

# Colorado Consortium for Prescription Drug Abuse Prevention

## 4<sup>th</sup> Annual Meeting

University of Colorado Anschutz Medical Campus  
Fulginiti Pavilion and Skaggs School of Pharmacy

October 27, 2016



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# Welcome and Overview of Day's Activities

- Rob Valuck, Coordinating Center
- Kyle Brown, Governor Hickenlooper's Office



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# Housekeeping

- Thank you to *King Soopers* for providing breakfast
- Restrooms: two off of main lobby, back of building (19<sup>th</sup> Ave side), additional restrooms downstairs (stairs by registration desk)
- Meeting materials:
  - Agenda
  - Breakout Room assignments and directions
  - Participant List
  - ADF work group draft document
  - Slides will be posted afterwards
- Support and logistics
  - Rosemarie MacDowell
  - Whit Oyler
  - GenerationRx students



# Opening Remarks

- Cynthia Coffman, Colorado Attorney General
- Jose Esquibel, Director, Office of Community Engagement, and Vice Chair for Prevention, Substance Abuse Trend and Response Task Force
- Larry Wolk, Colorado Department of Public Health and Environment
- Joe Neguse, Colorado Department of Regulatory Agencies
- Camille Harding, Colorado Department of Human Services, Office of Behavioral Health



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# **The Consortium in Year 4: Moving into a New Era of Collaboration**



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# Colorado Plan to Reduce Prescription Drug Abuse



September 2013  
Kelly Perez  
Policy Advisor  
Office of Governor John Hickenlooper



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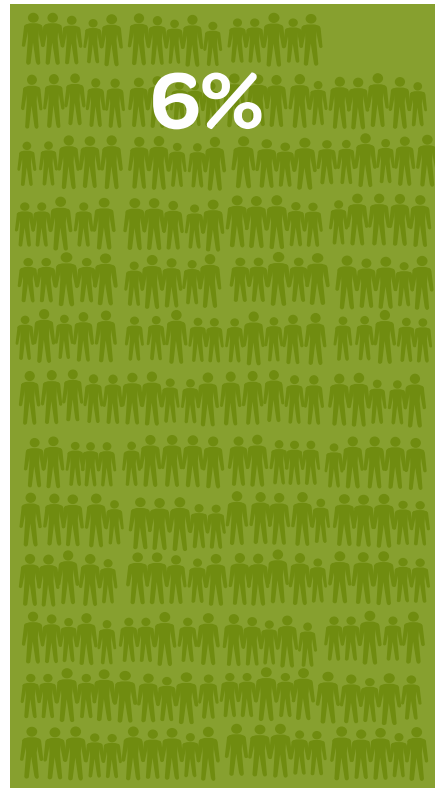
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# 2016 GOAL:

