![Denver Health CAM Academy logo] **DENVER HEALTH CAM ACADEMY**

![Denver Health Center for Addiction Medicine logo] **DENVER HEALTH CENTER FOR ADDICTION MEDICINE**

# THE COLORADO OPIOID MODEL TO ADVANCE TREATMENT PROJECT REPORT:

## Colorado and the Regional Opioid Abatement Council Profile and Assessment Findings

## CONTENTS

# INTRODUCTION

Coloradans confront the realities of substance use disorder every day. According to the 2021 and 2022 National Survey on Drug Use and Health, published by the U.S. Substance Abuse and Mental Health Services Administration, more than one in ten Coloradans (11.63%) were affected by a drug use disorder in the past year.[1]

In 2023, Colorado recorded 1,865 overdose deaths, which was the highest total in the state's history.[2] Opioid overdoses are the primary driver of overdose deaths. These statistics highlight the urgent need for accessible opioid use disorder (OUD) treatment services across the state.

**12%** Percentage of Coloradans who in 2021-2022 reported being affected by a drug use disorder in the past year

**1,865** Number of overdose deaths in Colorado in 2023, the highest in the state's history

# The Colorado Opioid Model to Advance Treatment Project:

The Colorado Attorney General's Office provides funding for the Colorado Opioid Model to Advance Treatment (CO-MAT) project through the Opioid Abatement Innovation Challenge. The goal of the CO-MAT project is to help Colorado counties and organizations expand opioid treatment and care coordination. This project's heart is the hub and spoke treatment model, an evidence-based approach that improves care coordination and services for individuals with OUD. Using the hub and spoke model, CO-MAT has three aims:

- To assess the current state of referrals, expertise, and access to the continuum of OUD treatment services within Colorado through existing data systems and create county and regional profiles.

- To use assessment results and the expertise of Denver Health and Colorado Opioid Synergy for Larimer & Weld Counties (CO-SLAW) to develop a hub and spoke model toolkit to implement customizable models across Colorado.

- To provide technical assistance for Colorado correctional care settings to enhance Medication-Assisted Treatment provision and care coordination post-release.



Correctional officer providing opioid use disorder treatment at the Denver Downtown Detention Center.

The Colorado Attorney General's Office funds the CO-MAT project through an Opioid Abatement Innovation Challenge grant to address the opioid crisis throughout the state.

# Statewide Assessment of Hub and Spoke Treatment Services

This report provides a current-state analysis of the hub and spoke treatment services within Colorado, including Colorado's 19 Regional Opioid Abatement Councils (ROACs). The metrics chosen are intended to provide a snapshot of important information and contextualize elements in opioid use and treatment availability in Colorado. Each ROAC determines how to distribute and manage opioid settlement funds for substance use disorder treatment, recovery, harm reduction, law enforcement, and prevention/education programs, according to the approved uses as outlined in Exhibit E. Understanding the strengths and resource gaps within each ROAC region is crucial for shaping effective opioid interventions.

The data collected through this analysis will inform the development of a hub and spoke toolkit. The toolkit will serve as a resource for expanding OUD services throughout Colorado. It will help organizations navigate the complexities of OUD treatment, improve referral pathways, and promote collaboration across different sectors, including healthcare systems, public health entities, correctional facilities, and social services.

# Building the Future of Accessible Opioid Treatment in Colorado

The CO-MAT project is led by the Center for Addiction Medicine (CAM) Academy at Denver Health. The CAM Academy is the training and education arm of Denver Health's Center for Addiction Medicine; it is dedicated to enhancing the well-being of individuals and communities by addressing addiction medicine-related challenges through education, training, technical assistance, and capacity building.

The profiles presented in this report were developed in partnership with the Colorado Health Institute (CHI). CHI is a nonprofit public health institute that works to improve the systems that influence people's health and well-being. CHI used publicly available data and data requests to state agencies to develop these profiles.

CO-MAT is also supported by the North Colorado Health Alliance (NCHA), which coordinated the CO-SLAW hub and spoke treatment model. NCHA serves as consultant to provide input on the assessment, toolkit, and to assist with technical assistance provision for correctional care settings.

This project was also informed by input from the Colorado Association of Local Public Health Authorities (CALPHO). Together, these entities are committed to not only expanding OUD treatment, but also ensuring that the systems in place are effective, equitable, and sustainable.

For questions about this report, please contact CAMAcademy@dhha.org.

# THE HUB AND SPOKE MODEL

## What is the Hub and Spoke Model?

The hub and spoke model is an innovative system of care for OUD. It was first developed by the state of Vermont in 2013, and focuses on building a network of expertise, referral resources, and care coordination between substance use disorder treatment programs, correctional facilities, and other healthcare/social needs services organizations. Clinical services, duties, and staffing differ between hubs and spokes.

## Key Characteristics of Hubs[3]:
:
- Hubs are anchor sites that provide comprehensive and specialized addiction treatment.
- Hubs have an extensive staff of clinicians with training and experience in delivering medications for opioid use disorder, as well as staff physicians, nurses, advanced practice nurses, and counselors who provide intensive specialty-care addiction treatment.
- In hubs, patients are inducted and stabilized on buprenorphine or methadone.
- For the profiles featured in this report, hub sites are defined as an opioid treatment program that is licensed by the state to provide methadone. These sites typically provide buprenorphine as another treatment option; however, confirmation of buprenorphine provision was not confirmed for the purpose of this report.

# Key Characteristics of Spokes:

- Spokes are satellite partner sites that offer care coordination, limited treatment options, and actively refer patients to hubs.[4]

- Spokes can be primary care settings, staffed by one or more buprenorphine prescribers, that offer medication-assisted treatment.[3] Other examples of spokes include harm reduction agencies, community-based organizations, school-based health centers, correctional settings, and pharmacies.

- For the profiles featured in this report, a spoke is defined as a facility that may refer patients to a hub and includes all facilities licensed by the state to provide behavioral health treatment. Spokes provide ongoing care coordination services in the community. Spokes could also provide ongoing buprenorphine but would not provide maintenance of methadone as a hub would. In Colorado, some primary care providers prescribe buprenorphine for OUD, though typically in limited numbers and within the context of general primary care.
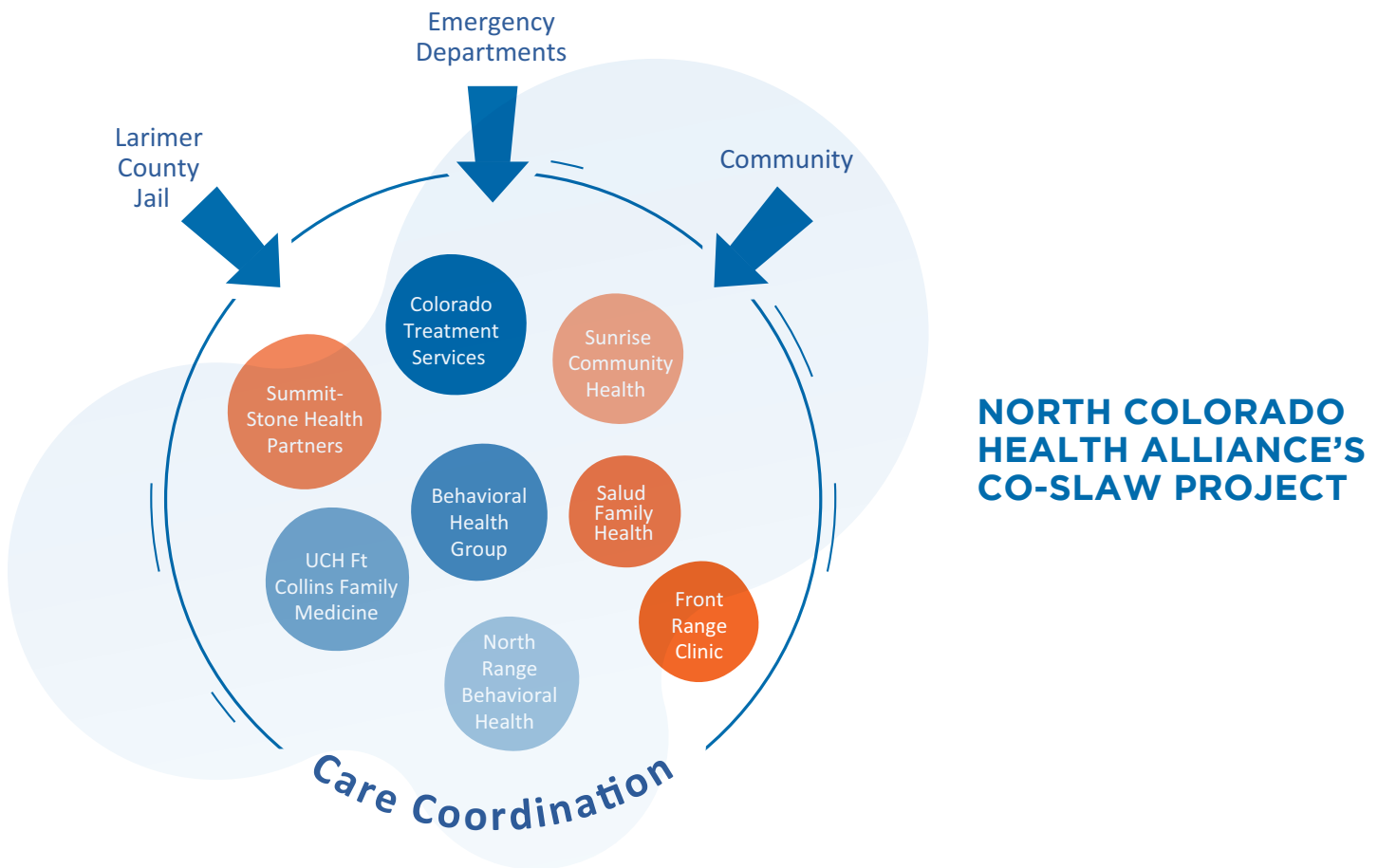
# The Hub and Spoke Model as an Innovative Approach

Patients with OUD face many challenges in seeking treatment. Challenges can include being uninsured or underinsured, unintegrated substance use disorder treatment, geographic disparity in medication and therapeutic access, stigma, abstinence-only programming, and insufficient educational opportunities for providers.[4] Proximity to an opioid treatment program, or the availability of buprenorphine prescribers accepting new patients, also pose challenges.[5]

The benefits of utilizing a hub and spoke approach for OUD have been well documented. Vermont's hub and spoke model substantially increased its OUD treatment capacity and resulted in increased communication, organizational ability to deliver services, and healthier clients due to treatment in a network that addresses both behavioral and medical needs.[5] Those on medications for OUD experience large and statistically significant reductions in overdoses, emergency department visits, illegal activities, and days of family conflict.[3]

Within Colorado, the [North Colorado Health Alliance's CO-SLAW project](#) and [Denver Health's Center for Addiction Medicine](#) are two unique and successful examples of the hub and spoke model.

Launched in 2018, CO-SLAW is a network of eight treatment providers and transitions of care sites, including criminal justice and hospital systems, served by a team of integrated care coordinators who facilitate members' access to and retention in substance use treatment across the network. CO-SLAW adapted the Vermont hub and spoke model to develop a "virtual hub" of care coordination that pairs members with a care coordinator as they move within the network of care providers.[6]



**NORTH COLORADO HEALTH ALLIANCE'S CO-SLAW PROJECT**

Emergency Departments

Larimer County Jail

Community

Colorado Treatment Services

Summit-Stone Health Partners

Sunrise Community Health

Behavioral Health Group

Salud Family Health

UCH Ft Collins Family Medicine

North Range Behavioral Health

Front Range Clinic

Care Coordination

Denver Health is a nationally recognized safety-net hospital serving Denver city and county since 1860 with primary, specialty, and acute services. The Center for Addiction Medicine brings together Denver Health's robust range of services within a hub and spoke model that integrates resources and clinical expertise, providing a seamless, confidential and supportive journey for patients. Delivering on the "no wrong door" approach, patients with OUD who present to any Denver Health clinic, medical provider or emergency facility, are rapidly connected to treatment and recovery services that best meet their needs.

# DENVER HEALTH'S CENTER FOR ADDICTION MEDICINE HUB & SPOKE MODEL

Corrections

Emergency Departments

Denver CARES
Social Detox + Transitional Residential Treatment

Inpatient Hospital

**Outpatient Behavioral Health Services**

External Primary Care

Family & School Health Centers

Community Calls & Walk-Ins

External Treatment Program

**Legend:**

- Identification/Diagnosis
- Opioid Induction
- Outpatient Behavior Health Services Intake
- Referral
- Treatment
- Opioid Maintenance

# REGIONAL OPIOID ABATEMENT COUNCILS (ROACS)
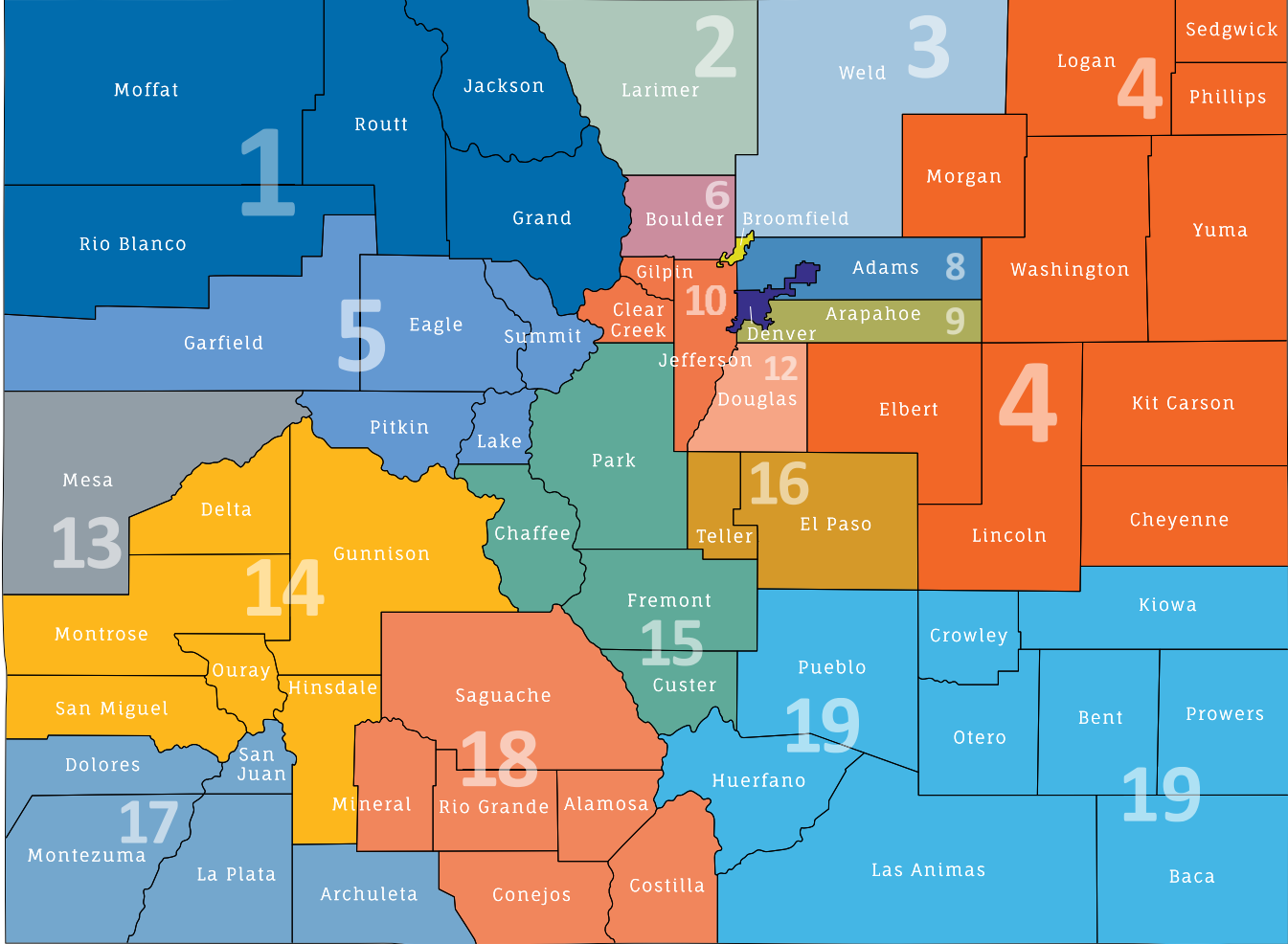


## ROAC Profile Methods

The CAM Academy team completed a data system inventory of publicly available data on OUD, treatment, access measures, workforce, and other indicators of the current status of OUD. In the first quarter of 2024, we met with a data system analyst to understand the data sources, how these sources are updated, and what information was needed to make a data pull request. In Colorado, we are fortunate to have many survey and public data systems using many of these data points through licensing systems, surveys, or emergency room visits. The CAM Academy contracted with the CHI to use this data and create regional profiles following the ROAC regions using the available data. CHI is working to improve the systems that influence health and well-being, and this organization has  extensive experience creating county profiles to inform public health decisions. The ROAC profiles

created for this project combine publicly available data with data requests to state agencies. The metrics chosen are intended to provide a snapshot of information and contextualize elements in opioid use and treatment availability in Colorado. *The ROAC Profile Methodology Sheet in Appendix A includes the metric, description, location on profiles, source, and year or date data was pulled.*

The first draft of the Regional profiles were distributed to each ROAC point of contact to solicit feedback and revisions. The CAM Academy team collated all feedback and made revisions based on the input provided. Most feedback provided included suggestions to make the data source description clearer and include limitations, answer questions about data sources and sampling techniques, and request the agency information for hubs and spokes shared in the profiles. *ROAC profiles can be found in Appendix B.*

## ROAC Profile Findings
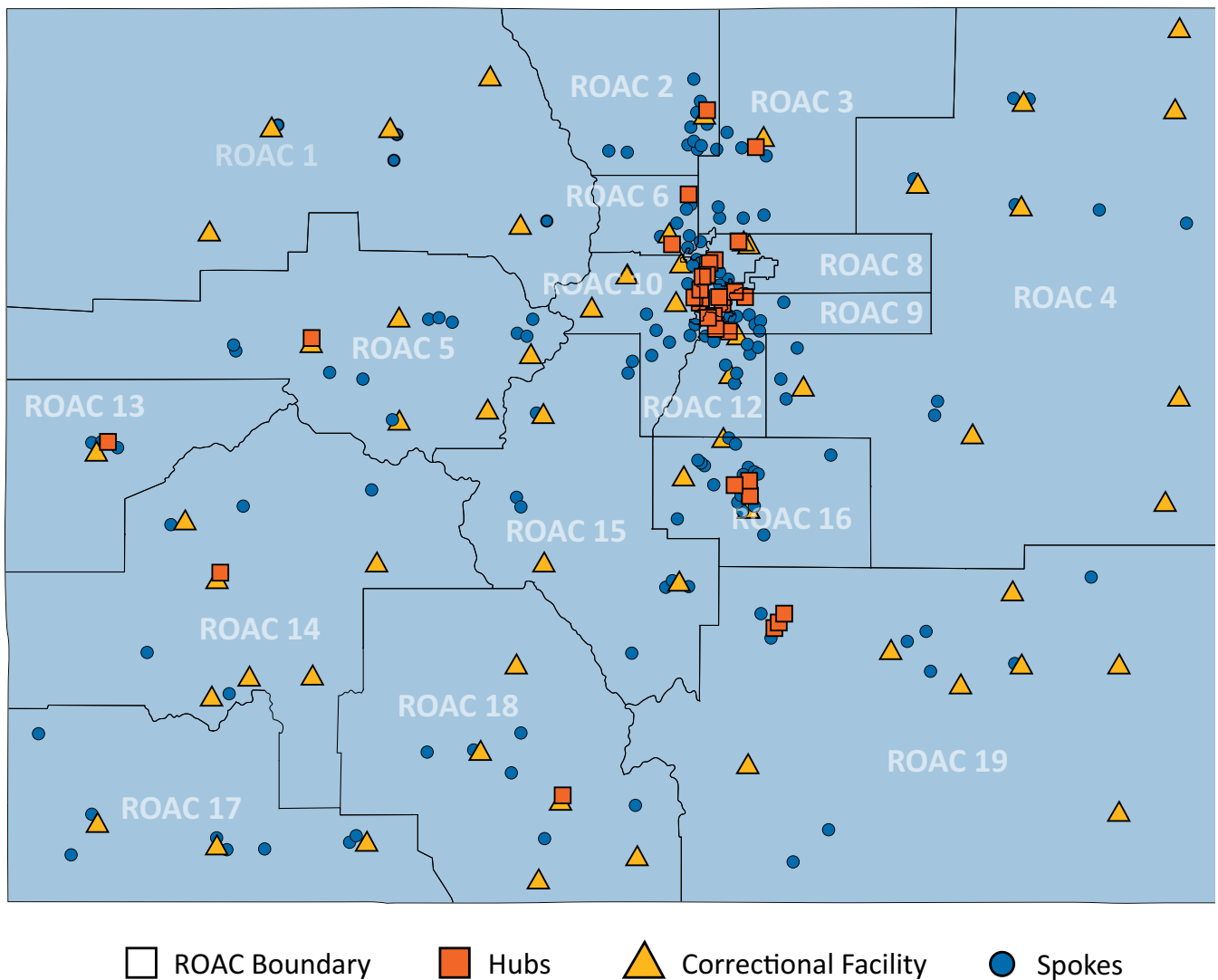
In Colorado, there are a total of 42 hubs and 735 spokes. The majority of hubs (methadone providers) are located on the Front Range along the most populated areas of our state. Almost a quarter (22%, 14 of 64 counties) of Colorado counties have hubs. Among these counties, 71% are in urban counties (Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Mesa, Pueblo, Weld) and 29% are in rural counties (Alamosa, Garfield, Montrose, Prowers). When looking at the ROAC regions, 68% of ROAC regions have a hub (Regions 2, 3, 5, 6, 8, 9, 10, 11, 13, 14, 16, 18, 19).

