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Opioid Use Disorder Treatment Landscape Analysis



The Evaluation Center

UNIVERSITY OF COLORADO
DENVER | **ANSCHUTZ MEDICAL CAMPUS**



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INTRODUCTION

The Evaluation Center (TEC) partnered with the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium) to develop a Landscape Analysis for Opioid Use Disorder Treatment in Colorado. This analysis summarizes data and insights on the availability of treatment services in Colorado.

BACKGROUND AND APPROACH

This analysis was originally completed by the Colorado Health Institute in December 2022. It was informed by stakeholders¹ who identified several populations with barriers to accessing opioid use disorder treatment. In April 2025, the Consortium contracted TEC to update the landscape analysis and add additional datapoints.

Evaluators mapped opioid use disorder treatment locations, buprenorphine treatment locations, and hospital locations overlaid with data of underserved population groups to display population-specific access to treatment. Evaluators used ArcGIS Online software to create the maps, and several maps show close-ups of specific areas with high variation. All maps are available in an enlarged format in the appendix. Exhibit 1 outlines the data sources used.

Exhibit 1. Data sources used to develop maps

SOURCE	METRICS	DATE(S)
Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator	• Opioid treatment program locations² • Buprenorphine practitioner locations • Opioid use disorder treatment facilities³ • Opioid use disorder treatment facilities that accept adolescents • Opioid use disorder treatment facilities with special programming serving: ○ Seniors/older adults ○ Pregnant/postpartum women	2025

¹ The original landscape analysis was primarily informed by the Medications for Opioid Use Disorder Stakeholder Meeting held on December 6, 2022, which was attended by representatives from the Behavioral Health Administration, University of Colorado, Front Range Clinic, Southern Colorado Harm Reduction Association, Signal Behavioral Health Network, and consultants working in opioid abuse prevention.

² An opioid treatment program is a medication-assisted treatment program that is certified by SAMHSA and registered with the Drug Enforcement Agency to administer and dispense methadone for the treatment of opioid use disorder.

³ An opioid use disorder treatment facility is a substance use facility that treats opioid use disorder and may or may not use medication-assisted treatment. Substance use facilities that do not treat opioid use disorder were excluded from this analysis.

American Community Survey 5-Year Estimates	• Race/ethnicity • Language spoken at home • Age	2019-2023
Behavioral Health Administration	• Mobile health unit locations	2025
Centers for Medicare & Medicaid Services	• Hospital locations that do and do not accept Medicaid	2025
Federally Qualified Health Centers	• Federally Qualified Health Center locations	2025
Indian Health Services	• Indian Health Services locations	2023

FINDINGS

GEOGRAPHY

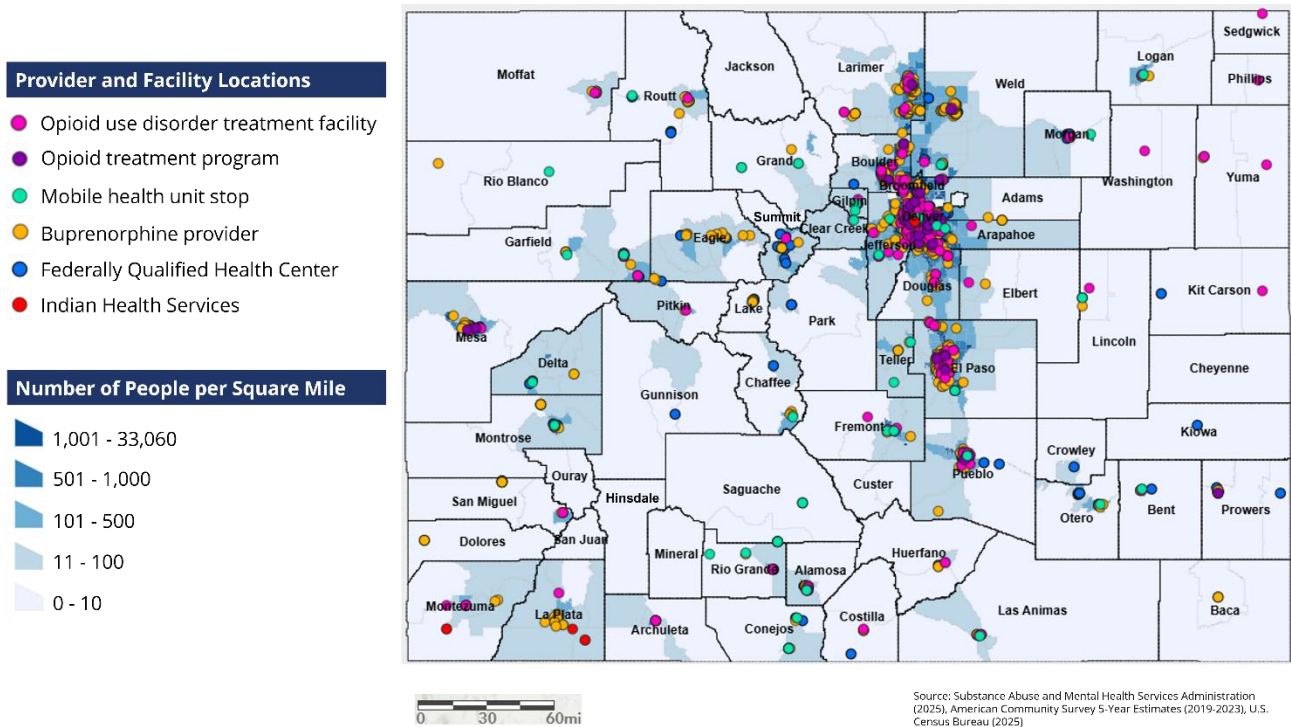
Consistent with the 2022 Landscape Analysis, northwest Colorado and the eastern plains have fewer treatment locations compared to the rest of the state, though these areas are less populated. Exhibit 2 displays population density with opioid use disorder treatment provider and facility locations across the state, including facilities that offer treatment for opioid use disorder, opioid treatment programs, buprenorphine providers, Federally Qualified Health Centers, and Indian Health Services locations. Stops from the Behavioral Health Administration's five mobile units are also included. While data related to opioid use disorder prevalence is not available for all parts of the state, examining treatment locations and population density together can help contextualize where gaps in services persist.

