Community Needs Assessment & Gap Analysis

COLORADO COUNTIES: CONEJOS, CROWLEY & OTERO

StockSnap (2017). Rural Road Countryside Highway [Stock image]. Pixabay.

Funded by: The Health Resources & Services Administration (HRSA)
Prepared by: The Schreiber Research Group (TSRG) in partnership with the Pueblo Department of Public Health & Environment (PDPHE)

PROJECT NAME AND DESCRIPTION

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GRANT NUMBER	6G25RH40057-01-03	
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SERVICE AREA	Conejos, Crowley, and Otero Counties	
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TABLE OF CONTENTS

PROJECT TEAM

The Pueblo Department of Public Health and Environment (PDPHE)

PDPHE was established in 1952 through a partnership with the City and the County of Pueblo, Colorado. PDPHE's mission is to promote and protect the health and environment of Pueblo County. Initially, PDPHE addressed typical health issues such as polio and rubella; however, as health issues have changed and the burden has moved to chronic disease and environmental health issues, PDPHE has evolved services provided. Pueblo County is often considered the regional hub for medical care and other services. Therefore, the health of Pueblo residents is connected to that of surrounding rural counties, particularly as it relates to opioids and other substance use. PDPHE is invested in protecting the health and environment of all residents in Colorado by capitalizing on experience working with community partners on addressing the opioid epidemic.

The Schreiber Research Group

TSRG, which produced this Community Needs Assessment and Gap Analysis, is a Colorado-based nonprofit organization composed of public health, public policy, economics and medical experts who work to fill knowledge gaps concerning public health policy and management. TSRG specializes in building grassroots-level responses to the opioid crisis. The team conducts rigorous research and community outreach to help policy makers, government leaders and community stakeholders make organizational and implementation choices.

The Colorado Consortium for Prescription Drug Abuse Prevention (CCPDAP)

The Colorado Consortium for Prescription Drug Abuse Prevention was created in 2013 to coordinate the state's response to the misuse of medications such as opioids, stimulants, and sedatives. The Consortium is supported by and located at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences at the CU Anschutz Medical Campus. Originally created by Governor John Hickenlooper to implement the state's strategic plan to reduce prescription drug abuse, the Consortium works with regional and local coalitions to support their community-based work and manages the work of more than a dozen work groups charged with determining and executing the strategic plan.

The Colorado Rural Health Center (CRHC)

CRHC is the state's designated office of rural health. A non-profit organization, CRHC works with federal, state, and local partners to offer services and resources to rural healthcare providers, facilities, and communities. Activities include providing information, education, linkages, tools, support, and energy to help constituents address rural health issues. CHRC has worked with other Colorado counties to help plan their response to the opioid crisis.

The Office of the Colorado Attorney General - Director of Opioid Response

In response to evidence that the pharmaceutical industry deceived health care providers, patients, and the public about the safety and efficacy of prescription opioids, and then flooded Colorado with the deadly drugs, the Colorado Attorney General's Office opened investigations into, filed lawsuits against, and engaged in settlement negotiations with opioid manufacturers, distributors, and other companies responsible for causing the opioid epidemic. Funds resulting from the Attorney General's legal actions present Colorado with a unique opportunity to foster innovative state, regional, and local partnerships to abate the opioid epidemic and help those suffering from an opioid use disorder ("OUD") and related substance use disorders ("SUDs") or mental health conditions. In January 2020, Attorney General Phil Weiser created the Director of Opioid Response (the "Director") position and hired Heidi Williams, former mayor of Thornton, to fill that role. The Director is responsible for outreach and collaboration with local governments, local public health departments, treatment providers, nonprofits, community leaders, and affected persons around the State. In her first year, the Director has reached out to every region of Colorado to understand the successes, challenges, and gaps in each community's treatment and recovery infrastructure.

ACKNOWLEDGEMENTS

This report is made possible by funding from the Health Resources & Services Administration (HRSA).

The Schreiber Research Group would like to thank all stakeholder focus group participants, lived experience interviewees, local public health department (LPH) employees, and subject matter experts (SME) for their contribution to this Community Needs Assessment and Gap Analysis. Your open and honest responses to our questions enhanced the quality of the overall report and the team's ability to understand the essence of the challenges within your communities.

Special thanks to Colorado's community partners and experts from the following organizations who provided input for this project:

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EXECUTIVE SUMMARY

Conejos, Crowley, and Otero counties are 3 rural communities in Southern Colorado affected by the opioid crisis. In partnership with the Pueblo Department of Public Health & Environment, the Colorado Rural Health Center, the Colorado Consortium for Prescription Drug Abuse Prevention, and the Attorney General of Colorado's Director of Opioid Response, The Schreiber Research Group (TSRG) conducted a community needs assessment and gap analysis for these communities. The goal was to uncover the specific issues they face and help them make forward progress in overcoming the challenges created by OUD and overdose death.

To accomplish these goals, prior studies were reviewed, a survey was completed, focus groups with community stakeholders and interviews with individuals with lived experience were conducted, and conversations with Local Public Health (LPH) employees and Subject Matter Experts (SMEs) were held. What differentiated this study from earlier studies was that this Health Resources and Services Administration (HRSA) funded project focused specifically on the unique needs of Conejos, Crowley, and Otero counties. Prior studies evaluated the needs of a region, which could encompass multiple counties thereby limiting the visibility of the specific needs of Conejos, Crowley, and Otero counties. Our findings were targeted and tailored to these small rural communities that have large land masses and populations ranging from 6.4 (Conejos) to 14.9 (Otero) per square mile.

Despite the difference in focus, basic findings remain true across the various studies and in our examination of these rural counties. Each are challenged by geography and the need for transportation, trained behavioral health and substance use treatment providers, uninterrupted and more easily secured funding, broadband infrastructure, and public health employees whose primary responsibility is working on substance use disorder (SUD) issues. The standard array of prevention, treatment and recovery, harm reduction, and criminal justice programs and services known to help prevent or alleviate the negative impacts of SUD and OUD were considered. What is noteworthy is that the public health department employees are overwhelmed with COVID-19 responsibilities. To make forward progress related to the opioid crisis, they could benefit by identifying targeted quick wins such as building coalitions and securing grant funding to implement their strategic plans. It is also notable that based on this work, they will be better prepared to receive opioid litigation settlement funds, which could begin in 2021.

To understand their challenges, visualize the opioid crisis devastation as a tsunami that landed in rural Southern Colorado (as well as other rural communities throughout the United States), causing harm to poor, at-risk populations with limited economic prospects, prevention strategies, and treatment and recovery service options. These populations were vulnerable to the onslaught of opioid overprescribing and the social isolation of COVID-19. To wit, the damage in their midst is met with limited community support where stigma exists and there is little sympathy for those experiencing SUD. The committed public health professionals are being stretched with overdose deaths, suicides, contact tracing and vaccination demands due to the multiple pandemics (the opioid crisis and COVID-19). It is not an overstatement to say that opioid pharmaceutical companies and the distribution channels for opioid prescriptions, in combination with the social stigma that pervades these communities, has left those experiencing OUD with limited support to pursue a life defined by recovery and career opportunities. It is our sincere hope that through this ongoing work, we can move to a brighter, more supportive future.

INTRODUCTION/BACKGROUND

The opioid crisis continues to surge in the backdrop of the COVID-19 pandemic in the United States. While the full details are not yet known, there is preliminary knowledge that overdose death rates are up substantially in Colorado.[1,2] Pre-COVID-19, approximately 130 Americans died every day from opioid overdose,[3] while approximately 8% to 12% of those exposed to opioids develop OUD.[4] While some attention to policies and programs at the local level is occurring, there is much to learn about how local governments are addressing opioid-related problems.[5,6]

This HRSA-funded Community Needs Assessment and Gap Analysis was performed during the height of the COVID-pandemic with social distancing guidelines and the resulting public health employees being diverted to performing efforts targeted towards the pandemic response, including surveillance and administration of vaccinations.

> SOUTHERN COLORADO HAS BEEN DISPROPORTIONATELY IMPACTED BY THE OPIOID CRISIS.

SIGNS OF OUD

1	Opioids are often taken in larger amounts or over a longer period than was intended
2	There is a persistent desire or unsuccessful efforts to cut down or control opioid use
3	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects
4	Craving, or a strong desire or urge to use opioids
5	Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home
6	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids
7	Important social, occupational, or recreational activities are given up or reduced because of opioid use
8	Recurrent opioid use in situations in which it is physically hazardous
9	Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10	Exhibits tolerance

Source: DSM V diagnostic criteria for opioid use disorder symptoms[9]

While the HRSA-funded grant involves 3 specific counties, Conejos is part of the San Luis Valley Region (SLV) and Crowley and Otero are part of the Arkansas Valley Region. As a result, the unique characteristics of each county was considered, while the access to services for the larger region was also considered.These larger regions represent an intergovernmental provision, as part of a collaborative response to provide SUD/OUD.

It is also important to point out that Conejos is separated from Crowley and Otero counties geographically and in terms of the intergovernmental response. Their commonality is that they are part of rural Southern Colorado and have high overdose death rates. There is a possibility that all 3 of these counties will become part of the Southern Colorado Region as it relates to the opioid litigation settlement dollars and can utilize the findings from this assessment to guide how the settlement dollars are allocated.

Compared with the rest of the state, Southern Colorado has been disproportionately impacted by the opioid crisis. Throughout this mostly rural area, death and overdose rates from opioids (including prescription painkillers, heroin and fentanyl) are significantly higher than both Colorado and national averages, according to a recent report from the Colorado Health Institute.[7] Although statewide overdose deaths due to prescription opioids and heroin began to level off prior to COVID-19, the most striking numbers did take place in rural Colorado.

The path to OUD can begin with an injury and a prescription or through illicit access to opioids (e.g., pharmaceuticals, heroin, or fentanyl). An "opioid addiction is characterized by a powerful, compulsive urge to use opioid drugs," despite negative consequences.[8] The DSM-V Diagnostic Criteria states an OUD exists if 2 or more of the conditions found in the table are observed within a 12-month period.[9]

> THE PATH TO OUD CAN BEGIN WITH AN INJURY AND A PRESCRIPTION OR THROUGH ILLICIT ACCESS TO OPIOIDS (E.G., PHARMACEUTICALS, HEROIN, OR FENTANYL).

LITERATURE REVIEW

The project team reviewed and considered the findings of the 5 listed reports completed between 2015 – 2019 as part of the inquiry. TSRG wanted to understand if anything had markedly changed in the last 6 years and what Colorado experts learned when considering the needs of Conejos, Crowley, and Otero counties as part of the larger regional inquiries.

1. **Keystone Policy Center - 2017:** Keystone-SUD-final.pdf[10]

2. **Western Interstate Commission for Higher Education. (2015). Needs Analysis: Current Status, Strategic Positioning, and Future Planning:** Colorado_OBH_Needs_Analysis_April_2015.pdf **(wiche.edu)**[11]

3. **Colorado Opioid Response Blueprint -** 2019: Colorado Opioid Crisis Response Blueprint | Colorado Health Institute[12]

4. **San Luis Valley CHNA – 2019:** 2019-CHNA-report-final.pdf **(sanluisvalleyhealth.org)**[13]

5. **Arkansas Valley CHNA – 2019:** CHNA_2019.pdf **(avrmc.org)**[14]

Upon review of these key documents, it became clear that many of the issues that we found through administering the survey, conducting focus groups with key stakeholders, and conducting interviews with people who had lived experience, were aligned with aspects of the original findings. Our goal was to summarize these findings and then highlight what was newly discovered during the completion of the primary data gathering.

What sets this community needs assessment and gap analysis apart from the prior studies is our ability to drill into the unique challenges of Conejos, Crowley, and Otero counties based on their geographical, cultural, and historical idiosyncrasies. While circumstances were not ideal given the reliance on virtual engagement, this effort did produce valuable findings that will help guide these counties through their strategic planning process.

Keystone Policy Center Community Needs Assessment 2017 Report and WICHE Report 2015

The Keystone Policy Center performed a Community Needs Assessment in 2017: Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs.[10] The study included Region 4 (15 counties in Southeast Colorado, including Conejos, Crowley, and Otero) and while a portion of the report encompassed a much larger region, there are important findings that hold true in 2021. Per the report, a rise in substance abuse poses serious challenges for Colorado families, community leaders and agencies, and treatment providers. While substance use has been a significant problem throughout Colorado, the target rural areas within that project were disproportionally impacted by substance use/abuse, including, but not limited to opioids. Conejos, Crowley, and Otero counties were an area of Colorado that had a particularly acute opioid epidemic based on rates of opioid- and heroin-related deaths,[15] emergency department visits[16] and treatment admissions.[17]

The Keystone report includes many of the same challenges identified in the Western Interstate Commission for Higher Education (WICHE) report of 2015. The WICHE Report defined Region 4 as Colorado's Southeastern counties. Survey respondents from this region included 163 of 1495 total individual respondents or 10.9%. The survey findings in the WICHE report identified the following gaps in services in Region 4[11]:

- Child welfare services
- Criminalization of substance abuse and jails often become placement for people with SUDs
- Crisis stabilization and detox services
- Insurance
- Housing
- Prevention and early intervention
- Services to address the consequences of child neglect, automobile accidents, theft, and domestic violence
- Transportation
- Transitional community integration supports
- Treatment
- Youth programming (Source: WICHE Report)

Colorado Consortium Blueprint Findings 2019

Colorado was one of many states that sued opioid manufacturers, distributors and individuals that contributed to the opioid crisis. Local governments are part of multiple lawsuits against opioid manufacturers, distributors, and retail pharmacy companies. In 2019, to help guide the allocation of potential litigation settlement funds, the Colorado Consortium for Prescription Drug Abuse Prevention developed a strategy for engaging stakeholders in providing input on the allocation of settlement funds for supporting the implementation of a variety of strategies. This approach considered "20 investment options under 4 categories: prevention, treatment and recovery, harm reduction and criminal justice".[12]

San Luis Valley Health – Community Health Needs Assessment Report May 2019

The Affordable Care Act requires that all nonprofit hospitals develop a report on the health needs of the communities they serve every 3 years.[13] In 2019, San Luis Valley Health (SLVH) completed a report that included Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties, all counties within the San Luis Valley.[13] While the findings were specific to the larger region, stakeholders emphasized the need for poverty mitigation and transportation, and indicated that substance abuse was a major issue. Specifically, the absence of prevention, and treatment and recovery services. The following items were included as what was missing throughout the San Luis Valley Region:

1. Affordable insurance options
2. Implementation of evidence-based standards and best practices to limit opioid use
3. Implement harm reduction strategies
4. Increase alternatives as a first line treatment
5. Inpatient toxicology
6. Literacy around Adverse Childhood Experiences (ACES) and addiction as a chronic illness
7. Medication-Assisted Treatment (MAT)
8. Public transportation infrastructure
9. Recovery support
10. Referrals to substance use treatment
11. Telehealth resources
12. Youth recovery support

Arkansas Valley Regional Medical Center – Community Health Needs Assessment and Implementation Strategy March 2019

In compliance with the same Affordable Care Act requirement to develop a report every 3 years, Arkansas Valley Regional Medical Center (AVRMC) in partnership with Quorum Health Resources produced a report for Bent, Crowley, and Otero counties.[14] AVRMC is a 25-bed, acute care medical facility located in La Junta, Colorado, the county seat for Otero County. Alcohol use and substance abuse services were considered a significant need in 2019. Indicated in the report for Crowley and Otero counties was a substantial percentage increase in female (Crowley = 185.7%; Otero = 658.1%) and male (Crowley = 118.6%; Otero = 185.7%) substance use related deaths in the period between 1980 and 2014. AVRMC intends to provide the following services, programs, and resources to manage this need:

1. Reduce opioid prescription in the Emergency Department by 25%, with the next goal to get to a 35% reduction
2. Work with Southeast Health Group to provide mental health and SUD care and services to Crowley and Otero to provide:
   a. Placement to state facilities
   b. Evaluations
   c. Admissions if withdrawal symptoms are present
   d. Provide counselors and therapists for patients

METHODS

TSRG gathered qualitative input from stakeholders and people with lived experience for this Community Needs Assessment and Gap Analysis through an online survey that used Qualtrics (Provo, UT), stakeholder focus groups, and interviews with community members who have lived experiences. In the final review process, LPH employees and SMEs were asked to fill in gaps when possible.

Survey

For the survey questionnaire, a recent survey of opioid program and service availability administered by TSRG was utilized. TSRG studies local governments' policy and programmatic activities. The goal is to address the national opioid crisis through understanding what local governments are doing to prevent and address opioid abuse, OUD, and related problems, and how local communities can create efficiencies and best practices. TSRG asked the county public health department employees to respond to the questionnaire based on services available within their respective counties and based on services accessible to their county residents but required travel to regional facilities. One survey was completed by each of the two county respondents, Conejos and Otero/Crowley counties, and also by representatives for the two regions, San Luis Valley and Arkansas Valley. We summarized the survey responses in Tables E, F, and G.

The survey is attached in Exhibit M. A summary table is provided with all 45 questions and the responses. It became clear that a big challenge for people with SUD in these communities is the distances needed to travel to receive services so we created distance maps and tables which also show how the snow could impact Conejos County travel times during the harsh winters (See Exhibit J). There was also the question of how COVID-19 might be impacting service provision. The full details are included in Table G. The survey was helpful in identifying gaps in service provision, which are detailed in Table E.

Stakeholder Focus Groups

Stakeholders from each community were identified based on an existing coalition list of agencies and contacts (Arkansas Valley Communities that Care) along with Google searches of what organizations (hospitals, police departments, criminal courts, treatment providers, MAT providers) existed in each community. A master list was built with names and available contact information, which was then validated with the public health professionals. Flyers were made and posted in mobile MAT vehicles and on the Conejos and Otero public health department Facebook pages. We chose this method to identify all community members involved in the response to the opioid crisis and other substance use/misuse issues. We remain unclear who will participate in one of the coalitions in an ongoing way, but we have identified a potential list of participants along with maps to identify potential participating organization within each geographic region. The list includes a broad range of stakeholders.

To ensure TSRG created the most current and reliable list of potential community stakeholders, public health representatives were asked to validate each name and organization. TSRG conducted 3 focus groups to gather information in the targeted areas. This provided an opportunity for stakeholders to offer their thoughts on the needs, gaps, and priorities in services. Informational sessions were held to introduce the purpose of the work, describe what to expect during the focus group sessions, as well as recruit potential participants. All focus groups were conducted virtually due to COVID-19 social distancing requirements. A semi-structured questionnaire was utilized by the TSRG team to facilitate conversation and discussion during the focus groups. The questionnaires are found in Exhibit K.

From the aforementioned list of potential coalition members, key stakeholders from Conejos (San Luis Valley Region), Crowley, and Otero counties (Arkansas Valley Region), were identified by the public health representatives from each region or through word of mouth. We included the public health employees and an employee who has regional responsibility for the Colorado Consortium for Prescription Drug Abuse Prevention. The focus groups lasted approximately 90 minutes and were conducted via Zoom using the recording feature, a recording device, and a digital program called Otter.ai (Los Altos, CA) for transcription of the recorded discussions. Transcripts from each focus group were reviewed by the TSRG team for content, and consistent concepts (shared by more than one participant), and themes identified throughout the focus groups and interviews. These findings are summarized in Table H.

Lived Experience Interviews

The questions for the lived experience interviews were developed after reviewing the Keystone Report methodology (p. 38), assembling a series of original questions, having 2 addiction specialist medical doctors review the questions, and then practicing the delivery of the questions prior to the actual focus groups. Interview sessions were recorded after agreement was obtained from all participants. The questionnaires are found in Exhibit L. TSRG conducted dry runs to ensure the flow of questions made sense and that the content was clear. We recorded interviews and focus groups using Zoom (San Jose, CA), Otter.ai (Los Altos, CA) for transcription, and a handheld recording device. Transcripts were then reviewed and coded to identify key concepts and recurring themes and are included in Table H.