When looking at the distribution of spokes across Colorado, 91% of counties have a spoke, leaving 9% with no spoke. Counties with no spokes include two urban (Clear Creek and Gilpin), one rural (Ouray), and three frontier counties (Hinsdale, Mineral, and San Juan). All ROAC regions have spokes.

While the hub and spoke model has shown promise for expansion of OUD treatment and care coordination in other states, this model may not be applicable throughout all four corners of our state. To best focus resources to expand OUD treatment and care coordination, other data points–such as increases in overdose death rates and extensive miles to treatment–could highlight prioritized areas for resource expansion. For this report, we recognize that spokes are critical in care coordination and referrals to treatment when people are ready; these spokes might function more as a hub-like organization in the community. Our hub definition narrowed our ability to identify these types of innovative organizations. A recent example of such an organization is RANCH: Recovery, Access, and Community Health, a partnership between the North Colorado Health Alliance, Porch Light Health, and Advocates for Recovery Colorado that opened in 2024 in Sterling, Colorado. It will be important to monitor and learn from these organizations to identify how these organizations may be able to meet community needs in the absence of a hub. Of particular note: the definition of a hub is challenging to apply to rural communities in Colorado. However, collaborative partnerships can be built and utilized to build connections between care coordination, outpatient medication-assisted therapy access, and recovery services.

# Considerations for ROACs to Increase Access and Equity to MAT

As we continue to increase access to and equity to MAT in Colorado, we recommend utilizing the buprenorphine dashboard data to investigate the hub potential of providers who prescribe buprenorphine to their patients. Buprenorphine enhances accessibility due to uptake in primary care and generalist office settings, a flexible dosing schedule without the administrative oversight of methadone, and demonstrated effectiveness. Some reports have shown reduced stigma since people can receive MAT confidentially in a general medical setting. As we consider how to increase access to MAT, it is vital to realize unequal access to MAT occurs throughout the cascade of care – from prescribing to dispensing – for Black, Indigenous, and People of Color (BIPOC) communities. Within Colorado, we see an overrepresentation of hubs along the Front Range, leaving many rural and frontier areas without convenient access to a hub. Our data was limited to defining a hub as a methadone provider which requires daily observation and often involves patients lining up to receive treatment, which can perpetuate stigma. Our profiles also utilized the CDPHE's database

to show how many providers prescribe buprenorphine. Still, this data does not allow us to discern if these providers would or could serve as a treatment hub, their addiction medicine expertise, or their desire to prescribe buprenorphine to more patients.

The following recommendations have been made for ROACs and state funders to consider based on findings:



- For current Hubs: Encourage the review of disaggregated data by race and ethnicity across the treatment cascade to look for any overrepresentation or underrepresentation of race and ethnicity. Ideally, race and ethnicity across the OUD treatment cascade should mirror the treatment centers' overall patient population demographics.[7]

- Build capacity for hubs through buprenorphine prescribers: ROACs or state funders could consider contacting providers who prescribe buprenorphine to engage them in ROAC efforts and determine how to strengthen care coordination for current or future patients. This could allow ROACs or state funders to build provider and organization buy-in and capacity to function like a regional hub.

- For ROACs without access to a hub, partner with the Local Public Health Agency to utilize any community advisory boards and ROAC community advisory boards that include people with lived experience with OUD to determine what treatment options are needed in the region. For instance, Is a primary care provider willing to provide sufficient buprenorphine?  Is telehealth a viable and desired option? Then, consider how ROAC funding could be leveraged to establish a hub if desired.

- ROACs could consider how best to engage hubs and spokes, people with lived experience, providers, and the workforce (peer specialists, certified addiction technicians or specialists, and licensed addiction counselors, to name a few) to identify service gaps to inform future funding opportunities. Coordination, communication, and collaboration between partners at the county and regional level will strengthen response efforts. For a list of your region's current hub or spoke organization, please email us at CAMAcademy@dhha.org.

- When looking at the Colorado profile, correctional settings are located across all four corners of our state; continuing to work with these settings on MAT services while people are incarcerated, as well as planning for MAT and care coordination post-release, will be an essential spoke of focus for all regions.

- State and ROAC funders could consider how to leverage and explore telehealth options for MAT for those in rural or frontier counties should be considered given only 7% of Coloradans are without broadband access. Building partnerships with community pharmacies to prescribe and administer MAT could help expand treatment options. It has been estimated that 90% of Americans live within two miles of a community pharmacy.[8] Explore utilization and engagement with community pharmacies in regions without a hub could potentially build more accessible hubs.

- State funders and ROACs should continue to explore how hospitals, including emergency departments and urgent care clinics, might play a role in providing SUD treatment services. [Colorado Hospital Association](#) reports that forty-five of Colorado's 64 counties have hospitals, and of Colorado's 88 acute care hospitals, half are in rural and frontier counties.  These affiliated emergency departments might serve as treatment hubs for their communities and could be an area of focus for partnerships and future funding. An example of this can be found in Lincoln County, where [Lincoln Health Community Hospital](#) in Hugo offers buprenorphine-based MAT.
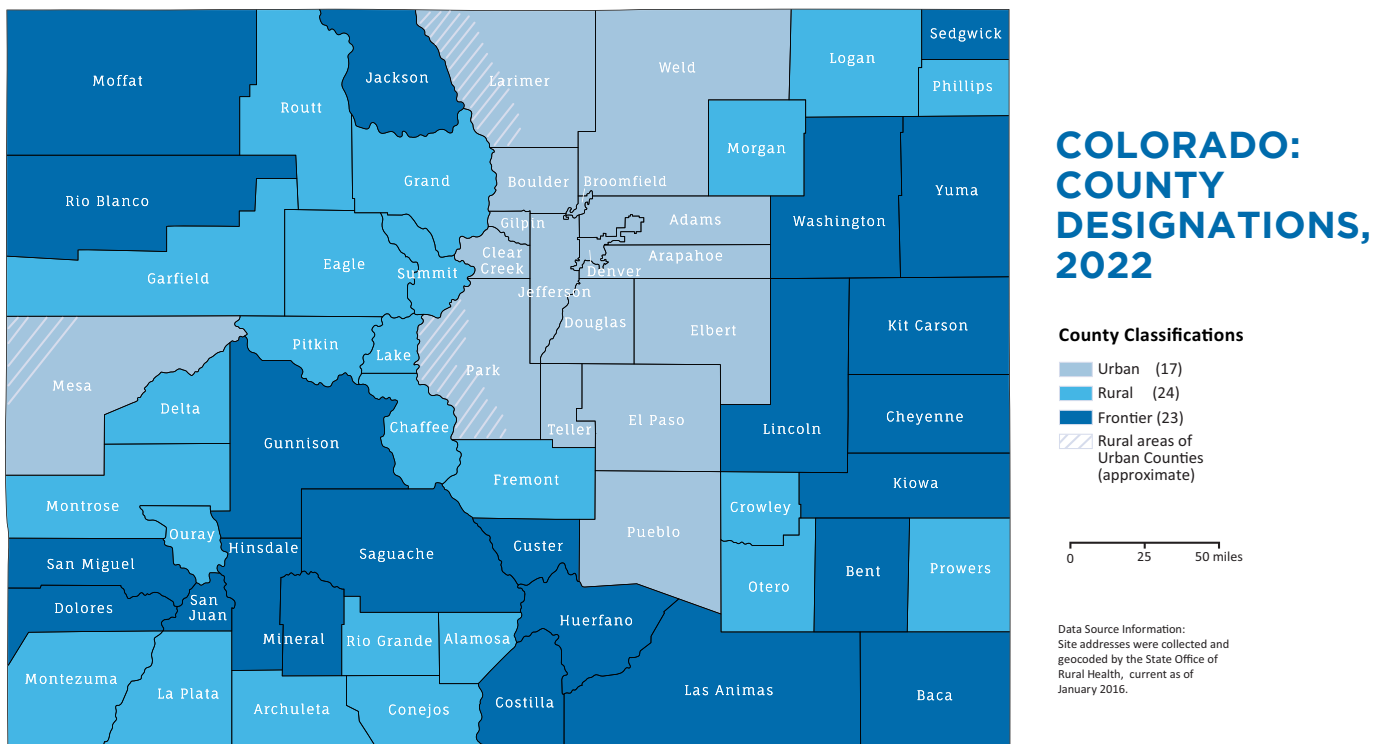
# Limitations of ROAC Profiles

The following data source and definition limitations should be considered. *Please see Appendix A's ROAC Profile Methodology Sheet for details about the data.*

- **Data years:** The profiles combine multiple data types from various sources across state agencies and other data publishers. Therefore, the data is not all from the same year. The methodology document details the source and year for the data presented in the profiles.

- **Comparisons between county, ROAC, and state:** Data presented in the profiles shows various statistics at the county, ROAC, and state levels. This data comes from many sources, and each source provides data differently, including different types of geography. Some provide counts while others provide summary statistics (percentages) at the county or health statistics region (HSR) level. This meant that some ROAC percentages had to be estimated from county or HSR data. Because of these limitations, differences between county, ROAC, and state values may not be statistically significant. *The ROAC Profile Methodology Sheet in Appendix A includes more details*.

- **Information about correctional facilities:** There is a lack of clear information about Colorado's correctional facilities and the extent to which they refer people with substance use health treatment needs to relevant medical facilities. Some correctional facilities included in the data are one-room holding facilities and not full jails (such as in Dolores and San Juan counties). It is unclear if these types of facilities refer people to treatment.

- **Facility data:** All the data for hubs and spoke comes from the Colorado Behavioral Health Administration's Licensing and Designation Database and Electronic Records System (LADDERS). Any facility not licensed by the state is, therefore, not reflected in the hub and spoke data.

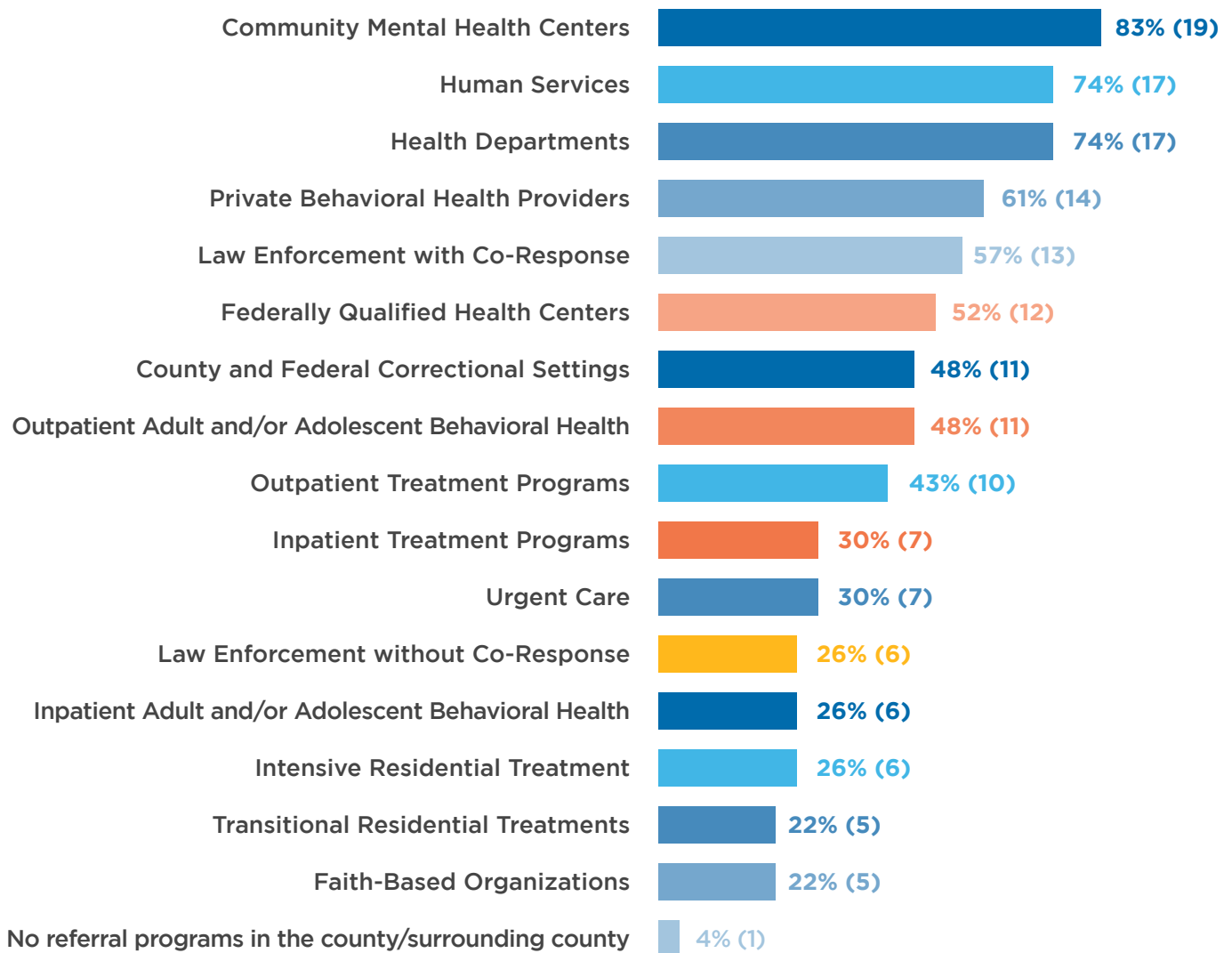# LOCAL PUBLIC HEALTH AGENCY HUB AND SPOKE ASSESSMENT

The CAM Academy utilized a Qualtrics survey to assess specific hub and spoke services at the county level to help fill in the gaps from publicly available data and understand implementation challenges, successes, and workforce composition across Colorado *(Appendix C)*. The assessment was sent to all LPHA Directors in partnership with our colleagues at CALPHO, requesting that staff overseeing behavioral health or OUD services complete the survey.



**COLORADO: COUNTY DESIGNATIONS, 2022**

County Classifications

- Urban (17)
- Rural (24)
- Frontier (23)
- Rural areas of Urban Counties (approximate)

0     25     50 miles

Data Source Information: Site addresses were collected and geocoded by the State Office of Rural Health, current as of January 2016.

## Spoke Referral Program Type

The assessment had a response rate of 36% (n=64 counties with a public health agency) from LPHAs. LPHA respondents comprised 30% from frontier counties, 35% from rural counties, and 35% from urban counties (n=23). About one-third (35%) of LPHA respondents indicated their county had a hub, with 12% located in frontier counties, 12% in rural counties, and 76% in urban counties. More than half of county respondents (57%) indicated they had an active task force or advisory committee with the purpose of distributing funds, preventing opioid misuse, and educating groups to reduce stigma. Most LPHA respondents (87%) indicated they use referrals to surrounding counties' hub facilities. In comparison, 4% indicated not providing or referring patients to opioid treatment services nor having other key agency services available.
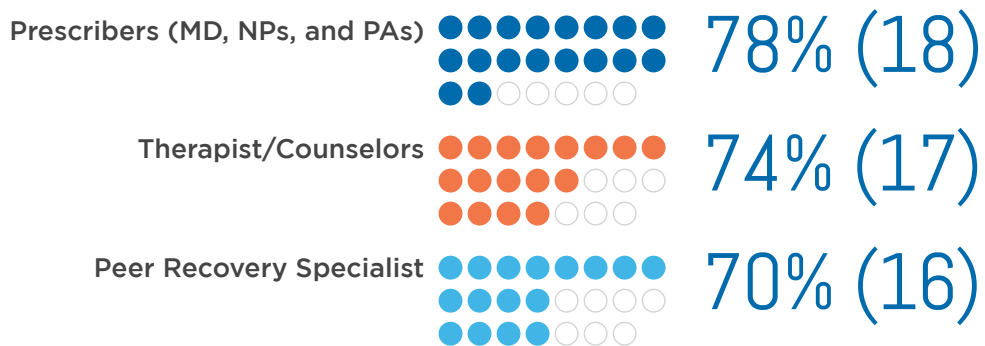
## Figure 1: Spoke Referral Program Type (n=23)

| Program Type | Percentage (Count) |
|---|---|
| Community Mental Health Centers | 83% (19) |
| Human Services | 74% (17) |
| Health Departments | 74% (17) |
| Private Behavioral Health Providers | 61% (14) |
| Law Enforcement with Co-Response | 57% (13) |
| Federally Qualified Health Centers | 52% (12) |
| County and Federal Correctional Settings | 48% (11) |
| Outpatient Adult and/or Adolescent Behavioral Health | 48% (11) |
| Outpatient Treatment Programs | 43% (10) |
| Inpatient Treatment Programs | 30% (7) |
| Urgent Care | 30% (7) |
| Law Enforcement without Co-Response | 26% (6) |
| Inpatient Adult and/or Adolescent Behavioral Health | 26% (6) |
| Intensive Residential Treatment | 26% (6) |
| Transitional Residential Treatments | 22% (5) |
| Faith-Based Organizations | 22% (5) |
| No referral programs in the county/surrounding county | 4% (1) |

LPHA respondents shared successes in increasing OUD treatment, care coordination, and barriers. Sixty-one percent of of LPHAs reported community engagement with people with substance use disorder and care coordination for people with substance use disorder (e.g., transportation, temporary housing, cell phones) as the top two successes. Half of LPHA respondents (52%) reported an increase in harm reduction services in their county as a success of increasing OUD access and care coordination. However, all LPHA respondents (100%) reported a lack of emergency or transitional housing for people with OUD as a significant barrier to OUD treatment and care coordination in their county. While 91% cited a lack of public transportation infrastructure, 87% of LPHAs called out stigma and distance to treatment as the remaining barriers to OUD treatment centers and care coordination.