## **PREVENT** 92,000 Coloradans from misusing opioids

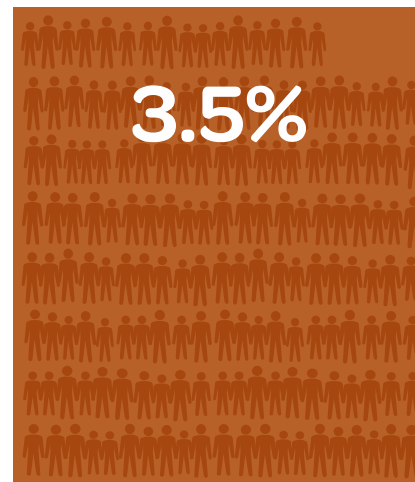
**255,000**  
COLORADANS  
AGED 12 +



2011-2012

 = 1000 PEOPLE

**163,000**  
COLORADANS  
AGED 12 +

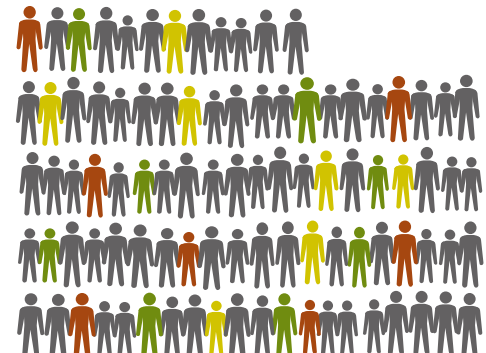


2016 TARGET

minus

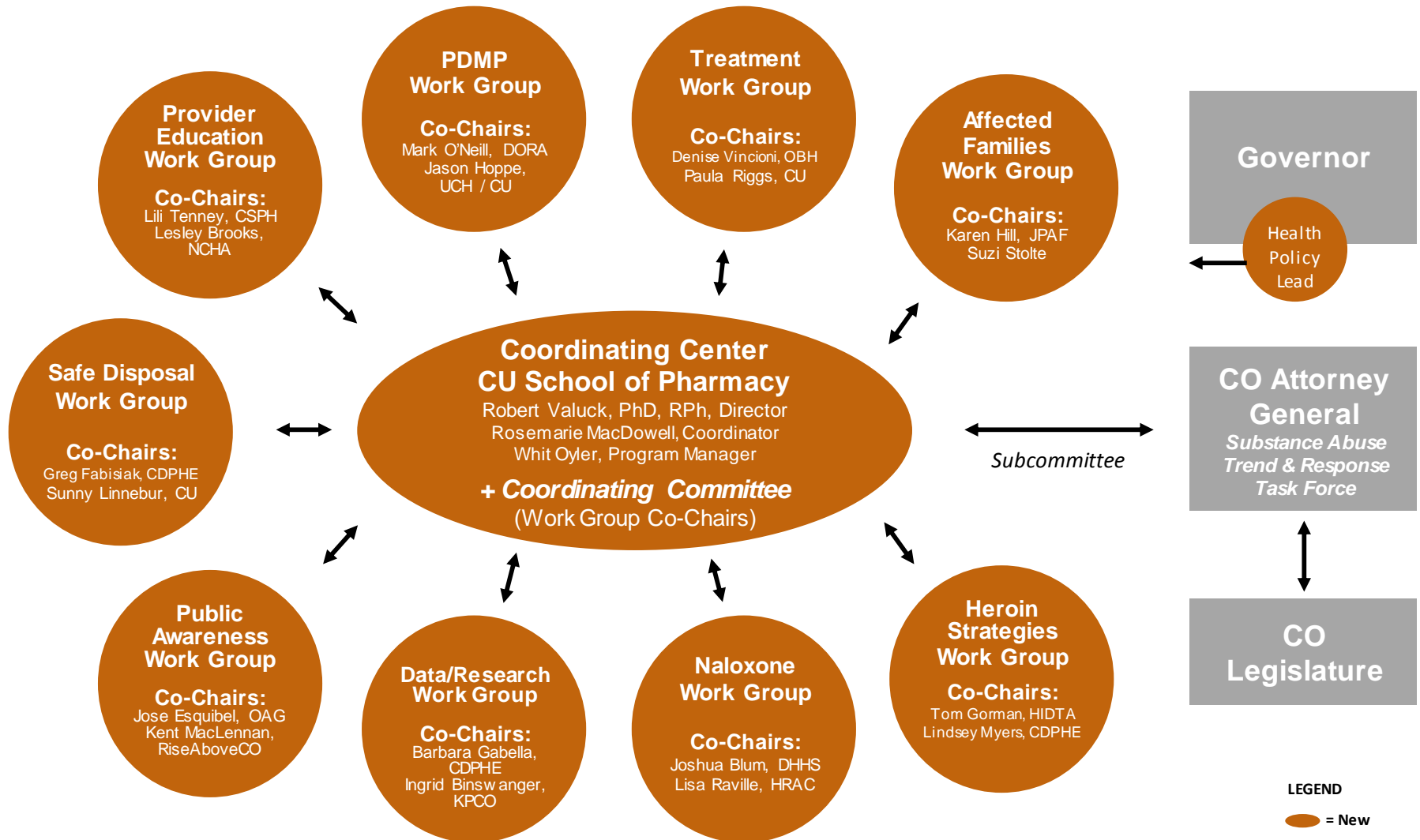
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**92,000**  
COLORADANS  
AGED 12 + PREVENTED  
FROM MISUSING OPIOIDS



# Colorado Consortium for Prescription Drug Abuse Prevention

*A coordinated, statewide, interuniversity/interagency network*





# Consortium Accomplishments: The Highlights

- Consortium has 9 work groups, 375 members (150 regulars)
- Program Manager: Whit Oyler
- Public Awareness campaign: 3X award winner
- Work Group activities: will let them tell you!
- Dozens of Presentations and Media Interviews
- FBI/DEA documentary: *Chasing the Dragon* (screenings/panels)
- Grant Applications turning into Grant Awards
- Recognition of our Collective Impact Approach, 501c3 backbone organization, and spirit of collaboration



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## The Five Conditions of Collective Impact

<b>Common Agenda</b>	All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
<b>Shared Measurement</b>	All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.
<b>Mutually Reinforcing Activities</b>	A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.
<b>Continuous Communication</b>	All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.
<b>Backbone Support</b>	An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

Adapted from John Kania and Mark Kramer, *Stanford Social Innovation Review*, Winter 2011, vol 9, no 1.



