

Colorado Consortium for Prescription Drug Misuse Prevention

Recovery Work Group Meeting Minutes

June 12, 2026 from 12 to 1:30 p.m. via Zoom

(The following minutes and discussion are for informational purposes only and do not represent the position of the University of Colorado.)

Present:

Coreen Johnson and Victor King, Co-chairs
Chrissie Flynn-Weirich, Golden Hour Wellness
Cara Mares, Serenity Recovery Connection
Hanohn Al-Abduljalil, Denver City & County Courts
Nele Cashmore, The Health Partnership
Carrie Pernice, Sagebrush Recovery
Jess Tubbleville, The Phoenix
Racquel Garcia, HardBeauty
Stevie Kitterman, GCRHN
Jacob Greene-Merrion, CDOC
Precious Collins, COPA
Michelle Williams, Oxford House
Robert Haywood-James, Humaniticare
Russ Eckardt, Mindsprings Health
Valentina Atencio, Advocates for Recovery
Gary Coleman, ARTS
Laura Allem, Denver Health
Hazelbrook: Geno Shvedov, Chelsea Secord
Crossroads Turning Point: Margaret Rich, Jacquelyn McDonald
Antoinette Sanchez
Consortium: Jen Place Hilary Bryant, Kristin Carpenter, Eric Barker, Rosemarie MacDowell

Absent: See attached

Co-chair Coreen Johnson called the meeting to order at 12:05 p.m. Co-chair Victor King reviewed the meeting agenda.

Approval of Minutes:

A motion was made to approve the May 2026 work group meeting minutes. Motion approved.

Peer Recovery Conference Update: Nele Cashmore & Kristin Carpenter

Nele Cashmore reviewed the upcoming conference, which will include wellness activities. Conference registration information and the list of conference speakers will be available on the website in the coming weeks. The conference will be held at Otero College in La Junta on Tuesday, September 15, 2026 and will open with a networking session from 4 to 6 p.m. Nele reviewed the Wednesday through Friday sessions, which will include breakouts. For additional conference details: <https://thehealthpartnership.org/> or ncashmore@ncchealthpartnership.org

Nele also spoke about The Health Partnership Recovery Program that offers one-on-one peer services and RISE community events at no cost: <https://thehealthpartnership.org/july-rise-events-find-connection-community-and-recovery-support-across-northwest-colorado/>

Funding Updates (Jen Place):

The Consortium was awarded funding through the Attorney General's State Infrastructure Share for the grant writing assistance program. Funds are available for small nonprofits and local public health agencies with limited budgets and in-house grant writing capacity. Website: <https://corxconsortium.org/grant-assistance/>

<https://news.cuanschutz.edu/pharmacy/colorado-consortium-launches-new-round-of-grant-writing-assistance-to-strengthen-opioid-response-across-the-state>

SAMHSA recently announced \$40 Million in funding opportunities to prevent addiction and address child trauma, suicide, and mental illness:

<https://www.samhsa.gov/newsroom/press-announcements/samhsa-announces-40-million-funding-addressing-addiction-child-trauma-suicide-mental-illness>

Recovery Strategic Plan Discussion (Coreen Johnson):

Earlier this year, a survey was sent to work group members to help develop a 2026 recovery work plan that aligns with the Behavioral Health Administration's strategic objectives. BHA objectives include efforts to educate Coloradans about recovery and provide a strategic vision to improve resources for people in recovery. Coreen asked for work group member comments regarding the following objective recommendations:

Objective One: Create a Recovery-Oriented System of Care:

1. Dedicate funding from the Substance Abuse Block Grant to recovery support services to be sustained through 2025.

Hanahn Al-Abduljalil: I have seen funding work in two different ways, both through workforce development, which I think has been huge, and also being able to provide more equitable resources in rural areas.

Victor King: These opportunities are not fair for everyone because not everyone has a fair shot.

(Work group members briefly discussed how funding passes through the BHA through block grants and other agencies).

2. Present the Recovery Strategic Plan and recommended funding opportunities to state and federal agencies and philanthropic organizations.

Jacob Greene-Merrion: Regarding number two, I think that's going to be an ongoing thing to present this plan and recommend those opportunities. What goes into our plan is important because that's the advocacy piece that you're going to present to state agencies and advisory councils to determine where the block grant funding goes. Utilize this to help shape where you're recommending and advocating this funding be distributed. I'd say continue to do this, and then champion people who can go to the legislature and other agencies to advocate for what is needed in Colorado.

