Recommendations:

- Improve systematic data collection and assessment through the use of validated data collection tools and statewide surveys such as the Behavioral Risk Factor Surveillance System.
- Provide guidance on collecting recovery program data, such as the Brief Assessment of Recovery Capital (BARC-10), for both state-funded recovery programs and other programs that want to follow state recommendations for data collection.



Strategy:

Promote recovery as a priority issue in behavioral health discussions.

Expected outcome:

- State and local leaders will view recovery as an integral element in the behavioral health system of care statewide.

Recommendations:

- Publish a brief that depicts recovery as an essential element of the behavioral health system of care for children and adults.
- Include recovery in discussions with the Governor's Behavioral Health Task Force and its

related subcommittees and other behavioral health convenings across the state.

- Bring speakers to Colorado events to educate stakeholders on current recovery research and best practices.



Voices of Recovery

“My vision for the future of recovery in Colorado is that we take a small step back from putting the pressure on the individuals to make changes and to see more changes in policies and systems that perpetuate substance use disorders.”

What Colorado's Recovery Leaders Need to Know:

The landscape and gap analysis revealed multiple system-level opportunities to create a recovery-oriented system of care. The major needs include providing education on what recovery is, funding recovery support services, and collecting data.

Education

People in recovery across Colorado said reconceptualizing recovery with multiple stakeholders is a pressing need — including understanding recovery's place throughout the continuum of care and the importance of recovery when treating substance use disorders.

Funding

Today, funding is inadequate to promote a comprehensive recovery system. Funding is oriented toward treatment, which creates barriers to receiving recovery support services.

Historically, most substance use disorder funding has supported treatment but not people in recovery after they leave treatment (or go into recovery without going through formal treatment).

While substance use treatment is increasingly likely to be reimbursed by insurance, the cost of recovery support services is almost never covered.

As a result, recovery organizations rely on grant funding from private organizations and

philanthropies. But as with any grant-funded program, the funding might not be available after a certain time.

Also, grant funding fosters competition among recovery organizations and contributes to fragmentation in the recovery system.

Data

Recovery data are sparse. This report uses research from the Journal of Drug and Alcohol Dependence to estimate that nearly 400,000 adults in Colorado are in recovery from a substance use disorder, as are 23 million adults nationwide.¹² But that calculation doesn't tell us where they live or what supports they need to further their recovery. The number of people leaving treatment can be tracked, but it provides an inaccurate look at recovery, because the majority of people in recovery never enter formal treatment.

These data provide a rough estimate of the potential need for services, but decision-makers lack data to understand how recovery happens in Colorado communities, how people access services, and how many people are not being served.

Looking Ahead – Questions for Recovery Leaders:

- How do Colorado's state agencies create a regulatory environment that supports recovery while taking time to educate on the importance of recovery?
- How can Colorado's leaders expand data collection to assess the effectiveness of programs?
- How can insurance providers invest in substance use disorder management in the same way they invest in the management of other chronic diseases?



STRATEGIC OBJECTIVE TWO:**Provide Recovery-Oriented Clinical Care**

Though recovery happens primarily outside of clinical settings, all health care providers are critical partners in connecting people in recovery to supports. This strategic objective encourages Colorado's health care professionals to identify recovery as a goal for all patient care by boosting patient engagement and using community recovery support services as part of the care plan.

Strategy:

Equip the entire health care system – from primary care community providers to acute care hospitals – to support people in recovery.

Expected outcome:

- All clinical staff will use recovery language, adopt best practices, and leverage community supports as part of a recovery-oriented, whole-health approach to care.

Recommendations:

- Propose to the University of Colorado Anschutz Medical Campus to start a class on substance use recovery in all clinical programs.
- Identify recovery champions as content experts to help write a curriculum to train primary care practice staff. Recovery champions can be peer specialists or other health care professionals or staff working in primary care.
- Identify primary care clinics that will commit to using a recovery champion to connect patients to community-based recovery services and improve primary care's staff understanding of recovery needs.

**Strategy:**

Expand access to medication-assisted recovery.

Expected outcome:

- Medication-assisted recovery will be widely available throughout Colorado.

Recommendations:

- Continue to provide guidance to engage providers in parts of the state with poor access to medication-assisted recovery.
- Continue to advertise and provide medication-assisted recovery through mobile medication-assisted recovery vans.