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# The Consortium: Our Evolving Role

- Today: share our successes, innovations across Colorado
- Become more data driven, evidence based
- Give input to Legislature (state, federal)
- Advocate for additional resources, programs in key areas
- Support agencies who implement and run programs
- Transition to provision of technical assistance, toolkits, training, and other resources to local/regional coalitions
- Convene key stakeholders for collaboration: working now to host a “Guideline Summit” for Jan/Feb 2017
- Continue to evolve in the rapidly changing landscape



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# Regional Coalitions and Initiatives

- San Luis Valley AHEC
- North Colorado Health Alliance
- Pueblo Heroin Task Force / Pueblo HRC
- Tri-County Opioid Overdose Partnership
- Yampa Valley Rx Abuse Task Force
- Colorado Springs Coalition to Prevent and Control OUDs
- Central AHEC (Mountain Areas Drug Awareness Partnership)
- SW Colorado AHEC (Durango/Four Corners)
- Centennial AHEC (North/Northeast Colorado)
- Southeast Colorado AHEC



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# New Partner Organizations

- Colorado Hospital Association
- Colorado ACEP (American College of Emergency Physicians)
- University of Colorado School of Dental Medicine
- Colorado Behavioral Healthcare Council
- National Behavioral Health Innovation Center
- County Public Health agencies: Boulder, Gunnison
- El Paso County Combined Courts (Division Q)
- San Luis Valley School Superintendents
- Colorado Association of School Resource Officers



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# Special Thanks

- Attorney General
- Governor's Office
- Work Group Co-Chairs
- Cathy Traugott, HCPF
- Webb Strategic Communications
- Partner Organizations (too many to list)
- Rosemarie MacDowell
- Whit Oyler
- All of you – you are, we are, the Consortium and we are growing in number and in our ability to create change!



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# Questions?



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# Work Group Highlights: Year 3

- Public Awareness (Jose Esquibel, Kent MacLennan)
- PDMP (Mark O'Neill, Jason Hoppe)
- Safe Disposal (Greg Fabisiak, Sunny Linnebur)
- Provider Education (Lili Tenney, Lesley Brooks)
- Data/Research (Barbara Gabella, Ingrid Binswanger)
- Treatment (Paula Riggs, Denise Vincioni)
- Naloxone (Lisa Raville, Josh Blum)
- Heroin Strategies (Tom Gorman, Lindsey Myers)
- *Ad Hoc* ADF Work Group (Steve Wright, Scott Hompland)
- Affected Families and Friends (Karen Hill, Suzi Stolte)



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# Public Awareness WG: Year 3



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# Public Awareness Work Group Highlights: Year 3

- *Take Meds Seriously* (TMS) campaign – AG’s flagship effort
  - TMS won 3 Gold Pick awards from the Public Relations Society of America for its website, communications materials and press conference
  - Total web visitor sessions (last 12 months) = 59,065 (10,035)
  - Total downloads of resources (last 12 months)= 1,264 (491)
  - Active presence on Facebook and Twitter- follow us!
    - Total (New) followers during year: Twitter = 478 (+414); Facebook= 182 (+61)
    - Hosted 2 #TMS Twitter Chats that dramatically increased reach and followers
    - Campaign to grow followers coming in Jan. 2017 tied to permanent disposal program (TakeMedsBack.org)



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# Public Awareness Work Group Highlights: Year 3

- Supporting awareness activities with other Work Groups
  - Disposal- *Take Meds Back* campaign to support CDPHE permanent disposal program; launching Jan. 2017
  - Naloxone- promote Naloxone For Life trainings & DEA Take Back events
  - Data- ongoing data collection and mapping efforts to identify resources and raise awareness of the issue
  - Affected Families- establishing Speakers Bureau
- Sharing best practices from local communities
  - SLV AHEC's Naloxone grant project



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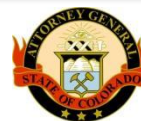


# PDMP Work Group: Year 3



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# *Prescription Drug Monitoring Program - Work Group*

- Our 2015-2016 Goals:
  1. What specific steps can we take to integrate the PDMP into Colorado's two Health Information Exchanges (HIE) and electronic health records (HRE)?
  2. What metrics and statistics should DORA track to ensure that we are making the PDMP as effective a public health tool as possible?