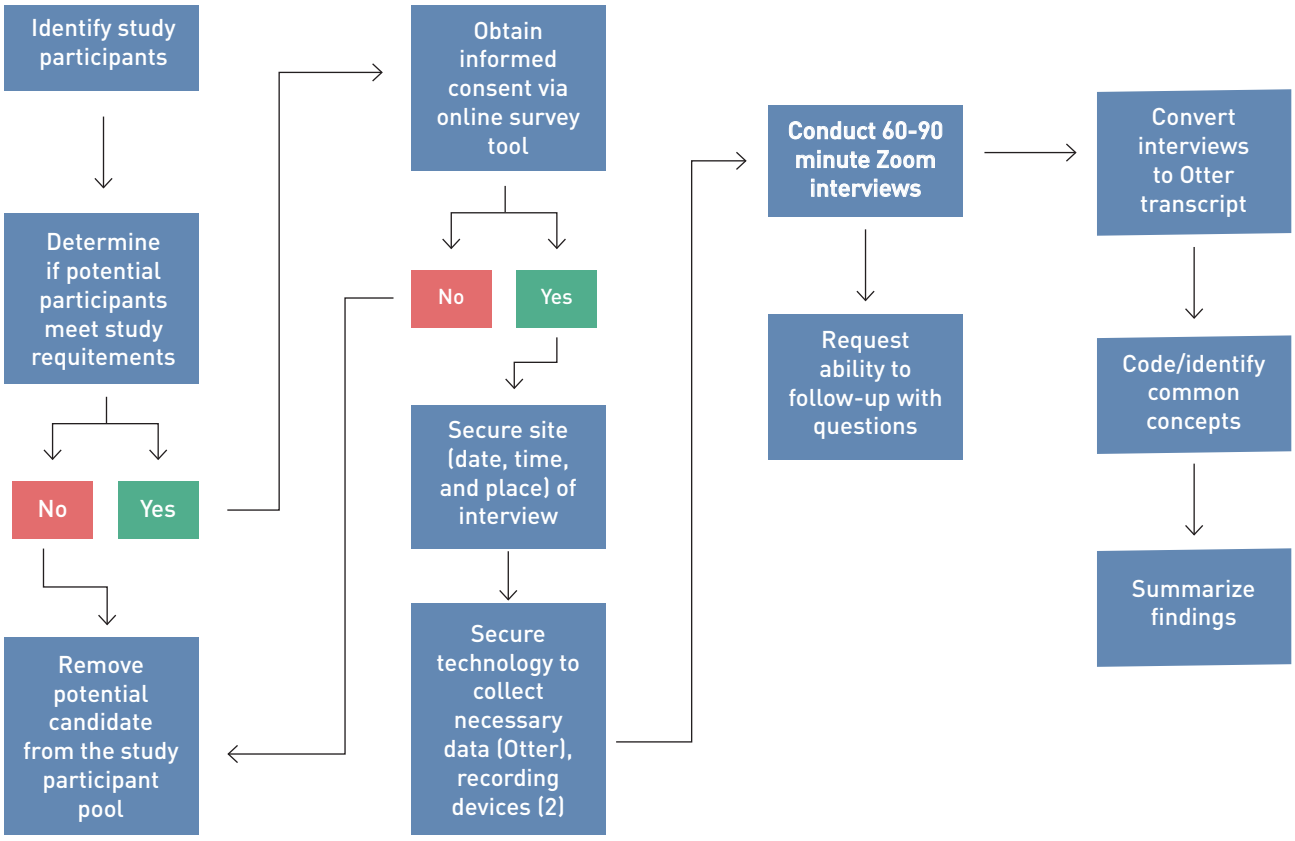
TSRG conducted interviews with community members with lived experience via Zoom. Identifying a population with lived experience to participate in interviews during the COVID-19 pandemic was met with many challenges and opportunities. All community members were experiencing a red-level status requiring limited person-to-person engagement.

Some interviewees were actively using and experiencing SUD/

OUD. Some interviewees were in recovery from OUD. And some were the parents of those actively experiencing OUD. To identify participants, flyers were created and placed in mobile Medication- Assisted Treatment (MAT) vehicles in Conejos and Otero counties, on Facebook pages, and on the county public health websites to recruit potential interviewees. TSRG and an Otero County Public Health employee participated in a radio talk show to advertise the HRSA-sponsored project. TSRG also recruited participants during coalition meetings with Conejos, Crowley, and Otero counties. What proved to be the most fruitful was accessing the using community through the coalition meetings, social networks, and through snowball sampling (wherein participants spread the word through their social networks in order to recruit additional individuals to participate). All communications happened by telephone or Zoom. Information sessions were held to introduce the purpose of the work and describe what to expect during the interview.

> "THE GOAL IS TO ADDRESS THE NATIONAL OPIOID CRISIS THROUGH UNDERSTANDING WHAT LOCAL GOVERNMENTS ARE DOING TO PREVENT AND ADDRESS OPIOID ABUSE, ADDICTION, AND RELATED PROBLEMS, AND HOW LOCAL COMMUNITIES CAN DO THIS BETTER."

PROCESS FOR CONDUCTING SEMI-STRUCTURED AND UNSTRUCTURED INTERVIEWS CONEJOS (COUNTY) AND OTERO/CROWLEY (REGION)



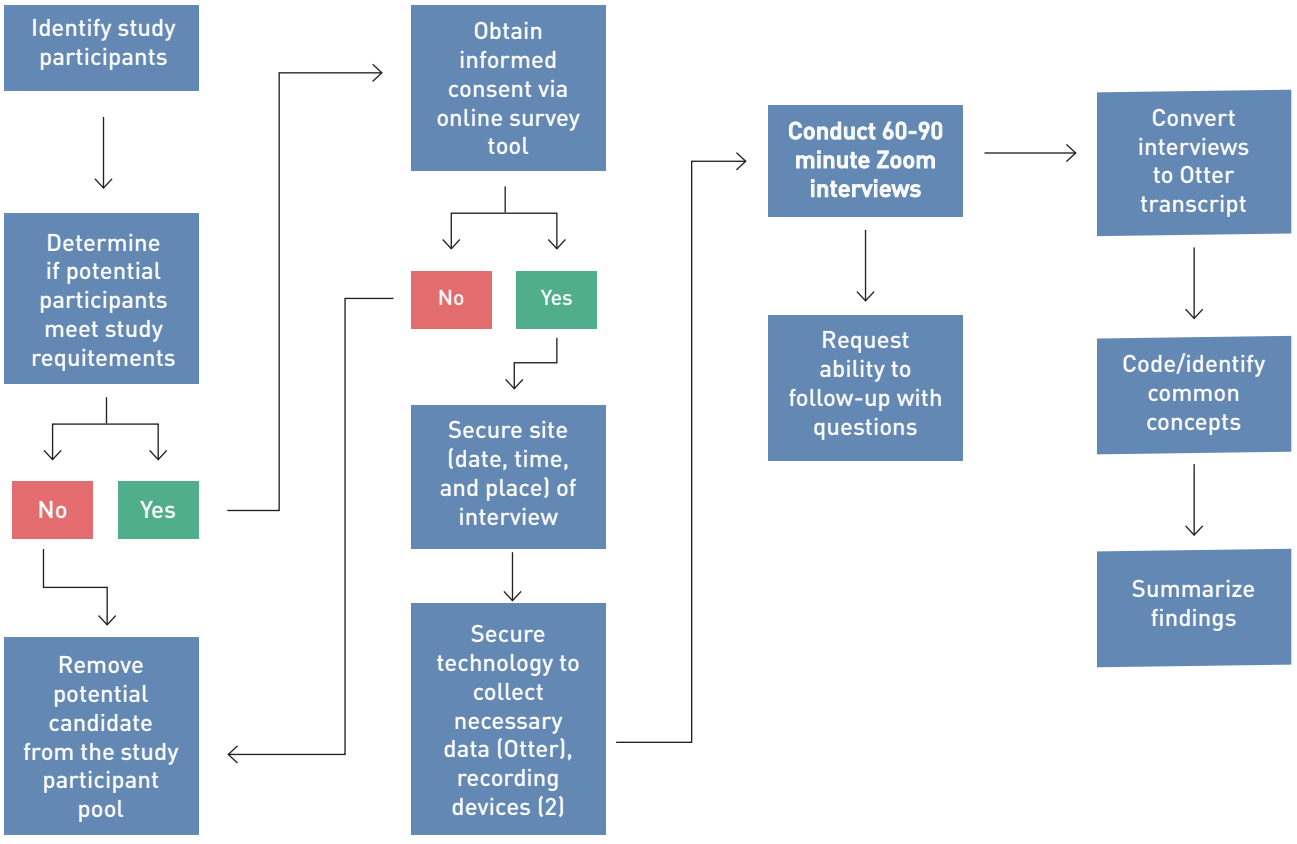
Source: TSRG process flow using Visio (Seattle, WA), 2021

TSRG conducted ten interviews. The interviews were recorded and transcribed using Otter.ai (Los Altos, CA) technology and then coded to identify common concepts based on findings from both focus groups and interviews. Prior to participation, the interview subjects completed a consent form via Survey Monkey and/or verbally during the interview. The consent was affirmed live during the recorded sessions. A semi-structured interview guide was utilized by the TSRG team to facilitate conversation and discussion during the interviews. Participants were encouraged to share any information or opinions they had regarding the topic. If more than one person raised an issue, a concept was identified.

A summary of these concepts and specific quotes can be found in Table H. Upon completion, each participant received a $50 Visa gift card.

Internal Review Board (IRB) approval was not required by HRSA or by any of the public health departments that worked on this project. TSRG utilized the following process to conduct the lived experience interviews:

PROCESS FOR CONDUCTING FOCUS GROUPS FOR STAKEHOLDERS
CONEJOS (COUNTY) AND OTERO/CROWLEY (REGION)



Source: TSRG process flow using Visio (Seattle, WA), 2021

Secondary Sources

During the grant writing phase of the project, the project team collected various types of secondary data to understand the size and demographic composition of each community, as well as the level of problem severity, the prescribing volumes for opioids and benzodiazepines. As the project progressed and the impact of the COVID-19 red-level status impeded progress in meeting critical HRSA requirements, a decision was made to rely more heavily on secondary data. This included existing data, such as a recent survey of opioid program and service availability administered by the University of Colorado Denver and TSRG. It was also helpful that the Colorado Department of Public Health and Environment (CDPHE) had implemented a data dashboard making data on overdose death rates, opioid prescribing volumes, and emergency room visits and hospitalizations for nonfatal overdoses publicly available.[18]

The focus on opioid and benzodiazepine prescribing volumes was informed by studies that indicate that across the nation at least 1/3 of all opioid-involved overdose deaths involve the combination of opioids and benzodiazepines.[19, 20, 21] The prescribing volumes for opioids and benzodiazepines for the period of 2014 – 2019 are included in Table D and Exhibits B and C. They indicate the peak prescribing periods as well as the time in which prescribing volumes for opioids and benzodiazepines began to decrease.[18] Through the course of this project we learned that while the trends for opioids and benzodiazepines prescribing are going down, overdose death rates are not decreasing commensurate with the reduced prescribing volumes (See Exhibits A, B, C, D, E, F, G, and H).

The secondary data collection included demographic, Rural Communities Opioid Response Program (RCORP) measures, and SUD/OUD prevalence measures (See Tables A, B, C, D). Below is a summary of the data collected.

> "THROUGH THE COURSE OF THIS PROJECT WE LEARNED THAT WHILE THE TRENDS FOR OPIOIDS AND BENZODIAZEPINES PRESCRIBING ARE GOING DOWN, OVERDOSE DEATH RATES ARE NOT DECREASING COMMENSURATE WITH THE REDUCED PRESCRIBING VOLUMES.[18]"

Demographic Measures

1. Percentage of target rural population with health insurance
2. Breakdown of target rural population by race/ethnicity
3. Breakdown of target rural population by sex
4. Breakdown of target rural population by age
5. Breakdown of target rural population by who are unemployed
6. Percentage of target rural population who are living below the federal poverty line

RCORP Measures

1. Total population in the service area
   a. Square miles
   b. Population per square mile
2. Number of individuals screened for SUD/OUD
3. Number of fatal opioid overdoses in the project service area (Count, per 100k)
4. Number of health care providers who prescribe buprenorphine-containing products for medication-assisted treatment (MAT)

SUD/OUD Prevalence Measures

1. Number of emergency room visits
2. Number of hospitalizations for overdose
3. Prevalence or incidence of SUD in the target rural population

Additional Measures

1. Suicide rates
2. Prescribing volumes of benzodiazepines and opioids

All data collected during the grant writing phase were reviewed and reconsidered for the Community Needs Assessment and Gap Analysis. Some data were modified or added based on additional learning from the project. Additional data were added because they provided insight and details that inform the findings. Examples include the decline of prescribing volumes for opioids and benzodiazepines (in all 3 counties) and an increase of overdose death due to methamphetamine or other psychostimulants in Otero County.

TSRG observed changing trends based on how time frames were selected and relied heavily on the Colorado Department of Public Health and Environment's (CDPHE) data dashboard.[18] What we learned from CDPHE employees is that the data dashboard numbers may be influenced by the quality of the toxicology testing, which improved over time. The project team will continue to monitor these numbers to determine whether the improvement in testing for specific substances did change overdose death rates or if there is some other explanation. One

possibility is that additional substances are now being laced with fentanyl which is increasing overdose death rates for non-opioid substances such as cocaine and methamphetamine. Another explanation could be due to the substitution with heroin and fentanyl for the prescriptions, but this will also need to be monitored.

It is worth noting that data from Crowley County appears skewed due to the 61% prison population. The total population is 6,061 and the key variables are markedly lower than Conejos and Otero counties. This is true for emergency room visits, hospitalizations due to overdose, overdose death rates, buprenorphine providers, and suicide rates.

Details about the suicide rates were added to validate whether the categories of cause of death considered the deaths of despair[22] (deaths cause by alcohol, suicide, or substance use overdoses) were observable in these communities. While the alcohol-related death rates were not available for the years 2010 - 2019 for each county, the suicide numbers are shown in Table D, with the leading cause of death being by firearm.[23] Data collection regarding overdose death rates involved consideration as to which time frames were included. The intention was to understand time frames available on the data dashboard, windows of time (10- and 20-year thresholds) and the most recent data available. The data for these counties were always compared to the data for Colorado. There was variability as to whether the numbers were disproportionately high in these communities compared to Colorado based on the time frame and cause of death (see Tables B and C). In part, this is due to the CDPHE practice of suppressing data counts for confidentiality reasons when the counts were 3 or fewer, which is visible in various charts or tables as indicated.

> “A LOT OF PEOPLE ARE COURT ORDERED TO RECEIVE TREATMENT, BUT NOT GIVEN THE MEANS TO GET THERE PHYSCIALLY.”
>
> LIVED EXPERIENCE INTERVIEWEE

Kabbagesaver (2017). Guard Tower [Stock image]. Pixabay.

Results

Data Summary & Analysis

Conejos, Crowley, and Otero counties are small rural communities with large land masses and sparse populations (Conejos 6.4, Crowley 7.4, and Otero 14.9) per square mile. Conejos and Otero counties have a higher amount of overdose deaths per 100,000 people compared to Colorado for the period from 2010-2019 inclusive (94% higher in Conejos County (31.8 per 100,000) and 32% higher in Otero County (21.6 per 100,000) than Colorado (16.4 per 100,000))[17]. Heroin overdose deaths per 100,000 is 324% higher in Conejos County (9.8 per 100,000) and approximately 36% higher in Otero County (3.8 per 100,000) compared to Colorado (2.8 per 100,000). The numbers for Crowley County are not included because the numbers are lower than the state average for any drug overdose death and are suppressed for heroin overdose deaths consistent with CDPHE's practice because the numbers are 3 or fewer (Table C).

Additionally, the number of hospital and emergency room (ER) visits due to drug overdose in Conejos and Otero are significantly higher than that of Colorado. Hospital and ER visits in Colorado due to any drug overdose for 2018-2019 were 82.1 and 187.7 per 100,000[17], respectively. Comparatively, hospital admissions for any drug overdose were 66% higher in Otero County for the same time period (135.9 per 100,000)[18]. The hospital admission numbers for Conejos and Crowley are not available. ER visits for any drug overdose were 60% higher in Conejos County (300.3 per 100,000) and 55% higher in Otero County (290.9 per 100,000)17 compared to Colorado rates for the period between 2018-2019. The Crowley ER visit numbers are not available (Table C).

While opioid related death rates were going down pre-COVID (2019) and prescribing volumes are going down, the overdose death from methamphetamine and other psychostimulants increased dramatically in 2019 for Otero County representing 75% of the overdose deaths (Table C). As already noted, the cause is for such a steep increase in methamphetamine-related overdose death remains unclear. The project team will continue to monitor these numbers to determine if it is related to improved testing, changes in the coroner reporting, the existence of fentanyl-laced methamphetamine, or a highly lethal batch of methamphetamine.

Otero County data show a higher number of opioid analgesics prescriptions, 86% higher (per 1,000), compared to Colorado (84.2 v. 45.1) in 2018, and 14% higher for opioid prescriptions in 2019 (45.6 v. 40.0). While these numbers are reflective of prescribing volumes decreasing, the overdose death rates have not gone down commensurate with the decrease. One explanation could be due to the substitution with heroin for the prescriptions, but this will also need to be monitored. The numbers in Conejos County were not available in 2018 and are lower than overall Colorado rates in 2019.

It is worth noting that data from Crowley County appear skewed due to the 61% prison population. The total population is 6,061 and key variables are markedly lower than Conejos and Otero counties. This is true for emergency room visits, hospitalizations due to overdose, overdose death rates, buprenorphine providers, and suicide rates.

While the unemployment numbers are lower than that for the State of Colorado (Conejos 6.4%, Crowley 4.9%, and Otero 6.5% compared to 10.2% for Colorado), the number living below the poverty level is substantially higher (Conejos 22.4%, Crowley 28.4%, and Otero 24.7% compared to 10.9% for Colorado).

There are a limited number of X waivered providers. The SAMSHA reporting tool indicates there are 2 providers in Conejos and 2 in Otero/Crowley. Yet, during discussions with LPH employees and SMEs, it was suggested that the actual number of X waivered providers is likely higher than what is reflected in the SAMSHA tool. This could be due to reporting delays in the SAMSHA tool based on new hires.

In summary, all 3 counties would benefit from the implementation of key programs and services that are known to be effective in addressing SUD/OUD. While the overall problem severity differs between counties on certain measures, the opioid response is more of an array of disconnected activities made available through inconsistent and unreliable funding streams than a strategic, systematic approach. At a minimum, all 3 counties would benefit from dedicated employees to address SUD/OUD, education and prevention programming, enhanced harm reduction services, peer support and mutual self-help programs such as Narcotics Anonymous.

> “IT IS WORTH NOTING THAT DATA FROM CROWLEY COUNTY APPEARS SKEWED DUE TO THE 61% PRISON POPULATION.”

Survey Findings

Each LPH department completed a survey instrument that included questions about 45 programs and services within 6 categories: public awareness and provider education, harm reduction, prevention, treatment and programs for specified populations, recovery, and systems level approaches (Table F). LPH employees were asked to answer what programs and services were available within their county and within the larger regions of the San Luis Valley or the Arkansas Valley (Table G).

Conejos County is lacking substantial services for a person with SUD/OUD, including many baseline services that are known to reduce morbidity and mortality (Table E). Some services are available such as MAT, mobile MAT, treatment services, including those for pregnant women, and school-based initiatives, but key offerings are missing. The survey responses indicate the absence of a detox facility, wide use of Naloxone or Naloxone education, a local harm reduction center, paid staff to address opioid-related issues, peer support, Narcotics Anonymous, or a workforce recruitment program for people with SUD/OUD. There are no childcare services, sober living homes, or treatment services for criminal justice involved persons. If transportation is available, one can seek an array of services in Alamosa County, but it requires having a vehicle and gas money. There is no public transportation, and the distances are far. Depending on the

time of year, it can take between 30 - 75 minutes to travel from Antonito to Alamosa to receive services (Exhibit J). Those with SUD/OUD are isolated and the path toward recovery is arduous and tenuous.

Crowley and Otero counties are also lacking many of the same services, but it is possible to buy inexpensive syringes (5 for $1.99), participate in peer support in La Junta and Rocky Ford, or receive workforce recruitment services within the region. Treatment services are available, including detox, tapering services, MAT, mobile MAT, Narcotics Anonymous meetings, safe disposal drop boxes, telehealth, and treatment for pregnant women. The survey responses indicate that sober living housing is available, but during the interview, it was stated that this may not be the case. The value of having dedicated paid staff is observable in the work that is performed through SUD/OUD programs such as Overdose Data to Action or Communities that Care. Notwithstanding, those with SUD/OUD also face a daunting path if they are not fully informed about the service offerings. They face similar transportation challenges due to the long distances, though they do not face the same weather challenges as Conejos County.

Focus Group/Lived Experience Interview Findings

The first focus group had 3 participants all from Crowley and Otero counties. The second focus group had 5 participants, 4 from Conejos or the surrounding San Luis Valley, and 2 from Crowley and Otero counties or the Arkansas Valley. The third focus group had one participant from Otero County. The ten interviews conducted in Otero County included parents of adult children with SUD/OUD, and individuals with active SUD/OUD or in recovery from SUD/OUD. All interviewees either currently live in the communities or received services in Otero/Crowley. While TSRG did not conduct interviews for persons with lived experience in Conejos County because of the COVID-19 pandemic social distancing requirements and limited access to persons with lived experience, we did interview one parent. TSRG identified common concepts throughout the discussions and documented valuable quotations captured during the interviews (Table H).

Across the board, participants discussed gaps in infrastructure and services necessary to meet all the needs of individuals and groups in these communities struggling with SUD/OUD. Geography and the nature of rural communities being spread out over great distances exacerbates some of these challenges. All participants discussed the lack of transportation being an issue for individuals to make it to appointments or to access the needed services. Even during the COVID-19 pandemic, with many services moving to virtual offerings, telehealth is a challenge for individuals who do not have access to smart phones, computers or adequate broadband or internet services to connect with treatment providers. In addition, many individuals stated they have not sought services via telehealth and would prefer to see their providers in person.

Substance use treatment providers are available, however, there are challenges with recruitment and retention of a qualified workforce. The challenges with workforce retention are related to lower salaries, a lack of training programs, and not enough incentives to keep these employees in the area over the long term. There was discussion about larger gaps seen specifically with limited substance use counselors and insufficient and well publicized peer support services. For example, Otero/Crowley does have peer support services in Rocky Ford and La Junta, but some of the interviewees were unaware of the services or suggested that they are needed in additional municipalities. Underlying the SUD/OUD issues, a major concept shared in focus groups and interviews was that poverty plays a big role in how people get involved in drug use and how they struggle to stop using substances. The absence of job opportunities combined with the lack of a strong recovery community is difficult to overcome in these communities. The lack of recovery support services includes group homes, inpatient treatment centers, peer support, sober living environments, and employment assistance.

Both heroin and methamphetamine use were mentioned in the focus groups and interviews as prevalent issues. The overdose death data in Otero County validated that methamphetamine involved deaths are on the rise[18]. We investigated these findings and as already mentioned, CDPHE employees indicated that testing measures have improved, and the numbers need to be monitored.