LPHA respondents also reported the workforce disciplines that support their county's OUD treatment centers and care coordination. Although OUD treatment centers and care coordination are supported by various disciplines, workforce shortages, provider burnout, and turnover offer consistent challenges to counties throughout Colorado.

**Figure 2:** Top Three Workforce Disciplines Reported (n=23)

Prescribers (MD, NPs, and PAs) ●●●●●●●●●● ●●●●●●●●●● ●●○○○○○○ **78% (18)**

Therapist/Counselors ●●●●●●●●● ●●●●●○○○ ●●●●○○○ **74% (17)**

Peer Recovery Specialist ●●●●●●●● ●●●●○○○○ ●●●●○○○ **70% (16)**

# Limitations of LPHA Data

Feedback from LPHAs has been valuable in filling in gaps and informing the public regarding current affairs. In reviewing and analyzing this data, it is essential to consider the following limitations:

- A 30% response rate is a common target for online survey tools. However, our project hoped to have a 50% response rate to provide an accurate, current state assessment of OUD services. When this assessment was sent to LPHAs, they had just completed two other extensive surveys. It is likely that LPHAs faced survey fatigue, inadequate staff, or competing priorities that impacted our completion rate.
- Assessment bias could be present; the assessment was generally completed by one staff member within the LPHA and might not include other key perspectives or knowledge from community partners.

Based on information learned from LPHA respondents, to enhance OUD treatment and care coordination throughout Colorado, it will be essential to consider the following:

- Expansion of hubs such as satellite opioid treatment programs or hospital-based treatment programs to frontier and rural areas due to the significant barrier to OUD treatment presented by lack of public transit infrastructure and distance to treatment.
- Counties and ROAC regions should continue to grow and expand partnerships with community mental health centers and behavioral health facilities to prioritize mental health referrals and services for people with OUD as a critical part of OUD treatment.
- Many countries utilize task forces and advisory committees. These task forces could be used to expand the communication network throughout the state to share resources, identify priorities to address, and identify service gaps and solutions to strengthen the hub and spoke network.

# CO-MAT TIMELINE AND INPUT

The Denver Health CAM Academy aspires to present data humbly, recognizing that numbers never tell the whole story. We strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to connecting numbers to stories to inform policy and systems change to improve health for all.

## Key Activities

**Figure 3:** Key Activities for ROAC Profiles and the Hub and Spoke Assessment



**JAN-MAR 2024**
Created OUD assessment survey tool with CAM Academy subject matter experts (SMEs) and partners to share with LPHAs and ROACs.

**MAY 16, 2024**
Presented project to CALPHO

**MAY 1, 2024**
Presented project to DOL Opioid Learning Forum

**MAY 22, 2024**
Shared assessments with LPHAs

**SEPT 26, 2024**
Shared profiles with ROACs

**SEPT 30, 2024**
Shared draft profiles at the 3rd Annual Opioid Abatement Council

**JAN 2025**
Finalized profiles

**OCT 31, 2024**
Solicited and incorporated LPHA/ROAC feedback

# Acknowledgments

This report was authored collaboratively by the Center for Addiction Medicine (CAM) Academy staff at Denver Health and Colorado Health Institute.

**Helen Burnside**, *Co-Principal Investigator*, CAM Academy
**Brooke Bender**, *Co-Principal Investigator*, CAM Academy
**Brea Ford**, *Sr. Evaluator*, CAM Academy
**Elizabeth Rumbel**, *Sr. Workforce Development Specialist*, CAM Academy
**Nicole Weber**, *Director*, CHI
**Rachel Bowyer**, *Research and Policy Analyst*, CHI

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Thank you to CALPHO, who helped us promote this project to LPHA Directors, and thank you to those LPHAs who completed our assessment and who shared feedback on county profiles.

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- Stephen Holloway
- Kylie Yocum

**Colorado Behavioral Health Administration (BHA)**
- Rebecca Maes
- Ryan Mueller

# APPENDICES

## Appendix A.

**Methodology for the Colorado Medication Assisted Treatment County Profiles**
This Methodology document describes the publicly available data sources and data requests to state agencies to create the hub and spoke profiles. It includes the data metrics, a description of each metric, the location of the data point on the profile, the source, and the data year or date.
[page 19 of this pdf document]

## Appendix B.

**Colorado Medication Assisted Treatment County Profiles**
These profiles describe the state of opioid treatment and referrals in each county by detailing available treatment facilities and services, measures of access, and community status related to mental health, opioid deaths, and emergency department visits.
[page 27 of this pdf document]

## Appendix C.

**Colorado Medication for Opioid Use Disorder Hub and Spoke Assessment**
This appendix contains the hub and spoke assessment that was shared with all 56 Colorado counties with an LPHA. It was created to fill in the gaps from the publicly available data and to understand implementation challenges and successes, and workforce across Colorado.
[page 65 of this pdf document]

## Appendix D.

**2024 LPHA Hub and Spoke Assessment Data Summary**
This appendix shares the responses to the 2024 LPHA Hub and Spoke Assessment.
[page 71 of this pdf document]

## Appendix E

**Acronym List**
This list contains the acronym and meaning for words and terms found throughout this report.
[page 83 of this pdf document]

# Methodology for the Colorado Medication Assisted Treatment County Profiles

## Description

In 2024, the Center for Addiction Medicine (CAM) Academy at Denver Health contracted with the Colorado Health Institute (CHI) to create county opioid profiles. These profiles describe the state of opioid treatment and referrals in each county by detailing available treatment facilities and services, measures of access, and community status related to mental health, opioid deaths, and emergency department visits.

Data for these profiles combines publicly available data and data requests to state agencies. The metrics chosen are intended to provide a snapshot of important information and contextualize elements in opioid use and treatment availability in Colorado.

For questions about the methodology or data for these profiles, please contact Rachel Bowyer at bowyerr@coloradohealthinstitute.org or 720.975.9260.

The project to create these profiles was funded by an Opioid Abatement Innovation Challenge Grant from the Colorado Attorney General's Office.

## Data Metrics

| Metric | Description | Location on Profile | Source | Data Year/Date |
|---|---|---|---|---|
| Regional Opioid Abatement Council (ROAC) Region | The majority of the Opioid Settlement Funds are distributed and administered by 19 Colorado regions (groups of counties) that were configured by local governments to make use of existing local infrastructure and relationships. Some ROAC regions are single counties and others are groups of counties. | Profile Header | Colorado Attorney General (link) | Current |
| County Population | County population estimate for 2023. | Profile Header | Colorado State Demography Office (link) | 2023 |
| ROAC Population | ROAC region population estimate for 2023, calculated from "County Population" source | Profile Header | see "County Population" | see "County Population" |
| Hubs | A hub is an opioid treatment program (OTP) that provides methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with | Hub and Spoke Model of Care (Blue Section) | Behavioral Health Administration – (Licensing and Designation | Current as of January 2025 |

| | | | | |
|---|---|---|---|---|
| | counseling and other behavioral therapies to provide a whole-person approach. For this data, a list of OTPs from the Behavioral Health Administration (BHA) was acquired. | | Database and Electronic Records System) LADDERS (link) via a data request | |
| Closest Hub – IF NO HUB IN COUNTY | The distance, in miles by driving distance, of the closest hub in another county to the nearest spoke in the selected county or ROAC region. This metric only appears if there is NO hub in the selected county. | Hub and Spoke Model of Care (Blue Section) | Calculated using geospatial software. For source of hub and spoke locations, see "Hub" and "Spokes" | Current as of January 2025 |
| Spokes | A spoke provides ongoing treatment, monitoring, and support services in the community. For this data, the state licensing database (LADDERS) was used. All facilities in the database are considered spokes. Facilities that are not licensed by the state are not reflected in this data. | Hub and Spoke Model of Care (Blue Section) | Behavioral Health Administration – (Licensing and Designation Database and Electronic Records System) LADDERS (link) via a data request | Current as of January 2025 |
| Drug Court | If the county or ROAC region has at least one drug court of any kind. | Hub and Spoke Model of Care (Blue Section) | National Treatment Court Resource Center, 2023 (link) | 2023 |
| Spoke Density – Spokes per 100,000 Population | Number of spokes per 100,000 population by county or ROAC region. Calculated by dividing "Spokes" by "County Population" or "ROAC Population" and multiplying by 100,000. | Hub and Spoke Model of Care (Blue Section) | See "Spokes" and "County Population" or "ROAC Population" | Spokes – 2025, Population – 2023 |
| Spoke Density – Spokes per 100 square miles | Number of spokes per square mile by county or ROAC region. Calculated by dividing "Spokes" by the county or ROAC area in square miles and multiplying by 100. | Hub and Spoke Model of Care (Blue Section) | See "Spokes" County Area: IPUMS Geographic Crosswalks (link) | Spokes – 2025, Square miles – Current |
| Map Data | County or ROAC maps that show hubs, spokes, and correctional facilities. Hubs and spokes locations are given by the same sources as "Hubs" and "Spokes." Maps created by CHI using mapping software. | Hub and Spoke Model of Care (Blue Section) | CHI, see "Hub" and "Spokes" | Current, see "Hub" and "Spokes" |
| Buprenorphine Prescribers per 100,000 Residents | The number of buprenorphine prescribers per 100,000 residents in quarter four (Q4) of 2023 at the county, ROAC, and state level. | Treatment Overview (Purple Section) | Colorado Department of Public Health via data request. A dashboard of the county data is available here. Population counts based on county counts from Colorado State Demography Office (link) | Buprenorphine prescribers - Q4 2023 Population counts - 2023 |
| Patients per Buprenorphine Prescriber | For county level: The average number of patients who received at least one buprenorphine prescription per buprenorphine prescriber by county of prescriber in Q4 of 2023. For ROAC level: An estimate of patients per prescriber based on calculations with | Treatment Overview (Purple Section) | Colorado Department of Public Health via data request. A dashboard of the county data is available here. | Q4 2023 |

| | county-level data. This number is not an average and does not account for which patient saw which prescriber (because that data is not available on the ROAC region level). Counties with no data are excluded from the calculations.<br>   Numerator: The number of patients who received at least one buprenorphine prescription in the ROAC region in Q4 of 2023.<br>   Denominator: The number of buprenorphine prescribers in the ROAC region in Q4 of 2023.<br><br>For state level: An estimate of patients per prescriber based on calculations with county-level data. This number is not an average and does not account for which patient saw which prescriber (because that data is not available on the state level). Counties with no data are excluded from the calculations.<br>   Numerator: The number of patients who received at least one buprenorphine prescription in the state in Q4 of 2023.<br>   Denominator: The number of buprenorphine prescribers in the state in Q4 of 2023. | | | |
|---|---|---|---|---|
| Number of Facilities – Prevention/Early Intervention per 100,000 residents | The number of state-licensed facilities that offer prevention and/or early intervention substance use services per 100,000 residents of the county, ROAC, or state. This is equivalent to the American Society of Addiction Medicine (ASAM) level of care of 0.5. | Treatment Overview (Purple Section) | Behavioral Health Administration – (Licensing and Designation Database and Electronic Records System) LADDERS (link) via a data request | Current as of January 2025 |
| Number of Facilities – Outpatient per 100,000 residents | The number of state-licensed facilities that offer outpatient substance use services per 100,000 residents of the county, ROAC, or state. This is equivalent to the ASAM level 2, including multiple 2.X levels. | Treatment Overview (Purple Section) | Behavioral Health Administration – (Licensing and Designation Database and Electronic Records System) LADDERS (link) via a data request | Current as of January 2025 |
| Number of Facilities – Intensive Outpatient/Partial Hospitalization per 100,000 residents | The number of state-licensed facilities that offer intensive outpatient and/or partial hospitalization substance use services per 100,000 residents of the county, ROAC, or state. This is equivalent to the ASAM level 2, including multiple 3.X levels. | Treatment Overview (Purple Section) | Behavioral Health Administration – (Licensing and Designation Database and Electronic Records System) LADDERS (link) via a data request | Current as of January 2025 |
| Number of Facilities – Residential/Inpatient per 100,000 residents | The number of state-licensed facilities that offer residential and/or inpatient substance use services per 100,000 residents of the county, ROAC, or state.  This is equivalent to the ASAM level 4 | Treatment Overview (Purple Section) | Behavioral Health Administration – (Licensing and Designation Database and Electronic Records System) LADDERS | Current as of January 2025 |

| | | | (link) via a data request | |
|---|---|---|---|---|
| Poor Mental Health | The percentage of people who report experiencing poor mental health in the past 12 months at the county, ROAC, or state level. Data from the combined years of 2021 and 2023 was used for this calculation.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties. See the CDPHE website for more information about these regions.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | Community Opioid Status (Orange Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |
| Opioid Deaths per 100,000 | Average annual crude rate of opioid overdose deaths per 100,000 residents from 2020 to 2022 at the county, ROAC, or state level. | Community Opioid Status (Orange Section) | Colorado Department of Public Health and the Environment Drug Overdose Dashboard (link) | 2021-2023 |
| Emergency Room Visits for All Overdoses | Average annual crude rate of emergency department visits from 2020-2022 for overdose involving all drugs per 100,000 residents at the county, ROAC, or state level. | Community Opioid Status (Orange Section) | Colorado Department of Public Health and the Environment Drug Overdose Dashboard (link) | 2021-2023 |
| Population in Poverty | The percentage of the population that has incomes below the federal poverty threshold at the county, ROAC, and state level. In 2023 a family of 4 would need to make more than $30,000 to be above the poverty level. | Measures of Access (Green Section) | Census Bureau Poverty Status in the Past 12 Months (link) | 2023 ACS 5-Year Estimates (2018-2022) |
| Population Uninsured | The percent of the population that does not have health insurance at the county, ROAC, and state level. | Measures of Access (Green Section) | Census Bureau Selected Characteristics of Health Insurance Coverage in the United States (link) | 2023 ACS 5-Year Estimates (2018-2022) |
| Population without Broadband | The percent of the population that does not have an internet subscription at the county, ROAC, and state level. | Measures of Access (Green Section) | Census Bureau Types of Computers and Internet Subscriptions (link) | 2023 ACS 5-Year Estimates (2018-2022) |
| Barriers to Care – Unable to get mental health or substance use care | The percent of the population over 5 years old who did not get needed mental health or substance use treatment services in the past 12 months at the county, ROAC, and state level. Data from the combined years of 2021 and 2023 was used for this calculation. People older than 5 and | Measures of Access (Green Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |

| | | | | |
|---|---|---|---|---|
| | younger than 18, are not surveyed if they needed substance use care, only if they needed mental health care.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | | | |
| Barriers to Care – Unable to get mental health or substance use care – reason: unable to get appointment | Of the percent of the population who did not get needed mental health or substance use treatment services in the past 12 months…the percent of people who indicated that they had a hard time getting an appointment with a provider. Data at the county, ROAC, and state level. Data from the combined years of 2021 and 2023 was used for this calculation.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | Measures of Access (Green Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |
| Barriers to Care – Unable to get mental health or substance use care – reason: cost | Of the percent of the population who did not get needed mental health or substance use treatment services in the past 12 months…the percent of people who indicated they were concerned about the cost of treatment. Data at the county, ROAC, and state level. Data from the combined years of 2021 and 2023 was used for this calculation.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate | Measures of Access (Green Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |

| | | | | |
|---|---|---|---|---|
| | the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | | | |
| Barriers to Care – Unable to get mental health or substance use care – reason: didn't think insurance covered | Of the percent of the population who did not get needed mental health or substance use treatment services in the past 12 months… the percent of people who indicated they did not think their health insurance would cover it. Data at the county, ROAC, and state level. Data from the combined years of 2021 and 2023 was used for this calculation.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | Measures of Access (Green Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |
| Barriers to Care – Unable to get mental health or substance use care – reason: stigma | Of the percent of the population who did not get needed mental health or substance use treatment services in the past 12 months…the percent of people who indicated they were concerned about what would happen if someone found out they had a problem OR did not feel comfortable talking to a professional about their personal problems. Data at the county, ROAC, and state level. Data from the combined years of 2021 and 2023 was used for this calculation.<br><br>For the county level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, the county-level values for this metric are the value of that county's HSR, and therefore may include other counties.<br><br>For the ROAC level: Data is only available at the CDPHE Health Statistics Region (HSR) level. Therefore, in order to estimate the ROAC region value, each county was assigned its HSR's value. Then the values for the counties in each ROAC region were averaged using a population weighted average to achieve the ROAC estimate. | Measures of Access (Green Section) | 2021 and 2023 Colorado Health Access Survey (link) | 2021, 2023 |
| Workforce – Certified Addiction Technician | Raw number of state certified addiction technicians per 100,000 residents the county, ROAC, and state level. Raw numbers may not reflect one full-time position. | Measures of Access (Green Section) | Colorado Health Systems Directory – includes 14 data sources updated on a rolling basis | Current as of January 2025 |

| | | | | Data hosted by Colorado Department of Public Health and Environment – Primary Care Office | |
|---|---|---|---|---|---|
| Workforce – Certified Addiction Specialist | Raw number of state certified addiction specialist per 100,000 residents the county, ROAC, and state level. Raw numbers may not reflect one full-time position. | Measures of Access (Green Section) | Colorado Health Systems Colorado Health Systems Directory – includes 14 data sources updated on a rolling basis<br><br>Data hosted by Colorado Department of Public Health and Environment – Primary Care Office | Current as of January 2025 |
| Workforce – Certified Addiction Counselor | Raw number of state certified addiction counselor per 100,000 residents the county, ROAC, and state level. Raw numbers may not reflect one full-time position. | Measures of Access (Green Section) | Colorado Health Systems Colorado Health Systems Directory – includes 14 data sources updated on a rolling basis<br><br>Data hosted by Colorado Department of Public Health and Environment – Primary Care Office | Current as of January 2025 |

# Additional Data Information

## Reportability Standards

The Colorado Medication Assisted Treatment County Profiles combine many sources of data and each administrator of each data source has their own standards for reportability. Because reportability standards are not always made public, it is best to contact data administrators directly to ask about their processes. If data is not available for a county or ROAC it may be because the data was not collected or did not meet the administrator's reportability standard.