As expected, more services are available in metro areas and larger cities, including along the I-25 corridor and in Grand Junction and Pueblo. Rural and frontier counties, especially Moffat County and the eastern plains, have fewer services. It is important to note, however, that these areas also have smaller populations. Even within rural areas, the services that are available tend to be located in the more densely populated census tracts, such as in Las Animas, Logan, and Moffat counties. An example of where this is not the case is in Gunnison County, where the only treatment option, a Federally Qualified Health Center, is located in a less-populated census tract.

Mobile health units continue to provide access to opioid use disorder treatment services in the San Luis Valley; northwest counties such as Garfield, Rio Blanco, and Routt; and central counties such as Clear Creek, Fremont, Gilpin, and Teller. Since 2022, the mobile health units expanded services into the southeast corner of the state in Bent, Las Animas, and Otero counties.

Several counties remain without any opioid use disorder treatment facilities, providers, or mobile units since the previous landscape analysis was completed in 2022. These counties include Cheyenne, Hinsdale, Jackson, Mineral, Ouray, and San Juan. Custer County had a mobile health unit stop in 2022 but currently has no service options. Kiowa County currently has a Federally Qualified Health Center, which was not reported in the 2022 landscape analysis. It is important to note that all eight of these counties have a population density of 10 or fewer people per square mile.

Exhibit 2. Opioid use disorder (OUD) treatment facility and provider locations compared with population density (number of people per square mile)

