

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 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.

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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.

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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

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

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Source: DSM V diagnostic criteria for opioid use disorder symptoms⁹

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 disproportionately 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 visits¹⁶ 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 4¹¹:

- 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

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 100,000¹⁷, 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 waived 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 waived 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/OD. 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/OD, 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/OD, 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/OD. 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/OD 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/OD programs such as Overdose Data to Action or Communities that Care. Notwithstanding, those with SUD/OD 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/OD, and individuals with active SUD/OD or in recovery from SUD/OD. 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/OD. 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/OD 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 rise¹⁸. 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/OD 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 Crowley 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.

Quotations captured during the focus groups and interviews: Table H

| CONCEPTS | QUOTES FROM PARTICIPANTS: |
|---|--|
| <p>Available services</p> | <p>“Nothing that is being advertised within the community.”</p> |
| | <p>“There’s lots of services that people don’t even know are available.”</p> |
| | <p>“We just don’t know all the resources, I guess.”</p> |
| | <p>“I haven’t found any active meetings or anything.”</p> |
| | <p>“I’ve looked for services. And it’s just, there’s none out here.”</p> |
| <p>Barrier: Transportation</p> | <p>“A lot of these people are court ordered to receive treatment, but not given the means to actually get there physically.”</p> |
| | <p>“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.”</p> |
| <p>COVID Impact</p> | <p>“COVID hit and so their resources kind of went away.”</p> |
| | <p>“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.”</p> |
| <p>Criminal Justice (Otero/Crowley only – not mentioned in Conejos county)</p> | <p>“A lot of our approaches, until recently, have been punitive.”</p> |
| | <p>“Whatever percentage of the community that is very, very opposed to that [needle exchange], and would prefer to just put everybody in jail.”</p> |
| | <p>“Because there are many people that just don’t, quite frankly, they don’t belong in jail, they need treatment, they need help.”</p> |
| | <p>“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.”</p> |
| <p>Cycle of Use</p> | <p>“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.”</p> |
| | <p>“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.”</p> |
| | <p>“What happens here is parents, all these parents kicked their kids out of the house, and then they’re on the streets.”</p> |
| <p>Geography</p> | <p>“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.”</p> |
| | <p>“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.”</p> |

Source: TSRG, 2021.

| CONCEPTS | QUOTES FROM PARTICIPANTS: |
|-----------------------------------|---|
| Heroin | <p>“Heroin was probably the number one drug we were removing kids from home for.”</p> <p>“Heroin use specifically, we see people who inject drugs.”</p> |
| Internet Access/Telehealth | <p>“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].”</p> <p>“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...”</p> <p>“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.”</p> |
| Limited Recovery Services | <p>“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.”</p> <p>“We don’t have enough resources and enough human bodies to make sure that everybody gets the service that they need.”</p> <p>“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.”</p> |
| Medicaid | <p>“I didn’t necessarily have money to spend, for me to go to those services.”</p> <p>“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”</p> |
| Poverty | <p>“They were poor. So, it felt very much like an equity issue, as well as a substance abuse issue.”</p> <p>“Poverty and the feeling hopeless and helpless, and turning to opioids and other drugs and alcohol to dull the pain.”</p> <p>“Then poverty, you always hate to say it, like XX said, but it’s true. It’s like it’s a vicious cycle.</p> <p>“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.”</p> |
| Prevention | <p>“I don’t feel like there is a lot of prevention here.”</p> <p>“I had to wait like a whole month, a month and a half to get in.”</p> |

Source: TSRG, 2021.

CONCEPTS

QUOTES FROM PARTICIPANTS:

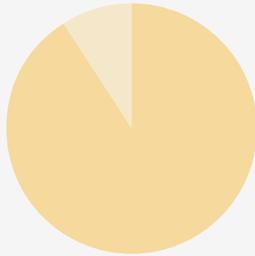
| | |
|-------------------------|---|
| Stigma | "It's like you're almost like a social leper...I think that's so much of why our recidivism and our relapses are as high as they are.... there really is a fall from grace." |
| | "And everybody knows everybody in the San Luis Valley, and the word gets 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/OD 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.

DEMOGRAPHIC MEASURES: TABLE A

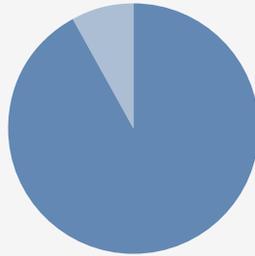
% of rural population w/health insurance:

Source: 2016. County Health Rankings & Roadmaps²⁴



Conejos: 91%

a. Error margin: 8-11%



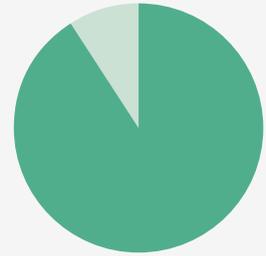
Crowley: 92%

b. Error margin: 7-10%



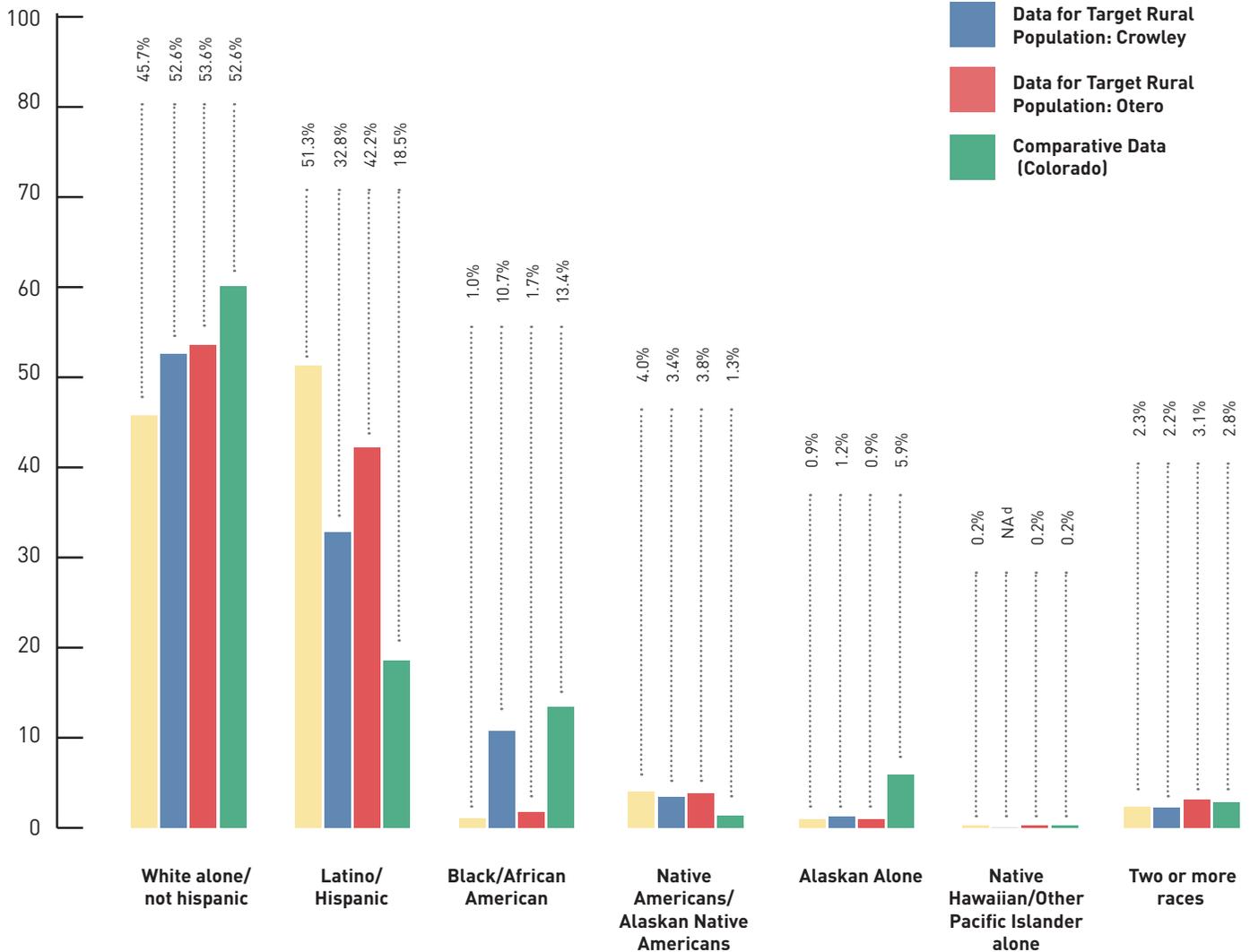
Otero: 89%

c. Error margin: 9-12%



Colorado: 91%

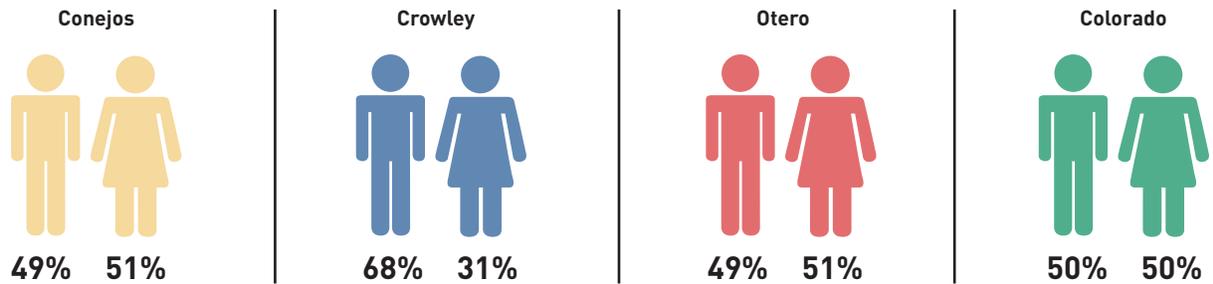
Race/ethnicity (%):



d. Value > 0 but < half a unit of measure
Source: 2019. County Health Rankings & Roadmaps²⁴

Gender percent:

Source: 2020. Colorado Department of Local Affairs²⁵

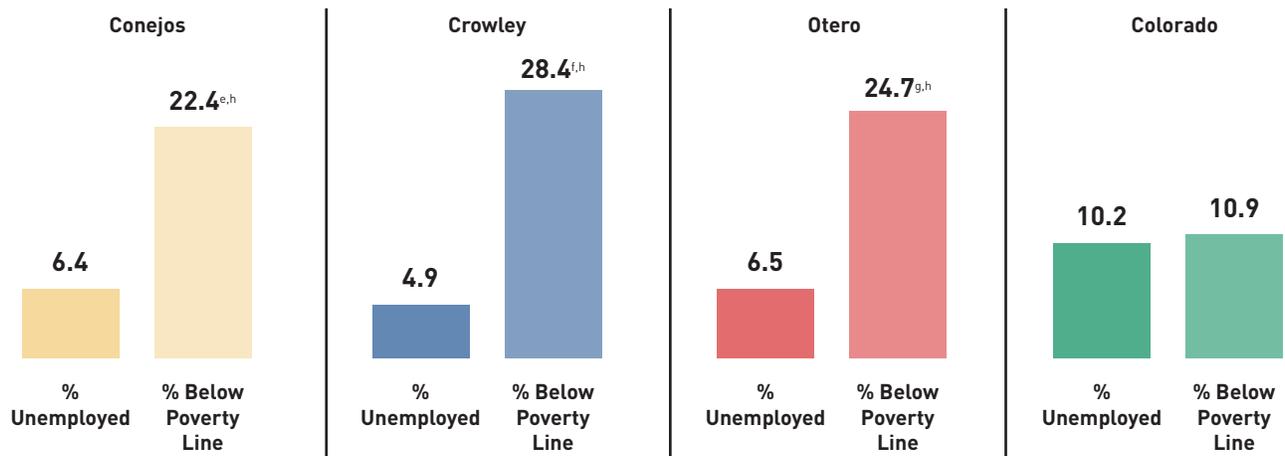


Age (estimate) percent:

| County | Age 0-12 | Age 13-17 | Age 18-24 | Age 25-34 | Age 35-44 | Age 45-54 | Age 55-64 | Age 65 and older |
|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|
| Conejos | 18.37 | 7.37 | 7.95 | 10.84 | 11.14 | 11.09 | 12.96 | 20.29 |
| Crowley | 9.49 | 3.60 | 9.85 | 21.71 | 18.62 | 13.18 | 10.10 | 13.44 |
| Otero | 16.91 | 6.97 | 7.32 | 11.69 | 11.95 | 11.15 | 13.18 | 20.82 |
| Colorado | 15.16 | 6.45 | 9.73 | 15.26 | 13.69 | 12.44 | 14.95 | 10.2 |

Source: 2020. Colorado Department of Local Affairs²⁵

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 Affairs²⁶
Below poverty line, 2018. Census Reporter²⁷

RCORP CORE MEASURES: TABLE B

| Conejos | Crowley | Otero |
|--|---|---|
| Total population (Estimate): 8205 | Total population (Estimate): 6061 | Total population (Estimate): 18278 |
| Square miles: 1287 | Square miles: 787 | Square miles: 1262 |
| Population/square mile: 6.4 | Population/square mile: 7.4 | Population/square mile: 14.9 |
| Individuals Screened for SUD: 76 ¹ | Individuals Screened for SUD: 596 ² | Individuals Screened for SUD: 596 ² |

Source:
Total Population: 2019. United States Census Bureau: QuickFacts²⁸
Square Miles: 2010. United States Census Bureau: QuickFacts²⁸

Population/Square mile: 2010. United States Census Bureau: QuickFacts²⁸
Individuals screened for SUD: ¹2018 – 2020 & ²2020, SLVBH²⁹, Southeast Health Group³⁰