- Monitor the implementation of HB 19-1269, which addresses insurance and Medicaid coverage for medication-assisted recovery and other behavioral health services.
- Review private insurance carriers' reports to the Division of Insurance (DOI), as mandated by HB 19-1269, and provide recommendations on improving coverage for mental health and substance use disorder services.
- Advocate for private insurance carriers to have adequate medication-assisted recovery networks.

**Strategy:**

Equip substance use treatment providers to connect people in recovery to supports as part of their treatment or service plans.

Expected outcomes:

- Clinical substance use disorder treatment providers will include engaging in community-based recovery services as an objective in treatment plans.
- Clinicians will know what recovery services are available in their community.
- Substance use disorder patients will expect and request these services from their clinicians as part of the treatment plan.
- Providers will be able to explain that community-based recovery supports are the critical services their patients need – beyond services delivered in a treatment center.
- All of Colorado's substance use treatment and recovery service providers will populate their boards with people with lived experience of recovery, and all of them will offer peer recovery services.

Recommendations:

- Review regulatory requirements for substance use treatment providers to identify opportunities to incorporate recovery in treatment planning, such as referrals and connections to recovery support services.
- Review licensing requirements and identify opportunities to educate on the importance of community-based recovery supports.
- Expand Certified Addiction Counselor training to include recovery language, evidence of effectiveness of recovery support, and recovery best practices.
- Partner with Managed Service Organizations to provide a full continuum of substance use services, develop and maintain a comprehensive list of recovery services, and partner with local public health departments to keep the lists updated and distribute them to the community.
- Partner with Managed Service Organizations to identify contract incentives to encourage their boards to include people with lived experience.
- Establish formal policies on peer-to-patient ratios and appropriate professional oversight of positions and work with contracted providers to offer peer recovery services.
- Train substance use providers on the role of recovery support throughout the treatment process.
- Engage the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities to expand staff education requirements to include training on the importance of community-based recovery supports.



Voices of Recovery

“Recovery-oriented care should have providers who are non-judgmental and respect individuals who have struggled with substance use disorders, because no one should be made to feel less than human.”

What Colorado’s Recovery Leaders Need to Know:

Treatment is not recovery. Treatment is one possible path to recovery, but treatment is not an end in itself. Understanding this will require a philosophical shift, particularly among substance use treatment providers.

Peer support specialists and mental health providers are in short supply across Colorado. Funding is needed to support this workforce. Specifically, there is a need to educate substance use treatment providers and other health care providers to use non-stigmatizing language and support their patients in recovery. There’s also a need to integrate and expand mental health services for people with substance use disorders, including more psychiatrists who can practice psychopharmacology.

Finally, people in recovery across the state said providers need to educate clients on all available services in the area, not just services provided by their organization.

Looking Ahead — Questions for Recovery Leaders:

- How do we ensure Colorado has an adequate workforce — particularly in rural communities that struggle to find and keep recovery support providers?
- How can currently available programs or services expand access to medication-assisted recovery, and how should they be sustained?
- How can we best educate providers on recovery — both substance use treatment providers and non-behavioral health providers?

STRATEGIC OBJECTIVE THREE:**Equip Communities with Recovery Support**

Recovery happens in communities outside of clinical settings. This strategic objective guides community leaders — including business leaders, county commissioners, sheriffs, school administrators, faith leaders, and others — to establish recovery-inclusive community supports.

Strategy:

Enable community leaders to develop and connect people to recovery support services.

Expected outcome:

- Community leaders will use tools for building recovery-inclusiveness, such as promoting recovery housing, supportive employment, recovery community organizations, and other recovery services.

Recommendations:

- Recommend a community recovery-readiness assessment tool, such as the Recovery Community Organization readiness assessment tool, to be used to identify recovery needs in local communities.
- Share the recovery-readiness assessment tool with local public health departments and encourage them to incorporate the tool in their needs assessments.
- Advocate for peer specialists to be added to the local public health workforce in each county.
- Identify essential tools for a local community to support recovery and provide assistance to develop these tools.
- Create a database of recovery support services identified by local communities. This repository will be publicly accessible so providers, community leaders, and community members know what services are available.

Strategy:

Strengthen communities by increasing access to recovery residences statewide.