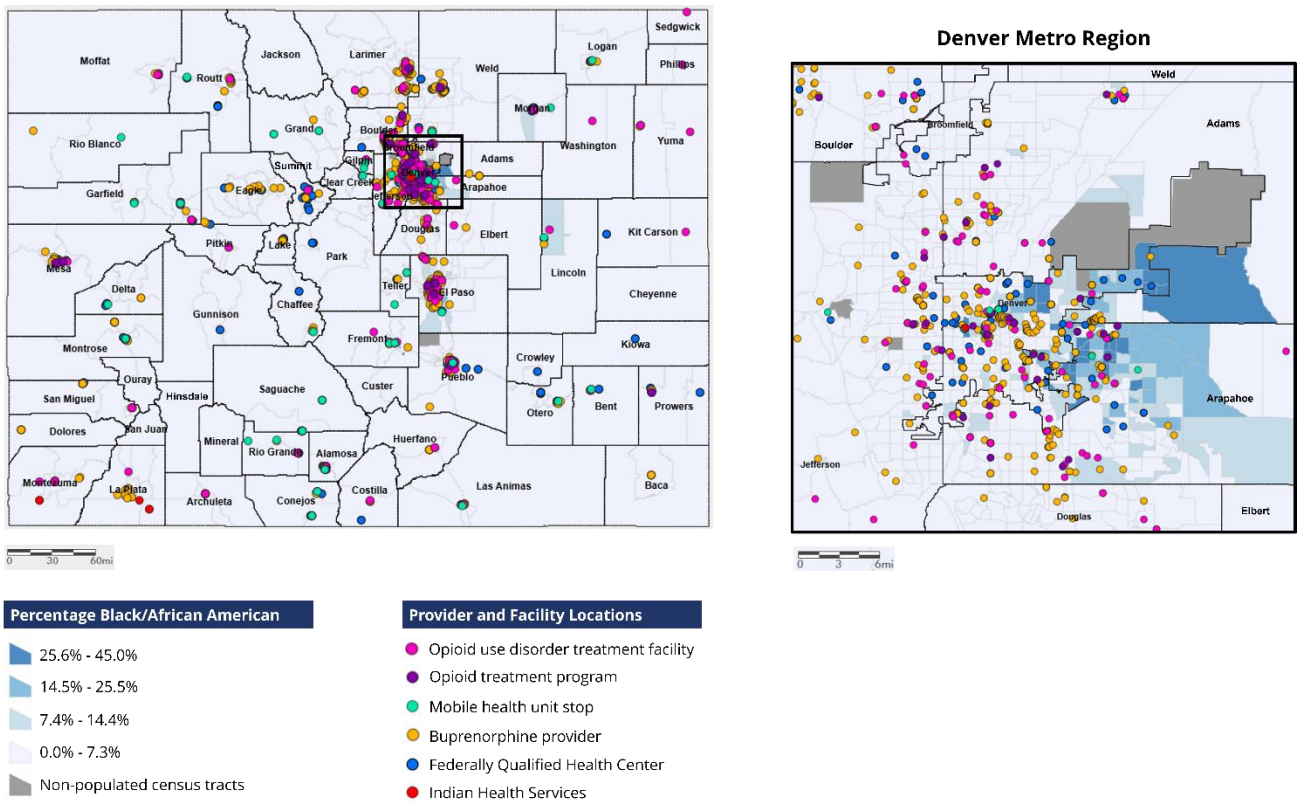


RACE/ETHNICITY

ACCESS FOR BLACK/AFRICAN AMERICAN POPULATIONS

Communities of Color continue to have less access to nearby opioid use disorder treatment. Exhibit 3 shows opioid use disorder treatment locations overlaid with Black/African American (non-Hispanic/Latino) populations. While the Denver metro area has a high number of services in Denver County and western Arapahoe County, there are very few services available in the city of Aurora, particularly northeast Aurora, which is home to many Black/African American Coloradans (between 26% and 45%).

Exhibit 3. OUD treatment locations compared with populations of Black/African American (non-Hispanic/Latino) Coloradans



Source: Substance Abuse and Mental Health Services Administration (2025), Colorado Behavioral Health Administration (2025), Health Resources & Services Administration (2025), Indian Health Services (2023), American Community Survey 5-Year Estimates (2019-2023)

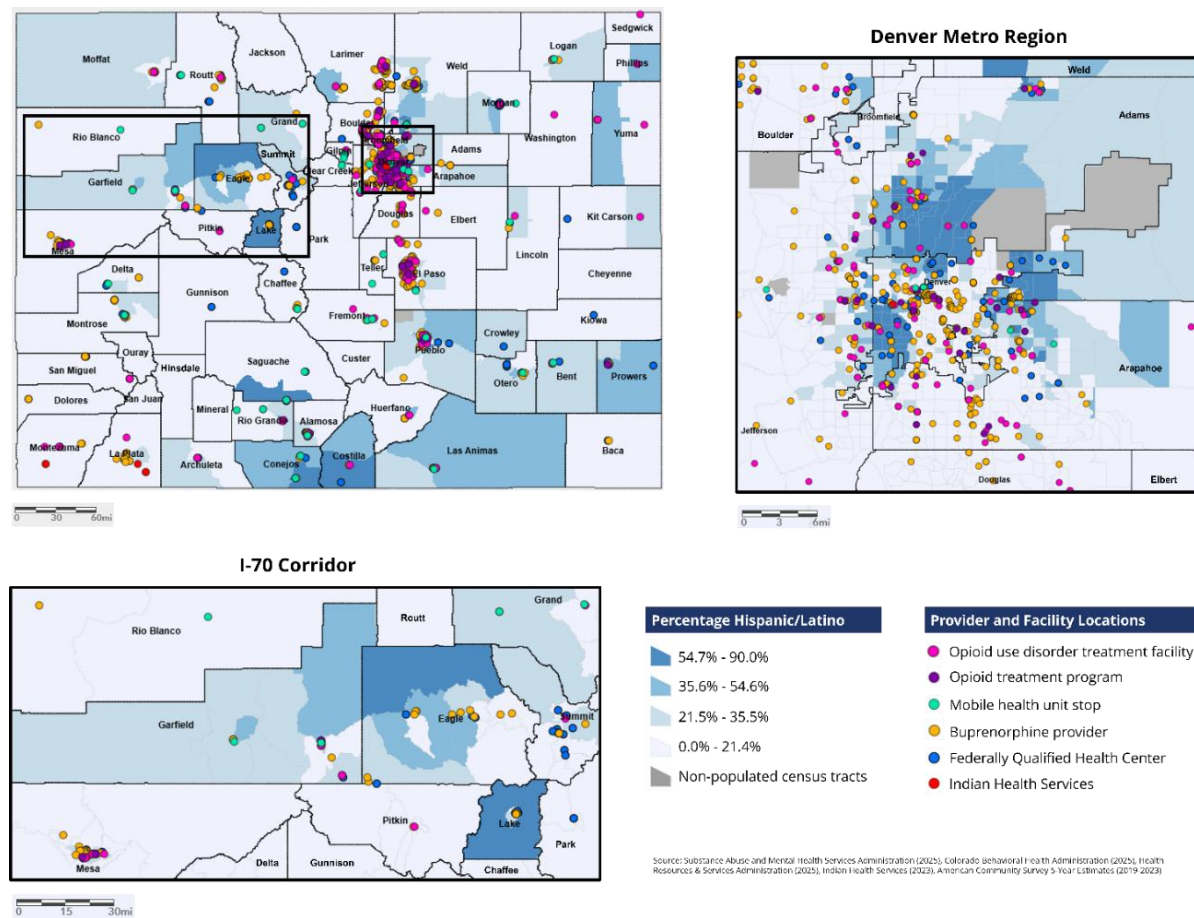
ACCESS FOR HISPANIC/LATINO POPULATIONS

Exhibit 4 shows opioid use disorder treatment locations overlaid with Hispanic/Latino populations. Similar to the previous map, there is a high population of Hispanic/Latino Coloradans living in northeast Aurora who do not have many nearby treatment options. Additionally, southwest Adams County has a greater population of Hispanic/Latino Coloradans but fewer treatment locations.