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# *Steps toward Integration: HIEs and EHRs*

- Colorado's two HIEs - Quality Health Network and Colorado Regional Health Information Exchange
- Ongoing coordination with CDPHE for funding of pilot programs in two major Colorado hospitals by Fall 2017.
- Harold Rogers PDMP Grant (DORA and UC School of Medicine) - research to provide key information about the use of PDMP information by providers in 5 major hospital emergency departments.



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# *Steps toward Integration: “Rapid Access” Pharmacy Integration*

- Our Goal: Allow retail pharmacists to access PDMP data via a “single sign-on” within their daily workflow system.
- In February 2016, King Soopers and City Market Pharmacies in Colorado began to use Appriss Gateway in daily workflow.
- Every controlled substance prescription dispensed now generates a query to the PDMP.
- Result: Increased clinical knowledge for the pharmacists and the prescribers they contact plus increased patient protection and safety to prevent possible drug misuse, abuse, and diversion.



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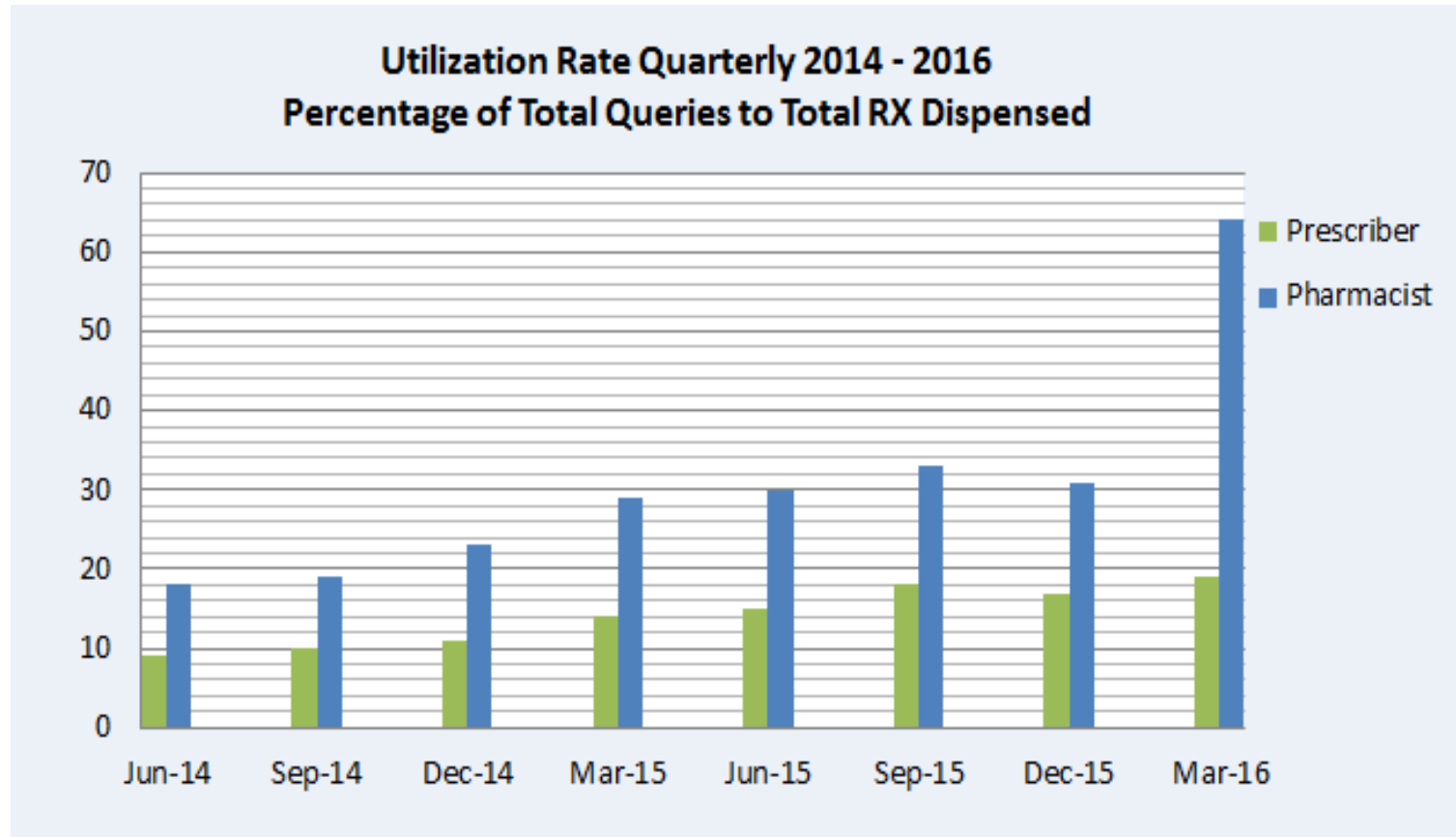
# *Metrics: Measuring an Effective Public Health Tool*