Expected outcome:

- People in recovery across Colorado will have access to quality recovery residences that include other social supports such as healthy foods, transportation, and child care

Recommendations:

- Convene a working group to review and analyze data on housing vouchers distributed as a part of HB19-1009: Substance Use Disorders Recovery to ensure equitable distribution.
- Provide recommendations to expand access to recovery residences throughout Colorado, including options that allow for medication-assisted recovery and integrate housing programs with other recovery supports.

Strategy:

Build community by increasing access to peer-run and peer-delivered services.

Expected outcome:

- People in recovery will be able to access peer support in every community.

Recommendations:

- Identify funding opportunities for peer-run services provided by people with lived experience in recovery at recovery community organizations.
- Provide recommendations for formal education and career pathways for peer specialists to inform future regulatory structures.
- Identify funding opportunities for recovery community organizations to train peer workers in each region of the state.

Strategy:

Engage law enforcement and criminal justice to discuss opportunities for providing recovery support services to people involved in the justice system.

Expected outcome:

- Justice-involved people with substance use disorders are able to receive support services during incarceration and immediately upon release.

Recommendations:

- Form a workgroup to increase access to recovery services within the justice system.
- Provide recommendations on programs, best practices, and opportunities to improve access to recovery services in Colorado jails and prisons.
- Seek opportunities to educate law enforcement agencies on the role of recovery support services.

What Colorado’s Recovery Leaders Need to Know:

Recovery support services must be culturally inclusive, and the needs of the LGBTQ community should be a priority.

Safe and stable housing is critical for people in recovery. People in recovery who have a criminal record especially need housing.

People in recovery also recommended offering drug-free social opportunities and transportation to attend social events.

Their suggestions include outreach through



Voices of Recovery

“A recovery-inclusive community should think outside of the box, especially when someone is consistently returning to use. I often hear that we don’t want to reinvent the wheel, but there are still many people actively in substance use. Perhaps reinventing the wheel wouldn’t be such a bad thing.”

social media groups, events with law enforcement to build relationships with people in recovery, and other sober activities to help build social connections for people in recovery. It is important to note that these activities are suggestions, and people in recovery should have options to join activities that are sensitive to cultures and identities.

Many Coloradans who need recovery services aren’t receiving help. For example, justice-involved people often lack access to jail-based services such as medication-assisted recovery or peer supports, and they need better job prospects when coming out of incarceration.

Looking Ahead – Questions for Recovery Leaders:

- How are community leaders thinking about opportunities for recovery housing?
- Are there prevention efforts for creating social connections or starting sober gatherings that could be used for developing a recovery community?
- How can community programs be designed to also support families of individuals pursuing recovery?

Appendix 1: Methods for Community Engagement

MHC used three methods of data collection — key informant telephone interviews, in-person focus groups, and an online survey — to engage members of the recovery community.

Participants for the key informant interviews were identified through MHC advocates who had previously indicated they are in recovery or have a family member in recovery. Members of the Recovery Advisory Committee identified additional interview participants. MHC conducted five key informant interviews. Participants lived in Denver County, Arapahoe County, Larimer County, El Paso County, and Mesa County.

MHC recruited participants for the three focus groups using a snowball sampling technique, with leaders of recovery community organizations emailing members about the opportunity to provide feedback around recovery support services in Colorado. Forty people participated in three focus groups held in downtown Denver, north Denver, and Fort Collins.

Responses for the online survey were collected using the networks of the Recovery Advisory Committee, with the link to the survey being sent via email to members of the recovery community throughout the state, which included persons in recovery, family members of those in recovery, and recovery service providers.

The survey was available over a three-month period, and during this time 330 responses were submitted. Of the 38 counties represented in the responses, the counties that had 10 or more responses were Garfield (55), Denver (41), Mesa (34), Jefferson (26), Logan (21), Arapahoe (19), El Paso (17), Pueblo (14), Adams (11), Larimer (10), and La Plata (10).

Questions for both the key informant interviews and the focus groups were the same and primarily captured feedback pertaining to SAMHSA's four pillars of recovery, supports that are currently in place that and are working well, and barriers and challenges to long-term recovery and accessing recovery support services in Colorado. Questions for the online survey followed a similar pattern as the key informant interviews and focus groups.

Endnotes

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303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200
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