Eagle and Lake Counties along the I-70 corridor have greater populations of Hispanic/Latino Coloradans compared to surrounding areas. However, services tend to be located in areas with fewer Hispanic/Latino Coloradans. This is particularly true in Lake County, where the only service options (two buprenorphine providers and four Federally Qualified Health Centers) are located within census tracts with only a 0% to 36% Hispanic population, compared to the surrounding census tract with a 55% to 90% Hispanic population.

The San Luis Valley in the south-central part of the state also has a high population of Hispanic Coloradans, with limited treatment options.

Exhibit 4. OUD treatment locations compared with populations of Hispanic/Latino Coloradans

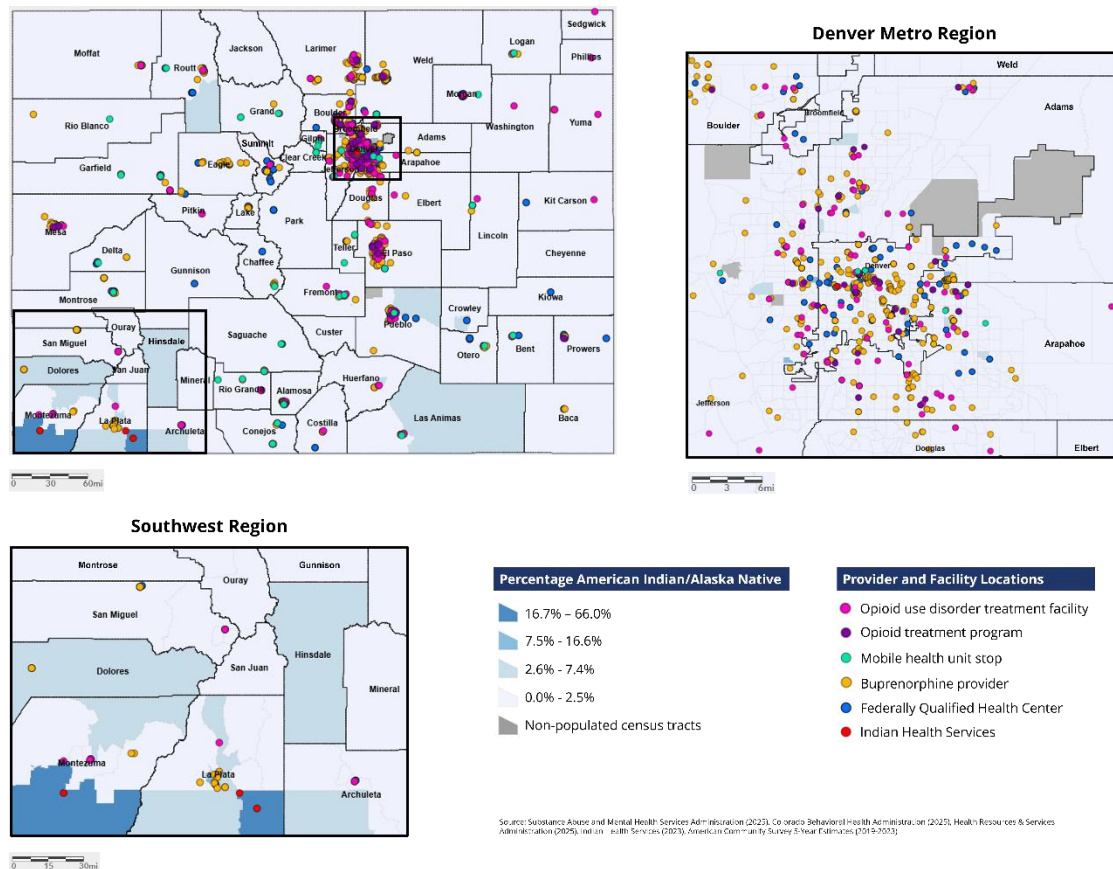


ACCESS FOR AMERICAN INDIAN/ALASKA NATIVE POPULATIONS

Exhibit 5 shows opioid use disorder treatment locations overlaid with American Indian/Alaska Native (non-Hispanic/Latino) populations. The greatest population of American Indians/Alaska Natives is in the southwest corner of the state, which is home to the Southern Ute and Ute Mountain Ute tribes. There is one Indian Health Services location and one buprenorphine provider⁴ located on the Ute Mountain Reservation. There are two Indian Health Services locations and one buprenorphine provider located on the Southern Ute Reservation.