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, CDPHE¹⁸

¹2020, Substance Abuse and Mental Health Services Administration (SAMHSA)³¹

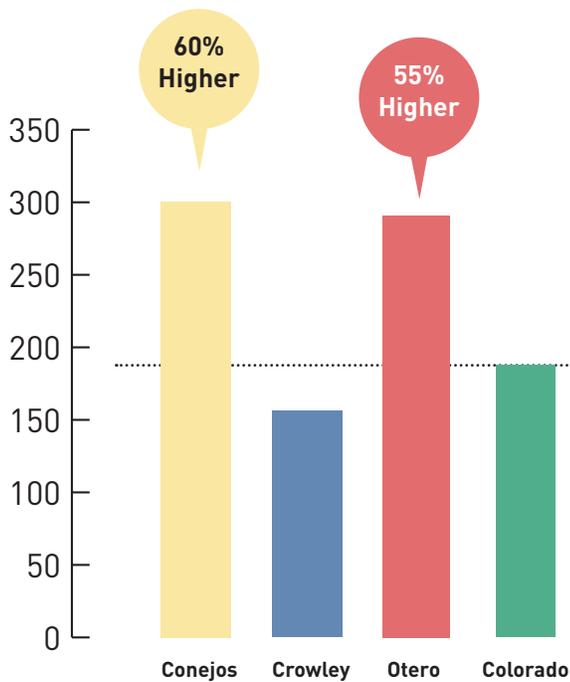
SUD/ODU PREVALENCE: TABLE C

| | 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

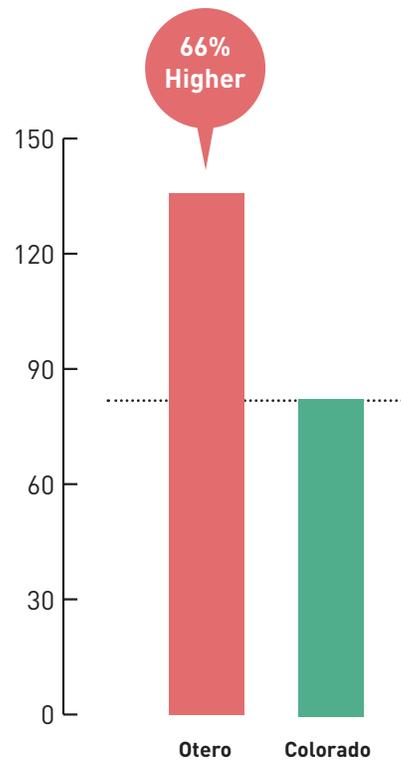
A: Suppressed for confidentiality
Source:
2018-2019, CDPHE¹⁸

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



Source:
2000-2019, CDPHE¹⁸

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



Source:
2000-2019, CDPHE¹⁸
The numbers for Conejos and Crowley are not available for the years 2018-2019.

SUD/ODD 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

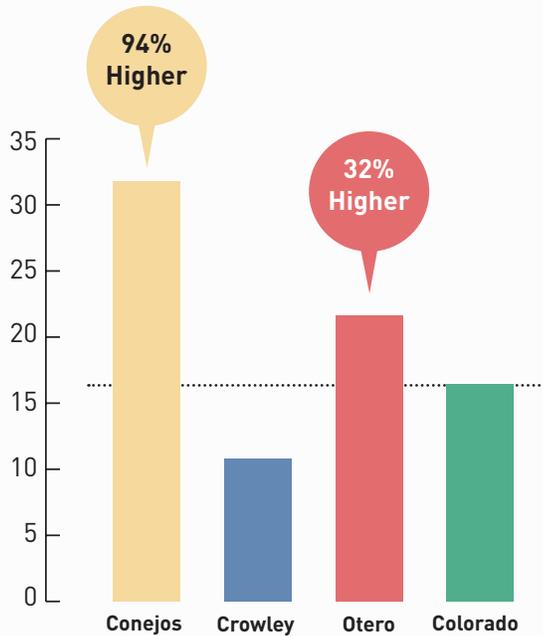
Source:

2018-2019, CDPHE¹⁸

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

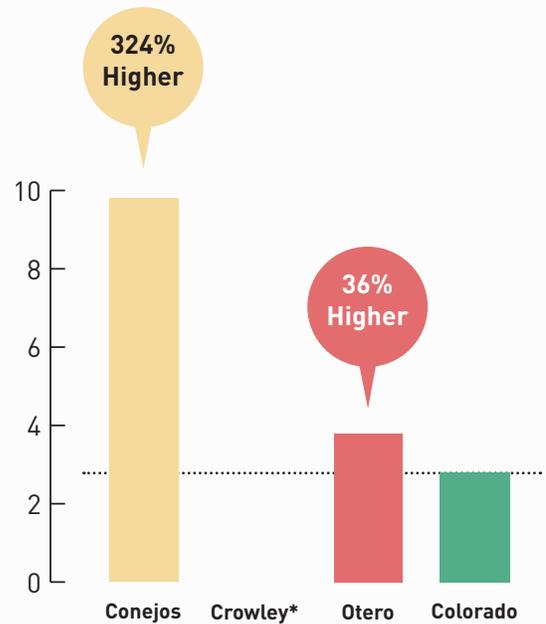
Overdose deaths per 100,000 people compared to Colorado for the period from 2010-2019:

ALL OVERDOSE DEATHS



Source: 2018-2019, CDPHE¹⁸

HEROIN OVERDOSE DEATHS



Source: 2018-2019, CDPHE¹⁸

*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, CDPHE¹⁸

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

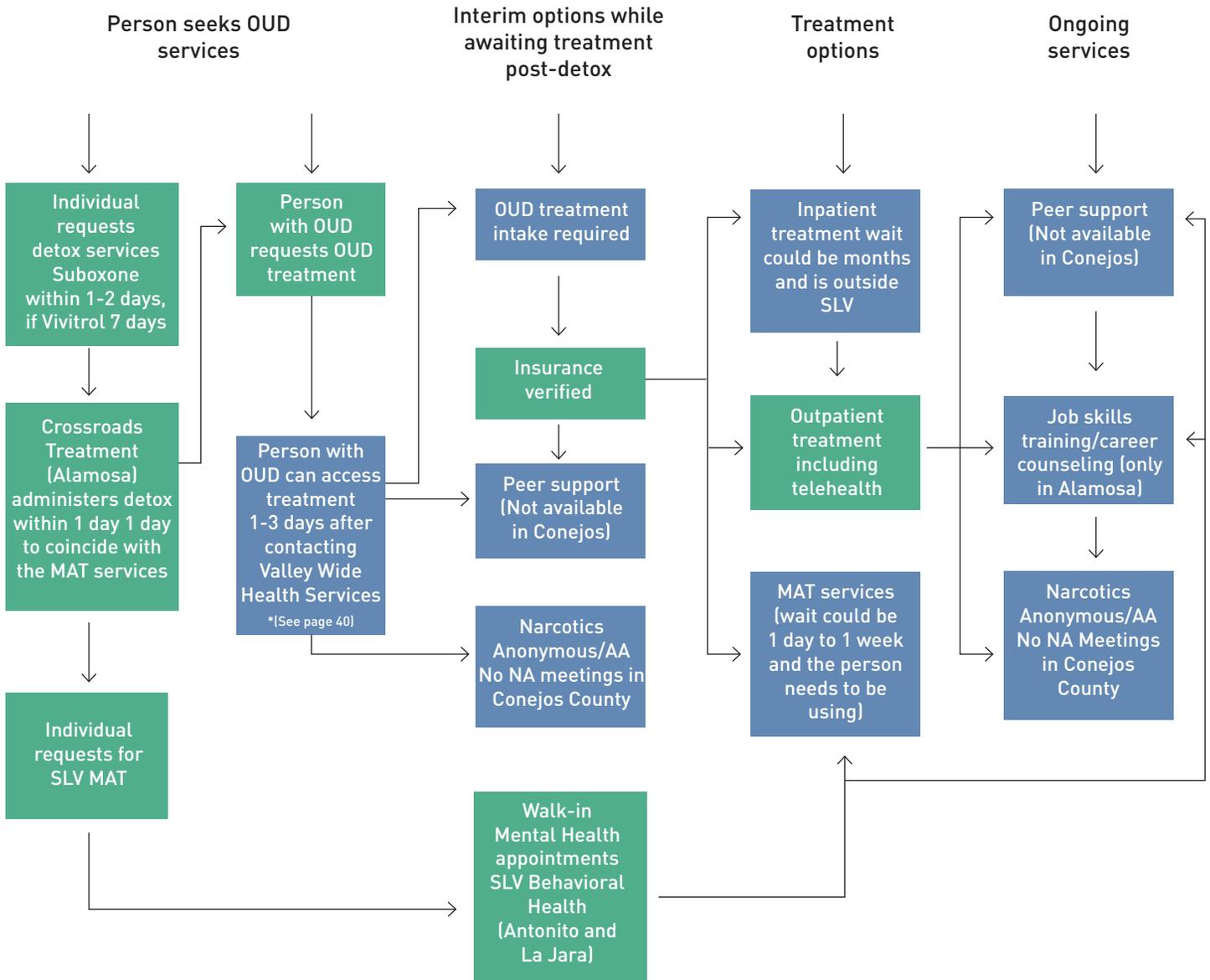
Source: Swann WL and Schreiber TL.³⁴

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/ODU 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

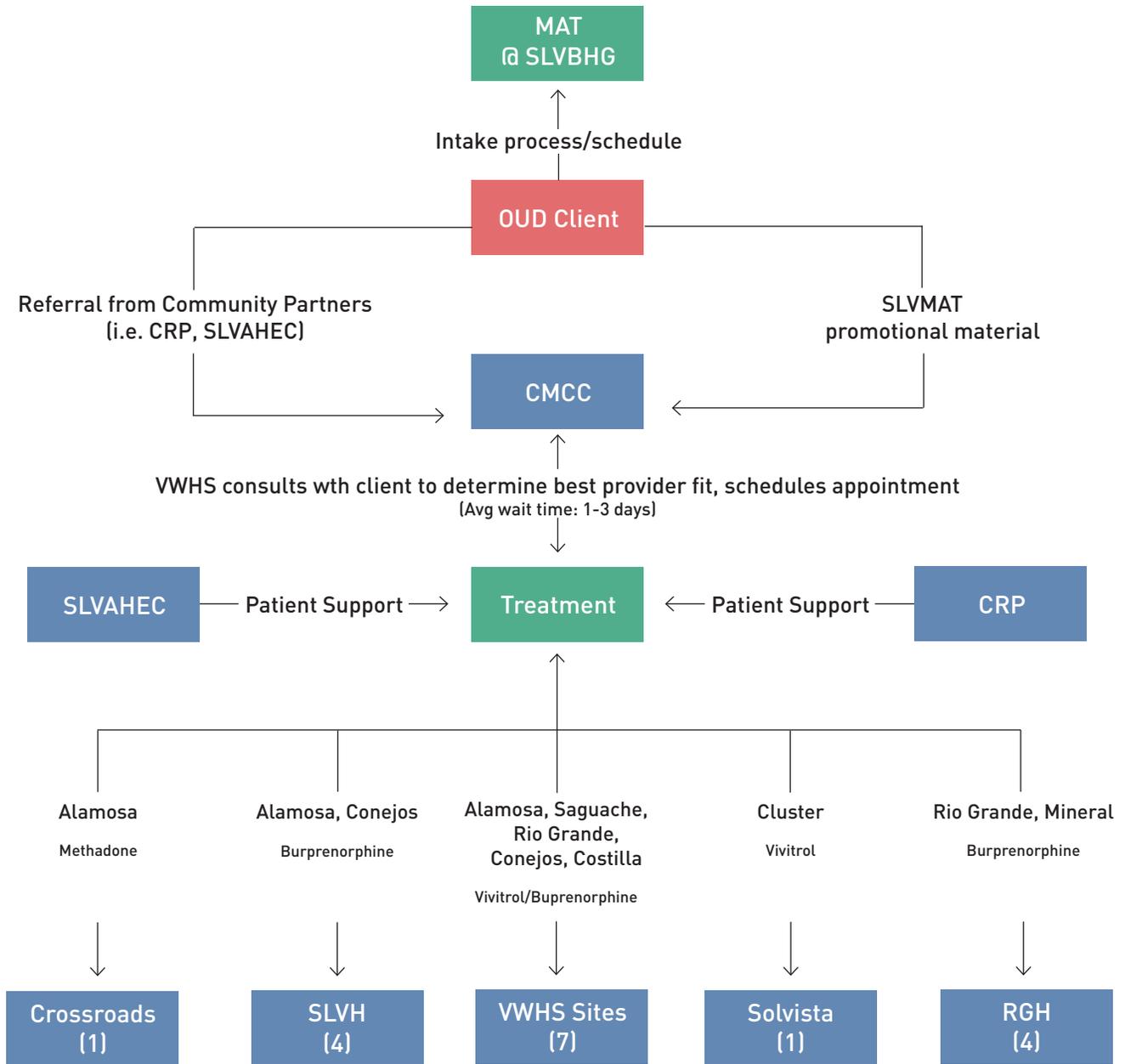
**HRSA COMMUNITY NEEDS ASSESSMENT AND GAP ANALYSIS CONEJOS (SLV REGION)
PROCESS FOR SECURING OPIOID USE DISORDER SERVICES**