CHI is the administrator of the Colorado Health Access Survey (CHAS). In order for data to be reported from the CHAS, it must meet certain reportability thresholds. The data presented in the Colorado Medication Assisted Treatment County Profiles combines two years of CHAS data. The reportability standards in this case are (1) that there are at least 30 responses to each survey question and (2) that the relative standard error (RSE) is below 40%. Data that does not meet these standards is suppressed and appears on the profiles as NA.

## County, ROAC, and State Comparisons Statistical Significance

Data presented on the Colorado Medication Assisted Treatment County Profiles shows various statistics at the county, ROAC, and state levels. This data comes from many sources, and each source provides data in a different way. Some provide counts while others provide summary statistics (percentages) at the county or HSR level. This meant that some ROAC percentages had to be estimated from county data (as noted in the table above). Because of these limitations, it is not straightforward to run statistical significance tests on the differences between the county, ROAC, and state values of the data presented. Users can interpret the data presented as a snapshot of key metrics in recent years that indicate some variation in how different parts of the state are experiencing the opioid crisis and access to treatment and other resources

Colorado Medication Assisted Treatment County Profiles

# ROAC 1

ROAC Population          61,813

Regional Opioid Abatement
Council (ROAC) Region 1

Region includes Grand, Jackson, Moffat, Rio Blanco, Routt

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs          0**

The closest hub to a ROAC 1 spoke is 69 miles away in Garfield County.

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes          9**



County Boundary          ▲ Correctional Facility
■ Hubs          ● Spokes

## Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court          Yes - Moffat and Routt**
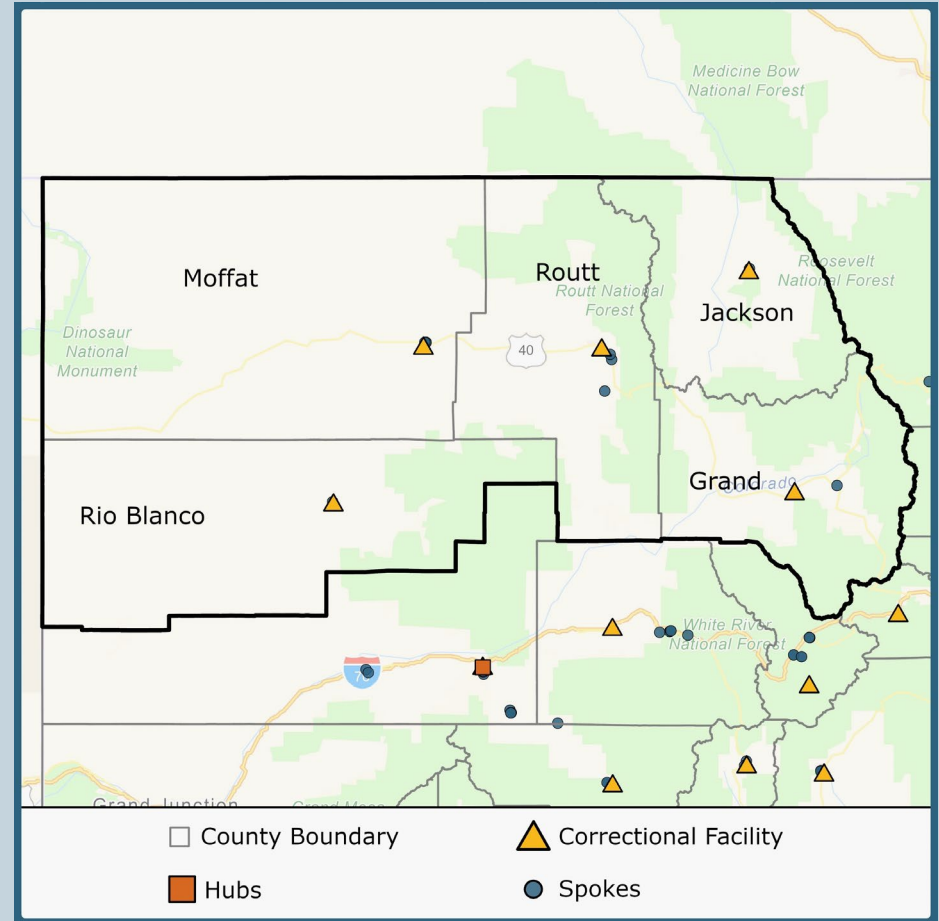
## Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **14.5**

Spokes per 100 square miles          **0.1**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 33 | 41 |
| Patients per Buprenorphine Prescriber | 16 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 10 | 6 |
| Outpatient | 14 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 13 | 6 |
| Residential/Inpatient | 2 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 20% | 25% |
| Average annual opioid deaths per 100,000 | 32 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 175 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 9% | 9% |
| Uninsured | 10% | 8% |
| Without broadband | 9% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 12% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 44% | 51% |
| Cost | 65% | 56% |
| Didn't think insurance would cover it | 44% | 48% |
| Stigma | 44% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 10 | 7 |
| Certified Addiction Specialist | 27 | 31 |
| Licensed Addiction Counselor | 34 | 37 |

# ROAC 2

ROAC Population        366,843

Larimer County only

## Hub and Spoke
## Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**        **1**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**        **39**



Larimer

- ☐ County Boundary
- △ Correctional Facility
- ▩ Hub
- ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**        **Yes**
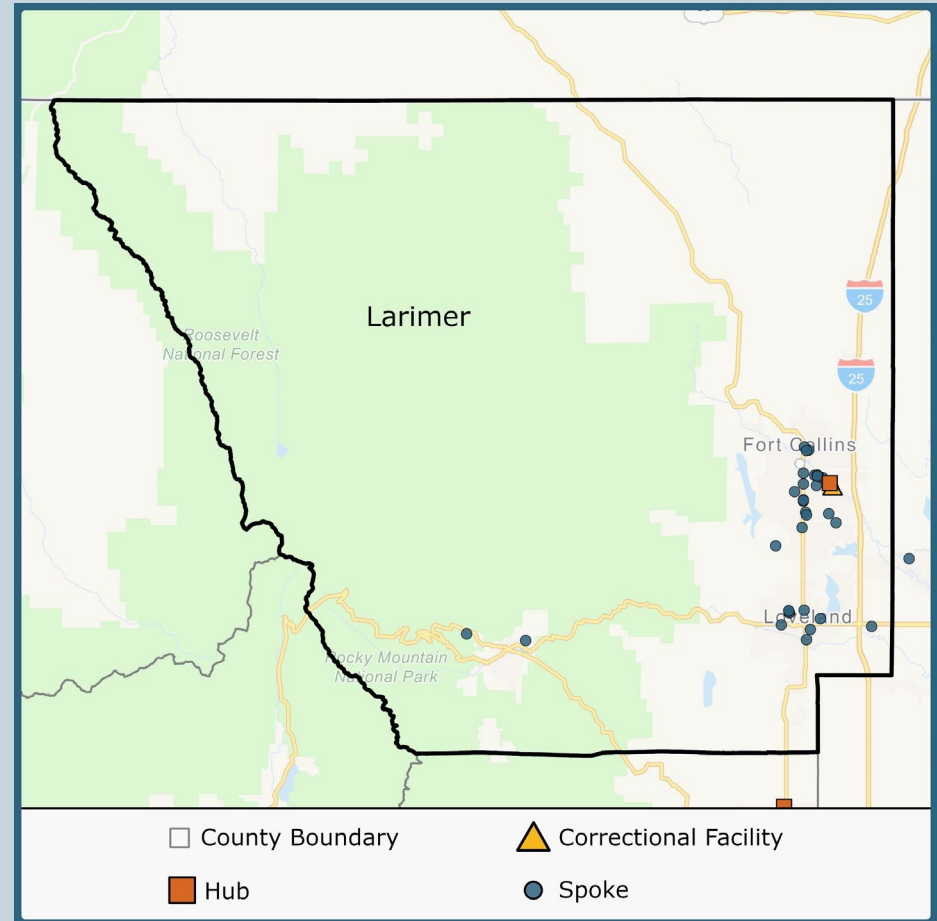
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population        **10.5**

Spokes per 100 square miles        **1.5**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 50 | 41 |
| Patients per Buprenorphine Prescriber | 22 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 4 | 6 |
| Outpatient | 9 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 6 | 6 |
| Residential/Inpatient | 2 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 28% | 25% |
| Average annual opioid deaths per 100,000 | 21 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 158 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 6% | 8% |
| Without broadband | 7% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 20% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 49% | 51% |
| Cost | 63% | 56% |
| Didn't think insurance would cover it | 61% | 48% |
| Stigma | 47% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 10 | 7 |
| Certified Addiction Specialist | 40 | 31 |
| Licensed Addiction Counselor | 55 | 37 |

ROAC Population          350,206

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**          **1**

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **29**



Map legend:
☐ County Boundary    △ Correctional Facility
◼ Hub                ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          **Yes**
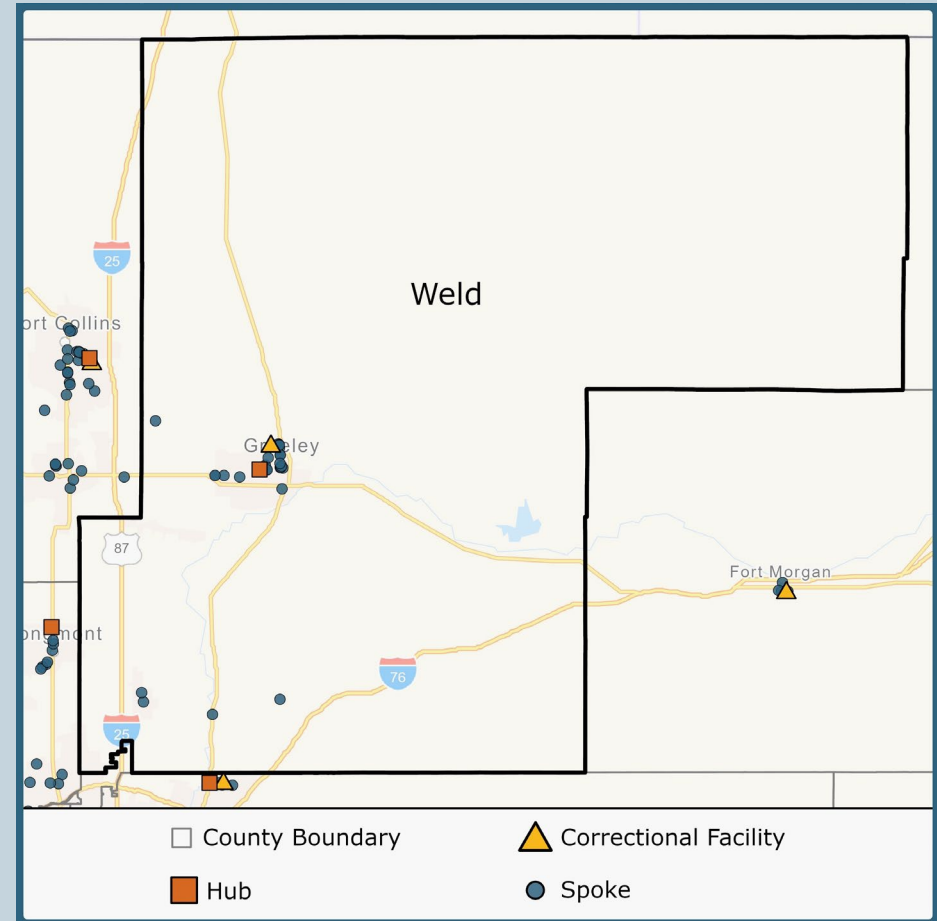
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **8.1**

Spokes per 100 square miles          **0.7**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 31 | 41 |
| Patients per Buprenorphine Prescriber | 11 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 6 | 6 |
| Outpatient | 7 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 27% | 25% |
| Average annual opioid deaths per 100,000 | 24 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 183 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 9% | 9% |
| Uninsured | 8% | 8% |
| Without broadband | 8% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 15% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 58% | 51% |
| Cost | 65% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | 55% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 3 | 7 |
| Certified Addiction Specialist | 23 | 31 |
| Licensed Addiction Counselor | 23 | 37 |

# ROAC 4

ROAC Population    113,622

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**    **0**

The closest hub to a ROAC 4 spoke is 30 miles away in Arapahoe County.

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**    **27**



Legend:
- ☐ County Boundary
- △ Correctional Facility
- ◼ Hub
- ● Spoke

Map labels: Fort Collins, Greeley, Longmont, Boulder, Colorado Springs, Logan, Sedgwick, Phillips, Morgan, Washington, Yuma, Elbert, Kit Carson, Cheyenne, Lincoln

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**    **No**
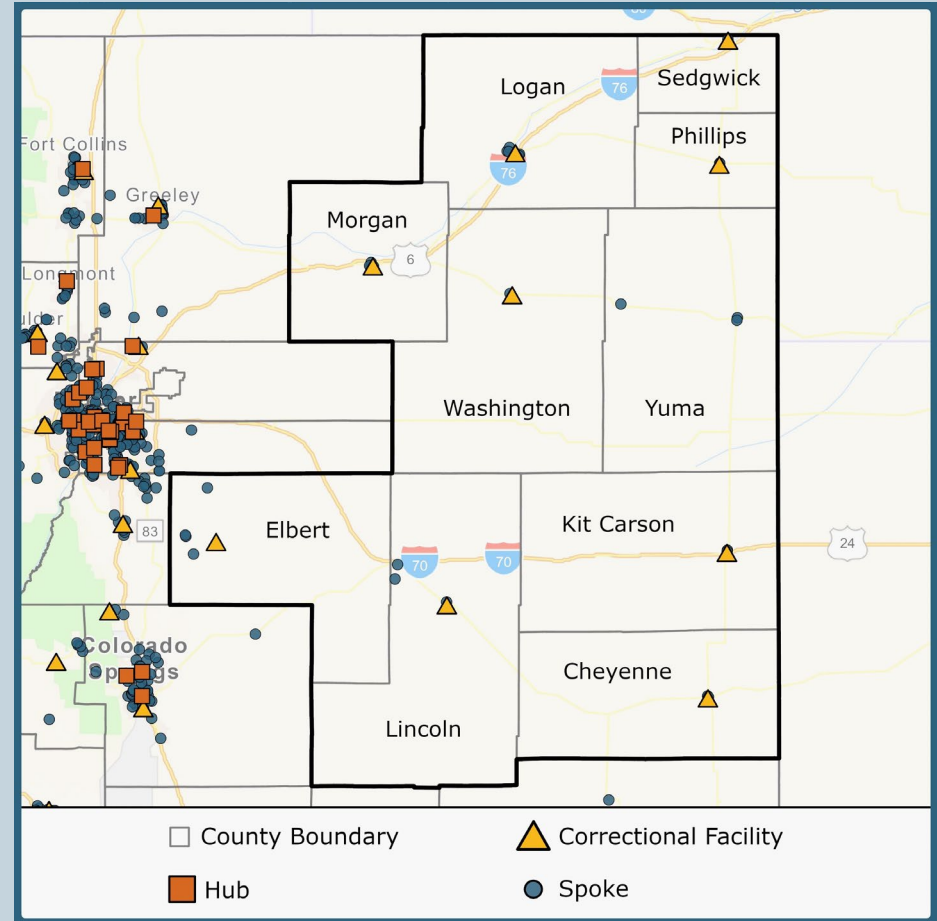
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population    **23.5**

Spokes per 100 square miles    **0.2**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 55 | 41 |
| Patients per Buprenorphine Prescriber | 18 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 20 | 6 |
| Outpatient | 21 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 8 | 6 |
| Residential/Inpatient | 3 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 21% | 25% |
| Average annual opioid deaths per 100,000 | 26 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 181 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 9% | 8% |
| Without broadband | 10% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 11% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 58% | 51% |
| Cost | 54% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | 57% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 2 | 7 |
| Certified Addiction Specialist | 34 | 31 |
| Licensed Addiction Counselor | 14 | 37 |

# ROAC 5

Region includes Eagle, Garfield, Lake, Pitkin, Summit

ROAC Population          172,326

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**          **1**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **31**



Legend:
- County Boundary
- Hub
- Correctional Facility
- Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          **Yes - All counties**
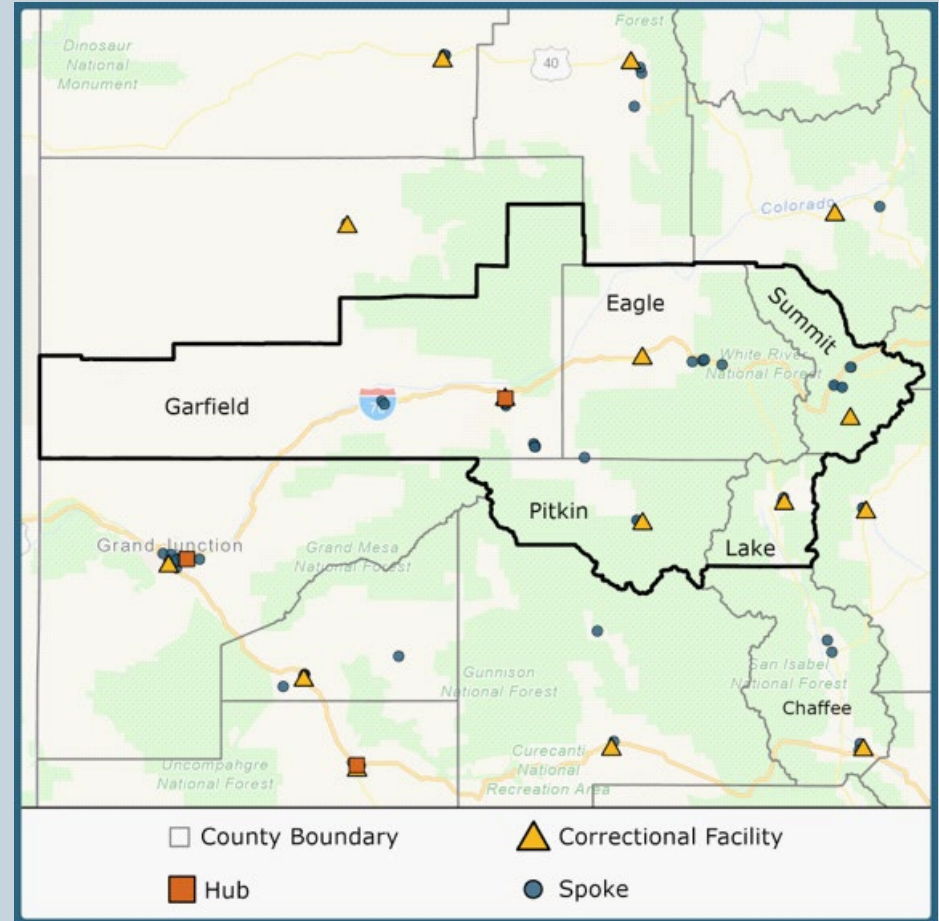
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **18.1**

Spokes per 100 square miles          **0.5**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 43 | 41 |
| Patients per Buprenorphine Prescriber | 5 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 11 | 6 |
| Outpatient | 17 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 14 | 6 |
| Residential/Inpatient | 6 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 20% | 25% |
| Average annual opioid deaths per 100,000 | 17 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 139 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 8% | 9% |
| Uninsured | 12% | 8% |
| Without broadband | 6% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 14% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 50% | 51% |
| Cost | 52% | 56% |
| Didn't think insurance would cover it | 44% | 48% |
| Stigma | 45% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 12 | 7 |
| Certified Addiction Specialist | 23 | 31 |
| Licensed Addiction Counselor | 41 | 37 |