Without additional supports, participants believe that there is a cycle that is perpetuated because of a lack of community empathy for those with substance use/opioid use to successfully reintegrate into the community. There also was mention of drug use spreading through social networks and through generations of family members. Kids and adolescents are often experimenting with drugs because of lack of other activities in their communities, and because their friends or others in their social networks are also using substances.

Focus group participants indicated several successes in SUD/OUD service provisions. This includes the availability of medication assisted treatment (MAT) services in all 3 counties Conejos, Otero, and Crowley. In Crowley and Otero there is a health system which was identified as a primary provider of substance use services, South East Health. Another nearby provider, Ryon Medical, also provides services for some residents in Otero and Crowley counties, despite their physical location being in Bent County. Valley Wide also provides substance use disorder services in Conejos, Otero, and Cowley counties. Conejos county residents access many services in Alamosa County, including harm reduction services made available since 2018. Several participants mentioned the use of naloxone, available training for first responders, and the successes of naloxone reversals on individuals who have overdosed in Conejos, Otero, and Crowley.

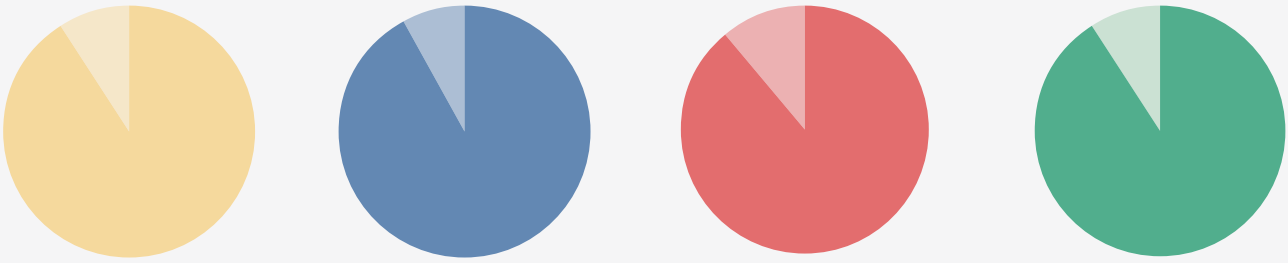
It is noteworthy that despite services being available, several individuals were unaware certain services exist (eg peer support and mobile MAT). There appears to be an opportunity to communicate more broadly what services are available to the community members that need them.

We have included a table summarizing the focus group and interview concepts. As mentioned, only concepts discussed on more than one occasion or by multiple individuals were incorporated. We included quotes that highlight these concepts taken directly from focus group and interview transcripts, which remain de-identified for the anonymity of participants.

DEMOGRAPHIC MEASURES: TABLE A

% of rural population w/health insurance:

Source: 2016. County Health Rankings & Roadmaps[24]



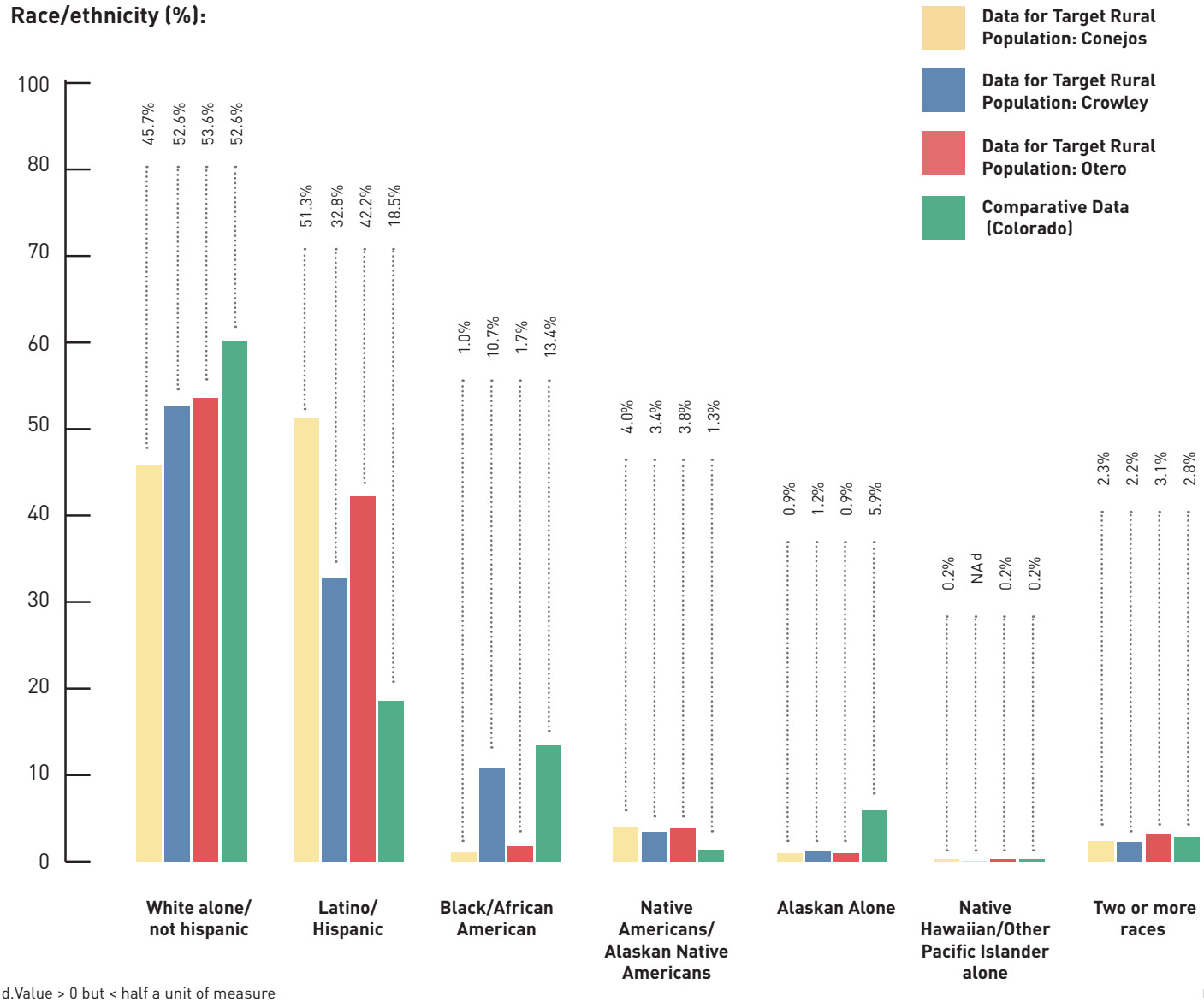
Conejos: 91%
a. Error margin: 8-11%

Crowley: 92%
b. Error margin: 7-10%

Otero: 89%
c. Error margin: 9-12%

Colorado: 91%

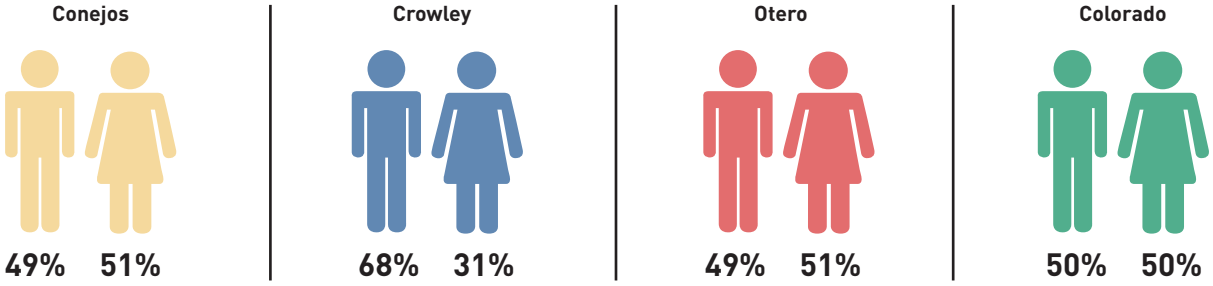
Race/ethnicity (%):



d.Value > 0 but < half a unit of measure
Source: 2019. County Health Rankings & Roadmaps[24]

Gender percent:

Source: 2020. Colorado Department of Local Affairs[25]



Age (estimate) percent:

Conejos

Age 0-12: 18.37
Age 13-17: 7.37
Age 18-24: 7.95
Age 25-34: 10.84
Age 35-44: 11.14
Age 45-54: 11.09
Age 55-64: 12.96
Age 65 and older: 20.29

Crowley

Age 0-12: 9.49
Age 13-17: 3.60
Age 18-24: 9.85
Age 25-34: 21.71
Age 35-44: 18.62
Age 45-54: 13.18
Age 55-64: 10.10
Age 65 and older: 13.44

Otero

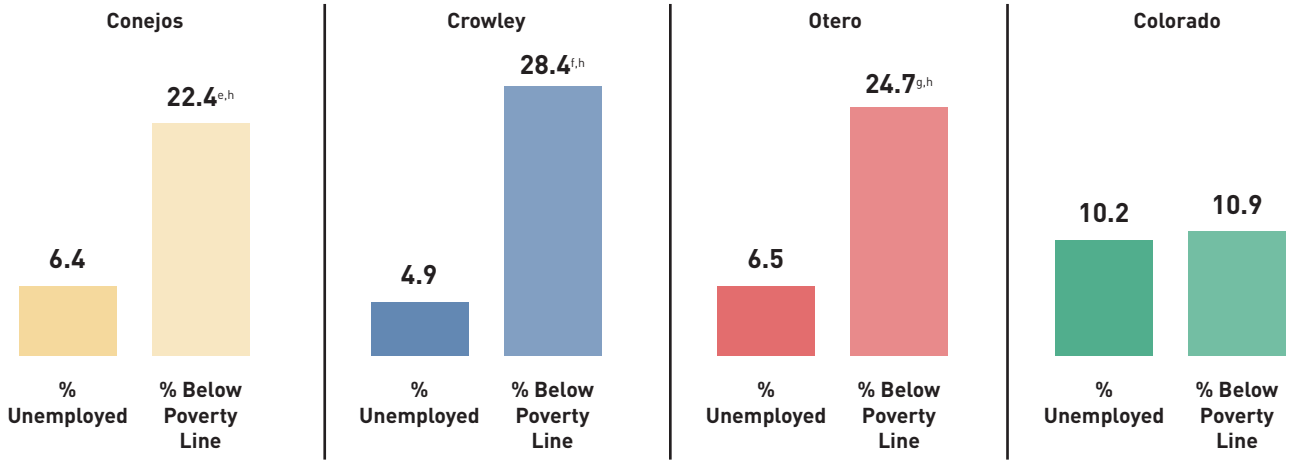
Age 0-12: 16.91
Age 13-17: 6.97
Age 18-24: 7.32
Age 25-34: 11.69
Age 35-44: 11.95
Age 45-54: 11.15
Age 55-64: 13.18
Age 65 and older: 20.82

Colorado

Age 0-12: 15.16
Age 13-17: 6.45
Age 18-24: 9.73
Age 25-34: 15.26
Age 35-44: 13.69
Age 45-54: 12.44
Age 55-64: 14.95
Age 65 and older: 10.2

Source: 2020. Colorado Department of Local Affairs[25]

Percent unemployed and percent below poverty line:



e: (+/-3.6%) f: (+/-6.6%) g: (+/-3.1%), h: (margin of error at least 10 percent of total value)
Source:
Unemployment, 2018. Colorado Department of Local Affairs[26]
Below poverty line, 2018. Census Reporter[27]

RCORP CORE MEASURES: TABLE B

Conejos

Total population (Estimate): 8205
Square miles: 1287
Population/square mile: 6.4
Individuals Screened for SUD: 76[1]

Crowley

Total population (Estimate): 6061
Square miles: 787
Population/square mile: 7.4
Individuals Screened for SUD: 596[2]

Otero

Total population (Estimate): 18278
Square miles: 1262
Population/square mile: 14.9
Individuals Screened for SUD: 596[2]

Source:
Total Population: 2019. United States Census Bureau: QuickFacts[28]
Square Miles: 2010. United States Census Bureau: QuickFacts[28]

Population/Square mile: 2010. United States Census Bureau: QuickFacts[28]
Individuals screened for SUD: [1]2018 – 2020 & [2]2020, SLVBH[29], Southeast Health Group[30]

OVERDOSE DEATHS:

	Conejos	Crowley	Otero	Colorado	Year
Any Drug-Overdose Deaths (Count)	35	11	54	14512	2000-2019
Opioid Overdose Death (Count)	21	6	25	6642	2000-2019
Cocaine Overdose Death (Count)	7	A	7	2044	2000-2019
Methamphetamine and Other Psychostimulants Overdose Death (Count)	3	3	14	1986	2000-2019
Any Drug Overdose Deaths (per 100k)	21.1	10	14.2	14.4	2000-2019
Opioids – Any Opioid Overdose Deaths (per 100k)	12.7	5.4	6.6	6.6	2000-2019
Heroin – Overdose Deaths (per 100k)	4.8	A	2.1	1.9	2000-2019
Cocaine Overdose Deaths (per 100k)	4.2	A	1.8	2	2000-2019
Methamphetamine Overdose Deaths (per 100k)	1.8	2.7	3.7	2	2000-2019
Buprenorphine providers	3	0	2	1115	2000-2019

Yellow indicates higher than Colorado average

A: Suppressed for confidentiality
Source:
2000-2019, CDPHE[18]
*2020, Substance Abuse and Mental Health Services Administration (SAMHSA)[31]

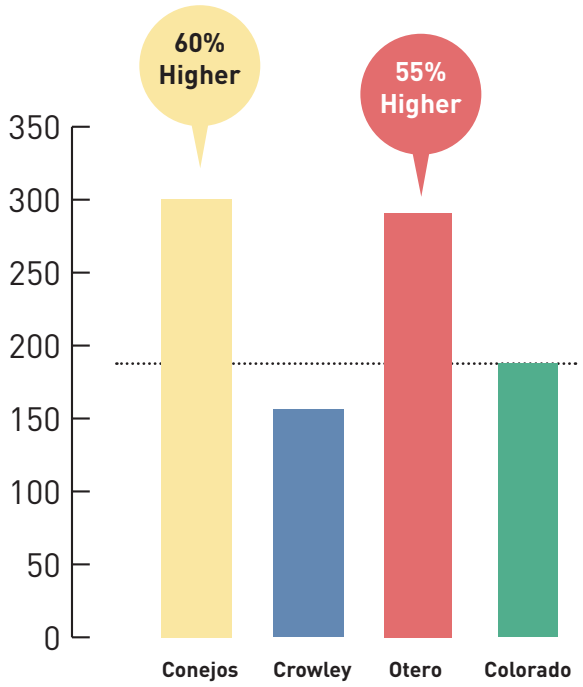
SUD/OUD PREVALENCE: TABLE C

	Conejos	Crowley	Otero	Colorado	Year
Measure 1: Hospitalizations for overdose – Any drug (Count)	A	A	50	9404	2018-2019
Emergency Room Visits – Any Drug (Count)	49	19	107	21503	2018-2019
Hospitalizations for overdose – Any drug (per 100k Colorado Residents)	A	A	135.9	82.1	2018-2019
Emergency Room Visits – Any drug (per 100k Colorado Residents)	300.3	156.2	290.9	187.7	2018-2019

Yellow indicates higher than Colorado average

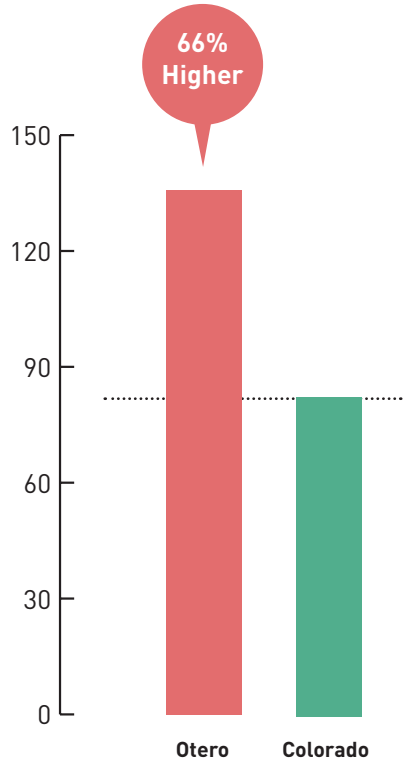
A: Suppressed for confidentiality
Source:
2018-2019, CDPHE[18]

Hospital admissions and ER visits compared to Colorado due to any drug overdose for 2018-2019



Source:
2000-2019, CDPHE[18]

Hospital admissions compared to Colorado due to any drug overdose for 2018-2019



Source:
2000-2019, CDPHE[18]
The numbers for Conejos and Crowley are not available for the years 2018-2019.

SUD/OUD PREVALENCE: TABLE C

Measure 2: Prevalence or incidence of SUD in the target rural population by type

	Conejos	Crowley	Otero	Colorado	Year
Alcohol-% Adults who are Heavy Drinkers (by Census Tract FIPS)	0.98	3.61	4.36	6.5	2014-2017
Any Drug-Overdose Deaths (Count)	35	11	54	14512	2000-2019
Any Drug-Overdose Deaths (Count)	26	6	40	8847	2010-2019
Any Drug-Overdose Deaths (Count)	5	A	8	1062	2019
Cocaine Overdose Death (Count)	7	A	7	2044	2000-2019
Cocaine Overdose Death (Count)	3	A	4	865	2010-2019
Cocaine Overdose Death (Count)	A	A	A	134	2019
Opioid Overdose Death (Count)	21	6	25	6642	2000-2019
Opioid Overdose Death (Count)	17	3	22	4586	2010-2019
Opioid Overdose Death (Count)	5	A	A	612	2019
Methamphetamine and Other Psychostimulants Overdose Death (Count)	3	3	14	1986	2000-2019
Methamphetamine and Other Psychostimulants Overdose Death (Count)	3	A	14	1669	2010-2019
Methamphetamine and Other Psychostimulants Overdose Death (Count)	A	A	6	347	2019
Any Drug Overdose Deaths (per 100k)	31.8	10.8	21.6	16.4	2010-2019
Opioids – Any Opioid Overdose Deaths (per 100k)	20.8	5.4	11.9	8.5	2010-2019
Heroin – Overdose Deaths (per 100k)	9.8	A	3.8	2.8	2010-2019
Cocaine Overdose Deaths (per 100k)	3.7	A	2.2	1.6	2010-2019
Methamphetamine Overdose Deaths (per 100k)	3.7	A	7.6	3.1	2010-2019

Yellow indicates higher than Colorado average

A: Suppressed for confidentiality

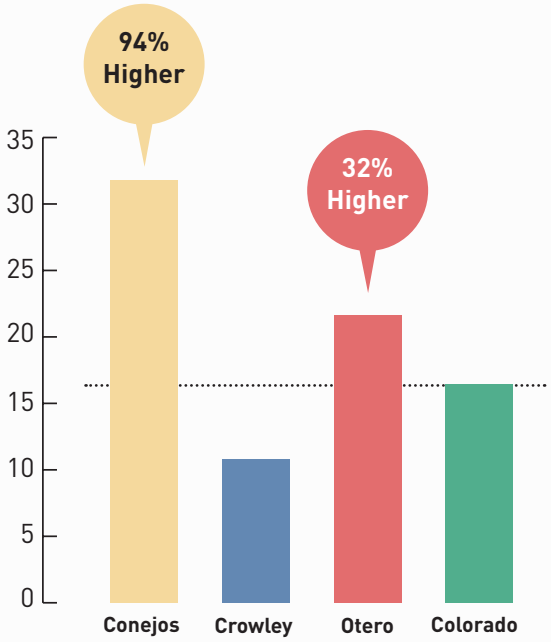
Source:

2018-2019, CDPHE[18]

Alcohol Consumption in Adults: Heavy Drinking - CDPHE Community Level Estimates (Census Tracts)[32]

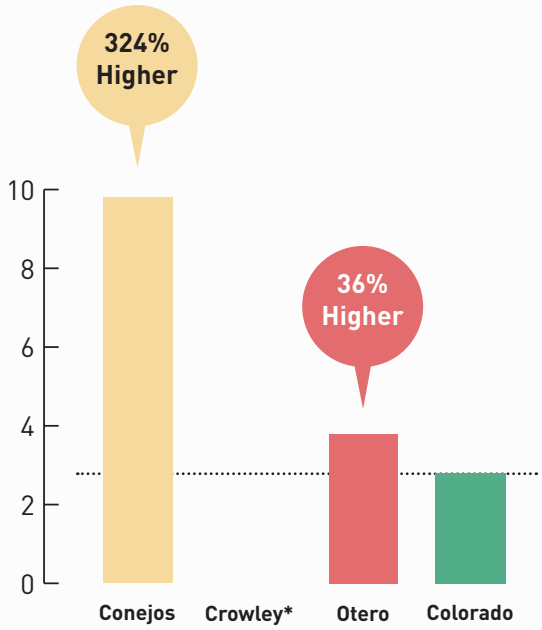
Overdose deaths per 100,000 people compared to Colorado for the period from 2010-2019:

ALL OVERDOSE DEATHS



Source: 2018-2019, CDPHE[18]

HEROIN OVERDOSE DEATHS



Source: 2018-2019, CDPHE[18]

*Crowley County are not included due to numbers lower than the state average for any drug overdose death and are suppressed for heroin overdose deaths because the numbers are 3 or fewer.