In the 2022 Landscape Analysis there was a relatively high population of American Indians/Alaska Natives in west central Boulder County, but the latest American Community Survey data showed a shift in this population (from 7.9% to 16.3% in the 2017-2021 estimates to 0% to 2.5% in the 2019-2023 estimates).

Exhibit 5. OUD treatment locations compared with populations of American Indian/Alaska Native (non-Hispanic/Latino) Coloradans



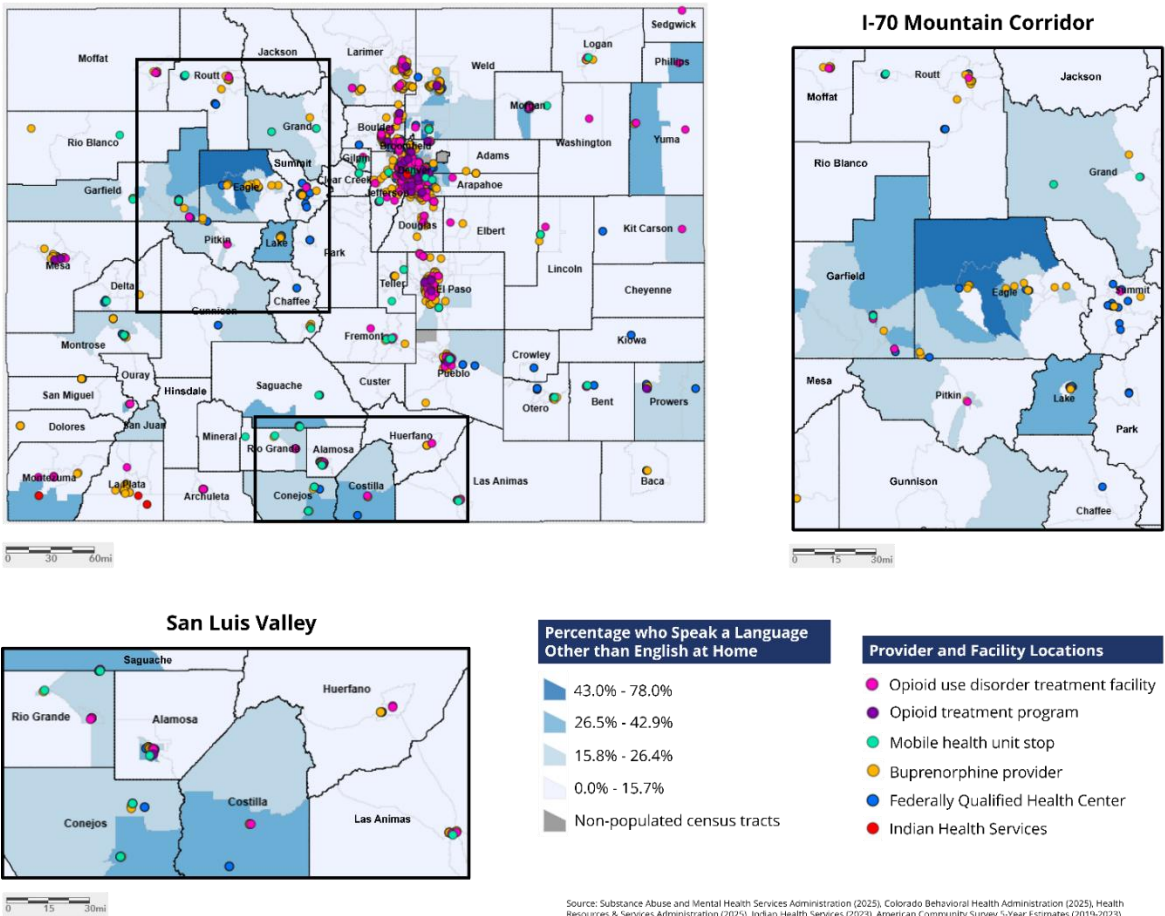
⁴ The buprenorphine provider locations on each of the reservations are located very closely to the Indian Health Services locations, which is why they cannot be seen on the map.

UNDERSERVED POPULATIONS

ACCESS FOR POPULATIONS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH

When compared to the 2022 landscape analysis, access to treatment options remains relatively limited for several underserved populations. Exhibit 6 shows opioid use disorder treatment locations overlaid with populations who speak a language other than English at home. The I-70 mountain corridor and the San Luis Valley are two areas that have a relatively high percentage of Coloradans ages 5 and older who speak a language other than English at home. Eagle and Garfield Counties have fewer treatment options in the census tracts with higher populations of Coloradans who speak a language other than English at home. In the San Luis Valley, however, there are treatment options in the census tracts with the highest populations of non-English speaking Coloradans, including mobile health unit stops that are new since the last landscape analysis was conducted.

