

## COLORADO

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Colorado's FY 2007 SAPT Block Grant allocation of \$23.7 million represents approximately 60% of ADAD's substance abuse treatment budget.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, Colorado reported the following **treatment outcomes**:

- a 59.6% decrease in methamphetamine use (admission v. discharge)
- a 62.9% decrease in alcohol use (admission v. discharge)
- an 83.6% decrease in DUI (who had any DUI arrests in 30 days)
- a 67% increase in employment following substance abuse treatment
- a 97% decrease in arrests for all offense categories following treatment

**Family Treatment Services** Special Connections is a collaboration between the Alcohol and Drug Abuse Division (ADAD) and the Department of Health Care Policy and Financing to provide Medicaid prenatal care and substance abuse treatment services for pregnant women in Colorado. To be eligible for enrollment in Special Connections, women must be at high risk for poor birth outcomes due to substance abuse or dependence, eligible for Medicaid and willing to receive prenatal care during pregnancy. Special Connections' goals are to: produce a healthy infant; address the substance using behavior of the pregnant woman during and after the pregnancy; promote and assure a safe child-rearing environment for the newborn and other children; and maintain the family unit. In addition to Special Connections, Colorado's 12 funded women's treatment programs provide linkages to treatment for family members, family therapy, couples' therapy and treatment to address children's developmental and mental health needs while their mothers are in treatment. Some programs provide these services on-site as a regular part of their programs, and others provide this linkage by referral.

**Prevention Services** Approximately 78,445 individuals in Colorado were served by the SAPT Block Grant prevention set-aside in FY04-05. Over 26,000 youth participated in some form of prevention service; including after-school activities, mentoring, educational classes and alcohol, tobacco and other drug-free activities. The set aside represents approximately one third of the substance abuse prevention budget.

Youth providers were required to measure actual use, perceptions of and attitudes toward substance use among program participants, before and after their service involvement. Eighty-three percent of youth did not use any substances 30 days prior to program admittance nor 30 days prior to program completion. The following results from FY 2005 represent significant findings across youth providers (pre- versus post-test time points):

- Decrease in past 30-day use of cigarettes, alcohol, marijuana, inhalants, amphetamines and cocaine
- Decrease in favorable attitudes of marijuana and LSD use
- Increase of perceived harm in smoking one or more packs of cigarettes per day
- Increase of perceived harm in smoking marijuana regularly
- Increase of perceived harm in having two drinks nearly every day; four of five drinks once or twice each weekend

### Colorado Quick Facts

#### Treatment Admissions

- 26,941 clients served in FY 2006
- **Primary substance of abuse at admissions:**

Alcohol	39.2%
Methamphetamine	19.3%
Marijuana	20.6%
Cocaine	11.9%
Heroin	5.0%
Other opiates	2.8%
Other	1.1%
- **Gender:**

Male	66.1%
Female	33.9%
- **Age:**

17 and under	10.3%
18-24	21.5%
25-34	27.9%
35-44	23.9%
45-54	13.3%
55-64	2.9%
64 and over	0.4%
- **Race/Ethnicity:**

White	63.8%
Hispanic/Latino	23.8%
Black	8.2%
All others	4.3%

#### Treatment Gap

- In July 2006, it was estimated that 534,469 persons in Colorado needed substance abuse treatment.
- Of those in need, over half are women.

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better snapshot of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### **Accountability**

ADAD uses a number of mechanisms to monitor compliance and ensure performance of both managed service organizations and providers. Details of the tools are included below:

*ADAD's Role Overseeing Intermediaries—4 Managed Service Organizations (MSOs)* Annual Performance Monitoring Reviews; MSO Participation in Clinical Advisory Group Meetings; Fiscal and Data Semi-Annual Reporting; Block Grant Specific Semi-Annual Reporting; Performance Measures Tracked Via DACODS System; Numbers of Priority Populations Served Reported Quarterly: Pregnant Women, Injection Drug Users, Women With Dependent Children; ADAD Participation in Monthly MSO/Providers' Association Meetings; Joint MSO-ADAD Monitoring Visits to Provider; Critical Incident and Complaint Monitoring Regarding MSOs.

In addition, ADAD performance measures for MSOs include, but are not limited to:

- An increase in the number and percent of detox clients who enter any non-detox treatment setting within 30 days of their detox discharge
- A decrease in the number and percent of outpatient (traditional and intensive combined as one number) treatment clients who left against professional advice (walkaways)
- An increase in number and percent of treatment clients who stayed in outpatient (traditional and intensive) treatment longer than 90 days
- An increase in the number and percent of treatment clients who had a reduction in primary drug use at discharge, for treatment clients with primary drugs of Alcohol, Methamphetamine, Marijuana, Cocaine, Heroin, and all drugs combined

*ADAD's Role Monitoring Providers (40 funded providers)* ADAD Licensing Visit Every Three Years; Minimum of Annual Contract Monitoring Visit by MSO; Priority Population Numbers Submitted to MSO, then ADAD; Unannounced Visits, Issue-Specific Visits; ADAD Contract Monitoring Visits—minimum of 4 Per Year Statewide; Critical Incident and Complaint Reports & Investigations Regarding Providers; The Colorado Treatment System also includes an additional 250 licensed programs (unfunded) with approximately 700 sites statewide.

### **A Solid Economic Investment**

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction prevention, treatment and recovery services reduces costs and helps Americans across the county regain their lives and families. Colorado-specific information is included below:

- *Costs incurred by criminal justice system* Based on daily prison costs of \$76.23 for adult and \$185.62 youth offenders, the total cost per day for incarceration of substance abusers was estimated at \$1,230,208.
- *Costs incurred by child welfare system due to addiction* Based on an average monthly cost for out of home/foster placement of \$1910 per child, and estimating 1.5 children per mother, during the length of treatment alone (\$1910 X 1.5 X 4 months) \$11,460 per family, or \$618,840 would be saved. If the family remained united an additional four months, a total of \$1,237,680 would be offset. If the family remained united for an entire year, taxpayers would save \$1,856,520, nearly twice the cost of treatment.
- *Costs related to healthy babies* In FY04, Special Connections served 329 women and collected information about 163 birth outcomes, indicating an overall treatment retention rate of approximately 50%. Of these 163 births, 12 (7%) infants had low birth weight and 151 infants had normal birth weigh. Based on a calculated cost of one low birth baby (in 2000) at \$6,362 the taxpayer would be saved \$960,662.



Janet Wood, M.B.A., M.Ed., Director, Behavioral Health Services, Department of Human Services  
Phone: (303) 866-7480 \* Email: [janet.wood@state.co.us](mailto:janet.wood@state.co.us)

Contact information: Robert Morrison, Director of Public Policy, at (202) 293-0090 x 106 or [rmorrison@nasadad.org](mailto:rmorrison@nasadad.org) or  
Barbara Durkin, Public Policy Associate, at (202) 293-0090 x 111 or [bdurkin@nasadad.org](mailto:bdurkin@nasadad.org).