Coreen Johnson: I think that's great, too, and I think we need to highlight organizations like Hard Beauty, Hazelbrook, and myself who have been to the state capitol to testify. I see smaller organizations that don't really have a chance for this funding. Let's get them to the table by invitation. There is an opportunity for that advocacy.

3. Synthesize recovery glossaries, such as the Recovery A dictionary, to create a standard language for Colorado.

Victor: I think number 3 needs to go and is a waste of time. We've wasted so much time on definitions. We're professionals, and we should know how to speak.

Racquel Garcia: Agree with Victor about #3/

Hanahn: I know it can feel like we have been saying the same things over and over, but I agree with the point that there is a culture out there that uses stigmatizing language. Even as we're talking with each other we can sometimes not always use the right language, and it is really important for us and for this community that we continue to do that. A glossary is something that we would want to keep.

Chrissie Flynn-Weirich: I agree with Victor. What do we have control over regarding this strategic plan?

Jen Place (regarding control over the plan): I'd say that we have control over what goes into the plan - the priorities, the needs, etc. And just FYI, #3 refers to the Addictionary® – Recovery Research Institute, which is pretty solid and already exists.

4. Use “Our Stories Have Power” and the “Lift the Label” campaign as a model to create training to embed recovery-inclusive language into policy and practice.

Jacob: Maybe we continue to look at what has also been developed. I know the Consortium's put some campaigns together.

Hilary Bryant: Maybe add the Recovery Cards project.

Victor: Are there ways to connect some of the stories to others like Tough as a Mother or link Lift the Label to Stories in Black & White so that the stories don't remain in a silo? Why keep funding a campaign if it's not going to innovate, grow, and remain relevant? We need to challenge the status quo.

Coreen: I support that. While these ideas are great, who are the young people? Do you have access to these young people? I have access to some who may be willing to share stories or concerns. I think this is part of the conversation to have.

Valentina Atencio: I love everything that Victor said. Young people are on social media, and I think Lift the Label did 15-second ads on social media as part of the campaign. A lot of young people are on Tik Tok and Instagram.

Coreen: What I'm hearing is include other resources via the Lift the Label website, include access to the younger social media crowd, and have some younger faces available.

Victor: You could just have them come to this work group, right?

Nele: I'm curious if some of these things are too specific. Are we allowed to amend the language to include a more broad, effective, and relevant campaign as a model to create training or do we have to use specific campaigns?

Coreen: That is a good question. I do not know the answer.

Jen: In this work group's strategic plan we could make the language more general or more specific. It's up to this group.

Nele: My feedback for that is that some of these feel really specific. I feel we could be broader and more inclusive, but include the language you are talking about -- make it relevant, make it effective, have a resource tied to it, or have real people, young people.

Precious Collins: I have my prevention hat on right now and Lift the Label is awesome. I was thinking about it in my own experiences in trying to reach the youth in my community. I hate to say this, but Lift the Label might be too specific in its intentions, especially with youth who maybe are not directly utilizing substances on a regular basis but are experimenting. Is there a way to broaden the language to include other youth-specific campaigns in Colorado and also organizations that are doing that work to have more of a universal approach? Lift the Label is really specific. I agree with Victor. Broaden the language to include other campaigns in the state that are doing the same thing, for example Rise Above Colorado. There are a lot of different organizations specifically in prevention that are doing amazing work with young adults.

Coreen: I think that that's great, and I'm not saying this as a person or employee of Young People in Recovery, but just mirroring what you said about wearing the prevention hat. Emphasizing the Good Samaritan Law in some of this language is so important, especially if we're going to be targeting youth. How often do youth go to parties and something happens, and they're afraid to reach out for help because of that stigma, because of that fear, and because police officers are still arresting people at the scene? There are all sorts of barriers happening there.

Chrissie: Training related to individual stories is substantial and benefits everyone. We all learn from sharing and listening. I would see individuals coming together in a group sharing and listening, creating recommendations and learning from each other to develop and establish recovery-inclusive language into policy and practice that provides overall understanding.

Jen: BHA runs the Lift the Label campaign, so we could definitely provide them with that feedback in addition to inviting them to participate. Alia Andrews, who leads their recovery-specific work, is unable to attend this meeting due to a department conflict, but we could invite others from BHA.

Hilary: KTPS's target audience is 18-34. Sometimes we expand to 18-44 depending on the messaging.

Nele Cashmore: Use youth-focused, recovery centered, prevention and harm reduction support campaigns that are relevant and effective as a model to create trainings.