 Blue indicates there are gaps in services

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

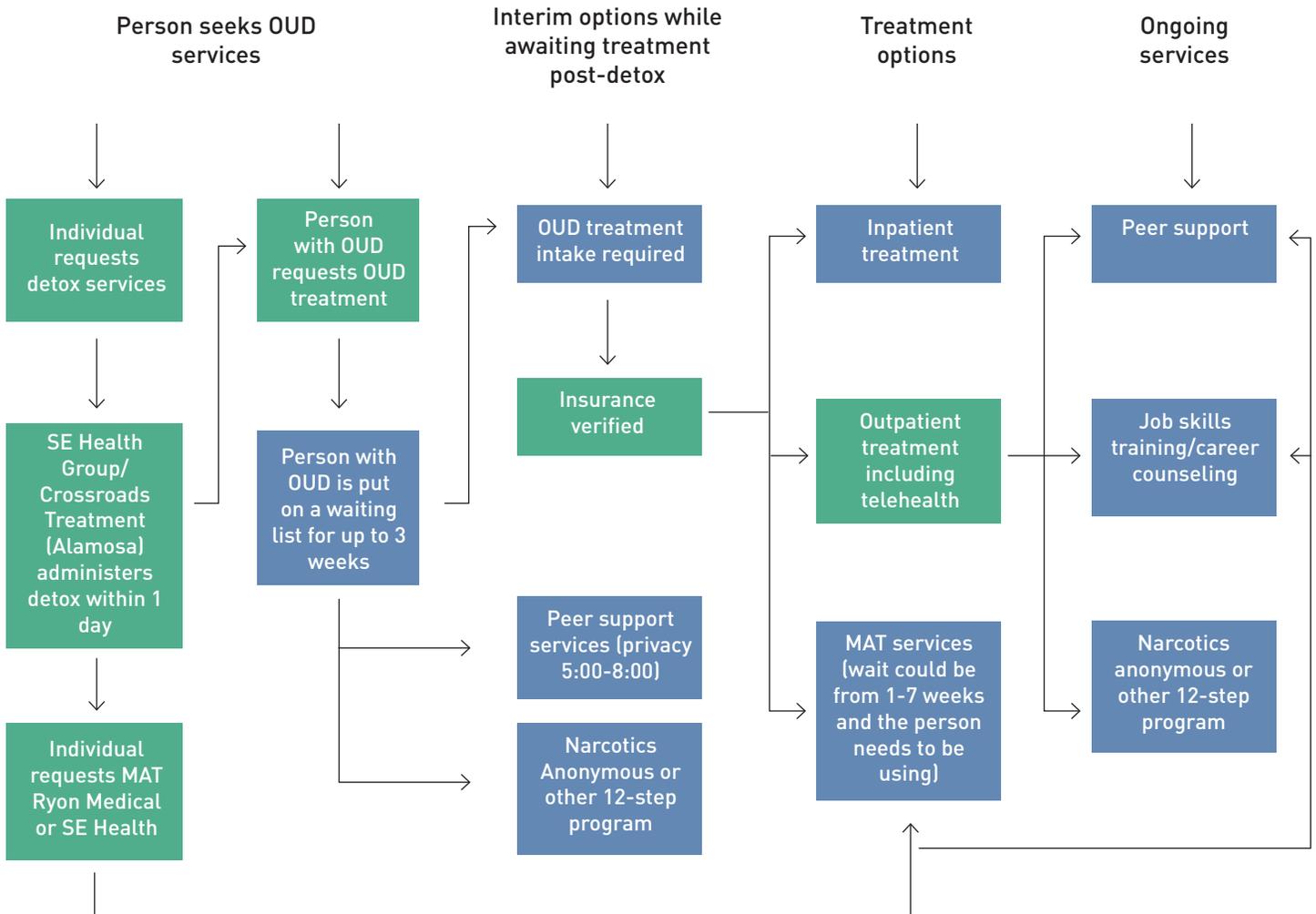
San Luis Valley - Conejos County MAT Expansion Project



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/OD.”³⁷ and funds collaborative cross-sectoral, inter-governmental collaboratives³³, 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/OD 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/OD needs to travel, as well as the survey and interview questions, and the survey administered.

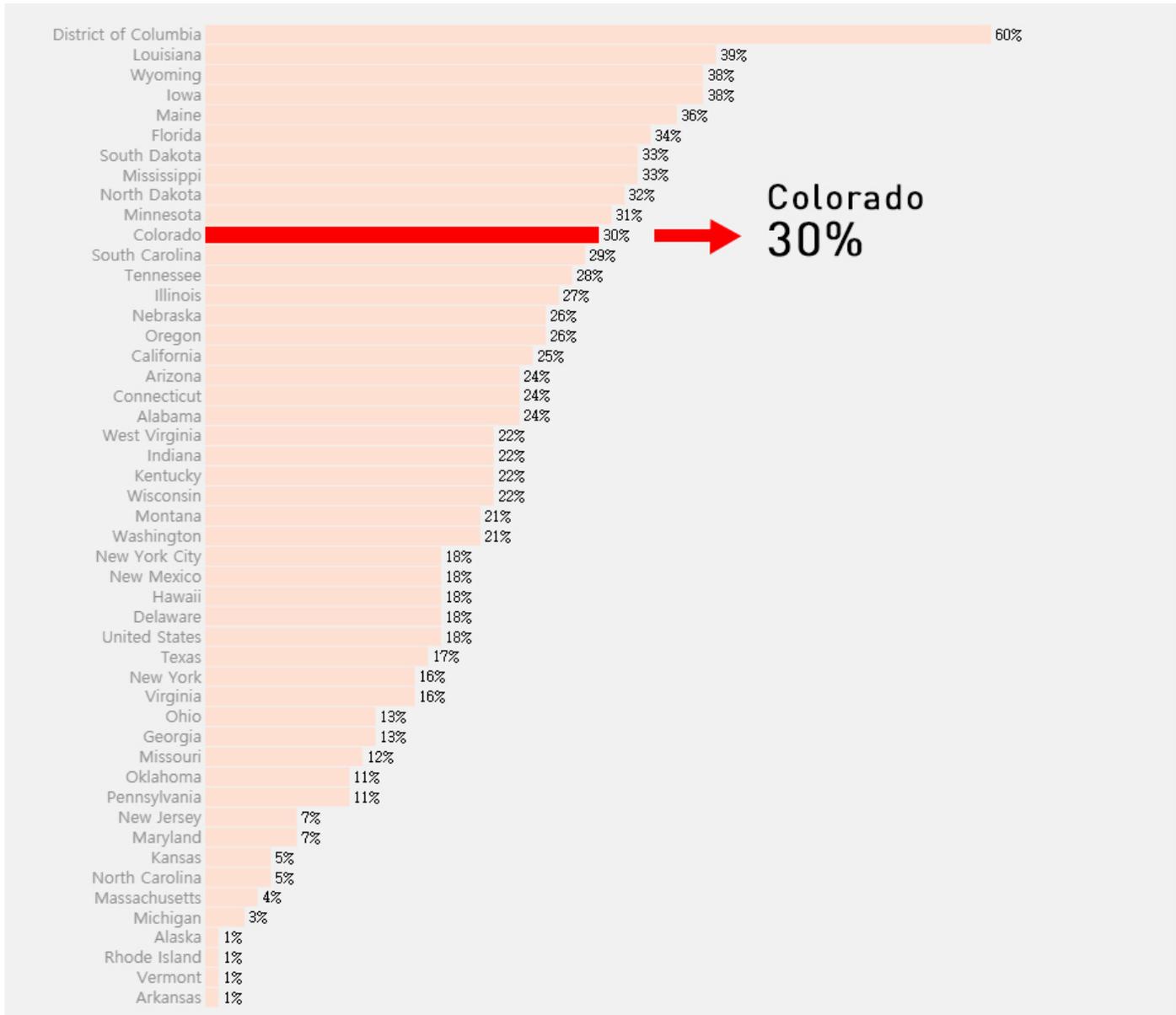
“

THERE’S LOTS OF SERVICES THAT
PEOPLE DON’T EVEN KNOW ARE AVAILABLE.