- Metric: Total number of patient specific queries by prescribers and delegates compared to the total number of prescription dispensed.
- September 2016: 25% prescriber utilization
- December 2017 Goal: 28%
- December 2018 Goal: 40%





# *PDMP Utilization Increases*



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# Safe Disposal WG: Year 3



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# Safe Storage / Safe Disposal Work Group

## Highlights: Year 3

- Take Meds Back – Household Medication Disposal Program
  - Goal: Establish 1 permanent collection site in every county.
  - Program rules and regulations developed through stakeholder consensus
  - Disposal contractor under contract
  - Collection, transportation, disposal process finalized
  - Application process established (49 Apps received so far)
  - Created Community Guides for event based and permanent collection efforts
- Public Awareness Campaign developed (drafts, focus groups, WG input, etc.)
  - Discussed in detail by Public Awareness Work Group
- Produced Safe Medication Storage Information Sheet



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# Thank You!

Renie Dugwyler & Jose Esquibel  
Attorney General's Office

Debbie Trever  
Boulder County Sherriff's Office

Pete Webb, Ginny Williams, Andy Cohen, and Patrick East  
Webb Strategic

Kavitha Kailasam & Kent MacLennan  
Rise Above Colorado

Rob Valuck  
Colorado Consortium for Prescription Drug Abuse Prevention

Stakeholder Feedback Participants

Members of both the Public Awareness WG and the Safe Storage / Safe Disposal Work Group



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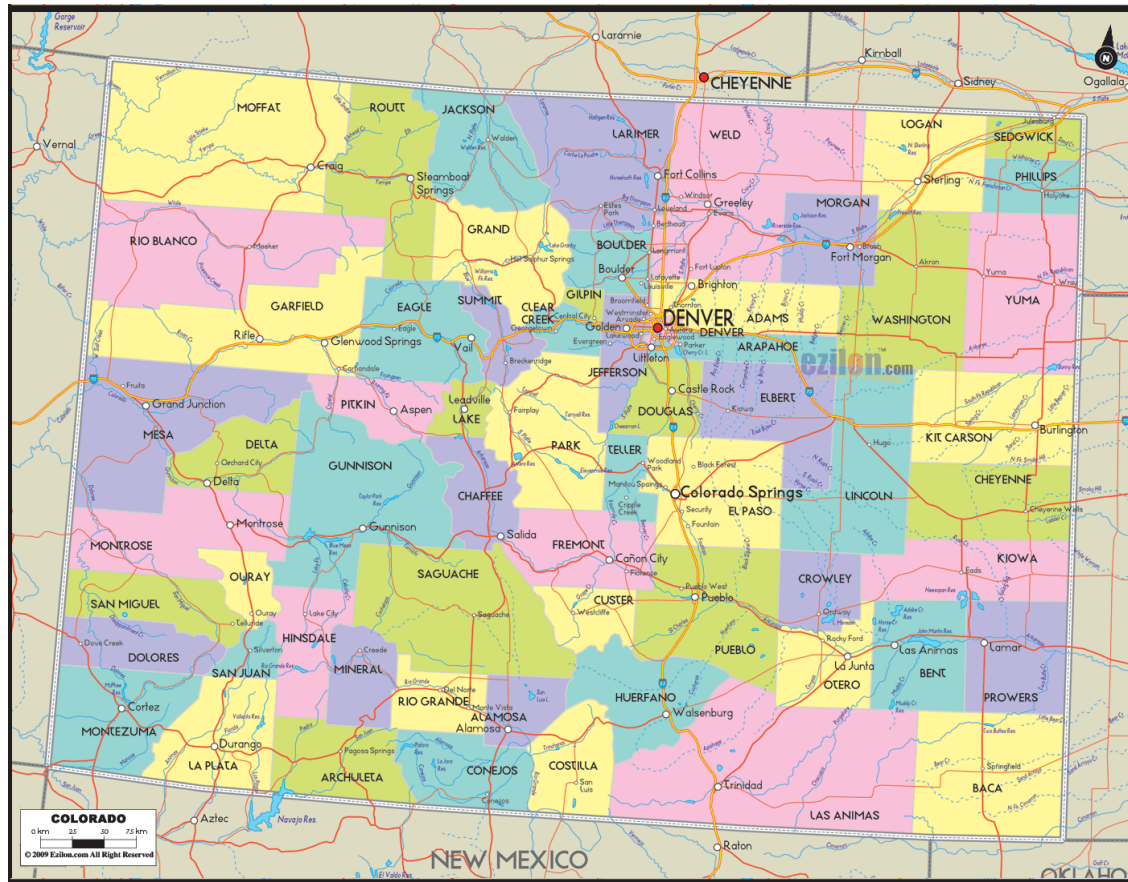
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# Helped Prepare the Colorado Household Medication Take-Back Program for Statewide Expansion