> “POVERTY AND FEELING HOPELESS AND HELPLESS LEADS PEOPLE TO TURN TO OPIOIDS AND OTHER DRUGS AND ALCOHOL TO DULL THE PAIN.”
>
> LIVED EXPERIENCE INTERVIEWEE

Suicide Rates & Prescribing Volumes: Table D	Conejos	Crowley	Otero	Colorado	Year
Opioid Analgesic Prescriptions (Count)	4619	3109	17695	3391215	2018
Opioid Analgesic Prescriptions (Count)	3829	2811	15333	3089898	2019
Opioid Analgesic Prescriptions (Count)	35783	20768	112237	23114475	2014-2019
Benzodiazepine Prescriptions (Count)	1738	985	5949	1487870	2018
Benzodiazepine Prescriptions (Count)	1215	1015	5295	1307209	2019
Benzodiazepine Prescriptions (Count)	12628	6302	37379	9828296	2014-2019
Number of Benzo Prescriptions Per 1000 patients	213.3	163.2	322.6	261.3	2018
Number of Benzo Prescriptions Per 1000 patients	148.7	165.6	288.6	226.9	2019
Number of Opioid Prescriptions Per 100 patients	0	23.1	84.2	45.1	2018
Number of Prescriptions Per 100 patients	30.7	4.8	45.6	40	2019
Number of suicides	36	16	55	15731	2004-2019
Number of suicides	5	A	8	1287	2019

Yellow indicates higher than Colorado average

A: Suppressed for confidentiality

Source:

2018-2019, CDPHE[18]

Suicides in Colorado: Counts.Colorado Department of Public Health and Environment (CDPHE)[23]

> “ACROSS THE NATION AT LEAST 1/3 OF ALL OPIOID-INVOLVED OVERDOSE DEATHS INVOLVE THE COMBINATION OF OPIOIDS AND BENZODIAZEPINES.[19,20,21]”

Survey: Services NOT Available Based on Survey Results: Table E

Below is the summary table from the survey of what gaps existed.

SERVICES	CONEJOS	OTERO/ CROWLEY	SURVEY ITEM #	CATEGORY	HRSA CATEGORY
Childcare services for individuals needing OUD treatment/recovery	Not Available	Not Available	3	SYS	OPPGAP
Designated paid staff to address opioid-related issues	Not Available	Available	11	SYS	WRKFRC
Fentanyl testing strips	Not Available	Not Available	14	HR	AHR, OPPGAP
Housing services targeting individuals/families affected by OUD	Not Available	Not Available	16	SYS	OPPGAP
Monitoring neonatal abstinence syndrome	Not Available	Not Available	21	SYS	NSPEC, OPPGAP
Mutual help programs (eg, 12-step, Narcotics Anonymous)	Not Available	Not Available	24	REC	APTR, OPPGAP
Syringe services programs (including mobile)	Not Available	Not Available	33	HR	AHR, OPPGAP
Treatment services for criminal justice-involved persons	Not Available	Not Available	39	TRT	APTR, OPPGAP
Workforce recruitment for individuals with OUD/mental health disorders/pain	Not Available	Available	45	SYS	WRKFRC, OPPGAP

Survey Categories:
PA: Public Awareness and Provider Education • HR: Harm Reduction • P: Prevention • TRT: Treatment and Programs for Specified Populations • REC: Recovery • SYS: Systems Level Approaches

Source: Swann WL and Schreiber TL.[34]

HRSA Categories:
APTR: Availability of and access to OUD/SUD prevention, treatment, and recovery services
AHR: Availability of and access to OUD/SUD harm reduction services, including HIV/HCV testing and treatment
OPPGAP: Opportunities and gaps in local systems for engaging of people who use drugs, screening, diagnosing, and referring to treatment and other support services
WRKFRC: Issues impacting the OUD/SUD health workforce, including recruitment retention, and worker capacity/skills
NSPEC: Needs of special/vulnerable groups within the target rural service area, such as pregnant/parenting women, adolescents, racial/ethnic minorities, incarcerated/formerly incarcerated individuals, etc.
SOCDET: Underlying social determinants of health that are most significantly relevant to SUD/OUD within the target rural service area
STIGMA: Presence and impact of stigma, including health worker and community perceptions/biases of people who use(d) drugs
RES: Existing resources that could be leveraged within the target rural service area, including existing federal, state, or local funding opportunities.

Source: Rural Communities Opioid Response Program – Planning.[33]

Survey Questions with HRSA Required Elements (Page 12 of RCORP Planning Grant Reference Guide): Table F

#	PROGRAM, ACTIVITY, OR SERVICE	CATEGORY	HRSA
1	Alternatives to incarceration (diversion)	SYS	APTR
2	Care coordination/navigation services for OUD patients	REC	APTR
3	Childcare services for individuals needing OUD treatment/recovery	SYS	NSPEC, OPPGAP
4	Children/family mental health education (eg, adverse childhood experiences)	P	APTR
5	Collaborative partnerships at the local level (eg, community or cross-sector taskforce)	SYS	CONSDEV
6	Collaborative partnerships/initiatives at the regional and/or state level	SYS	CONSDEV
7	Communities That Care or Drug Free Coalition programs with OUD prevention	P	APTR
8	Community education and outreach	PA	APTR
9	Counselors (addiction counselors) to provide non-medication treatment for OUD (eg, CBT)	TRT	APTR, WRKFRC
10	Designated budget to address opioid-related issues	SYS	RES
11	Designated paid staff to address opioid-related issues	SYS	WRKFRC
12	Drug courts/problem-solving courts	SYS	APTR, RES
13	Efforts to build community resilience (eg, adverse community experiences)	P	APTR
14	Fentanyl testing strips	HR	AHR, OPPGAP
15	HIV/Hepatitis C testing	HR	AHR, OPPGAP
16	Housing services targeting individuals/families affected by OUD	SYS	OPPGAP
17	Initiatives to address racial disparities in OUD treatment/recovery	SYS	APTR, NSPEC

Survey Categories:
PA: Public Awareness and Provider Education • HR: Harm Reduction • P: Prevention • TRT: Treatment and Programs for Specified Populations • REC: Recovery • SYS: Systems Level Approaches

Source: Swann WL and Schreiber TL.[34]

HRSA Categories:
APTR: Availability of and access to OUD/SUD prevention, treatment, and recovery services
AHR: Availability of and access to OUD/SUD harm reduction services, including HIV/HCV testing and treatment
OPPGAP: Opportunities and gaps in local systems for engaging of people who use drugs, screening, diagnosing, and referring to treatment and other support services
WRKFRC: Issues impacting the OUD/SUD health workforce, including recruitment retention, and worker capacity/skills
NSPEC: Needs of special/vulnerable groups within the target rural service area, such as pregnant/parenting women, adolescents, racial/ethnic minorities, incarcerated/formerly incarcerated individuals, etc.
SOCDET: Underlying social determinants of health that are most significantly relevant to SUD/OUD within the target rural service area
STIGMA: Presence and impact of stigma, including health worker and community perceptions/biases of people who use(d) drugs
RES: Existing resources that could be leveraged within the target rural service area, including existing federal, state, or local funding opportunities.

Source: Rural Communities Opioid Response Program – Planning.[33]

#	PROGRAM, ACTIVITY, OR SERVICE	CATEGORY	HRSA
18	Medical provider education and outreach	PA	APTR
19	Medications for opioid use disorder (MOUD) (eg, buprenorphine, methadone, naltrexone)	TRT	APTR
20	Monitoring benzodiazepine-involved mortality	SYS	RES
21	Monitoring neonatal abstinence syndrome	SYS	NSPEC, OPPGAP
22	Monitoring opioid-involved hospitalization (including non-fatal opioid-involved overdose)	SYS	RES
23	Monitoring opioid-involved mortality	SYS	RES
24	Mutual help programs (eg, 12-step, Narcotics Anonymous)	REC	APTR, OPPGAP
25	Naloxone (Narcan®) distribution	HR	AHR
26	Naloxone (Narcan®) education	HR	AHR
27	Opioid detoxification	TRT	APTR
28	Peer recovery coaching services for individuals with OUD	REC	APTR
29	Safe controlled substance disposal (eg, take-back, drop box, deactivation bags)	HR	AHR
30	School-based initiatives to address addiction-prone substance use	P	APTR
31	Sober living and residential treatment	REC	APTR
32	Substance misuse risk factor screening	TRT	APTR
33	Syringe services programs (including mobile)	HR	AHR, OPPGAP
34	Tapering/discontinuation for controlled substances (including opioids)	HR	AHR

Survey Categories:
PA: Public Awareness and Provider Education • HR: Harm Reduction • P: Prevention • TRT: Treatment and Programs for Specified Populations • REC: Recovery • SYS: Systems Level Approaches

Source: Swann WL and Schreiber TL.[34]

HRSA Categories:
APTR: Availability of and access to OUD/SUD prevention, treatment, and recovery services
AHR: Availability of and access to OUD/SUD harm reduction services, including HIV/HCV testing and treatment
OPPGAP: Opportunities and gaps in local systems for engaging of people who use drugs, screening, diagnosing, and referring to treatment and other support services
WRKFRC: Issues impacting the OUD/SUD health workforce, including recruitment retention, and worker capacity/skills
NSPEC: Needs of special/vulnerable groups within the target rural service area, such as pregnant/parenting women, adolescents, racial/ethnic minorities, incarcerated/formerly incarcerated individuals, etc.
SOCDET: Underlying social determinants of health that are most significantly relevant to SUD/OUD within the target rural service area
STIGMA: Presence and impact of stigma, including health worker and community perceptions/biases of people who use(d) drugs
RES: Existing resources that could be leveraged within the target rural service area, including existing federal, state, or local funding opportunities.

Source: Rural Communities Opioid Response Program – Planning.[33]

#	PROGRAM, ACTIVITY, OR SERVICE	CATEGORY	HRSA
35	Telehealth/telemedicine options for OUD	TRT	APTR
36	Translation services for non-English speakers seeking opioid information	PA	NSPEC
37	Transportation services for individuals needing OUD treatment and recovery	SYS	RES
38	Treatment services (confidential) for healthcare providers	TRT	APTR
39	Treatment services for criminal justice-involved persons	TRT	APTR, OPPGAP
40	Treatment services for individuals who identify as LGBTQIA+	TRT	APTR
41	Treatment services for mental health issues co-occurring with OUD	TRT	APTR
42	Treatment services for people of color	TRT	APTR, NSPEC
43	Treatment services for people under age 18 (including school-based programs)	TRT	APTR
44	Treatment services for pregnant women	TRT	APTR, NSPEC
45	Workforce recruitment for individuals with OUD/mental health disorders/ pain	SYS	WRKFRC, OPPGAP

Survey Categories:
PA: Public Awareness and Provider Education • HR: Harm Reduction • P: Prevention • TRT: Treatment and Programs for Specified Populations • REC: Recovery • SYS: Systems Level Approaches

Source: Swann WL and Schreiber TL.[34]

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STIGMA: Presence and impact of stigma, including health worker and community perceptions/biases of people who use(d) drugs
RES: Existing resources that could be leveraged within the target rural service area, including existing federal, state, or local funding opportunities.

Source: Rural Communities Opioid Response Program – Planning.[33]

Survey Findings: Table G

		Program Availability			
PROGRAM, ACTIVITY OR SERVICE	**CATEGORY**	**CONEJOS**	**SAN LUIS VALLEY** (ALAMOSA, CONEJOS, COSTILLA, MINERAL, RIO GRANDE SAGUACHE)	**CROWLEY/ OTERO**	**ARKANSAS VALLEY** (BENT, CROWLEY, AND OTERO)
Alternatives to incarceration (diversion)	SYS				↓
Care coordination/navigation services for OUD patients	REC	↓			↓
Childcare services for individuals needing OUD treatment/recovery	SYS				
Children/family mental health education (eg, adverse childhood experiences)	P			↓	↓
Collaborative partnerships at the local level (eg, community or cross-sector taskforce)	SYS	↓		↓	↓
Collaborative partnerships/initiatives at the regional and/or state level	SYS	↓			=
Communities That Care or Drug Free Coalition programs with OUD prevention	P	↓		↓	=
Community education and outreach (eg, public events, dedicated media campaigns, information provision, stigma education)	PA	↓		↑	↓
Counselors (addiction counselors) to provide non-medication treatment for OUD (eg, cognitive behavioral therapy, inpatient/ outpatient)	TRT			↓	↓
Designated budget to address opioid-related issues	SYS			↓	↓
Designated paid staff to address opioid-related issues	SYS			↑	↓
Drug courts/problem-solving courts	SYS				X
Efforts to build community resilience (eg, adverse community experiences)	P	↓			↑
Fentanyl testing strips	HR				
HIV/Hepatitis C testing	HR				
Housing services targeting individuals/ families affected by OUD	SYS				

Source: Swann WL and Schreiber TL.[34]

Survey Categories:
PA: Public Awareness and Provider Education
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TRT: Treatment and Programs for Specified Populations
REC: Recovery
SYS: Systems Level Approaches

Available
Not Available
Don't Know
No Data Collected

X : Terminated Indefinitely due to COVID
↓: Continued at a reduced level
= : Continued at the same level
↑: Continued at an increased level
Boxes without symbols = missing data

		Program Availability			
PROGRAM, ACTIVITY OR SERVICE	**CATEGORY**	**CONEJOS**	**SAN LUIS VALLEY** (ALAMOSA, CONEJOS, COSTILLA, MINERAL, RIO GRANDE SAGUACHE)	**CROWLEY/ OTERO**	**ARKANSAS VALLEY** (BENT, CROWLEY, AND OTERO)
Initiatives to address racial disparities in OUD treatment/recovery	SYS				↓
Medical provider education and outreach (eg, prescribing/tapering best practices, academic detailing, PDMP training, Webinars)	PA			↑	↓
Medications for opioid use disorder (MOUD) (eg, buprenorphine, methadone, naltrexone)	TRT			↓	↓
Monitoring benzodiazepine-involved mortality	SYS				=
Monitoring neonatal abstinence syndrome	SYS				
Monitoring opioid-involved hospitalization (including non-fatal opioid-involved overdose)	SYS			↓	=
Monitoring opioid-involved mortality	SYS			↓	=
Mutual help programs (eg, 12-step, Narcotics Anonymous	REC	↓		↓	
Naloxone (Narcan®) distribution	HR				↓
Naloxone (Narcan®) education	HR				↓
Opioid detoxification	TRT			↓	↓
Peer recovery coaching services for individuals with OUD	REC			↓	↓
Safe controlled substance disposal (eg, take-back, drop box, deactivation bags)	HR				↓
School-based initiatives to address addiction-prone substance use	P			↓	X
Sober living and residential treatment	REC				↓
Substance misuse risk factor screening	TRT			↓	↓
Syringe services programs (including mobile)	HR				
Tapering/discontinuation for controlled substances (including opioids)	HR			=	↓

Source: Swann WL and Schreiber TL.[34]

Survey Categories:
PA: Public Awareness and Provider Education
P: Prevention
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		Program Availability			
PROGRAM, ACTIVITY OR SERVICE	**CATEGORY**	**CONEJOS**	**SAN LUIS VALLEY** (ALAMOSA, CONEJOS, COSTILLA, MINERAL, RIO GRANDE SAGUACHE)	**CROWLEY/ OTERO**	**ARKANSAS VALLEY** (BENT, CROWLEY, AND OTERO)
Telehealth/telemedicine options for OUD	TRT			↑	↑
Translation services for non-English speakers seeking opioid information	PA			↑	
Transportation services for individuals needing OUD treatment and recovery	SYS				
Treatment services (confidential) for healthcare providers	TRT				
Treatment services for criminal justice-involved persons	TRT				
Treatment services for individuals who identify as LGBTQIA+	TRT				
Treatment services for mental health issues co-occurring with OUD	TRT			↓	↓
Treatment services for people of color (eg, Black/African American, Hispanic/Latino, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander)	TRT			↓	↓
Treatment services for people under age 18 (including school-based programs)	TRT				
Treatment services for pregnant women	TRT			↓	
Workforce recruitment for individuals with OUD/mental health disorders/pain	SYS				↓

Source: Swann WL and Schreiber TL.[34]

Survey Categories:
PA: Public Awareness and Provider Education
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TRT: Treatment and Programs for Specified Populations
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Quotations captured during the focus groups and interviews: Table H

CONCEPTS	QUOTES FROM PARTICIPANTS:
Available services	"Nothing that is being advertised within the community."
	"There's lots of services that people don't even know are available."
	"We just don't know all the resources, I guess."
	"I haven't found any active meetings or anything."
	"I've looked for services. And it's just, there's none out here."
Barrier: Transportation	"A lot of these people are court ordered to receive treatment, but not given the means to actually get there physically."
	"They can go to the mobile MAT if they have transportation. So that's the other thing, they have to be responsible enough to arrange transportation."
COVID Impact	"COVID hit and so their resources kind of went away."
	"Through 2020, and COVID, we've seen a lot of resources and attention directed elsewhere to attack or, as it should say, to address the pandemic."
Criminal Justice (Otero/Crowley only – not mentioned in Conejos county)	"A lot of our approaches, until recently, have been punitive."
	"Whatever percentage of the community that is very, very opposed to that [needle exchange], and would prefer to just put everybody in jail."
	"Because there are many people that just don't, quite frankly, they don't belong in jail, they need treatment, they need help."
	"It seemed that, in order to get help, when you wanted help, you would almost have to get in trouble to be offered that help."
Cycle of Use	"Relapse becomes so much more likely when people don't feel connected, or they finally do get the nerve to know they have the resources, they sober up and then they're still sitting in their, you know, apartment alone, unemployed, with no internet."
	"And if they have had a conviction, they are not eligible for public housing. And so, part of that gets them into that vicious cycle of continuing to use for a lot of different reasons."
	"What happens here is parents, all these parents kicked their kids out of the house, and then they're on the streets."
Geography	"The logistics of living in this area can make accessing services really challenging. We have a lot of small towns that are really spread out."
	"Then our county is so geographically spread out, that becomes another issue because it's just hard. Even if they can get to mental health, even if they can get one of the clinics or mobile MAT. I see that as a huge barrier as well."

Source: TSRG, 2021.

CONCEPTS	QUOTES FROM PARTICIPANTS:
Heroin	"Heroin was probably the number one drug we were removing kids from home for."
	"Heroin use specifically, we see people who inject drugs."
Internet Access/Telehealth	"Dealing with the same issues that we've been dealing with for years; the same companies are either unwilling or unable to provide expansion or assistance [of broadband internet in this area]."
	"I do think that there's more mental health training available than is utilized. So, I don't know if it's that people don't know about it..."
	"I know a lot of our rural areas don't even have good enough internet to have Zoom, or even be able to have a smartphone."
Limited Recovery Services	"I think that's also part of what perpetuates substance abuse so much is we don't have an infrastructure that allows for recovery to take place."
	"We don't have enough resources and enough human bodies to make sure that everybody gets the service that they need."
	"I think there's a high turnover in this community of health care workers. And, you know, unfortunately, physicians and those kinds of things they don't last out here, they don't get paid what they should, they get overworked."
Medicaid	"I didn't necessarily have money to spend, for me to go to those services."
	"I feel like we've gotten a little better now, because, you know, we are working with Medicaid now, and people are able to use their Medicaid insurance to get into"
Poverty	"They were poor. So, it felt very much like an equity issue, as well as a substance abuse issue."
	"Poverty and the feeling hopeless and helpless, and turning to opioids and other drugs and alcohol to dull the pain."
	"Then poverty, you always hate to say it, like XX said, but it's true. It's like it's a vicious cycle.
	"Having a low income or having to live off of a system or anything like that makes for a pretty crappy life anyway. It's very paycheck to paycheck, you probably are getting food stamps. So you're going to have food, but you don't have enough to buy a car, you can barely pay your rent. And what you do have leftover, you're probably to use to make yourself feel better."
Prevention	"I don't feel like there is a lot of prevention here."
	"I had to wait like a whole month, a month and a half to get in."

Source: TSRG, 2021.

CONCEPTS	QUOTES FROM PARTICIPANTS:
Stigma	"It's like you're almost like a social leper…I think that's so much of why our recidivism and our relapses are as high as they are…. there really is a fall from grace."
	"And everybody knows everybody in the San Luis Valley, and the word gets around that the child has been shoplifting [to buy drugs], so they definitely don't hire him."
	"Once you once you openly struggle with something like that, and it's probably in my opinion, the hardest part of recovery to overcome is the social piece and re-entering, getting a job re-entering society."
	"The pharmacist, he kind of badgered me about why I needed Suboxone, and what the purpose of it was for and why I needed to take it and he did not treat me very well about taking Suboxone"
Social Networks	"They had been kind of sucked in with that same group that they're hanging out with and now lo and behold, they never thought that they would become addicted, they thought they would be able to control it, and now here they are."
	"Where people may be young kids, juveniles exposed to it through family members and friends, and so forth."
SUD/OUD Workforce	"Don't have the workforce when we do, and the turnover is really high in most of those areas, because the workload is huge, because there's not very many people to actually do the job."
	"We have a really hard time attracting anybody from outside because there's nothing here as far as work for that physician spouse, nothing here for their families."
	"I think there's a high turnover in this community of health care workers. And, you know, unfortunately, physicians and those kinds of things they don't last out here, they don't get paid what they should, they get overworked."
Telehealth	"People really need that face-to-face human interaction, especially if they're newly in their recovery and on medication. They're still very vulnerable."
	"Not being able to go to court and talk to their friends, because that they become a small family going through this process. It's like you're surrounded by everybody, and then you're by yourself."
	"Getting to stand outside and smoke cigarette with somebody or getting to stay late after the meeting and help them clean up. That was what kept me clean in the beginning in [previous city of residence]. And so like, I couldn't imagine doing over a zoom meeting."
Wait Times	"I had to wait like a whole month, a month and a half to get in."
	"I know … there is a significant wait because we only have certain people that can do the intakes that can do the whole evaluation…it could take you 3 weeks or a month to see somebody."
Youth	"I don't know if it started out as something new for the kids to do, um, and it just spread like wildfire."
	"Lack of activity is something in our county that we don't have a whole lot. A whole lot for kids, um, I also see that as a family cycle, their parents and that they just kind of fall into that."