”

LIVED EXPERIENCE INTERVIEWEE

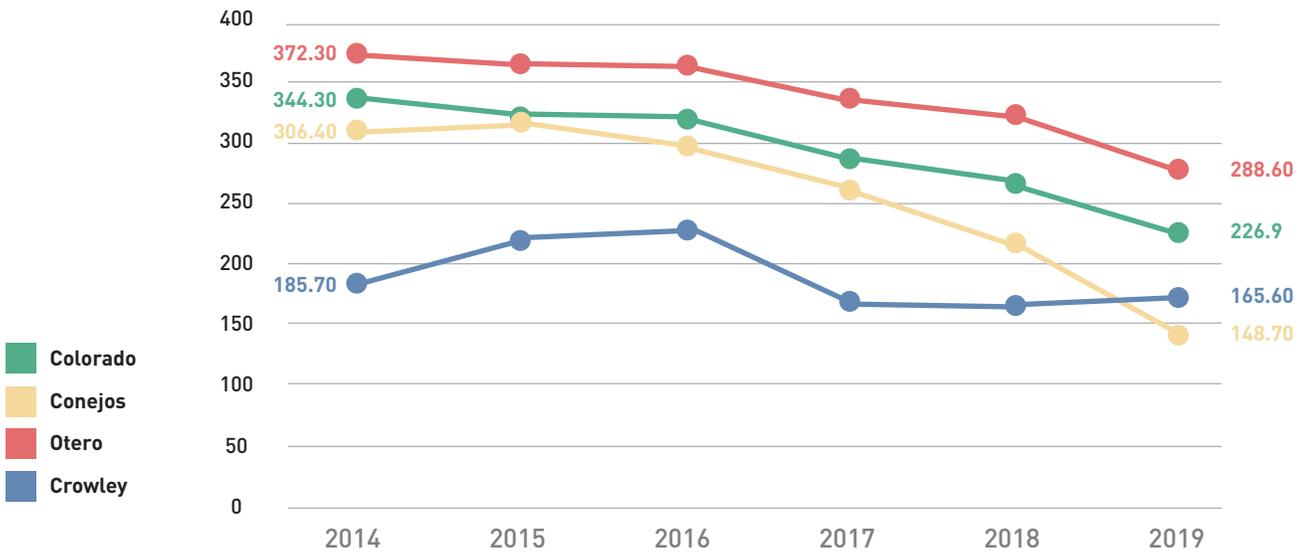
EXHIBIT A: INCREASES IN OVERDOSE DEATHS SINCE COVID-19 (NATIONWIDE AND COLORADO)



Increase in overdose death rates in Colorado for the 12-month period ending May 2020