5. Share the recovery-inclusive glossary and distribute training broadly to advocacy organizations, state agencies, and philanthropic foundations.

Coreen: What do these trainings look like? When I think of CREATE trainings to embed recovery-inclusive language into policy and practice, I think of myself and a couple other powerhouses standing next to me at the capitol with legislators and representatives willing to be educated and willing to hear from their constituents.

Victor: Number 5 can be combined with number 4.

6. Review funding announcements and other materials from selected statewide funders (such as OBH, private philanthropies, and the legislature) to assess the use of non-stigmatizing, pro-recovery language.

Coreen: I'm going to look at 5 and 6 together -- not that they share similarities, but just want to put the two together. I think maybe if we could combine number 5 and number 3 together.

Nele Cashmore: I appreciate 5 and 6. Hearing from the Consortium about these opportunities is sometimes my only way to find out about them.

7. Improve systematic data collection and assessment through the use of validated data collection tools, and statewide surveys such as the Behavioral Risk Factor Surveillance System.

Victor: Number 7 can be combined with number 4.

8. Provide guidance on collecting recovery program data, such as the Brief Assessment of Recovery Capital (BARC-10), for both state-funded recovery programs and other programs that want to follow state recommendations for data collection.

Coreen: Which organizations in attendance today are utilizing the behavioral risk factor surveillance system?

Jen: This is, the BRFSS, a statewide survey that goes out and is related to all kinds of health-related issues. There is a national BRFSS that says you have to answer these questions, and then the state health department gets to decide on which other questions are included that are Colorado-specific. We were the first state in the nation to enter in three questions related to recovery. If you think about, if you're familiar with the National Survey on Drug Use and Health, we got a lot of data from that before they stopped it. The BRFSS was something we wouldn't necessarily use, but it was a way for the state to collect information on individuals who identified as having experienced a substance use disorder and those who identify as being in recovery. The third question was what helped them get into recovery. We got those questions approved by the state in 2018 or 2019. Due to the onset of COVID, we weren't able to get the questions inserted into that state survey again, and then the work group opted not to try. It is something that we have to pay for (\$5,000 or \$8,000 per question). It was a way to collect data on the numbers of people in Colorado who identify as being in recovery.

Coreen: Would you be interested in utilizing this system? I know internally at YPR we have our own type of RCI (Recovery Capital Index) that we periodically send out for responses to the question of identifying as being in recovery.

Jacob: I think keeping some sort of data collection as a statewide system would be helpful, not only for this group, but for the other organizations across Colorado, including state agencies.

The goal might be to ask what is the system we want to utilize and how can we collect that data? Is there another organization in the state already doing this? Can we tag onto that?

Nele: I think it's important to use our voices and the work group to improve systematic data collection for mental health and substance use challenges.

Coreen: I wonder if there is a way to utilize our own individual organizations and if there's a platform where we can input our own data.

Victor: I like what Nele said. We should be innovating where we can, even something as boring as data collection.

Precious: It would be awesome, too, because it doesn't always have to be this work group, or a certain organization, but collaborating with the school, which sounds like an avenue, but collaborating with institutes and maybe an MPH or a doctoral student on a practicum or a capstone project to help and maybe create a dashboard. How can we enhance that, but also collaborate and combine that data so that it's more productive for not just one organization or one piece of the field that we work in, but also for everyone else? One of the things that we, as public health professionals, always have a conversation about is that there are too many dashboards. We also need to keep in mind that some of that data we're working with is related to underserved and/or rural populations. We need to make sure we're handling that data in an ethical and responsible manner. I'm a big advocate of getting future public health students involved in things like this because it is a great learning opportunity for them.

Jen: With the federal government's elimination of the National Survey on Drug Use and Health, there aren't other data gathering options for getting a sense of the number of Coloradans who have had an issue with substances and/or identify as having 'resolved the issue.' Data is so important, especially as we want to validate the importance of our work in recovery support.

9. Publish a brief that depicts recovery as an essential element of the behavioral health system of care for children and adults.

Victor: Number 9 seems redundant and a waste of time and energy that could be spent elsewhere. We have projects that we haven't even started yet, and we're trying to add more to our plate.

10. Include recovery in discussions with the Governor's Behavioral Health Task Force and its related subcommittees and other behavioral health convenings across the state.

Hilary: It sounds like 9 and 10 are staying? 9 is questionable? 10 is staying.

Coreen: I would like to see 10 be implemented. I didn't hear any yaes or nays for Vic's comment, but I agree that 9 can be eliminated or added to one of the previous recommendations.