Source: TSRG, 2021.

COMMUNITY NEEDS ASSESSMENT

Conejos County, Colorado, Crowley County, Colorado, and Otero County, Colorado are all Southern Colorado rural counties, but there are observable differences in how these communities have been impacted by the opioid crisis and how they manage their response. The numbers in Conejos County are significant and some of the highest in Colorado. It has also been shared during the survey, focus group, interviews, and in discussion with LPH employees and SMEs that Conejos County is isolated and in need of resources to develop a sustained response. Currently, there is a MAT expansion project underway that can help with mileage reimbursement or help with transportation. Patients also have access to a Tracfone and minutes, free Narcan (Naloxone), and case management through Center for Restorative Programs (CRP), the SLVAHEC or from each individual organization. The MAT expansion project is greatly needed, but sustained funding dollars and a full-time headcount are also needed to make measurable progress. The county benefits from San Luis Valley Health, Valley Wide Health, and the services in Alamosa, but they are an extremely rural community at the Southern Colorado/New Mexico border that can be overlooked when grouped together as part of the San Luis Valley or rural Southern Colorado.

Crowley is a community that is largely populated with 2 prisons. The gravity of the opioid crisis is obscured because many of the numbers that inform problem severity estimates are suppressed due the CDPHE practice already mentioned when there are 3 or fewer deaths[18]. The upside is that the county benefits from the relationship with Otero County Public Health, but stakeholders and those with lived experience have expressed a need to address stigma and a lack of empathy for community members with SUD/OUD in both Otero and Crowley. The Otero/Crowley community at large relies on punitive measures rather than harm reduction strategies or prevention efforts.

Otero has several positive attributes aiding their opioid response. The most noteworthy is the availability of mobile MAT, MAT providers, providers who identify as LGBTQ, some funding for suicide prevention, inexpensive clean needles ($1.99 for 5), and prescription drop-off boxes. More needs to be done to educate the community on which additional programs and services can be effective when attempting to solve a problem as highly complex and resistant to solutions as the opioid crisis. With that said, Otero and Crowley counties do benefit from their relationship with Southeast Health, Ryon Medical, Valley Wide Health, and a public health department staffed with knowledgeable employees who have deep ties to the community and an understanding of the full range of OUD options such as harm reduction, peer support, and education.

What appears true for all 3 of these communities is that if funding and a sustained effort could be provided – despite the painstaking effort will be needed to find solutions and change the hearts and minds of the local communities – progress is possible. This was evident in the 5 months spent preparing this document. Relationships were formed, trust started to be built, and a shared desire to make forward progress was observable. Descriptive details of each community and the services they currently provide through the public health departments are included.

Mission/Vision of the Public Health Departments

Conejos (San Luis Valley) and Crowley and Otero (Arkansas Valley) have a mission and vision for their work.

1. Value community input
2. Identify various stakeholders to understand scope of the issue
3. Utilize data to drive recommendations when available
4. Provide transparency to community groups about purpose of this work

Conejos County Colorado

Conejos County is a broad high mountain valley located in south central Colorado, bordering New Mexico. It is one of 6 counties in the San Luis Valley – SLV (Alamosa, Costilla, Conejos, Mineral, Rio Grande, and Saguache), with the San Juan Mountains to the west and the Sangre de Cristo to the east. The SLV is considered the highest and largest mountain desert in the world. The average elevation in Conejos County is 7,700 feet and the county covers 1,287 square miles. The population is 8,130, 53.7% of which are Latino, 43.8% are white, and 3.7% are American Indian. The majority of the county residents live in Sanford (1073), Manassa (996), La Jara (population 817), and Antonito (population 656), but the overall population density in Conejos County is 6.4 people per square miles. Considered a farming community, it is one of the poorest counties in Colorado with a median income of $24,744. Conejos county is designated as a rural county, with 23% of the population living below the poverty line.

Conejos County Public Health

Agency Description: https://www.colorado.gov/pacific/sites/default/files/OPP_Conejos-County-Community-Health-Plan-2014.pdf

Conejos County Public Health Department is "involved with health promotion, disease prevention, and overall population health for the residence of Conejos County. Programs provided by Conejos County Public Health Department are aimed at supporting healthy communities through education, awareness campaigns, collaboration, early detection, and identification of health issues and increasing access to care."

Existing SUD/OUD Services

Personal Care Providers program, Tobacco Program, Commodities, Baby and Me, Tobacco Free, Emergency Preparedness Response, Colorado Department of Transportation, Immunization.

The San Luis Valley Area Health Education Center (SLV AHEC) was started in 1978 as part of a statewide initiative to create regional health education centers to serve rural communities in Colorado. Over the years the SLV AHEC has been instrumental in providing continuing health education to healthcare providers and community members to update information on crucial current topics such as HIV and AIDS, Hepatitis C and opioid use and abuse.

In 2018 the SLV AHEC, in collaboration with its partners, started the first rural harm reduction program in Colorado- the San Luis Valley Health Access Harm Reduction Project (SHARRP) in Alamosa, and has been serving clients from throughout the San Luis Valley in this capacity. To this date there are over 500 clients enrolled in the program from throughout the San Luis Valley.

In November 2020, the SLV AHEC opened its second site in Del Norte, Rio Grande County to address the need in that community. The SLV AHEC is working with other San Luis Valley counties to open additional sites over the next few years.

Provider in Conejos County and in the San Luis Valley that serve Conejos County residents

SLV Area Health Education Center (AHEC) Charlotte Ledonne 300 Ross Ave. Alamosa, CO81101 719-589-4977	Crossroads Turning Points Inc. 2265 Lava Ln, Alamosa, CO 81101 Phone: (719) 589-5176	Guadalupe Health Center – Valley Wide Health Systems W 10th Ave & Dahlia St, Antonito, CO 81120 Phone: (719) 376-5426 Edward Medina (PA)
LEAD - Law Enforcement Assisted Diversion San Luis Valley LEAD Carey Deacon, Program Manager carey@restorativeprograms.org	The Center for Restorative Programs 716 Main St, Alamosa, CO 81101 Phone: (719) 589-5255	Conejos County Jail 14044 County Rd G.5, Antonito, CO 81120 Phone: (719) 376-2196

San Luis Valley Behavioral Health Group

(Main Office) Alamosa 8745 CR 9 South, Alamosa, CO 81101 Phone: (719) 589-3671	Antonito 9th & Dahlia Antonito, CO 81120 Brian Jackson (PA)	Center 260 Worth St., Center, CO 81125
Del Norte 14443 HWY 160 Del Norte, CO 81132	La Jara 322 Walnut St. La Jara, CO 81140 Clint Sowards (MD)	Monte Vista 402 4th Ave. Monte Vista, CO 81144
San Luis 409 Trinchera San Luis, CO 81152	South Fork 20 Lodge Dr. E, South Fork, CO 81154	

Conejos County averages 63 inches of snow per year compared to Crowley (20 inches) and Otero (26 inches) and is considered one of the coldest places in Colorado. In January, the average temperature is 4.4 degrees Fahrenheit. Conejos has no public transportation. The combination of low temperatures, snowfall, and no public transportation make it difficult for anyone with SUD/OUD to seek and receive services during the winter season.

The San Luis Valley provides services and programs not available in Conejos County such as needle exchange, SUD/OUD screening, Narcotics Anonymous meetings, and detox services. To seek services for behavioral health or other services not available in Conejos County, people experiencing SUD/OUD may experience transportation challenges that can be prohibitive because the distances are far and winter weather can be severe.

Crowley County Colorado

Crowley County is a rural community located in the high plains of Southeast Colorado. The county is comprised of ranchers, farmers, and 2 prisons. CoreCivic operates a private medium-security correctional facility in Olney Springs, which houses 1,894 inmates. The second prison in Crowley County, is the Arkansas Valley Correctional Prison located in Ordway, and is part of the Colorado Department of Corrections. It is a state prison for men and can house up to 1,000 inmates with a mixture of custody levels.

The Colorado State Legislature is considering closing private prisons in Colorado (House Bill 20-1019) and has commissioned an economic impact study to understand the implications for Crowley County, a community that derives 40% of its operating budget from the private prison.

The average elevation in Crowley County is 4,300 feet and the county covers 787 square miles. The population is 5,754, which includes 61% prison inmates. All the data will reflect the impact of having a large prison population such as the ratio of males to females and the lower rates of overdose death. An attempt was made to identify the services offered in the prisons for people with SUD/OUD. At the time of publication, this information was not obtained, but we will continue to investigate.

The 5 largest ethnic groups in Crowley County include 62.5 % white, 26% Hispanic (White), 3.66% Black or African American, 3.02% Hispanic, and 1.6% Other Hispanic. Most of the county residents live in Ordway (population 1672), Sugar City (population 519), and Olney Springs (496) Crowley (population 246), but the overall population density in Crowley County is 7 people per square mile. Crowley County is considered rural with a median income of $37,586, and a population of 28.4% living below the poverty line.

Otero County Colorado

Otero County is a rural community located in the high plains of Southeast Colorado. The county is comprised of ranchers, and farmers, and the largest employer is Southeast Health employing 800 people. Located 50 miles due east from Pueblo, the county seat is La Junta.

The average elevation in Otero County is 3,600 feet and the county covers 1,270 square miles. The population is 18,282. The 5 largest ethnic groups in Otero County include 53.6% white, 26% Hispanic (White), 3.66% Black or African American, 3.02% Hispanic, and 1.6% Other Hispanic. Most of the county residents live in La Junta (population 6893), Rocky Ford (population 3824), Manzanola (population 388), but the overall population density in Otero County is 14.8 people per square mile. Otero County is considered rural with a median income of $37,586, and a population of 28.4% living below the poverty line. It is home to Otero Junior College in La Junta.

Arkansas Valley Colorado (Bent, Crowley, and Otero Counties)

The Arkansas Valley Collaborative is a consortium of health and social service organizations in Bent, Crowley, and Otero counties that was created to address the rising opioid epidemic in this region. The group hopes to create awareness to improve prevention, treatment, and recovery from opioid addiction, and to identify gaps in services needed. Otero Public Health of the Arkansas Valley Collaborative is the main facilitator of the consortium, houses the project director, and provides fiscal and administrative oversight of the grant program. All other consortium members work directly with the target population to develop and implement partnership strategies to increase substance abuse care and coordination with the skills and experience to guide the organization.

Otero County Health Department (OCHD)

OCHD has served Otero County since the mid-1920s and Crowley County since the 1970s. As the statutorily established local public health agency for both counties, OCHD serves all residents. The proposed HRSA RCORP grant will be utilized to implement a cross jurisdictional approach to plan for the reduction of overdose deaths and increases in SUD services within Otero and Crowley Counties. A population of ~ 20,000 comprises the Otero-Crowley RCORP service area. OCHDs primary strategy will be to use a Community Health Specialist (CHS) closely aligned to the Overdose Data to Action program to oversee program deliverables and document progress over the life of the grant.

Reviewing census data, Crowley and Otero counties earn on average $20,000 to $24,600 less per year than the United States average of $62,843.[35] Crowley and Otero school districts report rates as high as 80% of students who receive free or reduced lunches (Colorado Department of Education data dashboard).[36] These same communities struggle with retaining staff in the field of substance abuse and mental health with only 9% of Crowley County and 18.6% of Otero County residents who report earning a bachelor's degree or higher as compared to 32.1% of citizens in the United States.[35] There is a colloquial expression called the "working poor," a term all too familiar to Otero and Crowley Counties. The majority of Crowley and Otero county families are employed, usually paid by the hour, making a modest wage, and due to this low wage, still unable to afford adequate housing, childcare and sometimes food.[35]

OCHD's target population for the proposed program is any adult resident (age 18 and above) of any race, culture, ethnicity, gender, sexual orientation, religion, etc. For those that speak exclusively Spanish, OCHD employs several staff that are fluent in Spanish. OCHD administers and maintains numerous successful local programs for the two-county jurisdiction of Crowley and Otero, including, but not limited to, the following: Public health nursing which includes The Health Care Program for Children

with Special Needs (HCP), Maternal and Child Health (MCH), Healthy Communities Program, adult/child immunization clinics, pregnancy testing, prenatal education, migrant services, adult wellness, nurse home visitation, and personal care/homemaker services; Women, Infants, and Children (WIC) Program; Communities That Care for substance abuse prevention and mental health promotion, Overdose Data to Action for providing primary prevention around opioid overdose, vital statistics including burial permits, birth and death certificate issuance, and identity theft assurance and protection; Tobacco Control Program; disease control/epidemiology; emergency preparedness and response, including Medical Reserve Corps, Colorado Volunteer Organizer, and Regional Transfer Point coordination and operations for 6 counties in Southeast Colorado, and Emergency Support Function 8 Leadership for Crowley and Otero Counties.

OCHD intends to partner with existing coalitions including Communities That Care, Crowley County Substance Abuse Coalition and the regional Healthcare Coalition to sustain the needs identified through the HRSA RCORP grant and after. OCHD will engage the community to build public support for these efforts as community mobilization is the most effective form of initiating improvement. OCHD will blend and braid existing funding streams to ensure sustainability, to avoid finances getting in the way of Crowley and Otero citizen's livelihoods.

Existing SUD/OUD Services:

Arkansas Valley Communities That CareOpioid Analgesic	Otero County Health Department, 603 Main Street, Ordway, CO 81063 (719) 241-4313 Youth substance abuse prevention coalition spanning Otero, Bent & Crowley Counties
Crowley County Substance Abuse Coalition	603 Main St. Suite 2 Ordway, CO 81063 (719) 267-5292 Community coalition working on local intervention and prevention of substance abuse
Valley Wide Health Services	128 Market St., Alamosa, CO 81101 (833) 350-1113 Provides substance use disorder screening and behavioral health counseling
Southeast Health Group	711 Barnes Avenue La Junta, CO 81050 800-511-5446 24/7/365 Crisis Services, Alcohol/Drug/MRT Intakes, Substance Use Evaluations, DUI Services, Healing Trauma of Abuse Curriculum, MIP Services, Strategies for Self-Improvement & Change, Individual/Group Drug & Alcohol Sessions, Co-occurring Group, Case Management, Moral Reconation Therapy (Adults, Minors), Relapse Prevention, Drug & Alcohol Testing, Medication Assisted Treatment (MAT), Acudetox, RAC – Withdrawal Management Unit, Jail Based Behavioral Health Services, Skills Training, SCRAM (Secure Continuous Remote Alcohol Monitoring), Advocacy Services, EMDR (Eye Movement Desensitization and Reprocessing)
Peer 613 Services	302 Barnes Ave., La Junta, CO 81050 (800) 511-5446 Provides peer support and recovery services, which include social activities, support groups, and workshops. All activities are peer-led, who share personal experiences and stories to help those in recovery.
Ryon Medical	1420 E 3rd St., La Junta, CO 81050 (719) 384-0303 Addiction Medicine, Full Continuum of Mental Health Services (children, adolescents, adults, seniors), Trauma Informed Care and Therapy, Psychological Testing & Evaluation, Substance Abuse Services, Domestic Abuse Service, Home Health (Skilled Care) Services, In-home Physical Therapy Services

GAP ANALYSIS AND UNMET NEEDS

The TSRG project team performed a series to activities to validate what gaps and unmet needs exist. This included reliance on the survey, information gleaned from the focus groups and interviews, in addition to the prior studies and discussions with LPH employees and SMEs. Every effort was made to compare what was said in each of the 4 separate activities (survey, focus group, interview, and discussions) when reporting concepts. Given that fewer participants than were originally expected participated in this report, TSRG erred on the side of not including anything that was not validated by more than one participant.

Some of the same concerns from prior reports remain true in 2021 were communicated in the stakeholder focus groups, lived experience interviews, and discussions with LPH employees and SMEs. Below is a list of needs that persist.

Keystone Policy Center 2017: Keystone-SUD-final.pdf [10]

- Crisis stabilization
- Detox services
- Improved reimbursement rates for behavioral health
- Prevention services
- Sufficient insurance coverage
- The need for integration of primary and behavioral health
- Workforce shortage of mental and behavioral health professional

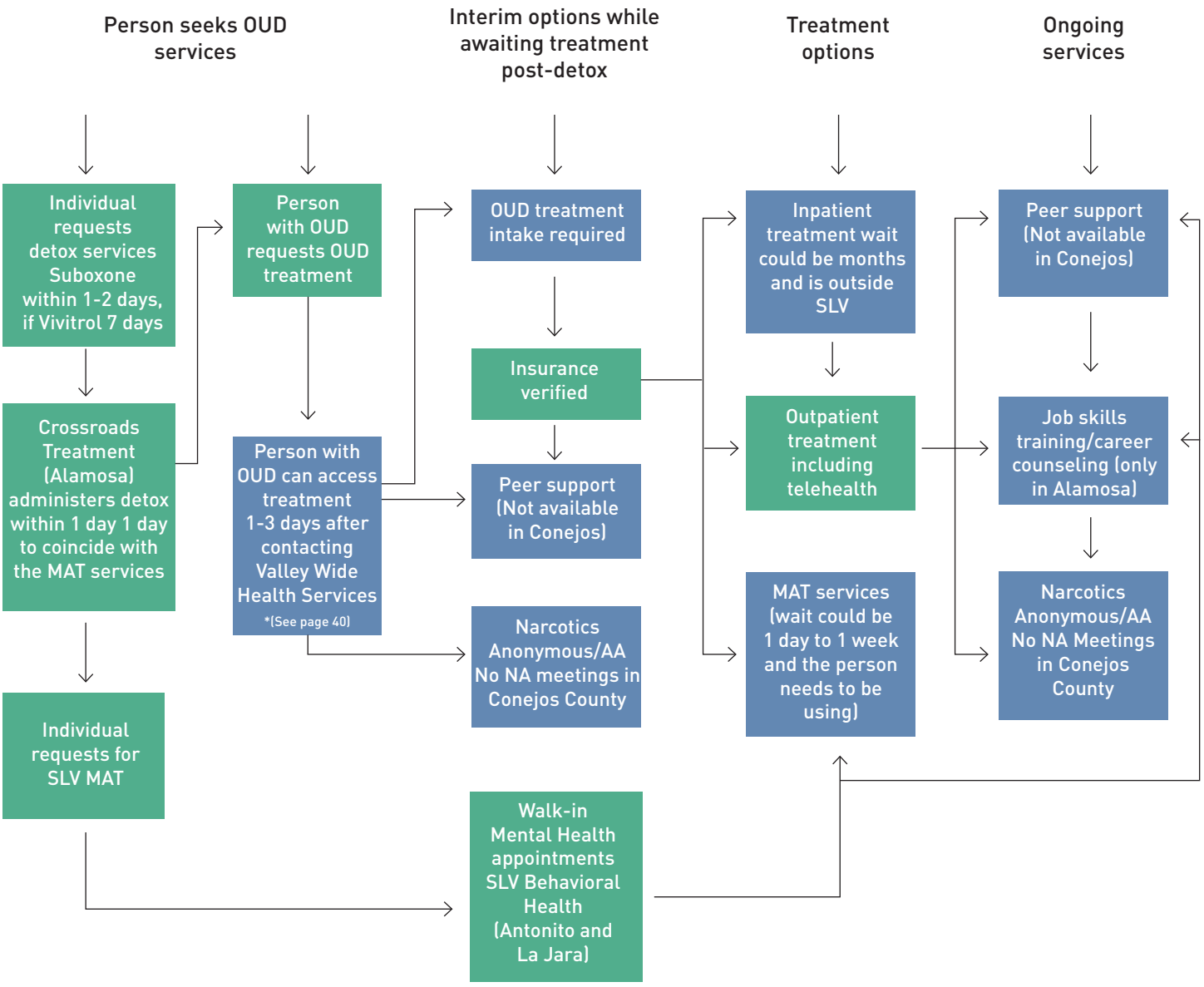
San Luis Valley CHNA – 2019: 2019-CHNA-report-final.pdf (sanluisvalleyhealth.org) [13] **and SLV AHEC**

- Affordable insurance options
- Implementation of evidence-based standards and best practices to limit opioid use
  a. Behavioral health
  b. School programming
- Harm reduction strategies
- Medication-Assisted Treatment (MAT)
- Recovery support
- Telehealth resources
- Youth recovery support

During the lived experience interviews, it became clear that there are gaps at different stages of the process for a person experiencing SUD/OUD wanting to pursue treatment and recovery. The diagrams below indicate where waiting periods exist or where there is an absence of services. What was particularly noteworthy was how long a person needed to wait to receive certain types of services. There is variation between Conejos and Otero/Crowley, but imagine the challenge of having an SUD/OUD and deciding you are ready to pursue a path or recovery, and then while experiencing withdrawal symptoms and are extremely vulnerable emotionally, you need to wait to receive these much needed services and support at every turn. The process is daunting and not conducive for success given there are limited stopgap measures to support the person during the waiting periods. While peer support and Narcotics Anonymous does exist in Otero/Crowley, the availability of both is limited and insufficient.

NWimagesbySabrinaEickhoff (2021). Road Highway [Stock image]. Pixabay.