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# Stakeholder in Program Rules and Regulations Development

- Adopted by Solid and Hazardous Waste Commission on May 17, 2016 (6 CCR 1010-23)
- More than 200 stakeholders engaged
- 5 Stakeholder meetings held from December 2015 through March 2016
- 50 stakeholders attended at least one meeting
- Stakeholder consensus was achieved



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# Rules and Regulations Highlights

- Participation is voluntary
- Do not apply to other take-back programs (e.g. Walgreens' program)
- Mirror DEA rules for the disposal of controlled substances
- Establish qualifying standards for medication collectors, transporters, and disposal facilities
- Law enforcement agencies may collect medications using permanent receptacles or take-back events
- Pharmacies, hospitals/clinics (with on-site pharmacies) may collect with permanent receptacles



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# Rules and Regulations Highlights

- Provide a link to program funding. CDPHE will pay for collection receptacles, shipping materials, and medication destruction
- Contracted destruction companies may receive collected medications via on-site pick-up or delivery via carrier (e.g., UPS, FedEx)
- Contracted destruction companies must be DEA-registered reverse distributors or distributors
- Medications must be tracked from collection through destruction to a non-retrievable state



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# Program Status

- Assured Waste Solutions hired as destruction contractor
- Providing approved collectors with receptacles, inner-liners, shipping containers, and detailed instructions
- Acquiring medications from collectors via UPS delivery to Gastonia, North Carolina storage facility
- Transporting medications to waste-to-energy incinerator in Huntsville, Alabama
- Holds special DOT permit allowing deliveries via UPS



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# Program Status

- 49 applications received (as of 10/10/16)\*
  - Applicants cover 25 Colorado counties
  - \*Does not include programs like Walgreens that are not utilizing this funding.
- 29 DEA-registrants (retail pharmacies, hospitals, or clinics)
- 20 Law enforcement agencies



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# AWS Collection Receptacle

18" deep x 20" wide x 48" high (68" high including sign)



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# What's Allowed/Disallowed?

## *What can be put into the collection receptacle?*

- Prescription medications, including those that are prescribed controlled substances like Percocet, Oxycontin, Vicodin, Xanax, Ritalin and Adderall
- Over-the-counter medications
- Medication samples
- Liquid medication (small volumes in original, non-leaking containers)
- Medicated ointments and lotions
- Vitamins
- Pet medications

## *What's not allowed?*

- Schedule I controlled substances like marijuana and marijuana products, heroin and LSD
- Bloody or infectious waste
- Personal care products
- Hydrogen peroxide
- Aerosol cans
- Thermometers
- IV bags
- Chemotherapy medication
- Needles and other sharps
- Empty containers
- Business waste



# Developed Program Branding

- Program information linked to the Consortium's [takemedseriously.org](http://takemedseriously.org) website
- [TakeMedsBack.org](http://TakeMedsBack.org) URL created to take public directly to disposal information page



**Household Medication  
Dropbox Located Here**



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# TakeMedsBack.org



DISPOSAL OPTIONS

PROTECTING OUR WATER

## SAFE DISPOSAL

### DISPOSAL OPTIONS

#### COLORADO HOUSEHOLD MEDICATION TAKE-BACK PROGRAM

**The average American household possesses four pounds of unused, unwanted, and out-of-date medicines and prescription medications.**

It's not just things like opioid painkillers, tranquilizers and anti-depressants. It's cold medicines, vitamins, supplements, heart medicine, even Veterinary prescriptions.

**Now ... Colorado is doing something proactive to help solve the problem.**

Communities all over Colorado are putting convenient drop boxes in law enforcement agencies and pharmacies to take back these medications. And, funding to cover all costs of ongoing, household medication take-back programs is now available.

[Find your closest household medication drop box location.](#)

[Learn how to start and fund a household medication take-back program in your community.](#)

[Help hold a household medication take-back event in your community.](#)



Link to CDPHE  
program web  
site



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# ColoradoMedTakeBack.info



**COLORADO**  
Department of Public  
Health & Environment

Services & Information

Boards & commissions

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Concerns & emergencies

Data

News

LPHAs

## Colorado Medication Take-Back Program

[Back to sustainability](#)

This program is about to expand statewide and will begin accepting prescribed controlled substances (e.g. Percocet, Oxycontin, Vicodin, Xanax, Ritalin and Adderall) at all newly established collection locations.