Exhibit 6. OUD treatment locations compared with populations of Coloradans who speak a language other than English at home

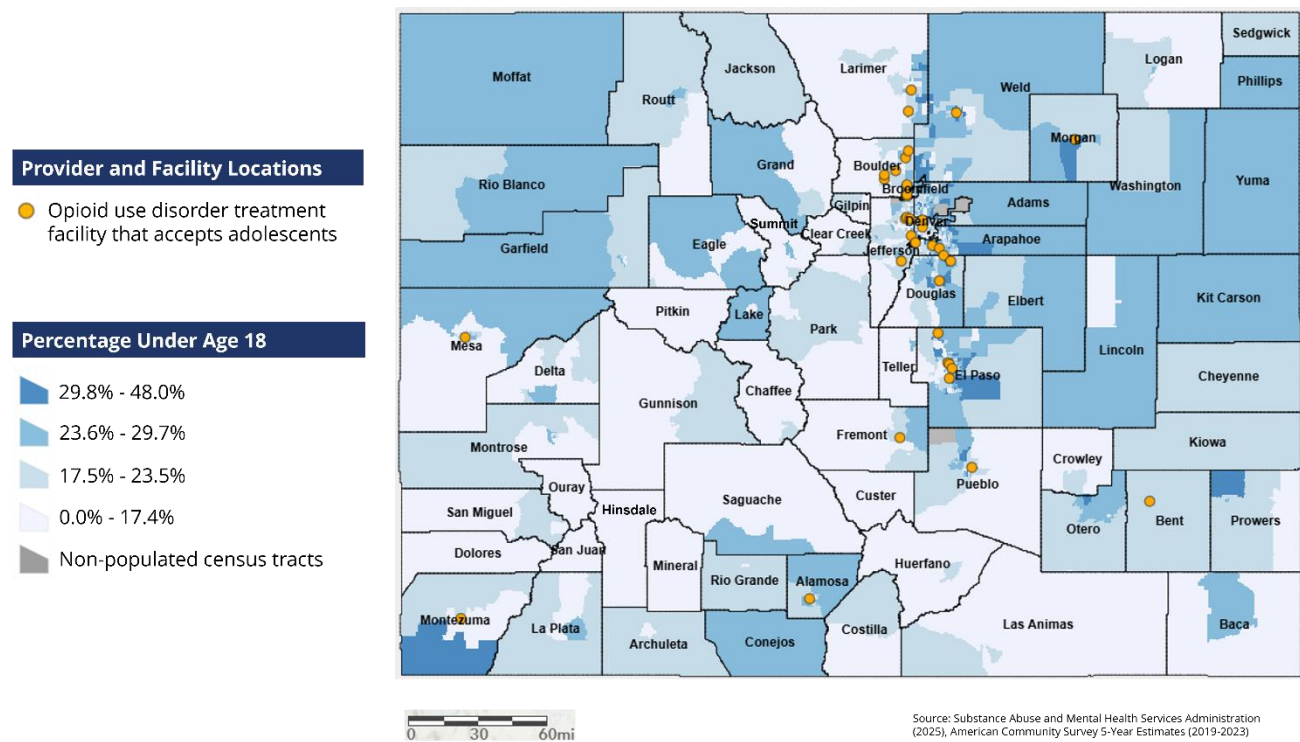


ACCESS FOR ADOLESCENTS

Exhibit 7 shows opioid use disorder treatment facilities that accept adolescents under age 18 for treatment overlaid with populations of Coloradans under age 18. Of the 219 facilities that treat opioid use disorder in Colorado, 16% (36 facilities) treat adolescents, which is a smaller percentage compared to findings from 2022. Of these, only five are in rural or frontier counties.

The northeast corner of the state has a relatively large youth population (24% to 30% in several areas) with only one facility in Fort Morgan (Morgan County) that treats adolescents. Part of Prowers County has a youth population of 30% to 48% and no treatment facilities that accept adolescents.

Exhibit 7. OUD treatment locations that accept patients under 18 for treatment compared with populations of Coloradans under age 18