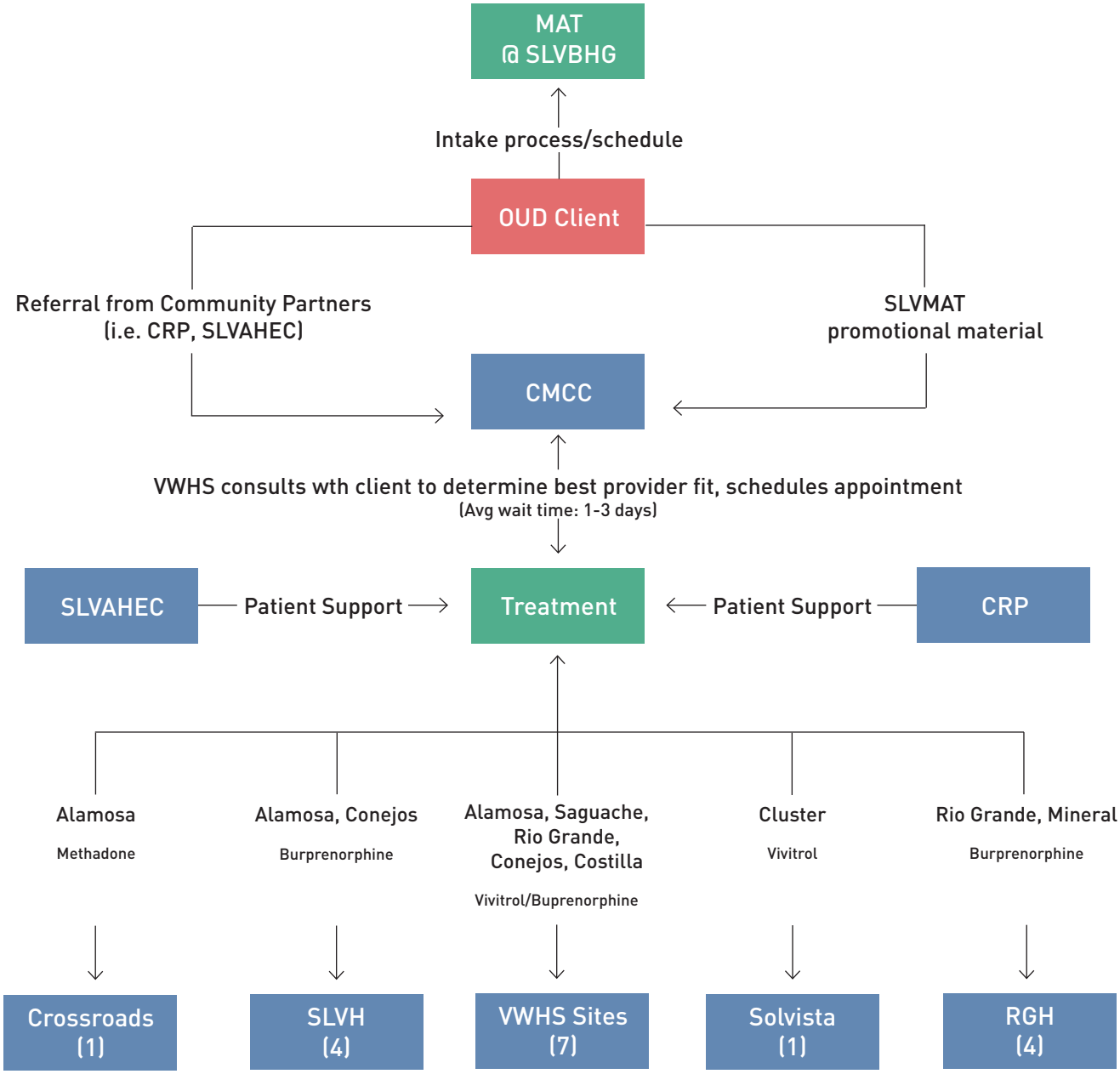
HRSA COMMUNITY NEEDS ASSESSMENT AND GAP ANALYSIS CONEJOS (SLV REGION) PROCESS FOR SECURING OPIOID USE DISORDER SERVICES



Blue indicates there are gaps in services

Source:
SLVBH.[29]
TSRG process flow using Visio (Seattle, WA), 2021

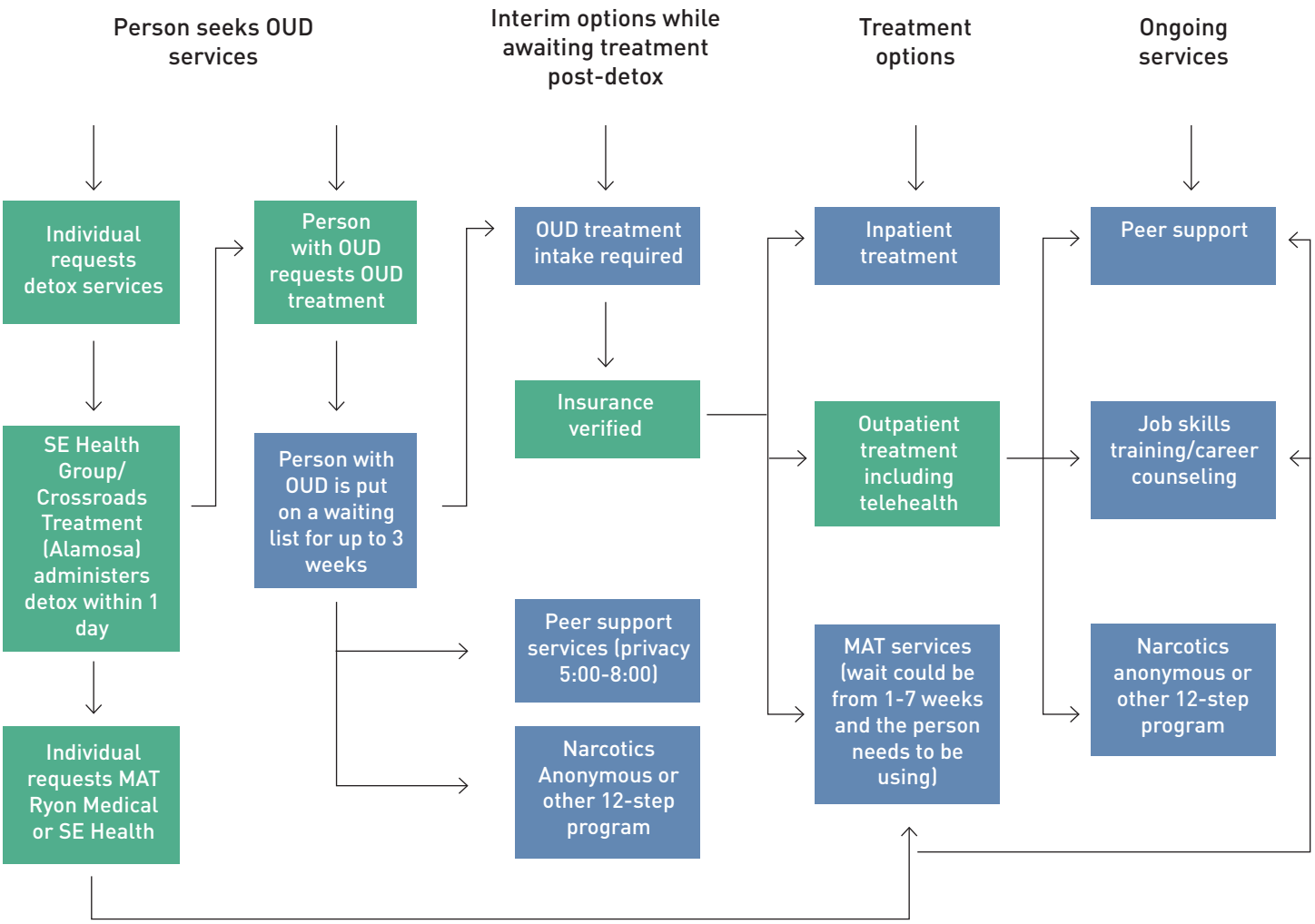
San Luis Valley - Conejos County
MAT Expansion Project



CMCC = Case Management/Care Coordination
CRP = Center for Restorative Programs
RGH = Rio Grande Hospital

Source:
Valley Wide Health Systems Inc.
TSRG process flow using Visio (Seattle, WA), 2021

HRSA COMMUNITY NEEDS ASSESSMENT AND GAP ANALYSIS OTERO/CROWLEY (REGION) PROCESS FOR SECURING OPIOID USE DISORDER SERVICES



Details provided by Otero Public Health employees and lived experience interviewees.

Blue indicates there are gaps in services

Source:
SLVBH.[29]
TSRG process flow using Visio (Seattle, WA), 2021

DISCUSSION

Conejos, Crowley, and Otero counties are 3 rural communities in Southern Colorado with varying geography, populations, experiences with the opioid crisis, and capacities to make forward progress. Each have a limited ability to engage in a full-scale opioid response but could benefit from a sustainable approach consistent with a HRSA implementation grant (prevention, treatment and recovery activities supported by a consortium of experts)[37] or some other funding stream. HRSA has a goal of "reducing morbidity and mortality resulting from SUD/OUD."[37] and funds collaborative cross-sectoral, inter-governmental collaboratives[33], but the hurdle is high to build a collaborative to perform the work. Further, the issues surrounding the opioid crisis are complex and the funding requirements are substantial. There is a need to find organizations that are equipped to implement programming as well as manage the administration of the grant, and project manage the full collaborative (within the team and across the stakeholder community).

Yet, forward progress can begin at every level. Whether it is prevention programs such as continued decreases in opioid and benzodiazepine prescribing, education in schools, stigma reduction throughout the communities, naloxone training, more access to MAT in a mobile vehicle or in an office, recovery support, which could include behavioral health counseling, peer support services (including more Narcotics Anonymous meetings), job skills training, or improved access to transportation and internet – all are needed. By continuing the work that is ongoing and building a sustainable approach - albeit incremental and long-term focused - forward progress can begin. The communities have support from their LPH departments, city councils, county commissioners, some of their citizens, and those in need of services. The questions then become who can carry the work forward and how can a coalition be built.

TSRG recommends that during the strategic planning process, priorities are identified so grants can be pursued through steady and incremental progress. There will likely never be enough money, but like-minded policy actors involved in this work appear committed and will need to continue to be creative, resourceful, and persistent to reduce SUD/OUD overdose morbidity and mortality. Some progress is better than none, obviously, but implementation work is needed.

The numbers for overdose deaths that occurred during the height of the COVID-19 pandemic in 2020 are now being made publicly available.[38] What we know so far is that Colorado has seen a devastating increase in overdose deaths among their residents in 2020.[39] Despite the numbers not yet being finalized experts suggest that over 1,300 deaths occurred in 2020 as a result of overdoses in Colorado.[39] This means that the numbers seen in the past year are higher than any other year in at least the last 4 decades. The jump from 2019 deaths is dramatic. It is unclear how many of these deaths were perpetuated by the COVID-19 pandemic. However, knowing that resources were already stretched thin and they were further impacted in 2020 with less services available due to closures, remote treatment options, or limits on the numbers allowed in inpatient settings, one can assume the pandemic had an impact.

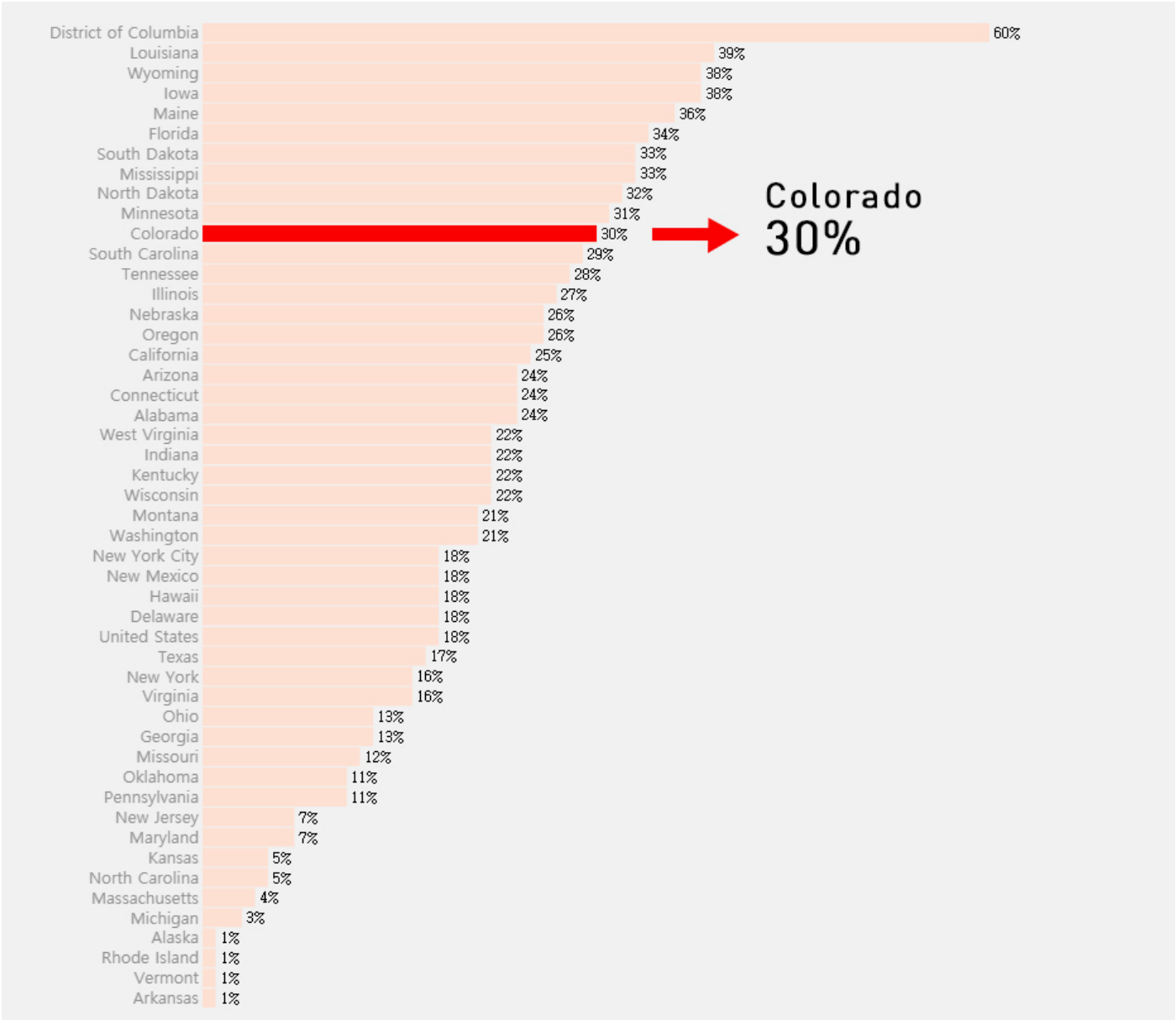
Additionally, an acceleration of drug overdose deaths occurred from March – May 2020 suggesting that the pandemic may have contributed to that rise.[38] Unfortunately, the trend also increased in the number of deaths involving fentanyl, a powerful synthetic opioid, to over 400 which is more than double what it was in 2019.[38] With Colorado having experienced these devastating effects of the current overdose crisis, it is likely that increases may have been experienced in rural areas of the state as well. As data become available it will be ever important to consider how to intervene and what resources are needed to stop the devastating trend. It was also indicated that COVID-19 also impacted access to treatment facilities where some have had to have temporary closures, a lot of others have had to reduce bed capacity where estimates are approximating 30%.[39]

The good news is that this Community Needs Assessment and Gap Analysis was conducted prior to the distribution of opioid litigation funds. The McKinsey settlement dollars should be arriving within 60 days (approximately April or May of 2021 and the Purdue Pharma settlement dollars could arrive by the end of 2021). All the work performed for this HRSA planning grant could aid these communities as they prioritize how they would like to spend their share of the forthcoming settlement funds.

The remainder of this document highlights the data that exemplifies the problem severity for each community compared to Colorado, maps of each community that identify the exact location for all the services are offered, mileage tables so readers can understand the distances someone with SUD/OUD needs to travel, as well as the survey and interview questions, and the survey administered.

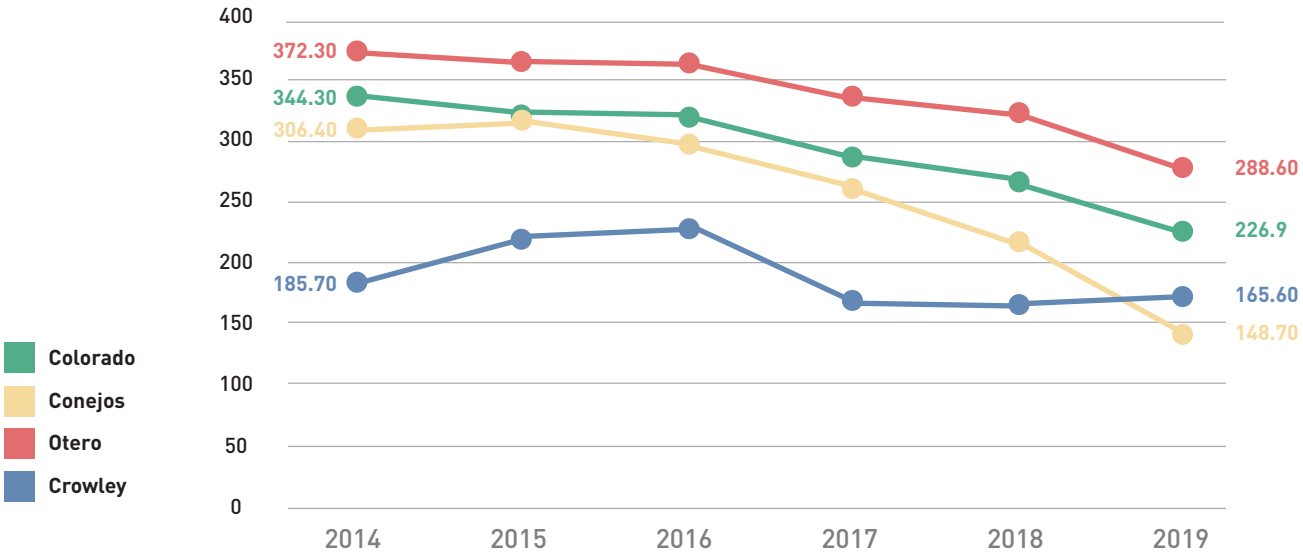
> "THERE'S LOTS OF SERVICES THAT PEOPLE DON'T EVEN KNOW ARE AVAILABLE."
>
> LIVED EXPERIENCE INTERVIEWEE

EXHIBIT A:INCREASES IN OVERDOSE DEATHS SINCE COVID-19 (NATIONWIDE AND COLORADO)



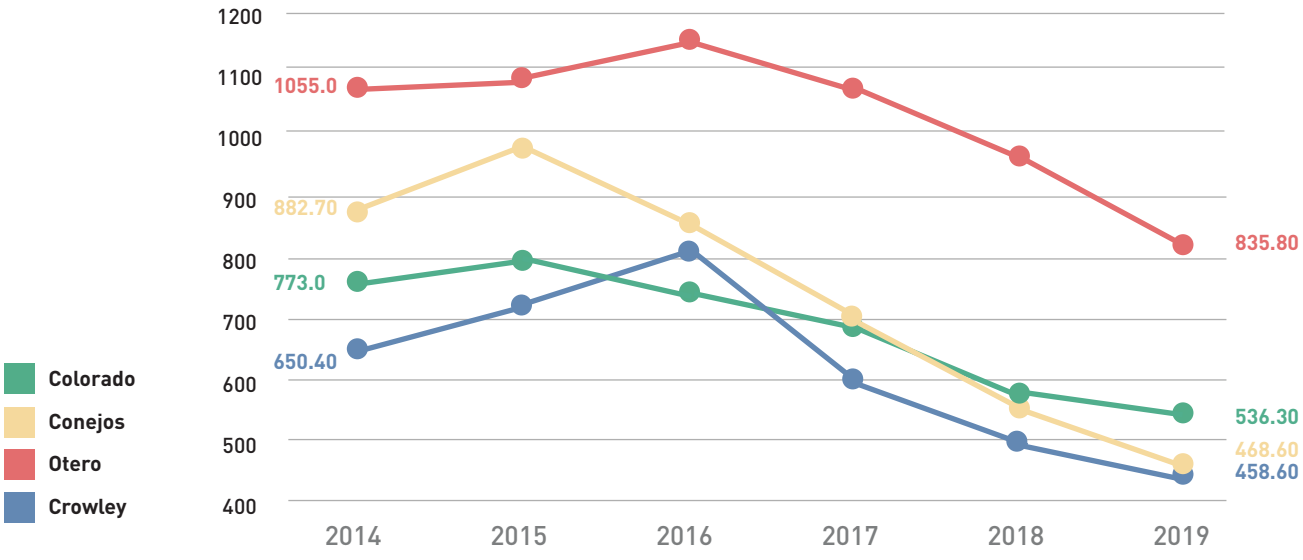
Increase in overdose death rates in Colorado for the 12-month period ending May 2020
Source: Bhat Suhail [40]