Colorado Medication Assisted Treatment County Profiles

**ROAC 6**

ROAC Population          327,424

Regional Opioid Abatement
Council (ROAC) Region **6**

Boulder County only

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs** **2**

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes** **31**



| □ County Boundary | ▲ Correctional Facility |
|---|---|
| ■ Hub | ● Spoke |

## Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court** **Yes**
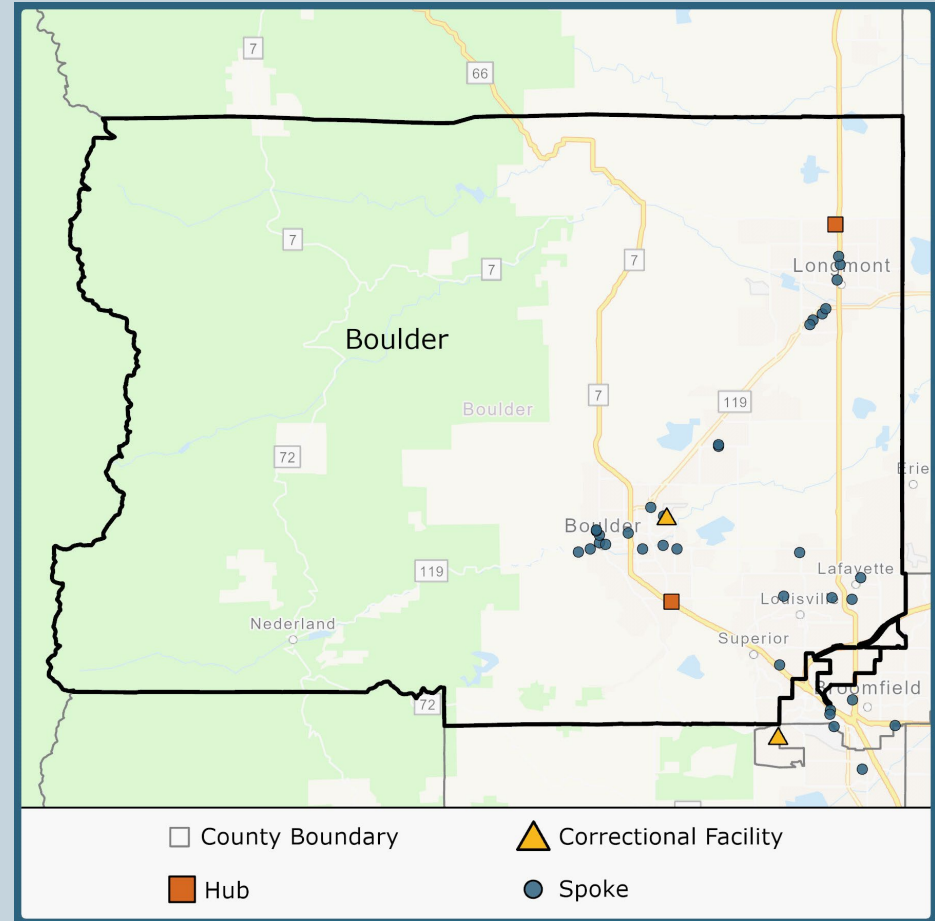
## Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population **9.5**

Spokes per 100 square miles **4.3**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 41 | 41 |
| Patients per Buprenorphine Prescriber | 12 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 4 | 6 |
| Outpatient | 8 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 7 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 25% | 25% |
| Average annual opioid deaths per 100,000 | 19 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 150 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 4% | 8% |
| Without broadband | 5% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 17% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 55% | 51% |
| Cost | 65% | 56% |
| Didn't think insurance would cover it | 50% | 48% |
| Stigma | 57% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 5 | 7 |
| Certified Addiction Specialist | 37 | 31 |
| Licensed Addiction Counselor | 54 | 37 |

ROAC Population      76,155

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**      **0**

The closest hub to a ROAC 7 spoke is 5 miles away in Adams County.
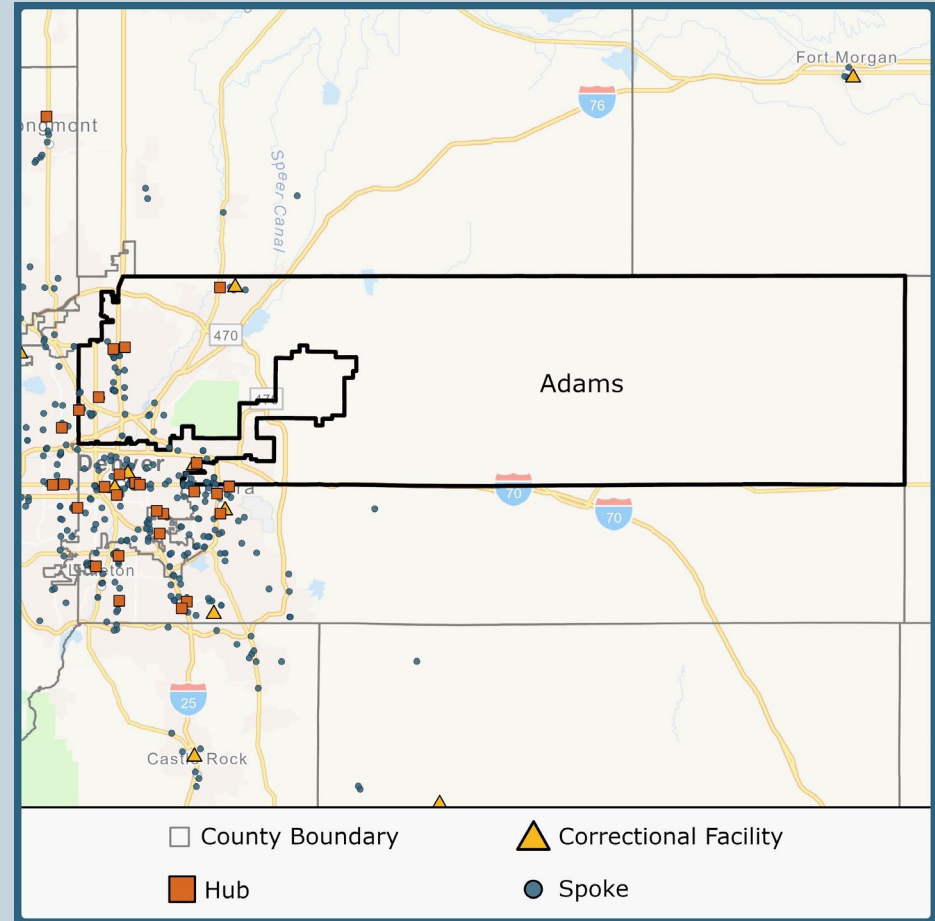
### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**      **3**



☐ County Boundary    △ Correctional Facility
■ Hub    ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**      **Yes**
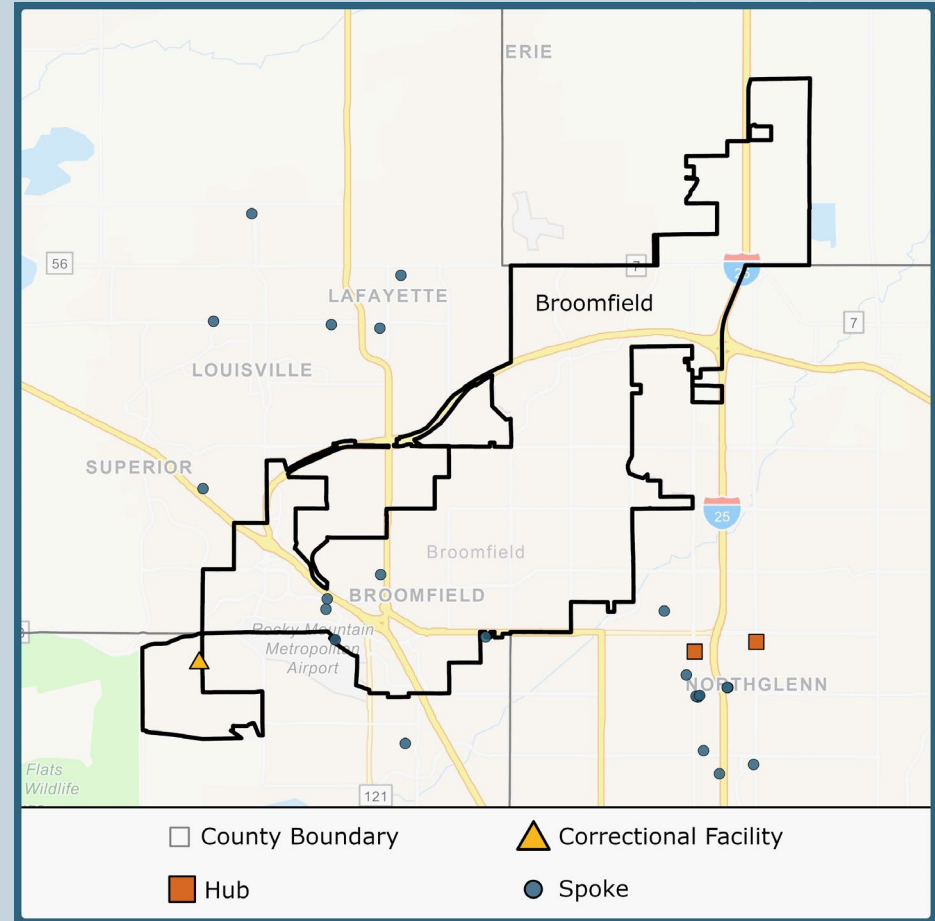
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population      **3.9**

Spokes per 100 square miles      **9.1**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 46 | 41 |
| Patients per Buprenorphine Prescriber | 6 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 0 | 6 |
| Outpatient | 4 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 0 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 25% | 25% |
| Average annual opioid deaths per 100,000 | 15 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 149 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 5% | 9% |
| Uninsured | 5% | 8% |
| Without broadband | 4% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 17% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 55% | 51% |
| Cost | 65% | 56% |
| Didn't think insurance would cover it | 50% | 48% |
| Stigma | 57% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 1 | 7 |
| Certified Addiction Specialist | 13 | 31 |
| Licensed Addiction Counselor | 27 | 37 |

# ROAC 8

ROAC Population          527,501

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs          5**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes          64**

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one          Yes**

**drug court**



Map legend:
- ☐ County Boundary
- △ Correctional Facility
- ■ Hub
- ● Spoke

### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **12.0**

Spokes per 100 square miles          **5.5**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 44 | 41 |
| Patients per Buprenorphine Prescriber | 7 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 5 | 6 |
| Outpatient | 8 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 5 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 22% | 25% |
| Average annual opioid deaths per 100,000 | 41 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 234 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 9% | 9% |
| Uninsured | 11% | 8% |
| Without broadband | 8% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 15% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 54% | 51% |
| Cost | 52% | 56% |
| Didn't think insurance would cover it | 44% | 48% |
| Stigma | 43% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 5 | 7 |
| Certified Addiction Specialist | 24 | 31 |
| Licensed Addiction Counselor | 29 | 37 |

# ROAC 9

ROAC Population        656,015

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.
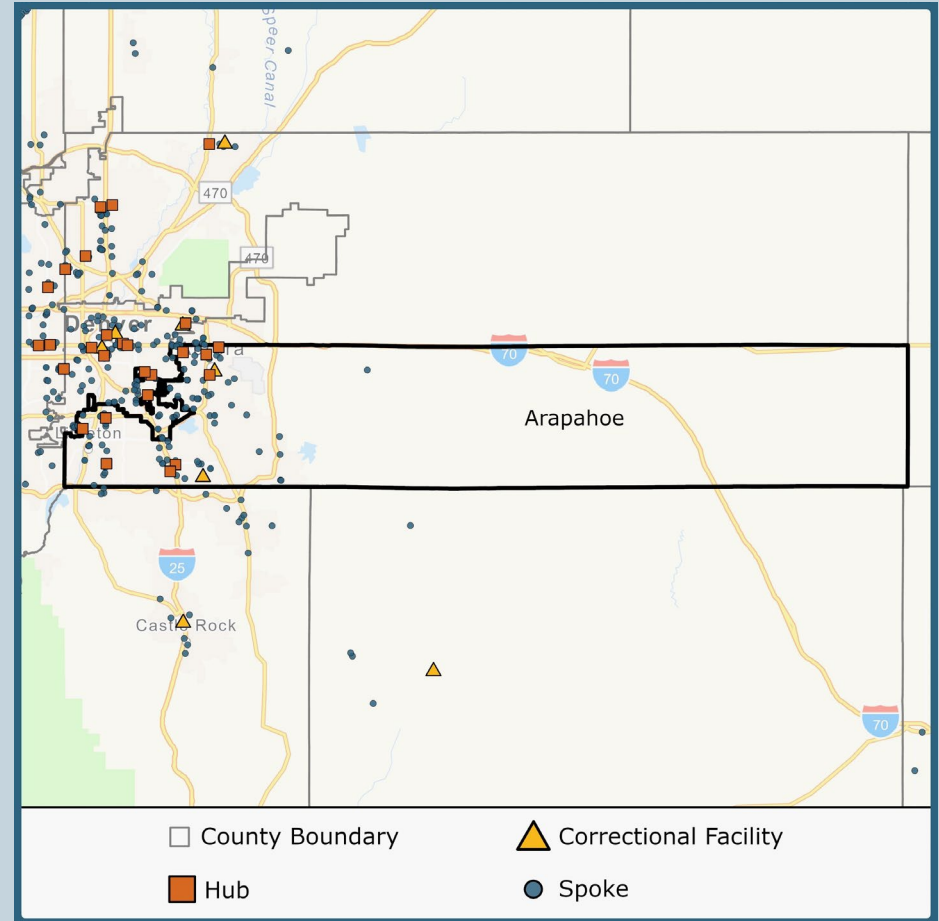
**Number of Hubs**        **9**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**        **95**



Map legend:
☐ County Boundary    △ Correctional Facility
■ Hub    ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**        **Yes**

### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population        **14.5**

Spokes per 100 square miles        **11.9**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 47 | 41 |
| Patients per Buprenorphine Prescriber | 12 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 5 | 6 |
| Outpatient | 10 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 5 | 6 |
| Residential/Inpatient | 2 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 25% | 25% |
| Average annual opioid deaths per 100,000 | 30 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 190 | 199 |

NA indicates data are not available

## Measures of Access

**Key Metrics**

| | ROAC Region | State |
|---|---|---|
| In poverty | 9% | 9% |
| Uninsured | 9% | 8% |
| Without broadband | 6% | 7% |

**Barriers**

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 13% | 15% |

**Reasons people could not get care**

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 55% | 51% |
| Cost | 55% | 56% |
| Didn't think insurance would cover it | 44% | 48% |
| Stigma | 49% | 47% |

**Workforce per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 6 | 7 |
| Certified Addiction Specialist | 30 | 31 |
| Licensed Addiction Counselor | 32 | 37 |

ROAC Population          591,197

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.
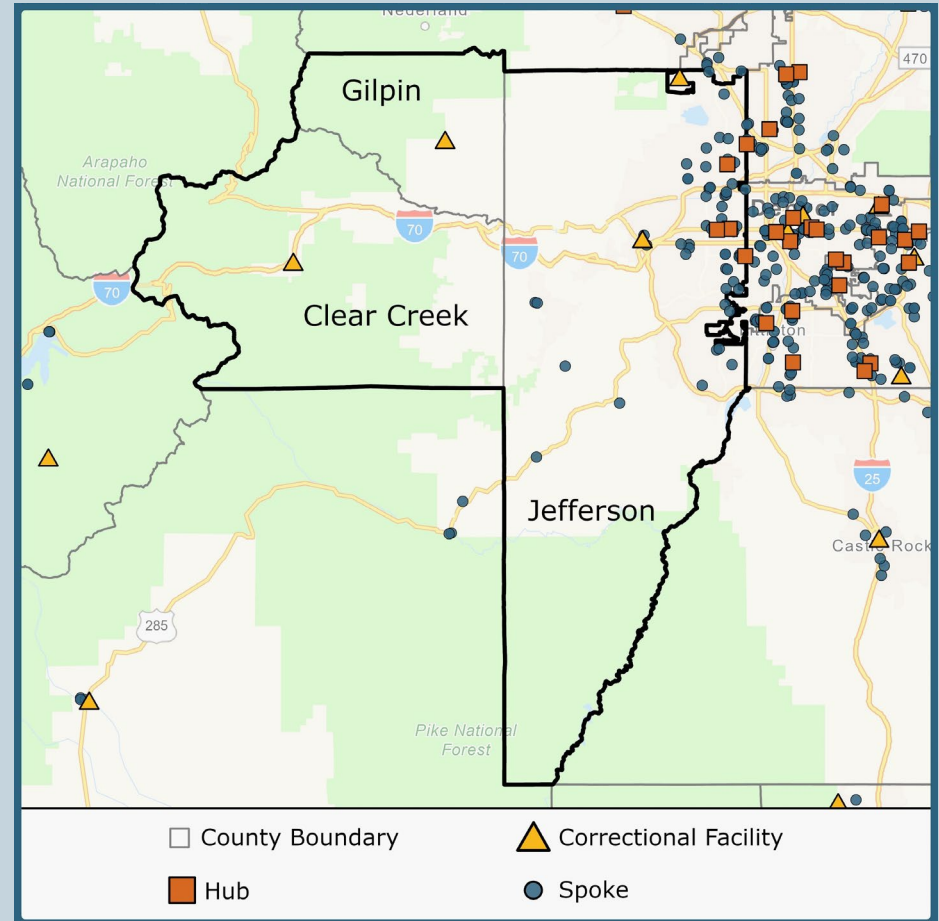
**Number of Hubs**          **4**

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **63**

## Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          **Yes - Jefferson**

## Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **10.7**

Spokes per 100 square miles          **4.8**



Legend:
- County Boundary
- Correctional Facility
- Hub
- Spoke

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 35 | 41 |
| Patients per Buprenorphine Prescriber | 9 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 5 | 6 |
| Outpatient | 8 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 2 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 22% | 25% |
| Average annual opioid deaths per 100,000 | 31 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 180 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 7% | 9% |
| Uninsured | 5% | 8% |
| Without broadband | 6% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 17% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 49% | 51% |
| Cost | 54% | 56% |
| Didn't think insurance would cover it | 42% | 48% |
| Stigma | 45% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 5 | 7 |
| Certified Addiction Specialist | 32 | 31 |
| Licensed Addiction Counselor | 37 | 37 |