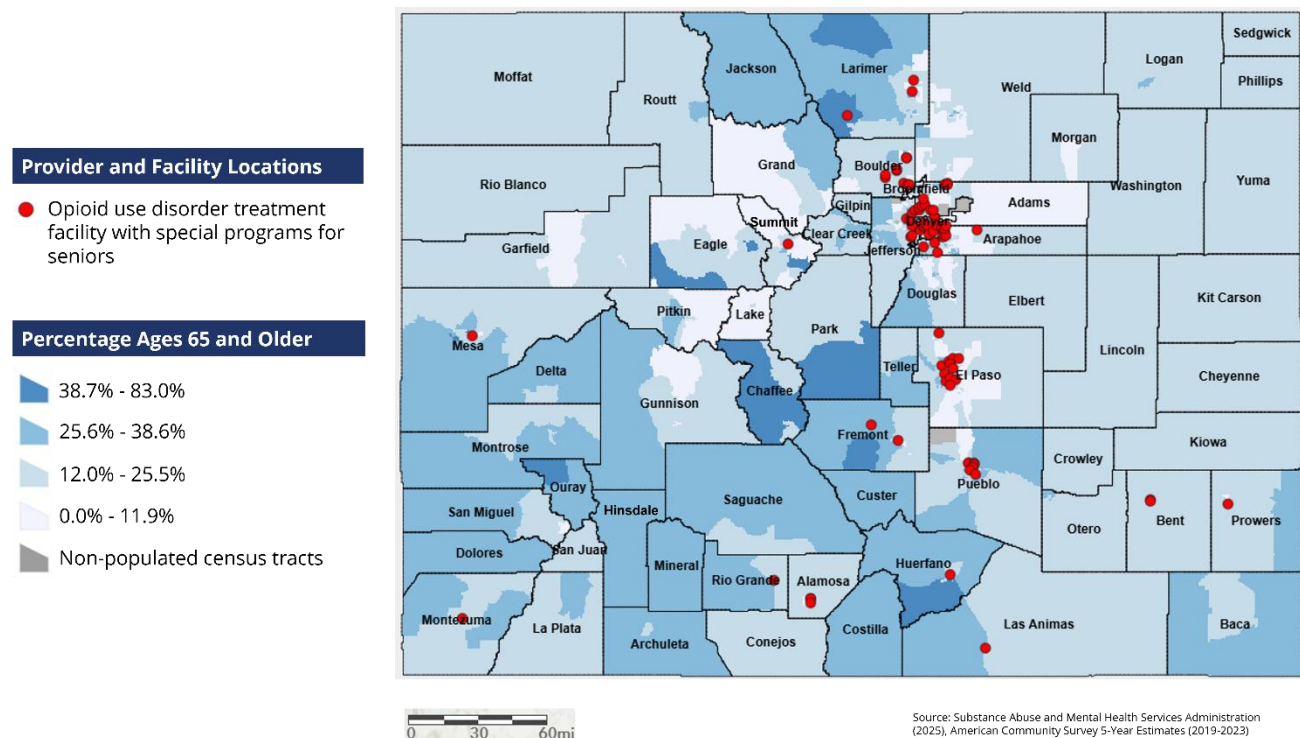


ACCESS FOR SENIORS

Exhibit 8 shows opioid use disorder treatment facilities that have special programs for seniors overlaid with populations of Coloradans ages 65 and older. Of the 219 facilities that treat opioid use disorder in Colorado, 38% (84 facilities) have special programs for seniors. Thirteen of these are in rural or frontier counties.

The southwest corner of the state generally has an older population (26% to 39% in several areas) but very few treatment options that have special programs for seniors.

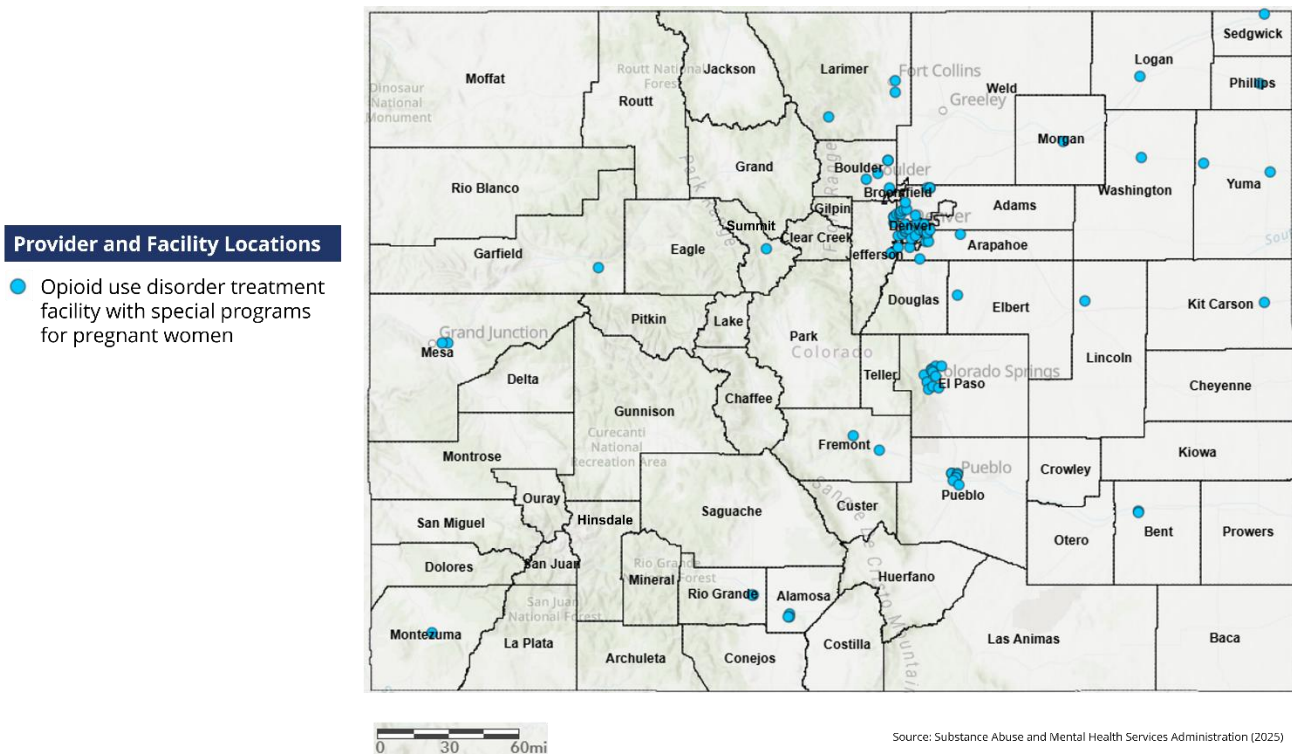
Exhibit 8. OUD treatment locations with special programs for seniors compared with populations of Coloradans ages 65 and older