EXHIBIT B: BENZODIAZEPINE PRESCRIPTIONS PER 1000 RESIDENTS



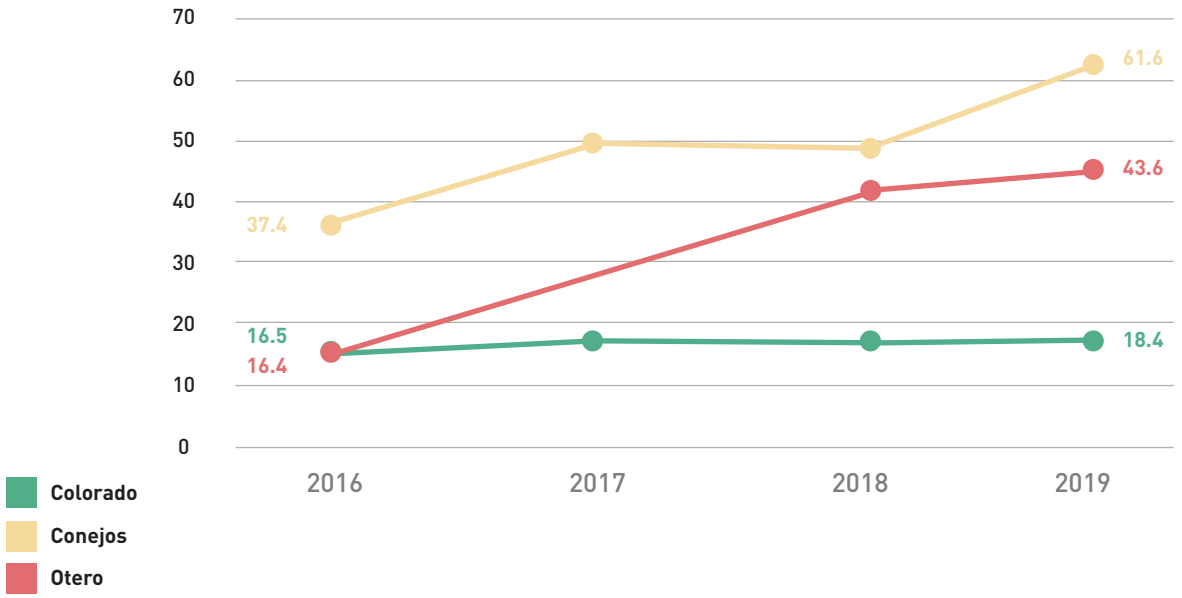
Source: CDPHE Data dashboard[18]

EXHIBIT C: OPIOID PRESCRIPTIONS PER 1000 RESIDENTS



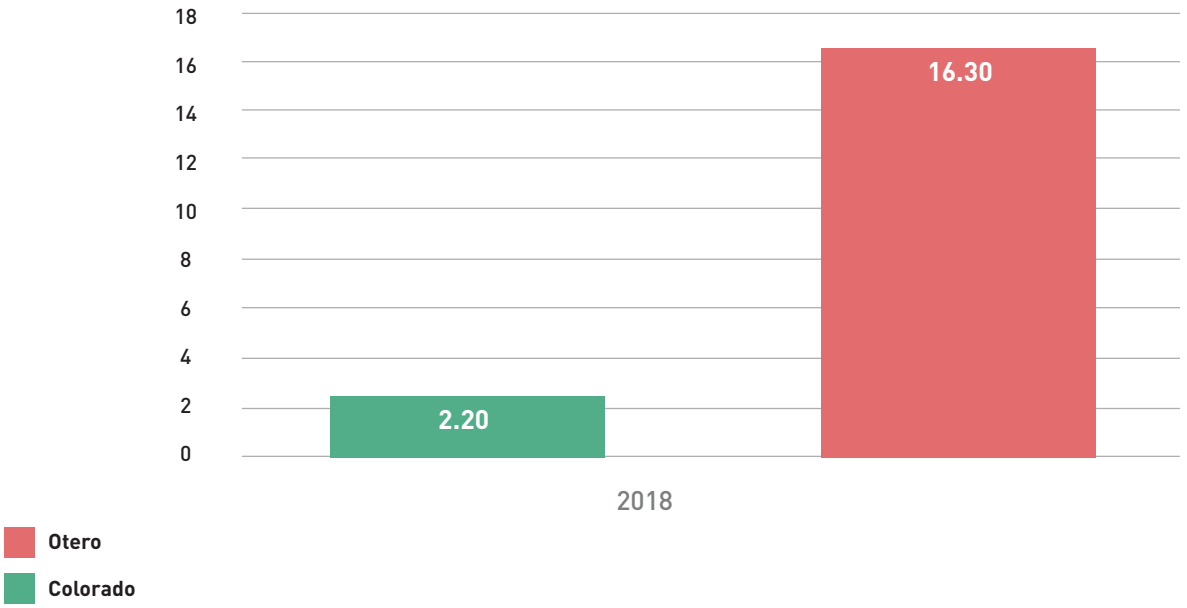
Source: CDPHE Data dashboard[18]

EXHIBIT D: ANY DRUG OVERDOSE DEATH PER 100K



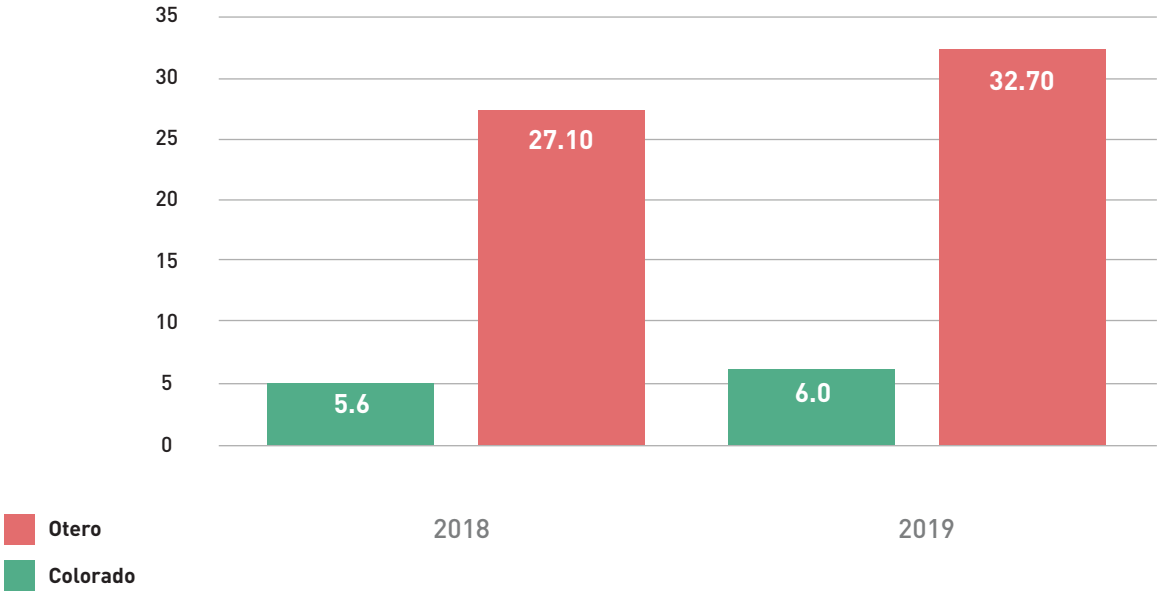
Source: CDPHE Data dashboard[18]

EXHIBIT E: COCAINE OVERDOSE DEATH PER 100K (COLORADO VS OTERO COUNTY)



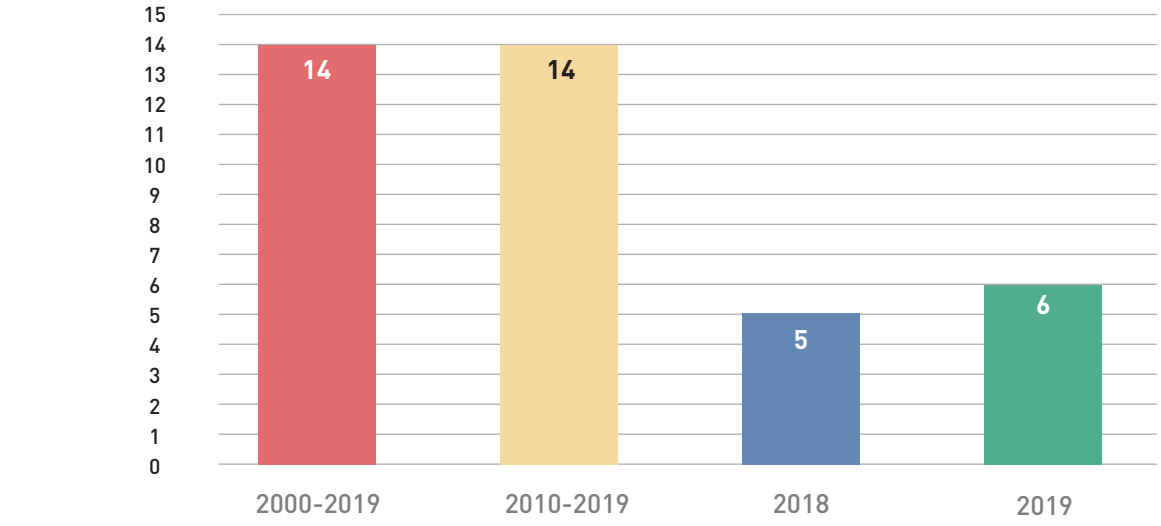
Source: CDPHE Data dashboard[18]

EXHIBIT F: METHAMPHETAMINE OVERDOSE DEATH PER 100K (COLORADO VS OTERO COUNTY)



Source: CDPHE Data dashboard[18]

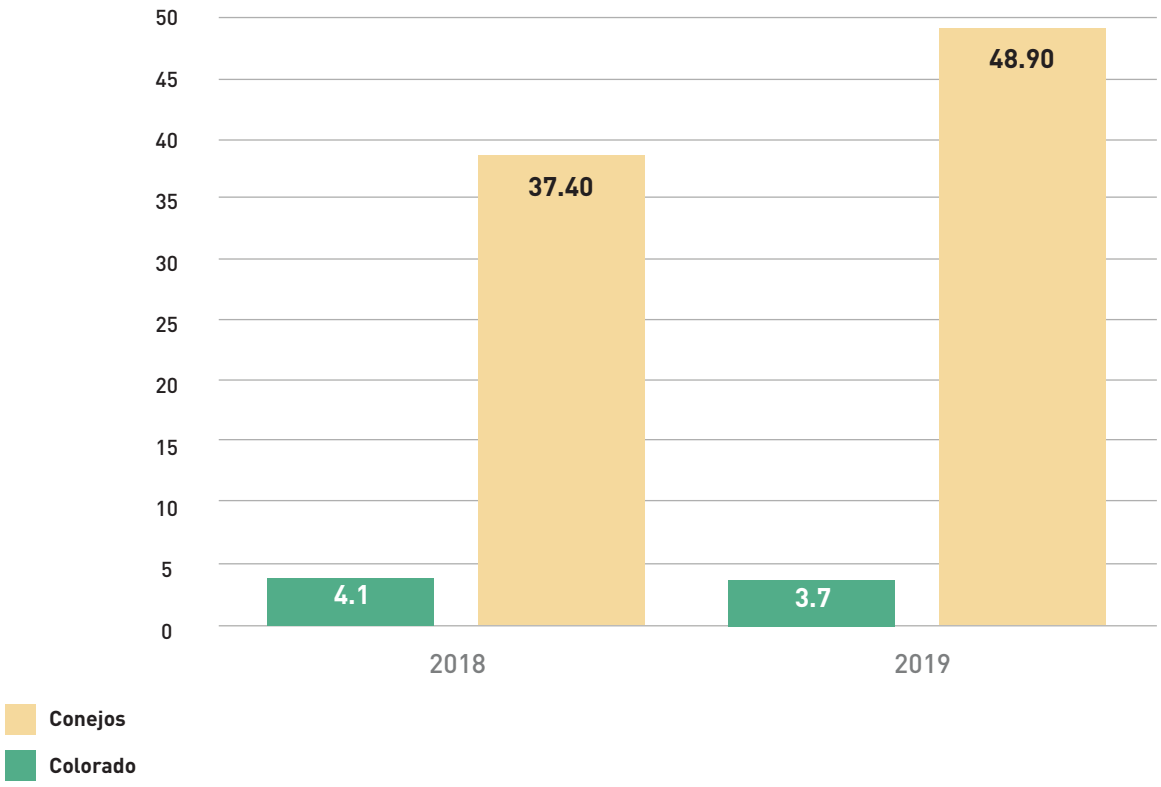
EXHIBIT G: METHAMPHETAMINE AND OTHER PSYCHOSTIMULANTS OVERDOSE DEATH (OTERO COUNTY)



Otero Only

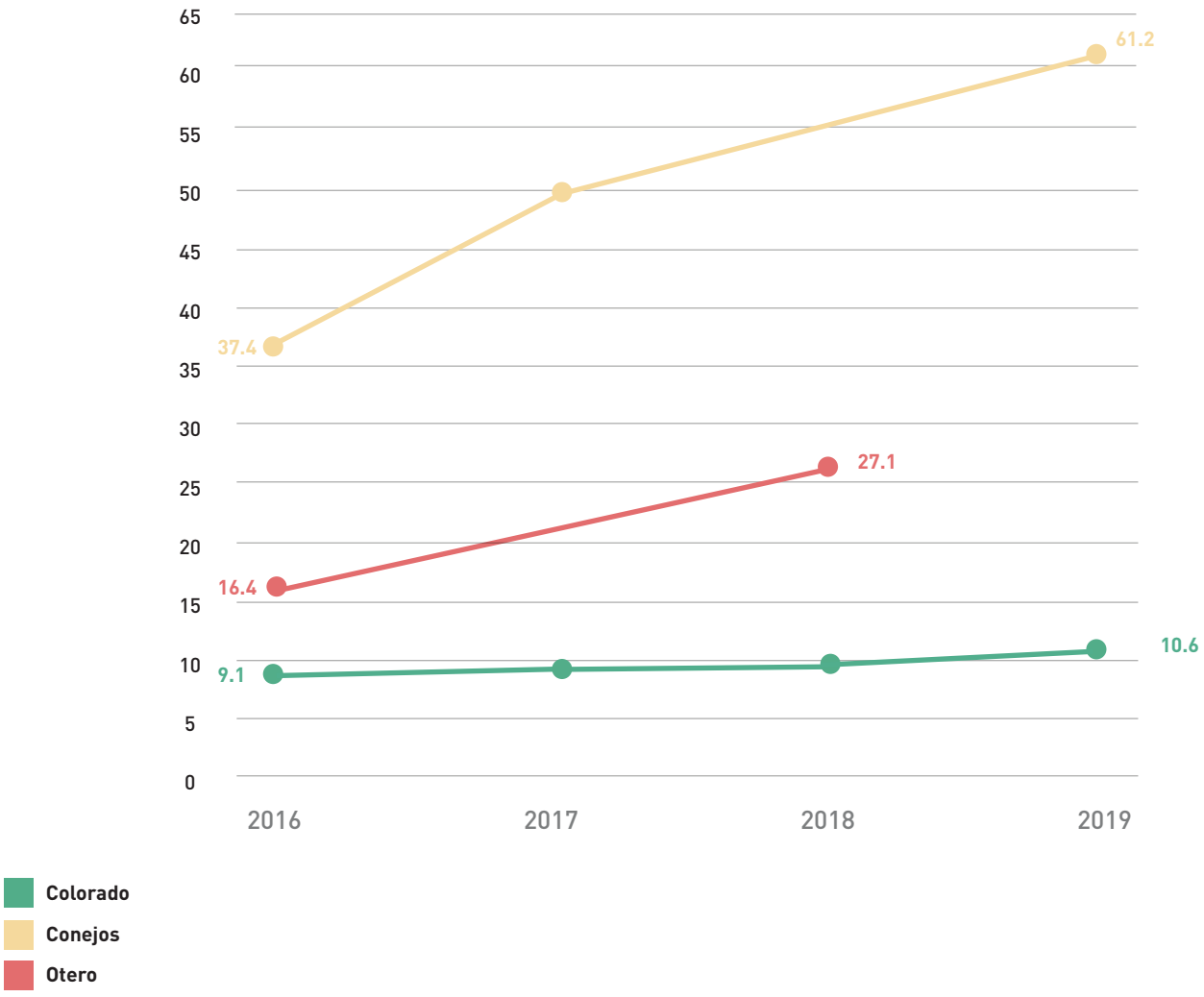
Source: CDPHE Data dashboard[18]

EXHIBIT H: HEROIN OVERDOSE DEATH PER 100K
(COLORADO VS CONEJOS COUNTY)



Source: CDPHE Data dashboard[18]

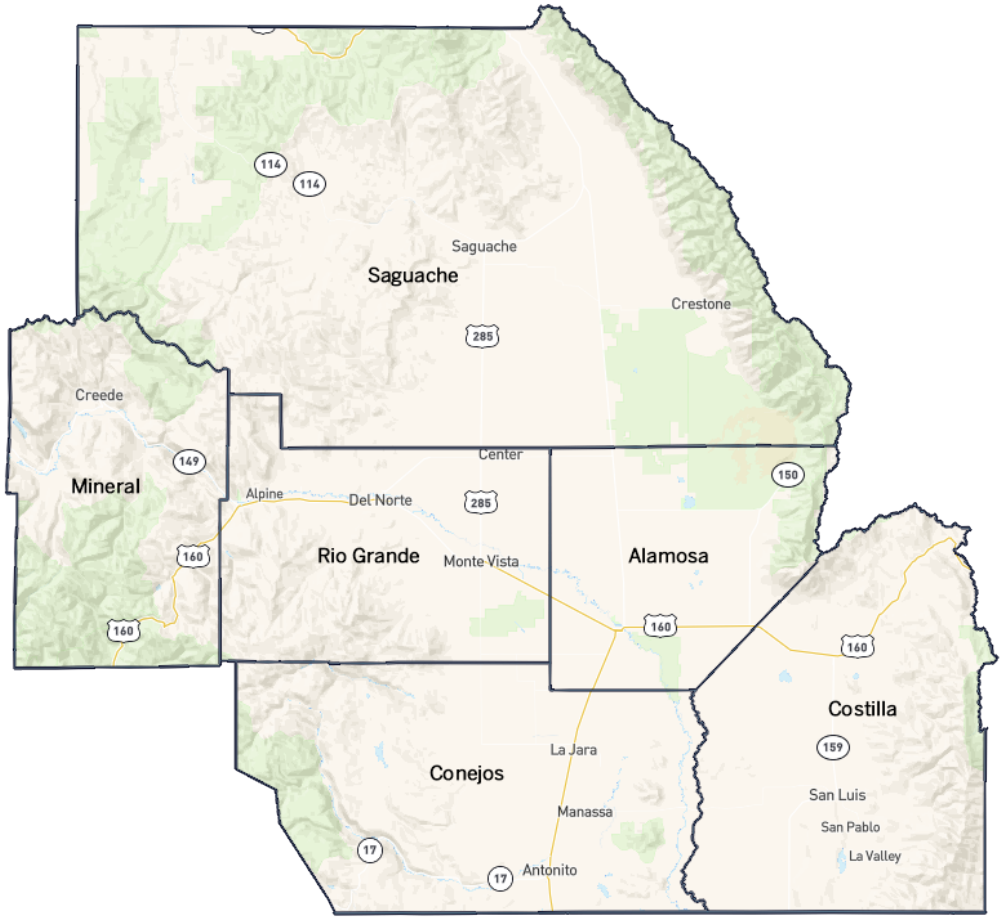
EXHIBIT I: OPIOID OVERDOSE DEATH PER 100K
(COLORADO, CONEJOS, OTERO)



Source: CDPHE Data dashboard[18]

EXHIBIT J: MAPS

San Luis Valley, Colorado
(Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache)



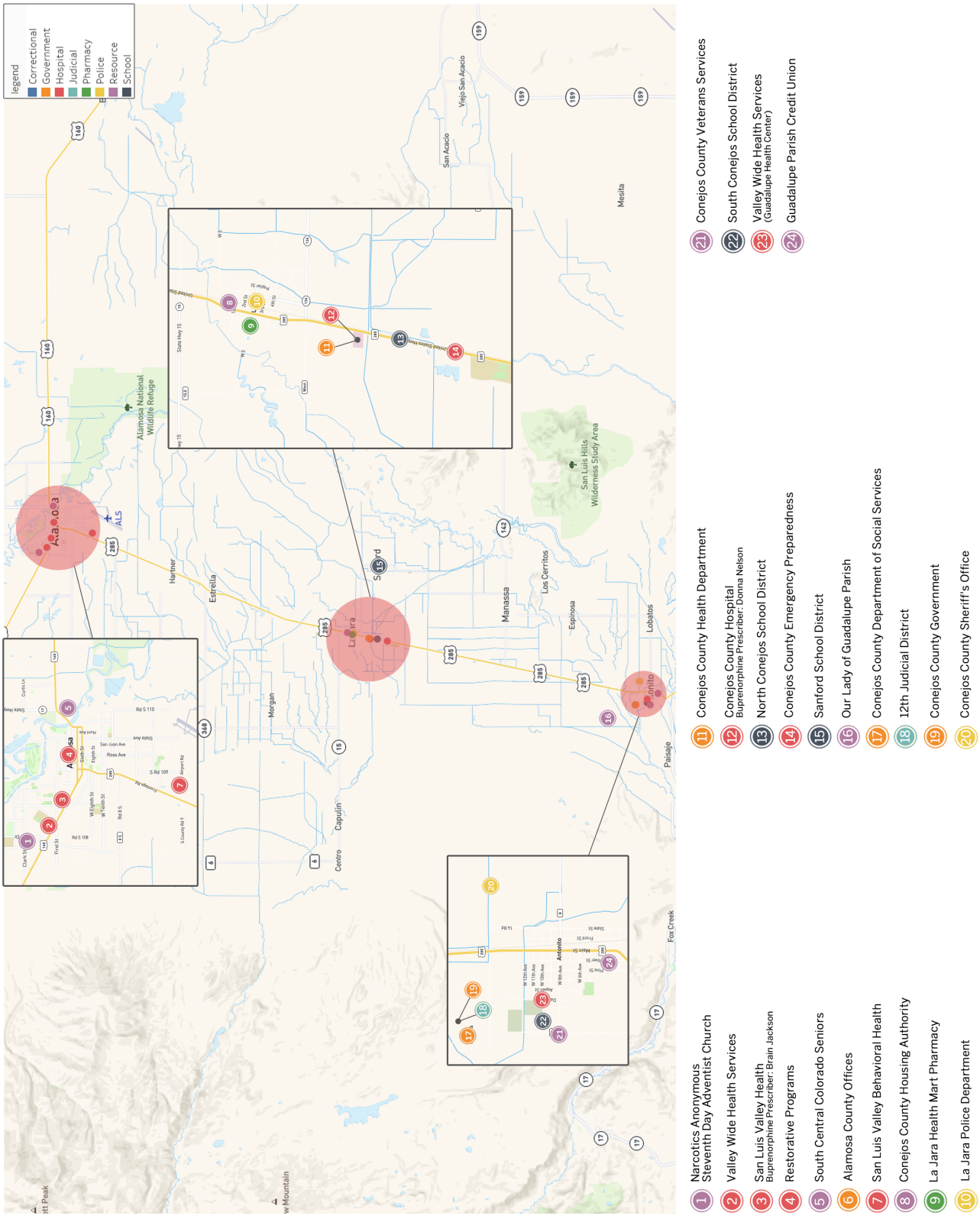
Source: TSRG mapping using Tableau (Seattle, WA), 2021