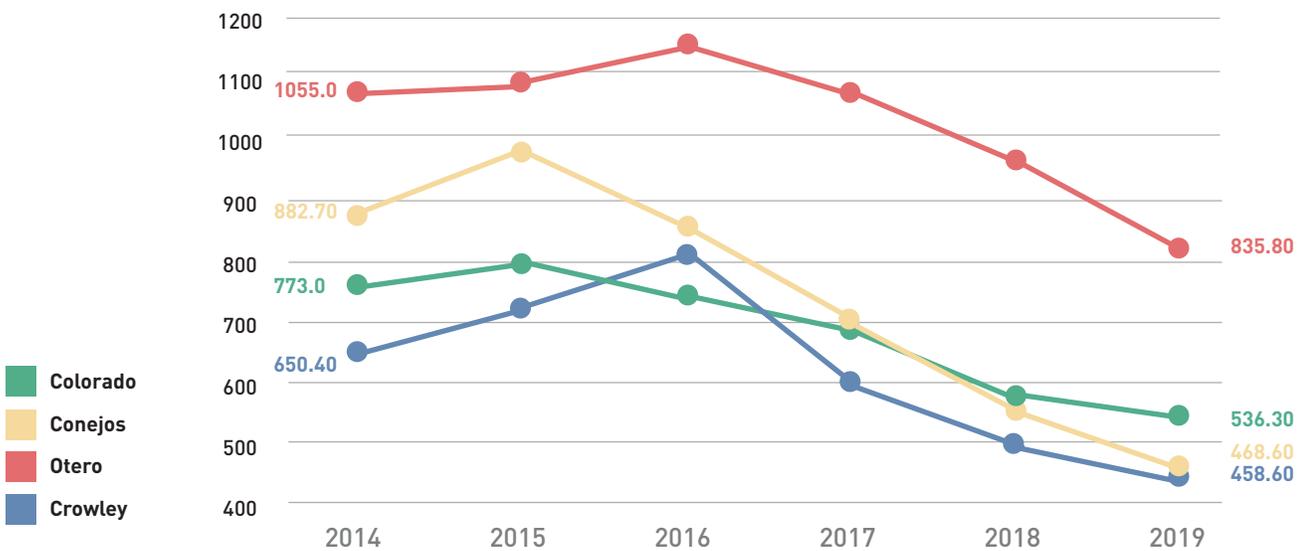
Source: Bhat Suhail ⁴⁰

EXHIBIT B: BENZODIAZEPINE PRESCRIPTIONS PER 1000 RESIDENTS



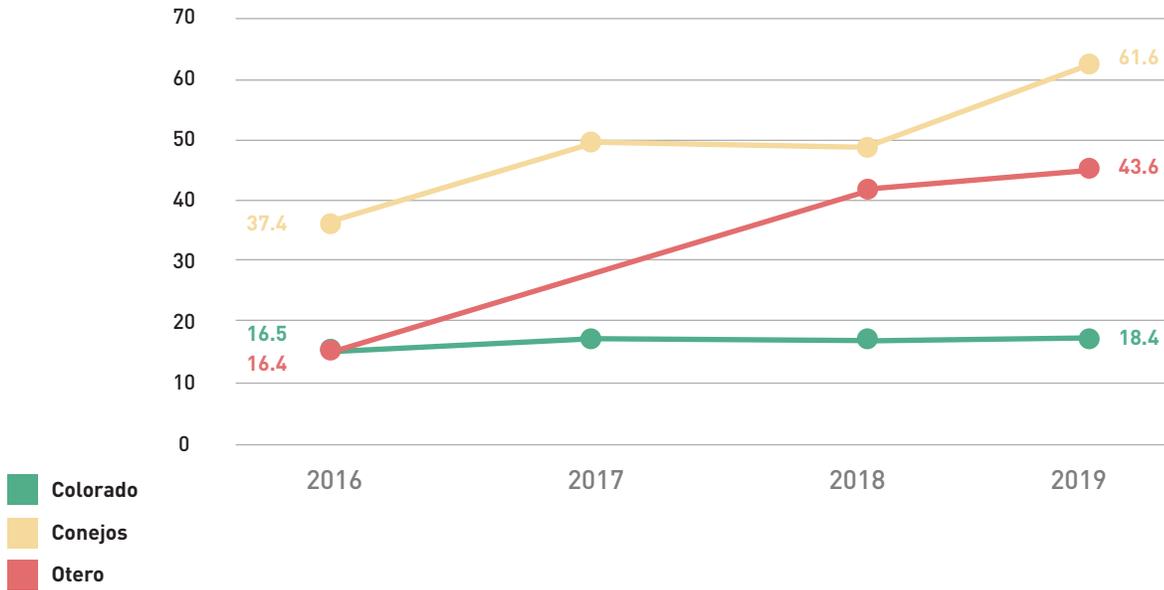
Source: CDPHE Data dashboard¹⁸

EXHIBIT C: OPIOID PRESCRIPTIONS PER 1000 RESIDENTS



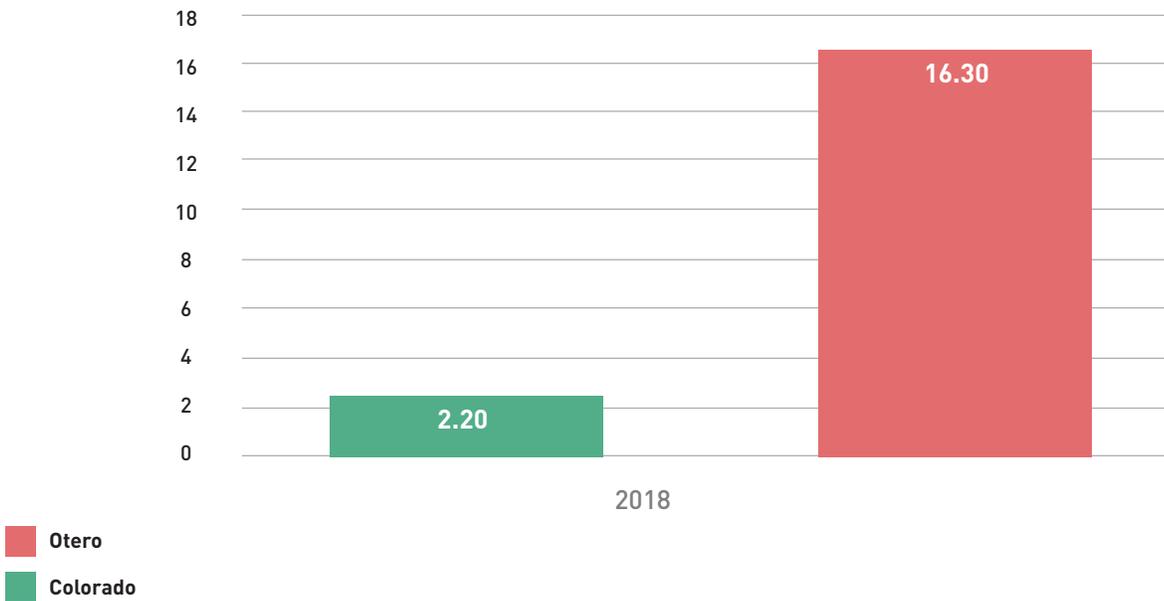
Source: CDPHE Data dashboard¹⁸

EXHIBIT D: ANY DRUG OVERDOSE DEATH PER 100K



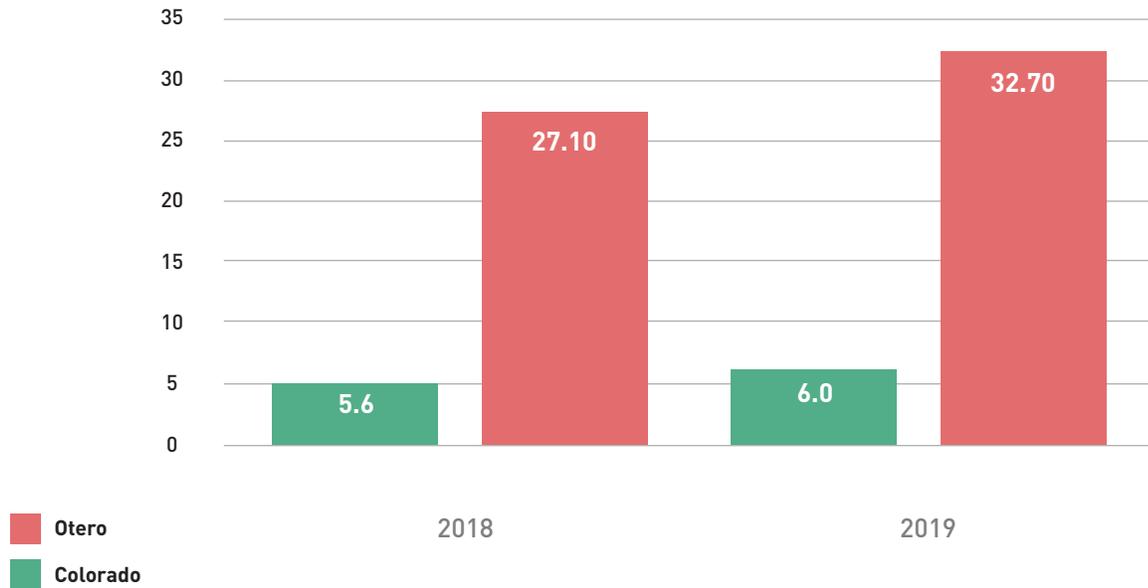
Source: CDPHE Data dashboard¹⁸

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



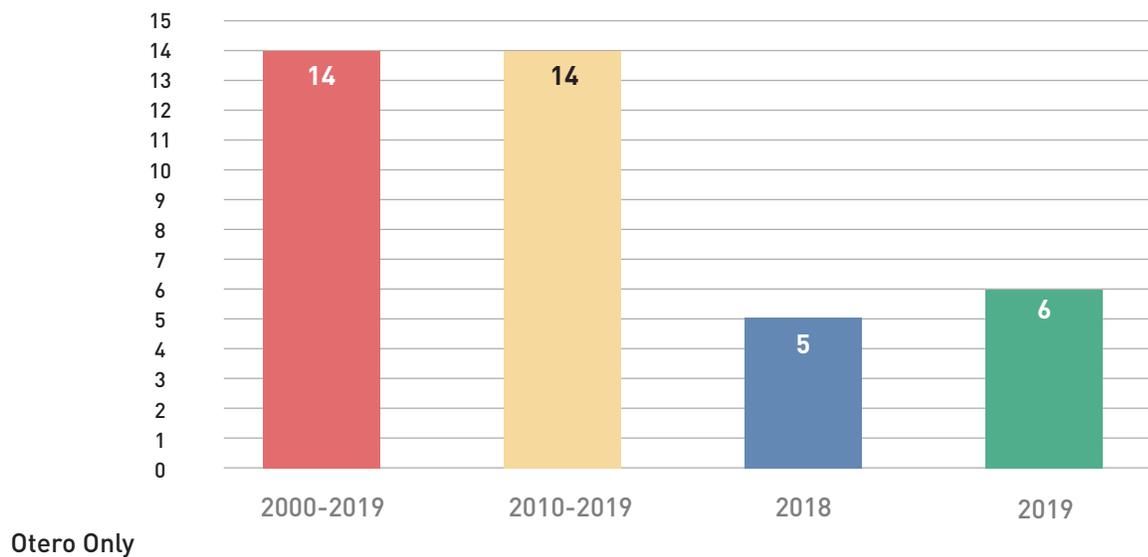
Source: CDPHE Data dashboard¹⁸

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