[Interactive map of take back locations](#)

Use this interactive map to find take back locations. Hours may vary, so be sure to check with the location beforehand.

[List of take back locations](#)

A list of the locations found on the map.

The program's previous collection locations at King Soopers, City Market, Tri-County Health Department, and Denver Health are no longer available. The collection receptacles have been removed from service, and the facilities will not accept medications.

Replacement locations will be added throughout the summer, so check back with us regularly. In the mean time, some local law enforcement agencies continue to accept medications, and Walgreens has started their own collection program at the locations listed below. Law enforcement and Walgreens locations can accept prescribed controlled substances along with other prescribed and over-the-counter medications.

**We recommend calling a location if you plan to visit outside normal business hours of Monday - Friday, 8:00 am - 4:00 pm, to see if they will be open.**



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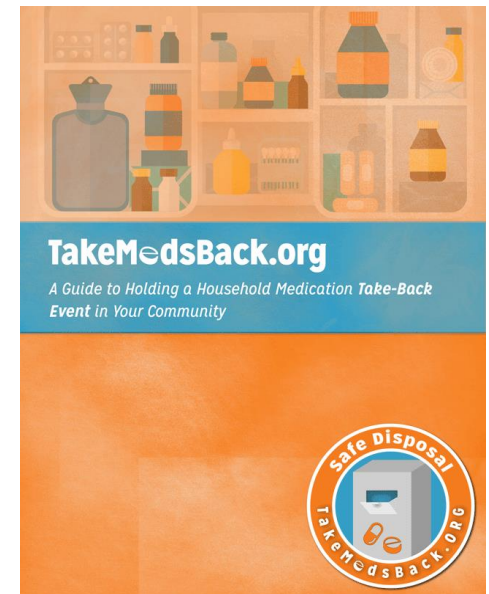
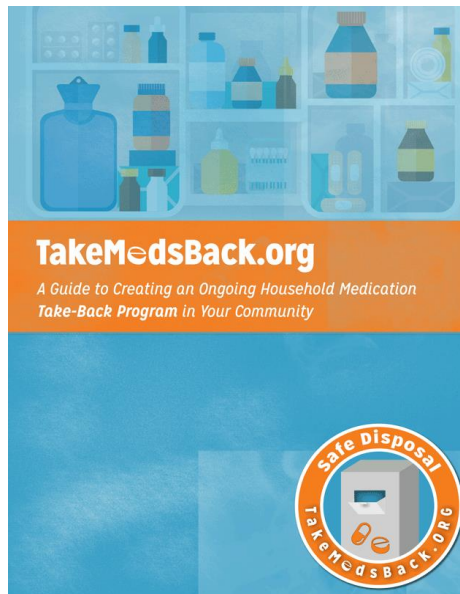


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# Developed Community Assets

- Community tool-kits provide instructions for establishing permanent locations, organizing take-back events, encouraging public participation, and gaining access to state funds



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# Developed Public Awareness Campaign

- Produced in conjunction with Public Awareness Work Group
- On-line media assets, print materials, PSA's, etc



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# Produced Safe Medication Storage Brochure

Space to brand with end user's logo

## Medication Lock Box Storage Options

### What is Best for You and Your Family?

Many medication lock box storage options are available in stores and on the Internet. The following questions may assist you in choosing which products work best for you and your family.

#### Who Might Access Your Meds Without Your Knowledge?



##### Young Children

Lock boxes prevent small children from accidental ingestion of medication or other harmful products such as marijuana or tobacco. A lock box for this purpose may not need to have a complicated locking mechanism or be constructed of sturdy materials.



##### Family Members of All Ages & Pets

When purchasing lock boxes for this purpose, you will want to make sure that you can detect if the box contents have been accessed (much like locking or monitoring alcohol in your home).



##### Outside Visitors or Help Hired to Work in Your Home

Lock boxes for this purpose should not be easily opened or removed. As with all lock boxes, they should not be stored in plain sight.

#### What are Your Medication Storage Needs?



##### Size

How many medications or other products (such as pet meds, marijuana, or tobacco) do you need to protect? What size container do you need? Do you need more than one container?



##### Ease of Access

How often do you need to access your medications or products? Consider how many people will need to access the unit and the various types of locking mechanisms (such as keys or combination locks).