# ROAC 11

ROAC Population     712,637

Denver County only

# Hub and Spoke Model of Care

## Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.
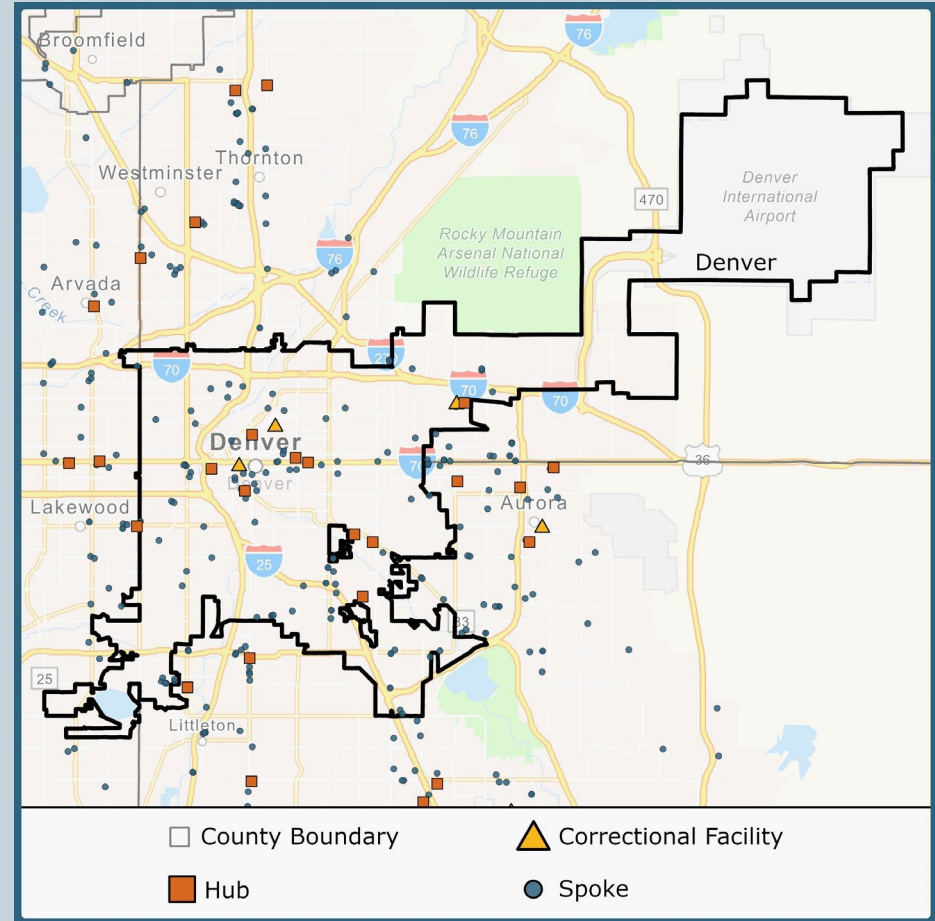
**Number of Hubs**     **9**

## Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**     **105**



Legend:
- ☐ County Boundary
- ▲ Correctional Facility
- ◼ Hub
- ● Spoke

## Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**     **Yes**

## Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population     **14.7**

Spokes per 100 square miles     **68.6**

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## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 53 | 41 |
| Patients per Buprenorphine Prescriber | 13 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 5 | 6 |
| Outpatient | 8 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 29% | 25% |
| Average annual opioid deaths per 100,000 | 58 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 237 | 199 |

NA indicates data are not available

## Measures of Access

**Key Metrics**

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 9% | 8% |
| Without broadband | 8% | 7% |

**Barriers**

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 18% | 15% |

**Reasons people could not get care**

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 45% | 51% |
| Cost | 64% | 56% |
| Didn't think insurance would cover it | 63% | 48% |
| Stigma | 49% | 47% |

**Workforce per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 8 | 7 |
| Certified Addiction Specialist | 44 | 31 |
| Licensed Addiction Counselor | 61 | 37 |

# ROAC 12

ROAC Population        376,026

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**        **0**

The closest hub to a ROAC 12 spoke is 3 miles away in Arapahoe County.

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**        **19**



Douglas

| | | |
|---|---|---|
| ☐ County Boundary | ▲ | Correctional Facility |
| 🟧 Hub | ● | Spoke |

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**        **No**
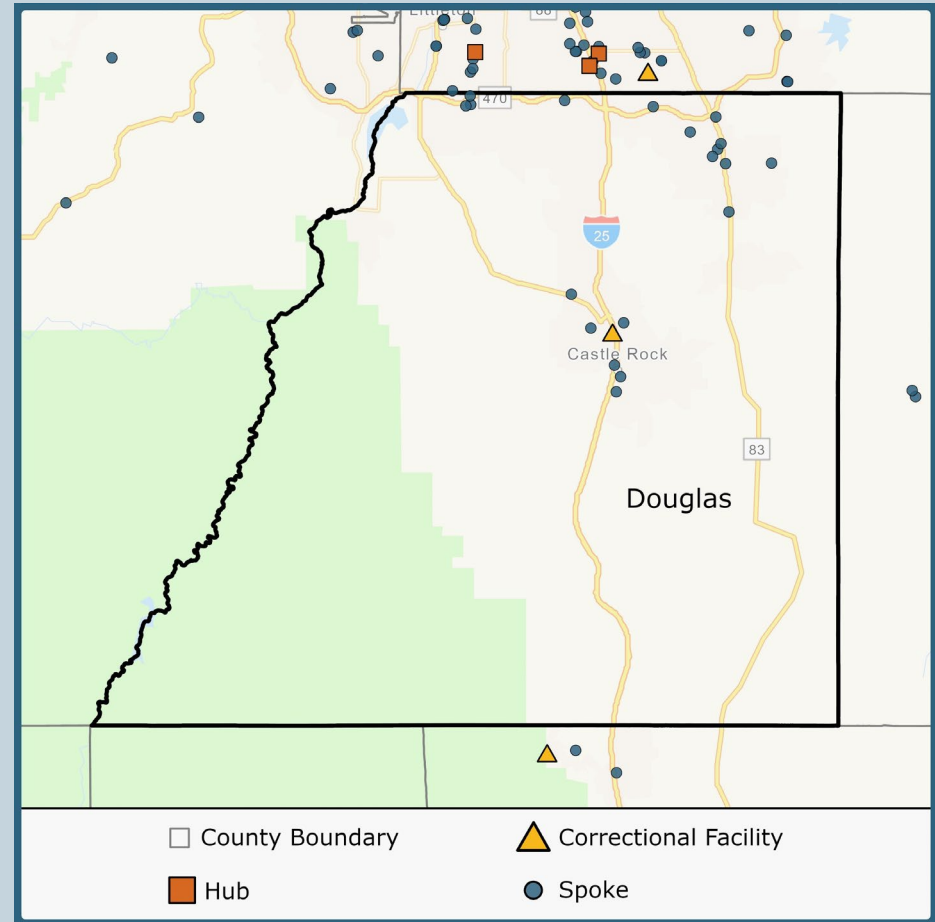
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population        **4.9**

Spokes per 100 square miles        **2.3**

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North Colorado Health Alliance

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 17 | 41 |
| Patients per Buprenorphine Prescriber | 4 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 2 | 6 |
| Outpatient | 3 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 3 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 19% | 25% |
| Average annual opioid deaths per 100,000 | 12 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 125 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 3% | 9% |
| Uninsured | 4% | 8% |
| Without broadband | 2% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 10% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | NA | 51% |
| Cost | 60% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | NA | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 3 | 7 |
| Certified Addiction Specialist | 11 | 31 |
| Licensed Addiction Counselor | 11 | 37 |

# ROAC 13

ROAC Population      158,534

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

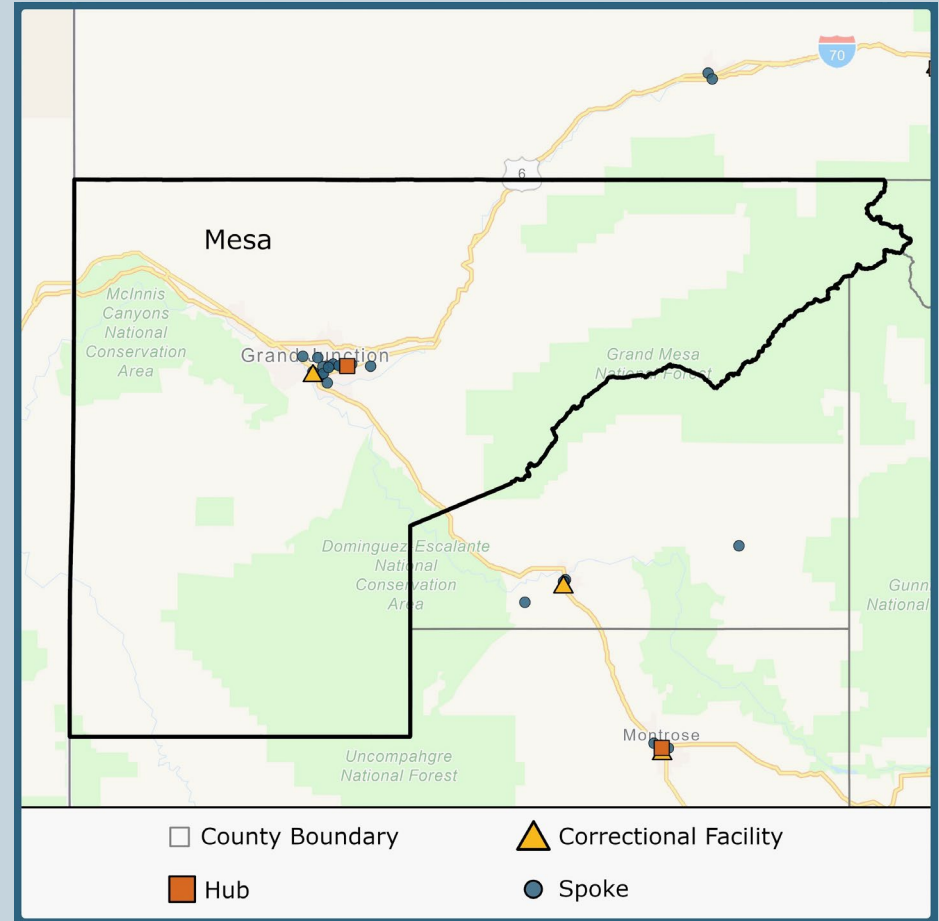**Number of Hubs**      **1**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**      **16**



Map legend:
- County Boundary
- Correctional Facility
- Hub
- Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**      **No**

### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population      **10.0**

Spokes per 100 square miles      **0.5**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 58 | 41 |
| Patients per Buprenorphine Prescriber | 17 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 5 | 6 |
| Outpatient | 8 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 3 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 24% | 25% |
| Average annual opioid deaths per 100,000 | 26 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 235 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 10% | 8% |
| Without broadband | 8% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 13% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 51% | 51% |
| Cost | 51% | 56% |
| Didn't think insurance would cover it | 47% | 48% |
| Stigma | 47% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 10 | 7 |
| Certified Addiction Specialist | 32 | 31 |
| Licensed Addiction Counselor | 33 | 37 |

Colorado Medication Assisted Treatment County Profiles

Regional Opioid Abatement
Council (ROAC) Region **14**
Region includes Delta, Gunnison, Hinsdale, Montrose, Ouray,
San Miguel

# ROAC 14

ROAC Population      106,509

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**      **1**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**      **14**



County Boundary    △ Correctional Facility
■ Hub              ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**      **Yes - Delta, Gunnison, Montrose, and San Miguel**
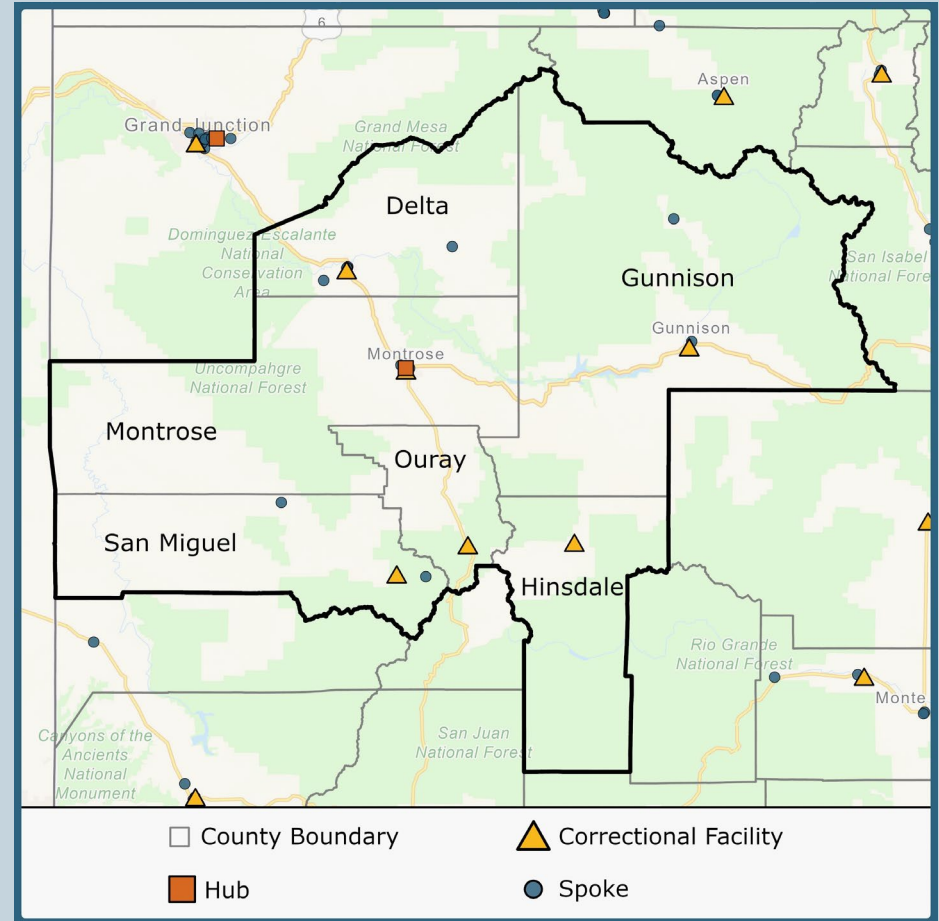
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population      **13.1**

Spokes per 100 square miles      **0.1**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 64 | 41 |
| Patients per Buprenorphine Prescriber | 4 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 9 | 6 |
| Outpatient | 11 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 7 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 21% | 25% |
| Average annual opioid deaths per 100,000 | 23 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 172 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 12% | 9% |
| Uninsured | 11% | 8% |
| Without broadband | 14% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 11% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | NA | 51% |
| Cost | 71% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | 59% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 3 | 7 |
| Certified Addiction Specialist | 29 | 31 |
| Licensed Addiction Counselor | 35 | 37 |

# ROAC 15

ROAC Population          93,069

Region includes Chaffee, Custer, Fremont, Park

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**          **0**

The closest hub to a ROAC 15 spoke is 33 miles away in Pueblo County.
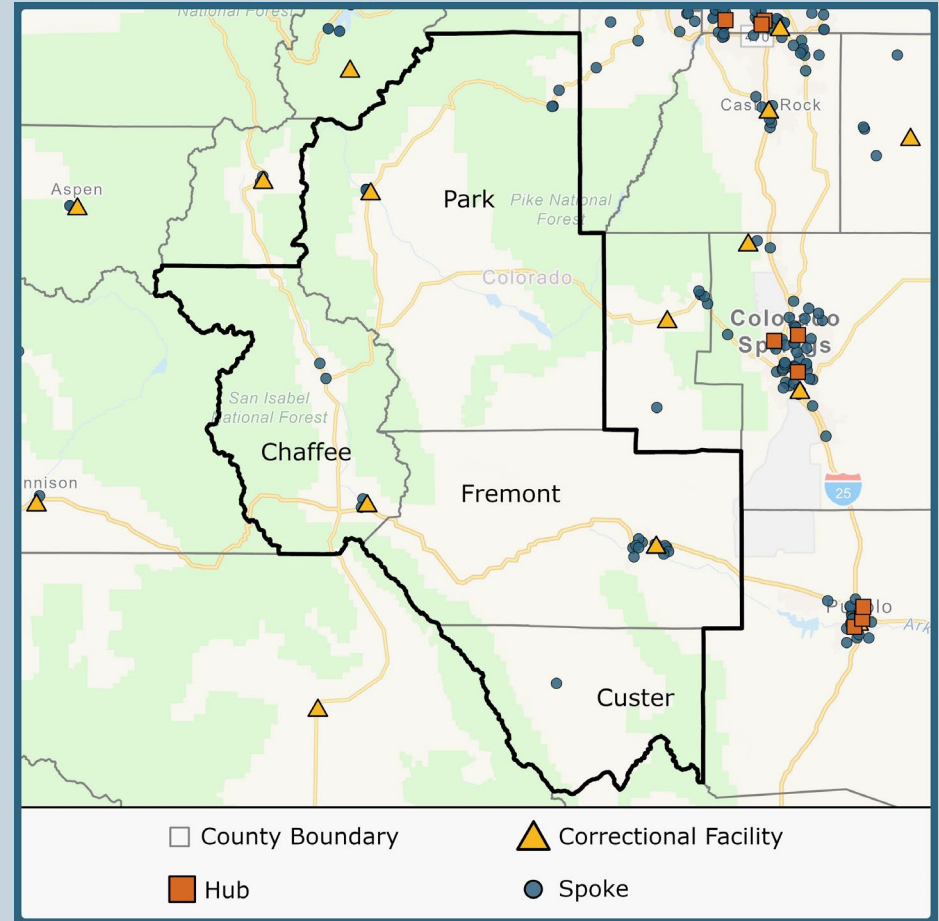
### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **24**



Legend: County Boundary, Correctional Facility, Hub, Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          **Yes - Chaffee and Fremont**

### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **25.4**

Spokes per 100 square miles          **0.4**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 56 | 41 |
| Patients per Buprenorphine Prescriber | 12 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | | |
|---|---|---|
| Prevention/Early Intervention | 23 | 6 |
| Outpatient | 25 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 18 | 6 |
| Residential/Inpatient | 4 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 23% | 25% |
| Average annual opioid deaths per 100,000 | 29 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 204 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 11% | 9% |
| Uninsured | 7% | 8% |
| Without broadband | 14% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 15% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 36% | 51% |
| Cost | 48% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | 54% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 6 | 7 |
| Certified Addiction Specialist | 36 | 31 |
| Licensed Addiction Counselor | 39 | 37 |

# ROAC 16

ROAC Population        765,404

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**        **3**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**        **73**



Legend:
- ☐ County Boundary
- 🔶 Hub
- 🔺 Correctional Facility
- 🔵 Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**        **Yes - El Paso**
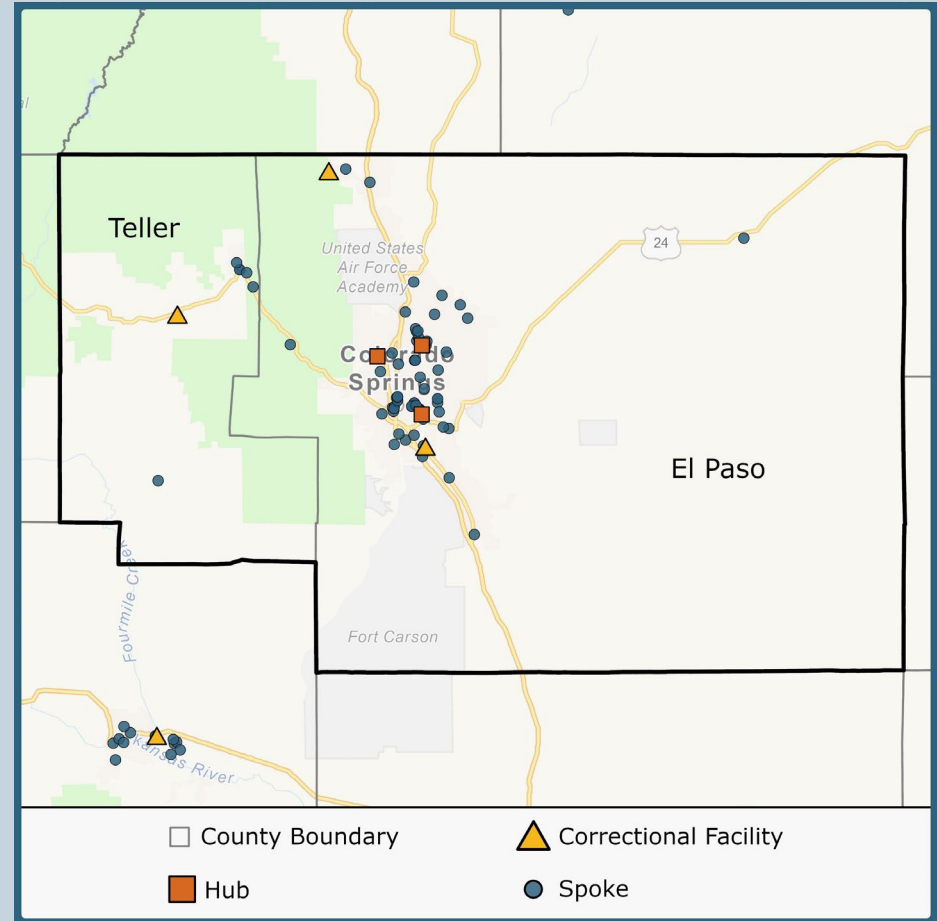
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population        **9.5**

Spokes per 100 square miles        **2.7**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 34 | 41 |
| Patients per Buprenorphine Prescriber | 13 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 4 | 6 |
| Outpatient | 6 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 4 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 27% | 25% |
| Average annual opioid deaths per 100,000 | 29 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 225 | 199 |

NA indicates data are not available

## Measures of Access

**Key Metrics**

| | ROAC Region | State |
|---|---|---|
| In poverty | 9% | 9% |
| Uninsured | 7% | 8% |
| Without broadband | 5% | 7% |

**Barriers**

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 15% | 15% |

**Reasons people could not get care**

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 56% | 51% |
| Cost | 42% | 56% |
| Didn't think insurance would cover it | 33% | 48% |
| Stigma | 50% | 47% |

**Workforce per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 5 | 7 |
| Certified Addiction Specialist | 21 | 31 |
| Licensed Addiction Counselor | 29 | 37 |

# ROAC 17

ROAC Population          100,011

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**          **0**

The closest hub to a ROAC 17 spoke is 94 miles away in Alamosa County.