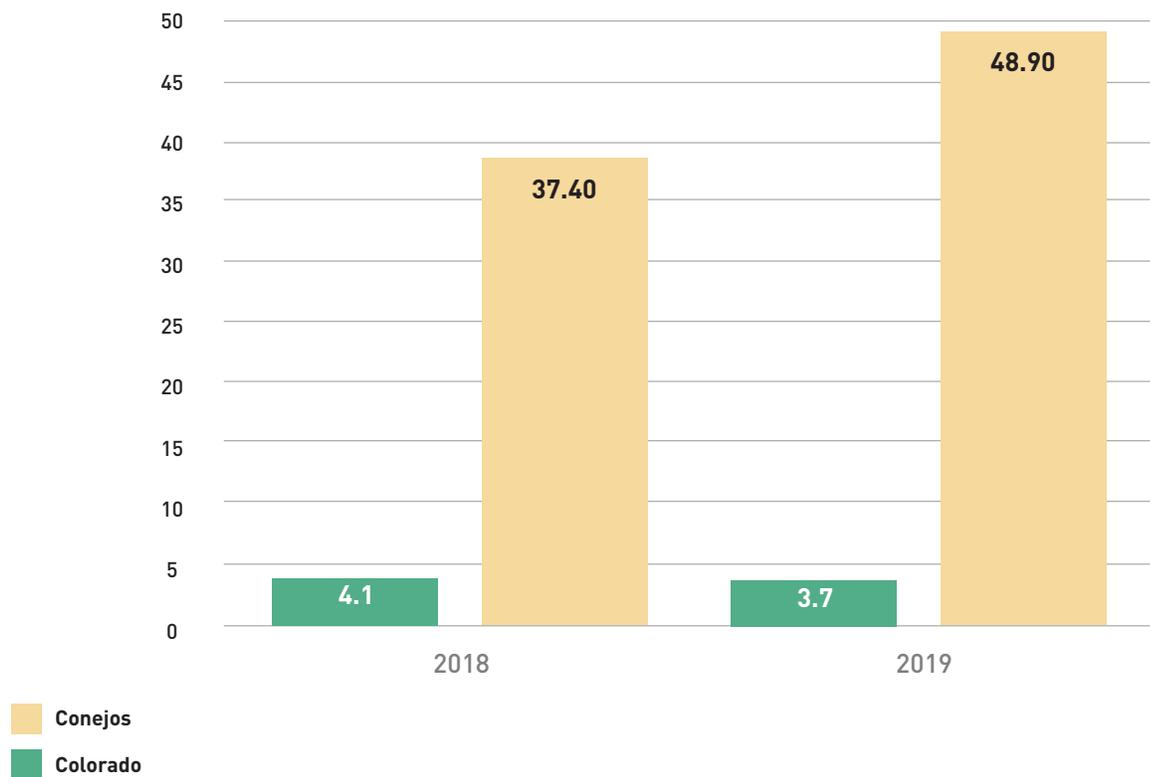
Source: CDPHE Data dashboard¹⁸

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



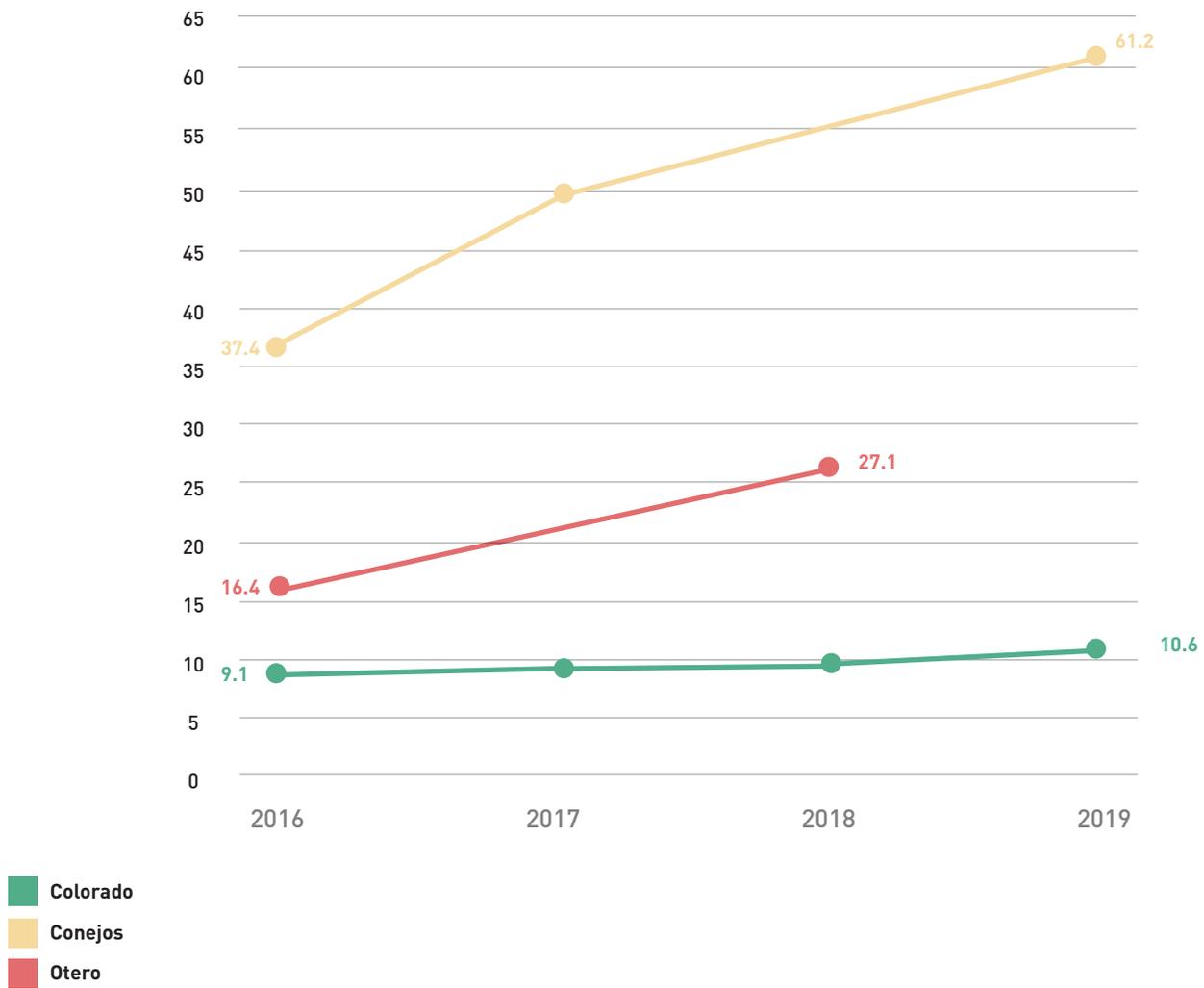
Source: CDPHE Data dashboard¹⁸

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



Source: CDPHE Data dashboard¹⁸

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



Source: CDPHE Data dashboard¹⁸

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Note: All reference items in GREEN are not included in this short report, but appear in the long report.



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