ACCESS FOR PREGNANT/POSTPARTUM WOMEN

Exhibit 9 shows opioid use disorder treatment facilities that have special programs for pregnant/postpartum women. Of the 219 facilities that treat opioid use disorder in Colorado, 41% (89 facilities) have special programs for pregnant/postpartum women, which is consistent with findings from 2022. Most of these facilities are located along the I-25 corridor. However, there are quite a few programs in the eastern plains, far more compared to the Western Slope.

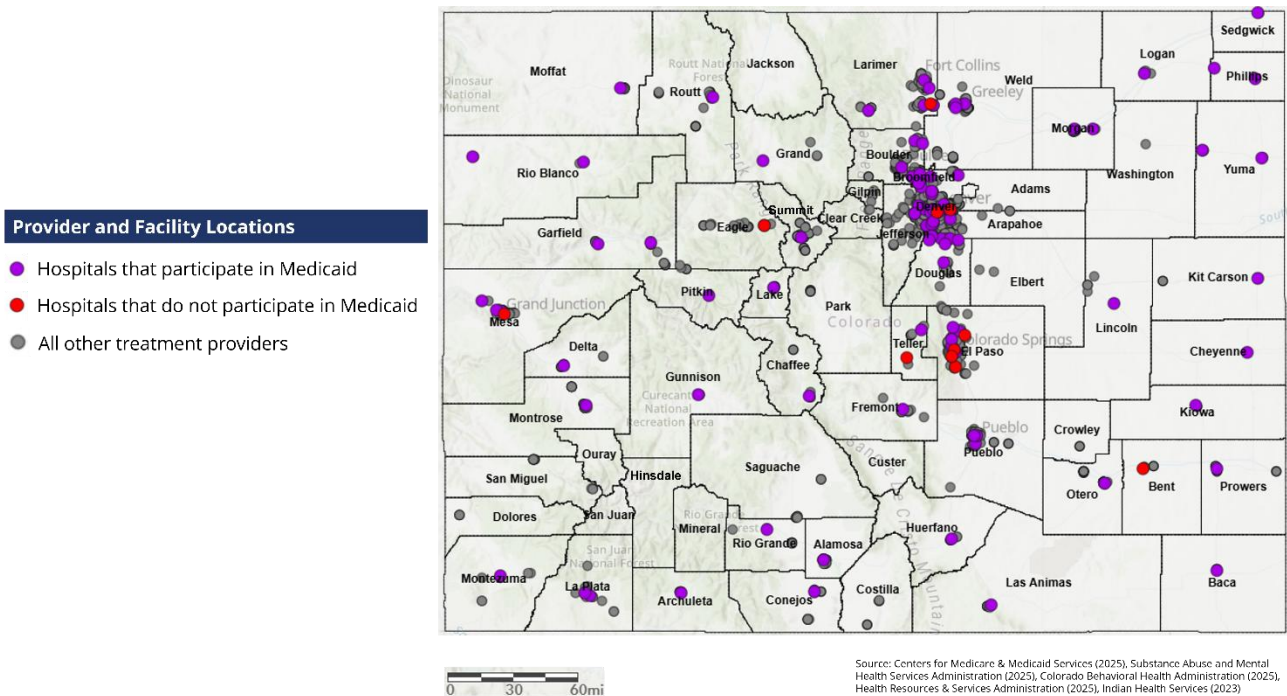
Exhibit 9. OUD treatment facilities with special programs for pregnant and postpartum women



HOSPITAL LOCATIONS

Exhibit 10 shows hospital locations across Colorado compared with all other treatment providers and locations (facilities that offer treatment for opioid use disorder, opioid treatment programs, buprenorphine providers, Federally Qualified Health Centers, Indian Health Services locations, and mobile unit stops). In 2022, stakeholders indicated that an opportunity existed for hospitals to play a larger role in the addiction care system by initiating opioid use disorder treatment. Engaging hospitals could help expand access to treatment, especially in counties like Baca, Cheyenne, Gunnison, Kiowa, Kit Carson, Phillips, Rio Blanco, Sedgwick, and Yuma where other treatment options are limited or nonexistent.

Exhibit 10. Hospital locations across Colorado compared with all other treatment providers



CONCLUSION

While there have been some shifts in service locations and populations, findings are largely consistent with those from the 2022 landscape analysis. Communities of Color have less access to nearby opioid use disorder treatment locations, and special populations like adolescents and pregnant/postpartum women have relatively limited options in rural and frontier counties. Engaging hospitals could increase access to opioid use disorder treatment services in counties where there are no other or very few treatment options.



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