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **11**



☐ County Boundary      ▲ Correctional Facility
🟧 Hub                      ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          **Yes - La Plata and Montezuma**
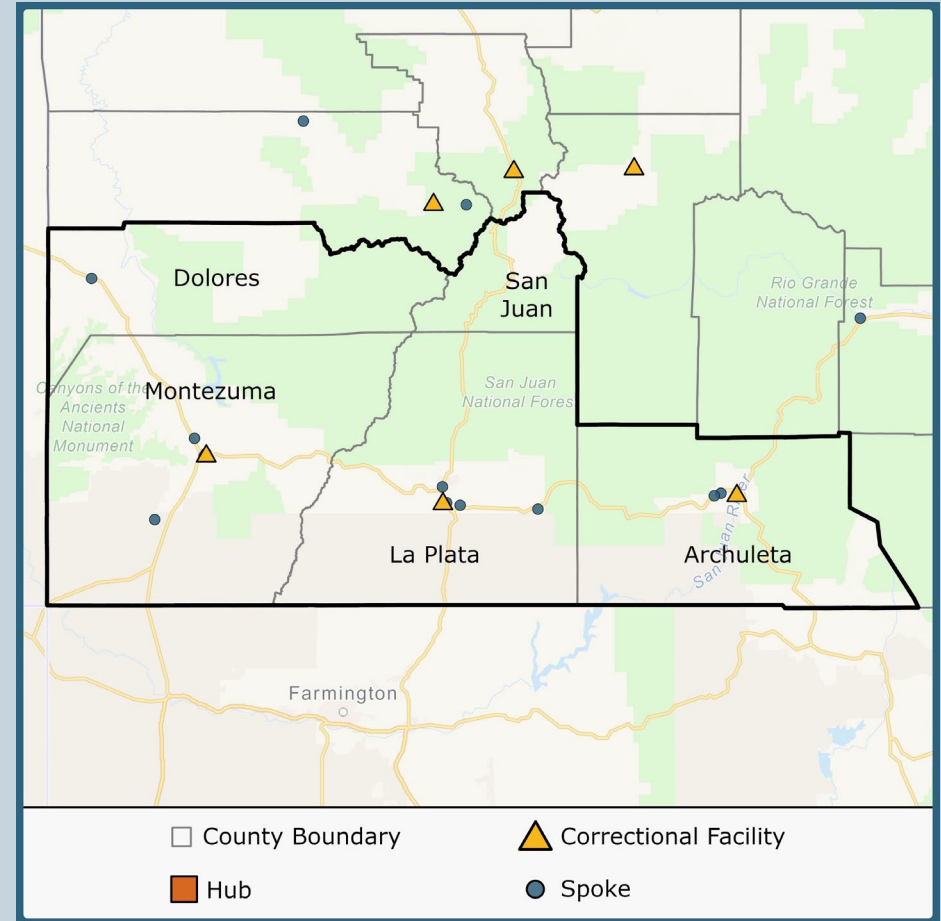
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **11.0**

Spokes per 100 square miles          **0.2**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 38 | 41 |
| Patients per Buprenorphine Prescriber | 7 | 12 |

**Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents**

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 9 | 6 |
| Outpatient | 10 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 6 | 6 |
| Residential/Inpatient | 1 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 27% | 25% |
| Average annual opioid deaths per 100,000 | 28 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 155 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 12% | 9% |
| Uninsured | 10% | 8% |
| Without broadband | 13% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 18% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 63% | 51% |
| Cost | 52% | 56% |
| Didn't think insurance would cover it | 56% | 48% |
| Stigma | 25% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 3 | 7 |
| Certified Addiction Specialist | 38 | 31 |
| Licensed Addiction Counselor | 37 | 37 |

# ROAC 18

ROAC Population 46,637

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs** **1**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes** **20**



Legend:
- ☐ County Boundary
- ◩ Hub
- ▲ Correctional Facility
- ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court** Yes - Alamosa
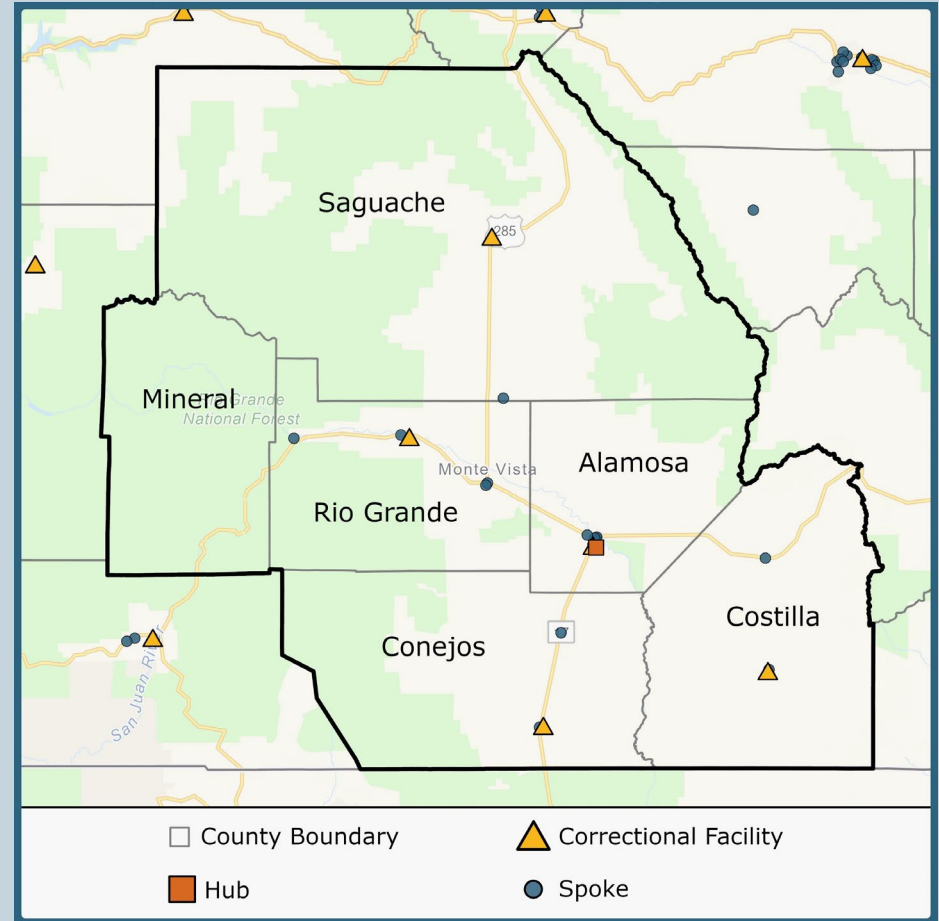
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population **42.9**

Spokes per 100 square miles **0.2**

CHI | DENVER HEALTH CAM ACADEMY | NCHA+ North Colorado Health Alliance

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 140 | 41 |
| Patients per Buprenorphine Prescriber | 8 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 34 | 6 |
| Outpatient | 36 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 34 | 6 |
| Residential/Inpatient | 9 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 26% | 25% |
| Average annual opioid deaths per 100,000 | 53 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 311 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 17% | 9% |
| Uninsured | 10% | 8% |
| Without broadband | 15% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 13% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | NA | 51% |
| Cost | 47% | 56% |
| Didn't think insurance would cover it | NA | 48% |
| Stigma | 58% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 21 | 7 |
| Certified Addiction Specialist | 77 | 31 |
| Licensed Addiction Counselor | 49 | 37 |

Colorado Medication Assisted Treatment County Profiles

Regional Opioid Abatement
Council (ROAC) Region **19**
Region includes Baca, Bent, Crowley, Huerfano, Kiowa, Las
Animas, Otero, Prowers, Pueblo

# ROAC 19

ROAC Population          236,807

## Hub and Spoke Model of Care

### Hubs

A hub is an opioid treatment program (OTP) that administers methadone. OTPs provide patients with medication for opioid use disorder (MOUD), paired with counseling and other behavioral therapies to provide a whole-person approach.

**Number of Hubs**          **4**

### Spokes

A spoke is a facility that may refer patients to a hub. Spokes provide ongoing treatment and support services in the community.

**Number of Spokes**          **62**



County Boundary        ▲ Correctional Facility
■ Hub                  ● Spoke

### Drug Courts

Drug courts can serve as a spoke to treatment from the justice system.

**Has at least one drug court**          Yes - Huerfano, Las Animas, Otero, and Pueblo
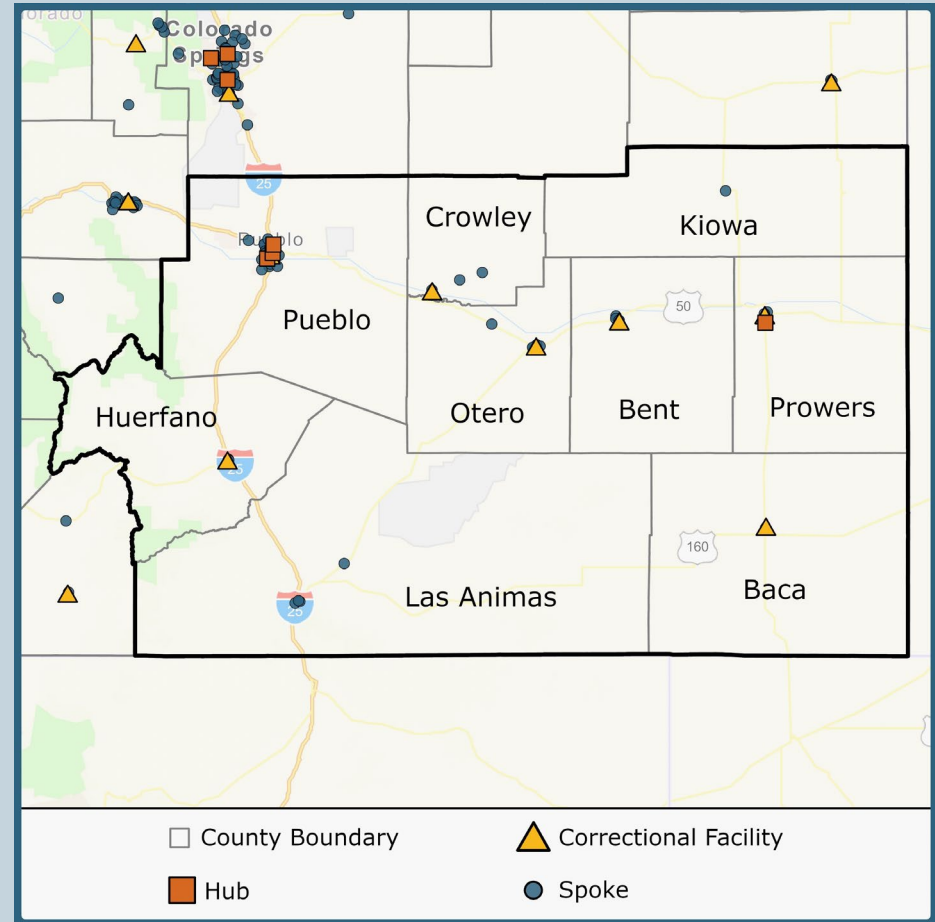
### Spoke Density

Spoke density estimates access to services based on the number of facilities by population and geographic area.

Spokes per 100,000 population          **26.2**

Spokes per 100 square miles          **0.3**

## Treatment Overview

| | ROAC Region | State |
|---|---|---|
| Buprenorphine Prescribers per 100,000 Residents | 53 | 41 |
| Patients per Buprenorphine Prescriber | 19 | 12 |

### Number of Facilities by American Society of Addiction Medicine (ASAM) Treatment Level per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Prevention/Early Intervention | 18 | 6 |
| Outpatient | 19 | 9 |
| Intensive Outpatient/ Partial Hospitalization | 12 | 6 |
| Residential/Inpatient | 4 | 2 |
| Intensive Inpatient | 0 | 0 |

## Community Opioid Status

| | ROAC Region | State |
|---|---|---|
| People reporting poor mental health | 28% | 25% |
| Average annual opioid deaths per 100,000 | 45 | 32 |
| Average annual emergency room visits for all overdoses per 100,000 | 318 | 199 |

NA indicates data are not available

## Measures of Access

### Key Metrics

| | ROAC Region | State |
|---|---|---|
| In poverty | 17% | 9% |
| Uninsured | 6% | 8% |
| Without broadband | 14% | 7% |

### Barriers

| | ROAC Region | State |
|---|---|---|
| People unable to get mental health care or substance use care for alcohol or drug abuse when it was needed | 16% | 15% |

### Reasons people could not get care

| | ROAC Region | State |
|---|---|---|
| Unable to get appointment | 43% | 51% |
| Cost | 54% | 56% |
| Didn't think insurance would cover it | 41% | 48% |
| Stigma | 41% | 47% |

### Workforce per 100,000 residents

| | ROAC Region | State |
|---|---|---|
| Certified Addiction Technician | 22 | 7 |
| Certified Addiction Specialist | 63 | 31 |
| Licensed Addiction Counselor | 35 | 37 |

**Colorado Medication for Opioid Use Disorder Hub and Spoke Assessment**

Thank you for completing this fillable assessment for your county/counties. We estimate it will take about 15 minutes of your time. If you are unsure of the services provided, please reach out to the Regional Opioid Advisory Council point of contact for your region, and they can support you.  If you serve more than one county, please complete a separate assessment for each county.

Hub and Spoke Model: This is an evidence-based system to strengthen medications for opioid use disorder (MOUD) that has been implemented within organizations, across counties, or within states. For this assessment, hub sites are defined as opioid treatment programs that offer methadone. A spoke is defined as a site providing ongoing monitoring, support, and care coordination in the community.

This assessment will ask about the specific hub and spoke services in your county as well as questions about workforce, barriers, and successes to MOUD. Your responses will remain confidential; we may need to follow up with you as we analyze the data. Our team will create a hub and spoke toolkit and a summary report that collates themes around successes and barriers to implementing a hub and spoke treatment model.

If you have any questions or technical difficulties with this form, please contact CAMAcademy@dhha.org.

**Contact Information**

**Please share the contact information of the person completing the assessment in the rare event our team needs to clarify the data provided.**

**Name**:

**Email**:

**Phone number**:

**County(ies) served**:

*If you serve more than one county, please fill out a separate assessment for each county and tell us which county you are referencing in this assessment:*

**Would you like to be entered to win a swag bag for completing this assessment (water bottle, insulated mug, notebook, and back-up phone charger)?**        YES         NO

*If yes, please share your mailing address including your zip code:*

**Hub and Spoke Assessment Questions:**

1) **Does your county have an opioid treatment program providing methadone?**
   ☐ Yes          ☐ No

2) **Does your agency or your agency's clinical partners refer people to an opioid treatment facility in a surrounding county?**
   ☐ Yes          ☐ No

3) **Are other key agencies, such as care coordination organizations, coordinating opioid treatment services in your county?**
   ☐ Yes          ☐ No
   *If yes, please name and describe the agencies:* Click or tap here to enter text.

4) **What type(s) of referral programs refer directly to the opioid treatment program(s) in your county or surrounding counties?** *Choose all that apply.*

   ☐ We do not have any referral programs in our county or surrounding counties
   ☐ Urgent Care Settings
   ☐ Retail Pharmacies
   ☐ Dental Providers
   ☐ County and Federal Correctional settings
   ☐ Community Mental Health Centers
   ☐ Intensive Residential Treatment
   ☐ Transitional Residential Treatment
   ☐ Federally Qualified Health Centers
   ☐ Private Behavioral Health Providers
   ☐ Inpatient Adult and/or Adolescent Behavioral Health
   ☐ Outpatient Adult and/or Adolescent Behavioral Health
   ☐ Inpatient Treatment Programs
   ☐ Outpatient Treatment Programs
   ☐ Law Enforcement with co-response
   ☐ Law Enforcement without co-response
   ☐ Human Services
   ☐ Health Departments
   ☐ Faith-Based Organizations

   **Hospitals (check all that apply):**
   ☐ Emergency Room Medical Staff
   ☐ Emergency Room Behavioral Health Clinical Staff
   ☐ Emergency Room Care Management Staff

**Community-Based Organizations (check all that apply):**

☐ Day shelters

☐ Long-term shelters

☐ Food pantries or food service organizations

☐ Other (please specify): Click or tap here to enter text.

**Population-Specific Organizations (check all that apply):**

☐ LGBTQ+ population-serving organization

☐ Immigrant and Refugee population-serving organization

☐ Latino/a/x/e population-serving organization

☐ Black Indigenous People of Color population-serving organization

☐ Disability population-serving organization

☐ People Experiencing Homelessness serving organization

☐ Veterans serving organization

☐ Organizations serving people with HIV and/or Hepatitis

☐ Harm reduction and syringe service organizations

☐ Other (please specify): Click or tap here to enter text.