Conejos Distances Between Services – Mileage Tables

FROM	TO	DRIVING MILES	TIME	ORIGINAL DATA	DRIVING MILES (SNOW)	DRIVING TIME (SNOW)
Alamosa	Sanford	18.89	23 min	18.8	18.89	60 min
Alamosa	Antonito	28.43	30.7 min	28.3	28.43	75 min
Antonito	Alamosa	28.44	30.7 min	28.3	28.44	75 min
Antonito	La Jara	13.92	15.4 min	14	13.92	30 min
Antonito	Sanford	17.26	19.4 min	17.7	17.26	60 min
Sanford	Alamosa	18.9	23 min	18.8	18.9	60 min
Sanford	La Jara	4.19	7.5 min	4.5	4.19	20 min
Sanford	Antonito	17.26	19.4 min	17.7	17.26	60 min

Source: TSRG mileage table using Google Maps (Mountain View, CA), 2021

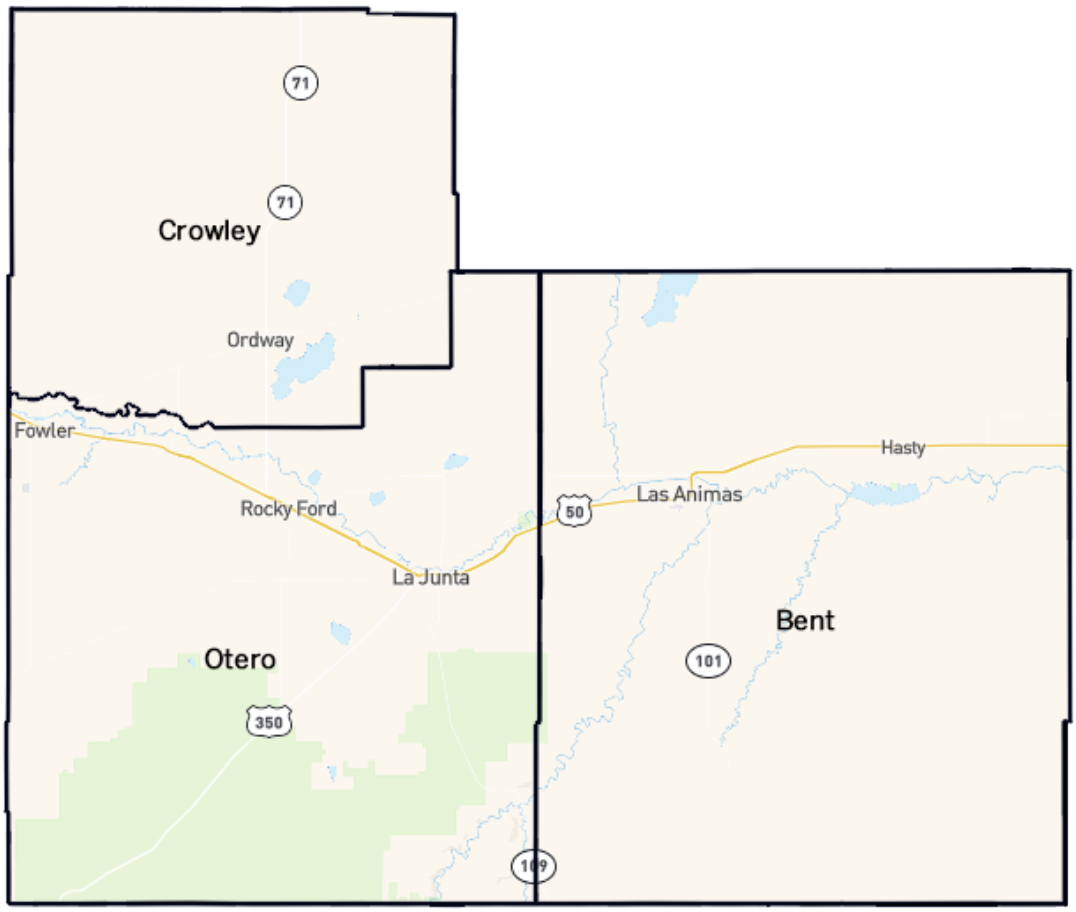
Conejos County, Colorado (Detailed)



1 Narcotics Anonymous Seventh Day Adventist Church
2 Valley Wide Health Services
3 San Luis Valley Health
Buprenorphine Prescriber: Brain Jackson
4 Restorative Programs
5 South Central Colorado Seniors
6 Alamosa County Offices
7 San Luis Valley Behavioral Health
8 Conejos County Housing Authority
9 La Jara Health Mart Pharmacy
10 La Jara Police Department
11 Conejos County Health Department
12 Conejos County Hospital
Buprenorphine Prescriber: Donna Nelson
13 North Conejos School District
14 Conejos County Emergency Preparedness
15 Sanford School District
16 Our Lady of Guadalupe Parish
17 Conejos County Department of Social Services
18 12th Judicial District
19 Conejos County Government
20 Conejos County Sheriff's Office
21 Conejos County Veterans Services
22 South Conejos School District
23 Valley Wide Health Services
(Guadalupe Health Center)
24 Guadalupe Parish Credit Union

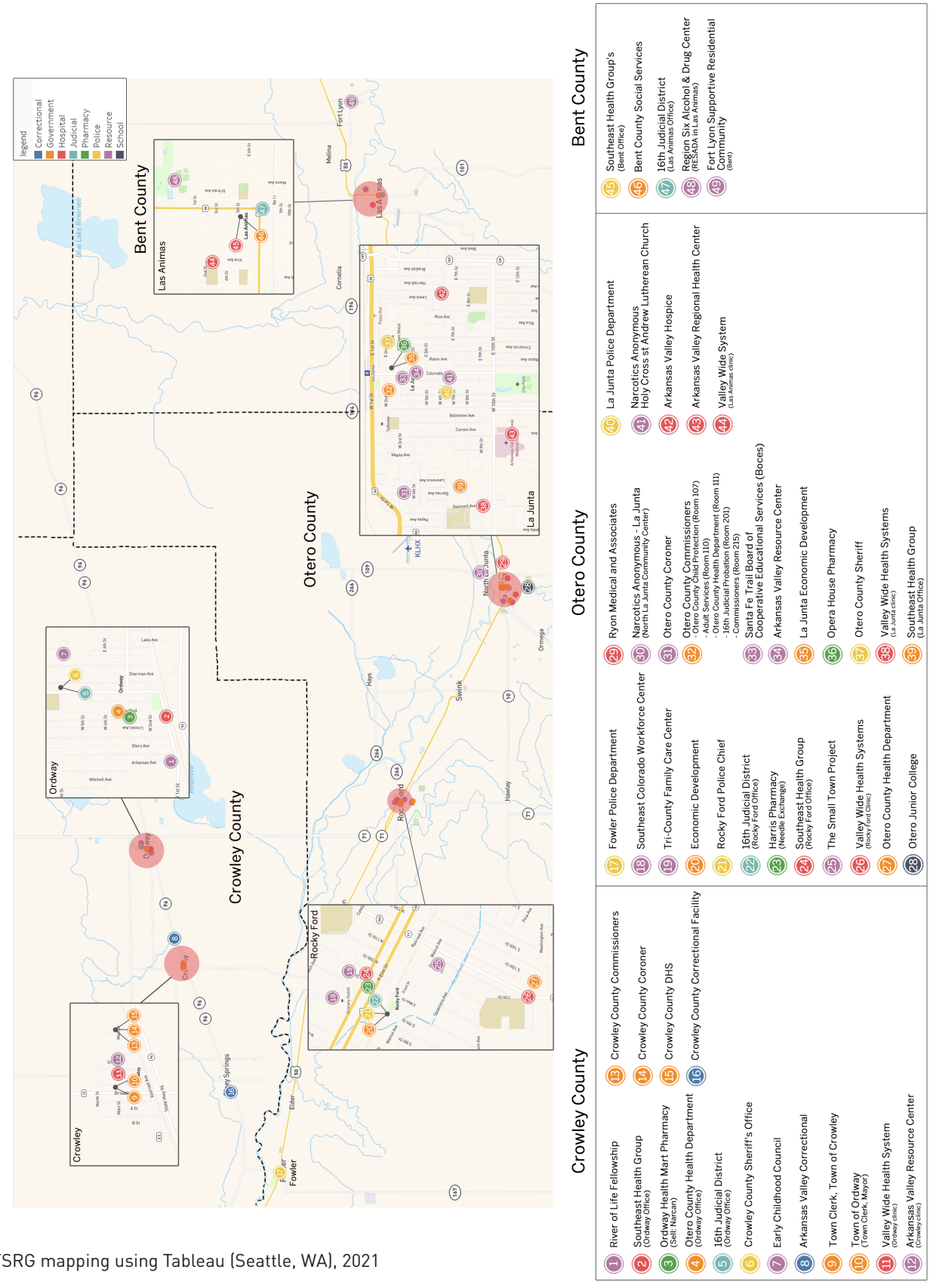
Source: TSRG Mapping using Tableau (Seattle, WA), 2021

Arkansas Valley, Colorado (Bent, Crowley, Otero)



Source: TSRG Mapping using Tableau (Seattle, WA), 2021

Bent, Crowley, and Otero Counties, Colorado (Detailed)



Source: TSRG mapping using Tableau (Seattle, WA), 2021

Crowley, and Otero Counties Distances Between Services – Mileage Tables

FROM	TO	DRIVING MILES	TIME
Crowley	Las Animas	45.1	50.9 min
Crowley	Fort Lyon	49.23	58.3 min
Crowley	La Junta	26.19	32.7 min
Crowley	Rocky Ford	15.19	19 min
Crowley	Ordway	6.1	7.7 min
Fort Lyon	Las Animas	6.84	10.9 min
Fort Lyon	La Junta	26.17	31.1 min
Fort Lyon	Rocky Ford	36.99	41.5 min
Fort Lyon	Crowley	51.92	59.4 min
Fort Lyon	Ordway	47.43	53 min
La Junta	Las Animas	19.34	21.6 min
La Junta	Fort Lyon	26.56	29.4 min
La Junta	Rocky Ford	11.04	15 min
La Junta	Crowley	25.98	33 min
La Junta	Ordway	23.7	29.4 min
Ordway	Las Animas	42.8	47.5 min
Ordway	Fort Lyon	47.8	54.5 min
Ordway	La Junta	23.89	29.3 min
Ordway	Rocky Ford	12.9	15.2 min
Ordway	Crowley	6.1	8 min
Rocky Ford	Las Animas	30.16	34.4 min
Rocky Ford	Fort Lyon	34.33	41.5 min
Rocky Ford	La Junta	11.29	15.8 min
Rocky Ford	Crowley	15.14	19 min
Rocky Ford	Ordway	12.86	15.4 min

Source: TSRG mileage table using Google Maps (Mountain View, CA), 2021

EXHIBIT K: FOCUS GROUP GUIDELINES AND QUESTIONS

Introduction

1. Thank you for being with us today for this HRSA-sponsored focus group
2. Introduce the team members
3. Your comments will be recorded, transcribed, and summarized to inform our Community Needs Assessment and Gap Analysis
4. We request that if we have any questions as we compile the transcripts, we may reach back out to you.

Ground Rules

1. We ask for permission to record the event and your participation is how you consent.
2. I will be asking a series of questions and request that everyone takes a turn answering.
3. We request that one person speaks at a time.
4. We request that every person answer each question if they are able.
5. You can raise your hand if you want to share something and have not been called.
6. There are no wrong answers.
7. We need all the cameras on, if possible.

Announcement

Now, I will start recording.
Please state your name and role in the community

Questions

Can you share a story about your community's experience with the opioid response?

1. Please tell us what you know about opioid misuse in your local community?
   a. How has the local community responded to opioid misuse?
2. What do you believe are the underlying causes for opioid abuse in your areas?
3. What resources do you have to provide opioid services in your local community and where are the service gaps?
   a. Can you describe a situation in the past when citizens encountered difficulty accessing opioid services?
      i. What factors or circumstances created such difficulty?
      ii. Why do these factors or circumstances exist?
      iii. What kind of improvement is needed?
4. Please describe how opioid-related services have changed during COVID-19 (eg transportation, mobile MAT, telehealth, emergency services, treatment, recovery)?
5. With an increase in funding, where would you direct resources (prevention/intervention/treatment or specific programs/ existing efforts or specific population)?
6. IF NOT MENTIONED ABOVE: Have you seen a situation in the past when individuals with OUD were stigmatized in the local community?
   a. If known, what happened to these individuals as a result?
   b. What can be done to reduce stigma?
   c. How do things like income, health status, and social influence impact individual's ability to get the care they need in this community (provide examples: HIV, HCV, parent is a police officer, parent in prison)?
7. What ideas do you have about how your community can advance opioid response and prevention in your local community (eg, local public officials, stakeholder organization such as nonprofits, healthcare organizations, civic groups and state and federal governments)?
8. How can we build a robust consortium or collaborative to address OUD that can be sustained in the long term?
   a. How do we engage the larger network to participate in this work?
9. Can you tell me about any issues impacting the OUD health workforce, including recruitment, retention, and worker capacity/skill development?
10. Is there anything else you would like to include for this assessment that we have not yet already asked?

Concluding Remarks

1. As part of the project, we are building a subcommittee and hope that you will participate in the monthly collaborative.
2. We request that if we have any questions as we compile the transcripts, we may reach out to you.
3. Thank you for your time and participation.

EXHIBIT L: LIVED EXPERIENCE INTERVIEW GUIDELINES AND QUESTIONS

Introduction

1. Thank you for participating in the HRSA sponsored lived experience interviews.
2. We have received a copy of your consent form to use the information we gather for our Community Needs Assessment and Gap Analysis.
3. At no time, will any private information be shared other than your gender, age, race/ethnicity.
4. Your comments will be recorded, transcribed, and summarized to inform our Community Needs Assessment and Gap Analysis.
5. We request that if we have any questions as we compile the transcripts, we may reach out to you.

Ground Rules

1. We ask for permission to record the event and have your prior consent (ask for consent online, if they Survey Monkey link is not working).
2. We are affirming we still have your consent.
3. I will be asking a series of questions.
4. Please answer every question you are able.
5. There are no wrong answers.

Questions

1. How did you get involved with opioids?
   a. What age?
2. What is your experience with having OUD where you live?
   a. What makes living in this community unique to your experiences with OUD?
3. What method do you use to find opioid services and care?
4. Can you describe the availability of treatment services for OUD in your community?
5. Can you describe how hard is it to reach available services?
   a. What gets in your way?
6. What, if anything, have you tried?
   a. Inpatient or out-patient treatment?
   b. Non-medical vs medical detox? MAT?
   c. Twelve Step programs? OD services?
   d. Any follow-up after an OD?
   e. Telehealth?
7. Can you describe the availability of prevention activities in your area?
8. Have you had an experience with stigma when seeking services? If so, how did it present itself?
9. Can you describe the availability of harm reduction services (eg needle exchange, fentanyl test strips, HIV/HCV testing available)?
   a. If so, how do you or others find out about them and are they used by those who need them?
   b. Can you describe the community perceptions around needle exchange programs or fentanyl test strip availability?
10. Can you describe the role transportation plays in this community in your ability to access opioid services?
11. Can you describe the availability of and your experience with telehealth-based services in your community?
12. Please describe how opioid-related services have changed during COVID-19 (eg transportation, Mobile MAT, telehealth, emergency services, treatment, recovery)?
13. How do things like income, health status, and influence, impact individual's ability to get the care they need in this community?
14. What is your perspective on the availability of health workers in your community focused on OUD?
    a. Do they understand your needs?
15. What is your community doing well with provision of treatment services for OUD?
16. Is there anything else you would like to include for this assessment that we have not yet already asked?

EXHIBIT M: SURVEY QUESTIONNAIRE

COMIRB Protocol #: 20-2148
Project Title: Addressing opioid use disorder in urban and rural communities amid COVID-19
Principal Investigator: William L. Swann
Email: william.swann@ucdenver.edu

1. What is the official name of your local or regional health department? _____

2. What is your official position title in your organization? _____

3. In the last 2 years, **which of the following programs, services, or activities** have been available in the jurisdiction that your local or regional health department serves to address opioid use disorder (OUD) and opioid-involved overdose? For each program, service, or activity indicated as "available," you will be subsequently asked what **has happened to the program, service, or activity in the advent of COVID-19** in following categories: N/A, terminated indefinitely, continued at a reduced level, continued at the same level, continued at an increased level.

Section 3.1 Public Awareness and Provider Education

Community education and outreach (eg, public events, dedicated media campaigns, information provision, stigma education)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Medical provider education and outreach (eg, prescribing/tapering best practices, academic detailing, PDMP training, Webinars)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Translation services for non-English speakers seeking opioid information

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Section 3.2 Harm Reduction

Fentanyl testing strips

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

HIV/Hepatitis C testing

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Naloxone (Narcan®) distribution

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Naloxone (Narcan®) education

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Safe controlled substance disposal (eg, take-back, drop box, deactivation bags)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Syringe services programs (including mobile)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Tapering/discontinuation for controlled substances (including opioids)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Section 3.3 Prevention

Children/family mental health education (eg, adverse childhood experiences)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Communities That Care or Drug Free Coalition programs with OUD prevention

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Efforts to build community resilience (eg, adverse community experiences)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

School-based initiatives to address addiction-prone substance use

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Section 3.4 Treatment

Counselors (addiction counselors) to provide non-medication treatment for OUD (eg, cognitive behavioral therapy, inpatient/outpatient)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Medications for opioid use disorder (MOUD) (eg, buprenorphine, methadone, naltrexone)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Opioid detoxification

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Telehealth/telemedicine options for OUD

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services (confidential) for healthcare providers

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for criminal justice-involved persons

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for individuals who identify as LGBTQIA+

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for mental health issues co-occurring with OUD

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for people of color
(eg, Black/African American, Hispanic/Latino, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for people under age 18 (including school-based programs)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Treatment services for pregnant women

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Substance misuse risk factor screening

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Section 3.5 Recovery

Care coordination/navigation services for OUD patients

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Mutual help programs (eg, 12-step, Narcotics Anonymous)

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Opioid detoxification

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Peer recovery coaching services for individuals with OUD

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Sober living and residential treatment

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Section 3.6 System-Level

Alternatives to incarceration (diversion)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Childcare services for individuals needing OUD treatment/recovery

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Collaborative partnerships at the local level (eg, community or cross-sector taskforce)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Collaborative partnerships/initiatives at the regional and/or state level

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Designated budget to address opioid-related issues

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Drug courts/problem-solving courts

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Housing services targeting individuals/families affected by OUD

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Initiatives to address racial disparities in OUD treatment/recovery

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Monitoring benzodiazepine-involved mortality

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Monitoring neonatal abstinence syndrome

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Monitoring opioid-involved hospitalization (including non-fatal opioid-involved overdose)

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Monitoring opioid-involved mortality

◯ Available ◯ Not Available ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

◯ N/A (not available or don't know) ◯ Terminated indefinitely

◯ Continued at a reduced level ◯ Continued at the same level ◯ Continued at an increased level

Transportation services for individuals needing OUD treatment and recovery

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

Workforce recruitment for individuals with OUD/mental health disorders/pain

- ◯ Available
- ◯ Not Available
- ◯ Don't Know

If available, what has happened to the program/service/activity in the advent of COVID-19?

- ◯ N/A (not available or don't know)
- ◯ Terminated indefinitely
- ◯ Continued at a reduced level
- ◯ Continued at the same level
- ◯ Continued at an increased level

4. How else, if at all, has COVID-19 impacted opioid programs, services, or activities in your county or local government?

5. Is there anything you would like to share with us about your community's experience with opioid use disorder, or this there anything you would like to ask us about?

6. Would you like to receive a copy of the report containing the aggregated survey results?

- ◯ Yes
- ◯ No

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Report produced and all research conducted by The Schreiber Research Group (TSRG)
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Community Needs Assesment and Gap Analysis Colorado Counties: Conejos, Crowley, and Otero.
March 2021

Funded by: The Health Resources & Services Administration (HRSA)
Prepared by: The Schreiber Research Group (TSRG) in partnership with
the Pueblo Department of Public Health & Environment (PDPHE)