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

Nele: I think this has been done well and a good one to continue to invest time in.

Jen: I would just add that I like 11. I think it should stay, and I think that this applies to areas outside of our choir. This is making sure that places like the winter symposium are talking about recovery research instead of just talking about treatment. The Colorado Pain Society meetings include all involved in the continuum of care -- medical providers, nurse practitioners, and make sure they understand recovery research and how practices and agencies should be more recovery focused. I think this aligns with the aim that I know the Consortium has with creating recovery-oriented systems of care. That's how I interpret number 11. Perhaps the language changes a little to say that, i.e., bringing speakers to Colorado to educate on recovery-oriented systems of care and best practices.

Jacob: I hope we keep that one. Sometimes I feel we get a little siloed in Colorado. Not that everyone's not doing great things here, but there are other great things happening across the country. Bringing in speakers from other state departments, recovery community organizations, and certification boards to share knowledge is what can expand our vision and lead to innovation.

**Strategic Objective Two:
Provide Recovery-Oriented Clinical Care**

12. Propose to the University of Colorado Anschutz Medical Campus to start a class on substance use recovery in all clinical programs.

Coreen: Hands down, this should be implemented already.

13. Identify recovery champions as content experts to help write a curriculum to train primary care practice staff. Recovery Champions can be peer specialists or other health care professionals or staff working in primary care.

Coreen: I think this is an excellent point. I know that this is something I really just touch on with Rocky Vista University where they are providing substance use disorder education to students training to become primary care doctors.

14. Identify primary care clinics that will commit to using a recovery champion to connect patients to community-based recovery services and improve primary care staff.

Coreen: How do we hold these clinics accountable for this? I feel like this has been a conversation on many different levels.

Victor: Regarding 12, 13, 14, number 12 seems like university business, not Recovery Work Group business. They need to figure out if they want to offer a class or not. Number 13 – recovery peer support professionals are recovery champions. Why are they trying to steal our language? Why are they trying to make a new lane when we are the recovery champions? We just need to redefine that. So, delete 13 and 14

Jen: I'd love to remind folks and to your point earlier, Victor, the recovery champions are this work group and also the recovery community that partners with educational institutions to provide subject matter expertise.

15. Continue to provide guidance to engage providers in parts of the state with poor access to medication-assisted recovery.

Coreen: The conversation needs to change, and there needs to be accountability.

16. Continue to advertise and provide medication-assisted recovery through mobile medication-assisted recovery vans.

Coreen: Transportation is a huge barrier.

17. Monitor the implementation of House Bill 19-1269, which addresses insurance and Medicaid coverage for medication-assisted recovery and behavioral health system services.

18. Review regulatory requirements for substance use treatment providers to identify opportunities to incorporate recovery in treatment planning, such as referrals and connections to recovery support services.

19. Review licensing requirements and identify opportunities to educate on the importance of community-based recovery supports.

20. Expand Certified Addiction Counselor training to include recovery language, evidence of effectiveness of recovery support, and recovery best practices.

Jacob: I think number 20 is a focus to help clinical staff understand more about the benefits of multidisciplinary teams and roles. I meet a lot of counselors that still do not know the roles of peer professionals.

21. Partner with Managed Service Organizations to provide a full continuum of substance use services, will develop and maintain a comprehensive list of recovery services and partner with local public health departments to keep the lists updated and distribute them to the community.

Victor: Regarding number 21, isn't that what Signal did with Own Path back to 2021?
<https://ownpath.co/>

22. Partner with Managed Service Organizations to identify contract incentives to encourage boards to include people with lived experience.

23. Establish formal policies on peer-to-patient ratios and appropriate professional oversight of positions, and work with contracted providers to offer peer recovery services.

24. Train substance use providers on the role of recovery support through the treatment process.

25. Engage the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities to expand staff education requirements to include training on the importance of community-based recovery supports.

(No comments were made during the meeting regarding numbers 17, 18, 19, 22, 23, 24 and 25.)

A complete copy of Recommendations and Objectives is attached to the minutes and includes Strategic Objective Three: Equip Communities with Recovery Support (recommendations 26 through 38).

Work Group Co-chair Position Update:

Victor announced that he is stepping down as the work group co-chair. Work group members and Consortium staff thanked him for his expertise and many contributions to the work group efforts.

Adjournment/Next Meeting:

The meeting was adjourned at 1:28 p.m. The next meeting will be held on Friday, July 10, 2026, from 12 to 1:30 p.m. via Zoom

Attachments: Work group roster, Strategic Plan Recommendations Listing