**Jail-Based Services (check all that apply):**

☐ Deputies and Facility Staff

☐ Jail-based Behavioral Health

☐ Community mental health care within jail

☐ Jail Healthcare Staff

☐ Community-Based Care Management/Care Coordination/Re-entry Services

**Peer Support, Recovery, and Sober Living (check all that apply):**

☐ Medicaid Billing – Recovery Community Organizations

☐ Non-Medicaid Billing – Recovery Community Organizations

☐ Peer Mutual Aid with peer recovery organizations – Individual and Group Coaching, Community Events

☐ Recovery Housing or Sober Living with Medicaid Billing

☐ Recovery Housing or Sober Living with Non-Medicaid Billing

☐ Collegiate Recovery Programming

**Courts (check all that apply):**

☐ County and City Municipal Courts

☐ DUI Courts

☐ Drug Courts

☐ Wellness Courts (mental health focus)

☐ Competency Restoration

☐ Public Defender's Office

☐ District Attorney's Office

**Educational Institutions (check all that apply):**
☐ Community Colleges
☐ Universities
☐ Elementary, Middle, and High Schools
☐ Alternative Schools
☐ Virtual Learning Institutions

**Other:**
☐ Please specify:

5) **What type of data agreements exist between the opioid treatment program and the referral providers in your county? (check all that apply):**
☐ We do not have data agreements in place
☐ Memorandums of Understanding
☐ Aggregate population data-sharing agreements
☐ Program-specific data-sharing agreements
☐ Individual patient-level data-sharing agreements
☐ Not sure
☐ Other (please specify):

*If you do have a data-sharing agreement, please specify what is in place:*

6) **What type of successes has your county had with increasing opioid use disorder treatment access and care coordination (check all that apply):**
☐ Active referral system between service providers
☐ Increased provider capacity for medication assisted treatment
☐ Community engagement with people with substance use disorder
☐ Increased telehealth treatment options
☐ Care coordination for people with substance use disorder (i.e. transportation, temporary housing, cell phones, etc.)
☐ Care coordination with county and federal correctional settings post-release
☐ Increased treatment access within county and federal correctional settings
☐ Addition of peer recovery specialist
☐ Increased harm reduction services
☐ Not sure
☐ *Other (please specify)*:

**7) What type of barriers to opioid use disorder treatment and care coordination does your county face (check all that apply):**

☐ Medicaid/Medicare Ride access/availability/reliability

☐ Lack of public transportation infrastructure

☐ No case management or treatment provider run transportation services

☐ Distance to treatment

☐ Adequate insurance access or coverage

☐ Internet access and cell phone access for communication and virtual care

☐ Distrust with provider or organizations

☐ Lack of emergency or transitional housing for people with substance use disorder

☐ Lack of care coordination services

☐ Program capacity – absence or inadequate treatment and care coordination

☐ Workforce shortages

☐ Prescriber shortages

☐ Methadone is absent in the county and community

☐ Stigma

☐ Lack of harm reduction services

☐ Lack of language services

☐ Not sure

☐ Other (please specify):

**8) What type of workforce disciplines make up your opioid use treatment and prevention programs in your county (choose all that apply)?**

☐ We do not have any substance use disorder programs in our county

☐ Care Coordinator/Care Navigator

☐ Certified Addiction Counselors

☐ Peer Recovery Specialists

☐ Certified Addiction Specialists

☐ Therapist/Counselors

☐ Prescribers (MD, NPs, and PAs)

☐ Nurse and medical assistants

☐ Other (please specify):

**9) Please describe any workforce shortages that exist in the categories above in your county:**


**10) Do you have county-wide task forces or advisory committees for opioid use disorder services?**

☐ Yes

☐ No


*If yes, please describe the task force makeup and purpose:*

Thank you for your time and input, we will be sharing county profiles with your local public health agency and your Regional Opioid Abatement Council contact by quarter four of 2024.

We greatly appreciate your time.

# 2024 LPHA Hub and Spoke Assessment Data Summary

Q6 - Does your county have an opioid treatment program providing methadone?

35%, 8

65%, 15
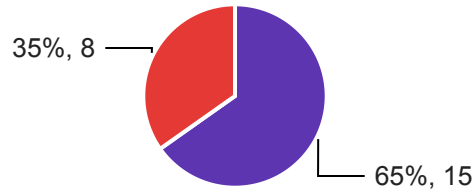
■ No　■ Yes

Q7 - Does your agency or your agency's clinical partners refer people to an opioid treatment facility in a surrounding county?

13%, 3

87%, 20
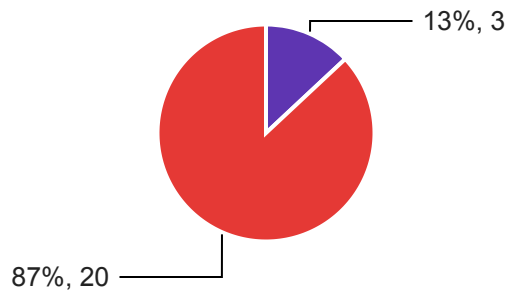
■ No　■ Yes

Q8 - Are other key agencies, such as care coordination organizations, coordinating opioid treatment services in your county?

22%, 5

78%, 18
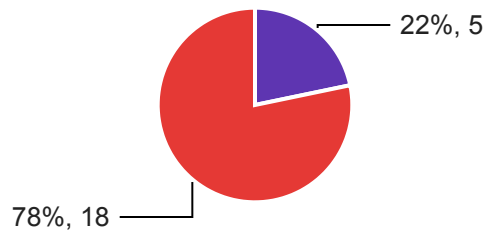
■ No　■ Yes

# Q9 - If yes, please name and describe the agency:

If yes, please name and describe the agency:

Rocky Mountain Services , Colorado Access

Colorado Access, Rocky Mountain Health Plans

Health and Human Services

North Colorado Health Alliance

MCORG, New Season, Ryan

Mental Health Partners, Boulder Community Health PILLAR Program, Porch Light Health, Flatirons Recovery, Redpoint Center, Denver Recovery Group

Medical Providers that provide MOUD/MAT, Peer Organizations, Community Mental Health Centers

Sol Vista

Vail Health Behavioral Health

Axis Health System, Mercy Common Spirit

Mindsprings Health, private medical facilities,

Hospitals, Douglas County Jail, AllHealth Network, Hard Beauty, Parker Valley Hope, Palmer Lake

Hospital ALTO Program

Hospital ALTO Program

Lincoln Health

The Recovery Center, Axis Health System, Southwest Medical Group offers MAT

## Q10 - What type(s) of referral programs refer directly to the opioid treatment program(s) in your county or surrounding counties?

| Field | Choice Count |
| --- | --- |
| We do not have any referral programs in our county or surrounding counties | 1 |
| Urgent Care settings | 7 |
| Retail Pharmacies | 0 |
| Dental Providers | 0 |
| County and Federal Correctional settings | 11 |
| Community Mental Health Centers | 19 |
| Intensive Residential Treatment | 6 |
| Transitional Residential Treatment | 5 |
| Federally-Qualified Health Centers | 12 |
| Private Behavioral Health Providers | 14 |
| Inpatient Adult and/or Adolescent Behavioral Health | 6 |
| Outpatient Adult and/or Adolescent Behavioral Health | 11 |
| Inpatient Treatment Programs | 7 |
| Outpatient Treatment Programs | 10 |
| Law Enforcement with co-response | 13 |
| Law Enforcement without co-response | 6 |
| Human Services | 17 |
| Health Departments | 17 |
| Faith-Based Organizations | 5 |
| Total | 23 |

## Q11 - Hospitals (check all that apply):

| Field | Choice Count |
|---|---|
| Emergency Room Medical Staff | 14 |
| Emergency Room Behavioral Health Clinical Staff | 12 |
| Emergency Room Care Management Staff | 14 |
| Total | 17 |

## Q19 - Community-Based Organizations (check all that apply): - Selected Choice

| Field | Choice Count |
|---|---|
| Day shelters | 6 |
| Long-term shelters | 6 |
| Food pantries or food service organizations | 7 |
| Other (please specify) | 2 |
| Total | 12 |

## Q19_4_TEXT - Other (please specify) - Text

| Other (please specify) - Text |
|---|
| Domestic Violence Shelter |
| Keep Trinidad Safe |

# Q20 - Population-Specific Organizations (check all that apply): - Selected Choice

| Field | Choice Count |
|---|---|
| LGBTQ+ population-serving organization | 4 |
| Immigrant and Refugee population-serving organization | 3 |
| Latino/a/x/e population-serving organization | 6 |
| Black Indigenous People of Color population-serving organization | 3 |
| Disability population-serving organization | 5 |
| People Experiencing Homlessness serving organization | 8 |
| Veterans serving organization | 9 |
| Organizations serving people with HIV and/or Hepatitis | 7 |
| Harm reduction and syringe service organizations | 11 |
| Other (please specify): | 2 |
| Total | 12 |

# Q20_10_TEXT - Other (please specify): - Text

Other (please specify): - Text

Syringe access/ harm reduction programs

DV Victim Programs

## Q21 - Jail-Based Services (check all that apply):

| Field | Choice Count |
|---|---|
| Deputies and Facility Staff | 8 |
| Jail-based Behavioral Health | 14 |
| Community mental health care within jail | 7 |
| Jail Healthcare Staff | 10 |
| Community-Based Care Management/Care Coordination/Re-entry Services | 7 |
| Total | 18 |

## Q22 - Peer Support, Recovery, and Sober Living (check all that apply):

| Field | Choice Count |
|---|---|
| Medicaid Billing - Recovery Community Organizations | 3 |
| Non-Medicaid Billing - Recovery Community Organizations | 6 |
| Peer Mutual Aid with peer recovery organizations - Individual and Group Coaching, Community Events | 11 |
| Recovery Housing or Sober Living with Medicaid Billing | 2 |
| Recovery Housing or Sober Living with Non-Medicaid Billing | 7 |
| Collegiate Recovery Programming | 2 |
| Total | 13 |

# Q23 - Courts (check all that apply):

| Field | Choice Count |
|---|---|
| County and City Municipal Courts | 14 |
| DUI Courts | 6 |
| Drugs Courts | 12 |
| Wellness Courts (mental health focus) | 6 |
| Competency Restoration | 3 |
| Public Defender's Office | 6 |
| District Attorney's Office | 7 |
| Total | 18 |

# Q24 - Educational Institutions (check all that apply):

| Field | Choice Count |
|---|---|
| Community Colleges | 6 |
| Universities | 6 |
| Elementary, Middle, and High Schools | 9 |
| Alternative Schools | 6 |
| Virtual Learning Institutions | 2 |
| Total | 10 |

# Q25_1_TEXT - Please specify: - Text

Please specify: - Text

Home Visitation programs, harm reduction services

## Q12 - What type of data agreements exist between the opioid treatment program and the referral providers in your county? (choose all that apply): - Selected Choice

| Field | Choice Count |
|---|---|
| Memorandums of Understanding | 3 |
| Aggregate population data sharing agreements | 1 |
| Program-specific data sharing agreements | 2 |
| Individual patient-level data-sharing agreements | 2 |
| Not sure | 11 |
| Other (please specify) | 1 |
| We do not have data agreements in place | 6 |
| Total | 22 |

## Q12_6_TEXT - Other (please specify) - Text

Other (please specify) - Text

Specific data sharing per contract

## Q14 - What type of successes has your county had with increasing opioid use disorder treatment access and care coordination (check all that apply): - Selected Choice

| Field | Choice Count |
|---|---|
| Active referral system between service providers | 8 |
| Increased provider capacity for medication assisted treatment | 11 |
| Community engagement with people with substance use disorder | 14 |
| Increased telehealth treatment options | 11 |
| Care coordination for people with substance use disorder (i.e. transportation, temporary housing, cell phones, etc.) | 14 |
| Care coordination with county and federal correctional settings post-release | 10 |
| Increased treatment access within county and federal correctional settings | 7 |
| Addition of peer recovery specialist | 10 |
| Increased harm reduction services | 12 |
| Not sure | 4 |
| Other | 2 |
| Total | 23 |

## Q14_11_TEXT - Other - Text

| Other - Text |
|---|
| Integrated primary care and SUD |
| Increasing funding availability for provid |

## Q15 - What type of barriers to opioid use disorder treatment and care coordination does your county face (choose all that apply): - Selected Choice

| Field | Choice Count |
|---|---|
| Medicaid/Medicare Ride access/availability/reliability | 17 |
| Lack of public transportation infrastructure | 21 |
| No case management or treatment provider run transportation services | 12 |
| Distance to treatment | 20 |
| Adequate insurance access or coverage | 18 |
| Internet access and cell phone access for communication and virtual care | 10 |
| Distrust with provider or organizations | 16 |
| Lack of emergency or transitional housing for people with substance use disorder | 23 |
| Lack of care coordination services | 13 |
| Program capacity - absence or inadequate treatment and care coordination | 14 |
| Workforce shortages | 15 |
| Prescriber shortages | 8 |
| Methadone is absent in the county and community | 12 |
| Stigma | 20 |
| Lack of harm reduction services | 10 |
| Lack of language services | 13 |
| Not sure | 0 |
| Other (please specify): | 2 |
| Total | 23 |

## Q15_19_TEXT - Other (please specify): - Text

Other (please specify): - Text

Troublesome getting consistent transportation for those who are apart of outpatient treatment programs. More culturally competent and representative services needs to exist.

Our treatment providers only offer telehealth, we need in-person care

## Q16 - What type of workforce disciplines make up your opioid use treatment and prevention programs in your county (check all that apply)? - Selected Choice

| Field | Choice Count |
|---|---|
| We do not have any substance use disorder programs in our county | 4 |
| Care Coordinator/Care Navigator | 12 |
| Certified Addiction Counselors | 14 |
| Peer Recovery Specialists | 16 |
| Certified Addiction Specialists | 11 |
| Therapist/Counselors | 17 |
| Prescribers (MD, NPs, and PAs) | 18 |
| Nurses and medical assistants | 12 |
| Other (please specify): | 2 |
| Total | 23 |

## Q16_9_TEXT - Other (please specify): - Text

Other (please specify): - Text

Pharmacists

Co-responders, First Responders, Members of the Public

## Q18 - Do you have county-wide task forces or advisory committees for opiod use disorder services?



43%, 10

57%, 13
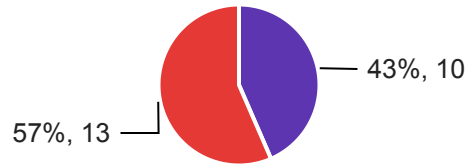
■ No  ■ Yes

## Q19 - If yes, please describe task force make-up and purpose.

If yes, please describe task force make-up and purpose.

We have a regional Opioid Council

DOAC, help in the distribution of opioids abatement funds that address opioid use in the City/Cunty of Denver

Grasp Consortium - a group (led by Gunnison County) of diverse stakeholders ranging from

MCORG: Prevention & Education group, Provider & treatment group, Recovery group, working

Substance Use Advisory Group facilitated by BCPH; Fentanyl Workgroup facilitated by BCPH; Boulder County Regional Opioids Council.

Participates Rural Communities Opioid Response Program (RCORP), CO consortium

It is the Recovery Continuum Task Force that covers the three counties in the Roaring Fork Valley. It discusses referral issues and funding for substance use programs.

Please visit the webpage for additional information:   https://www.douglas.co.us/regional-opioid-abatement-council/regional-opioid-council/

Partners for a Drug Free Community, it is a community coalition that has a diverse group of attendees. Judicial, Health Department, community organizations, community members, education, law enforcement, youth serving organzations. The purpose of this group is to reduce stigma, educate the community on various opioid related topics and to notify those that are in need of the available services.

Huerfano Creating the Change, it is a community coalition that has a diverse group of attendees. Judicial, Health Department, community organizations, community members, education. The purpose of this group is to reduce stigma, educate the community on various opioid related topics and to notify those that are in need of the available services.

Southwest Opioid Response

## ACRONYM LIST

| | |
|---|---|
| CALPHO | Colorado Association of Local Public Health Authorities |
| CAM | Center for Addiction Medicine Academy at Denver Health |
| CHI | Colorado Health Institute (CHI) |
| CO-MAT | The Colorado Opioid Model to Advance Treatment Project |
| CO-SLAW | Colorado Opioid Synergy Larimer & Weld Counties |
| DOL | Department of Law |
| HSR | Health statistics region |
| LADDERS | Licensing and Designation Database and Electronic Records System |
| LPHA | Local public health agency |
| NCHA | North Colorado Health Alliance |
| OUD | Opioid use disorder |
| ROAC | Regional Opioid Abatement Councils |

# ENDNOTES

1.  2021-2022 National Survey on Drug Use and Health: Model-Based Prevalence Estimates. (February 15,2024). https://www.samhsa.gov/data/report/2021-2022-nsduh-national-maps-prevalence-estimates-state

2.  Demont, C. (2024, June 21). Trends in Fatal and Nonfatal Drug Overdoses in Colorado [Review of Trends in Fatal and Nonfatal Drug Overdoses in Colorado]. Substance Abuse Trend and Response Task Force. https://coag.gov/app/uploads/2024/08/Fatal_and_Nonfatal_Drug_Overdose_Trends_SATF.pdf

3.  Rawson, R., Cousins, S. J., McCann, M., Pearce, R., & Van Donsel, A. (2019). Assessment of medication for opioid use disorder as delivered within the Vermont hub and spoke system. *Journal of Substance Abuse Treatment*, 97, 84-90. doi: 10.1016/j.jsat.2018.11.003.

4.  Marcovitz, D. E., Pettapiece-Phillips, M., Kast, K. A., White, K., Himelhoch, H., & Audet, C. (2022). Implementation of a hub-and-spoke partnership for opioid use disorder treatment in a medicaid nonexpansion state. *Psychiatric Services*, 73(7), 819-822. doi: 10.1176/appi.ps.202100343.

5.  Reif, S., Brolin, M. F., Stewart, M. T., Fuchs, T. J., Speaker, E., & Mazel, S. B. (2020). The Washington State Hub and Spoke Model to increase access to medication treatment for opioid use disorders. *Journal of Substance Abuse Treatment*, 108, 33-39. doi: 10.1016/j.jsat.2019.07.007.

6.  https://socialwork.du.edu/sites/default/files/2022-12/COSLAW%20Cookbook_FINAL.pdf

7.  Hatcher, A. E., Mendoza, S., & Hansen, H. (2018). At the expense of a life: race, class, and the meaning of buprenorphine in pharmaceuticalized "care". *Substance use & misuse*, 53(2), 301-310.

8.  Qato, D. M., Zenk, S., Wilder, J., Harrington, R., Gaskin, D., & Alexander, G. C. (2017). The availability of pharmacies in the United States: 2007–2015. *PloS one*, 12(8), e0183172.

# CONTACT US

The CAM Academy provides training and technical assistance on comprehensive trauma-responsive substance use disorder treatment to Colorado, Montana, Wyoming, North Dakota, South Dakota, Utah, Wyoming, Iowa, Kansas, Missouri, and Nebraska.

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