##### Refrigerate

Do you have medications requiring refrigeration? It may be convenient to store all of your medications/products in one place. It is important to read labels carefully as some medications need to be stored at room temperature. There are specific medication lock boxes designed to fit in the refrigerator.



##### Portable

Does your lock box need to be portable? There are units that can be easily concealed in a bag or purse. Other units have handles and can be carried between locations.



#### Where Can You Purchase a Medication Lock Box?

Some medication lock boxes are available at retail stores and pharmacies. There is also a wide selection of medication lock boxes on the Internet.

##### Internet search key words to use in your search box.

- prescription storage box
- prescription bottle storage
- safe medication storage
- medication lock box
- medication safe
- narcotic lock box

TakeMedsSeriously.org

Space for address branding for end user



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# **Provider Education WG Highlights: Year 3**

**Co-Chairs: Liliana Tenney, MPH & Lesley Brooks, MD**

## **Presenters:**

**Lyndsay Krisher, MPH (for Liliana Tenney, MPH)**

**Lesley Brooks, MD**



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# Provider Education WG Highlights: On-Line Training

- Training developed by interdisciplinary teams led by faculty at the Center for Health, Work & Environment, Colorado School of Public Health
- 2,496 total providers trained
  - **3-month post survey:** 70% of providers use information gained in practice daily, weekly, monthly; 47% check PDMP regularly; 26% education patients on safe use, safe storage, safe disposal
  - **Top barrier:** Lack of time.
- Modules for veterinarians & dentists
- Collaborations with large groups including,
  - Colorado Medical Society (CMS), Pinnacol Assurance, Department of Labor, Colorado Veterinary Medical Association (CVMA)



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# Provider Education WG Highlights:

## Project ECHO

- CO Department of Health Care Policy and Financing is currently running the *ACC Chronic Pain Disease Management Program*.
- **Impact numbers:**
  - 1<sup>st</sup> year – 84 providers, 42 practices
  - 2<sup>nd</sup> year – 75 providers, 34 practices



COLORADO  
Department of Health Care  
Policy & Financing



**FREE ACCESS** to Chronic Pain Best Practices and Guidance  
for Accountable Care Collaborative Primary Care Providers

# Colorado Opioid Epidemic Symposium (COES)



- Collaboration with North Colorado Health Alliance (NCHA) in Greeley
- Started with full-day CME
- Evolved to evening event: “Moving from What to How”
- Topics: safe opioid prescribing, current scams, Project ECHO, Medication Assisted Therapy (MAT)
- Reproducible. Relevant. Portable.
  - Alamosa, Durango – completed.
  - Gunnison – 11/2/16. Boulder – 1/19/17.



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# Provider Education WG: Thoughts on Year 4

- On-line Training
- Project ECHO
- COES



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# Data/Research WG: Year 3



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**Co-chairs: Barbara Gabella, MSPH  
Ingrid Binswanger, MD, MPH**

**Thanks to our active members in 2015/16:**

**Alia Al-Tayyib  
Talia Brown  
Maria Butler  
J.K. Costello  
Adrienne Jones  
Whit Oyler  
Maura Proser  
Allison Rosenthal**

***and to all members for their willingness to serve  
as subject matter experts when needed***



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# Data and Research Work Group Highlights: Year 3

## 1) Monthly Addiction Health Services Research Meeting continued

- 4<sup>th</sup> Tuesday at 1 pm
- Contact [Ingrid.A.Binswanger@KP.org](mailto:Ingrid.A.Binswanger@KP.org) to join

## 2) User survey of the data dashboard created in 2015

- The majority
  - Were from state and local government agencies and non-profits
  - Used it to inform themselves or their work
  - 66% shared the dashboard with others, including policy makers
- Desired enhancements:
  - More “hovering” features to explain information
  - More querying features
  - Local or county results
  - Comparison results



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# Data and Research Work Group Highlights: Year 3

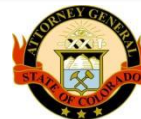
- 3) Speakers from state and local organizations on data-driven needs and initiatives
- **Allison Rosenthal and Kirk Bol\*** on Drug Overdose Mortality
  - **Alia Al-Tayyib** on Social Networks of Youth who Misuse Prescription Opioids and Risk for HIV/HCV
  - **Jamie Feld** on Opioid Landscape Analysis in Boulder County
  - **Talia Brown** on Drug overdose deaths in Boulder County: Using Subcounty Data to Drive Decision-making
  - **Emilia Volz\* and JK Costello** on overdose reversals with naloxone in Denver
  - **Andres Guerrero** on Cross-cutting issue: Injection drug use and HIV/HepC
  - **Lindsey Kato** on New Efforts to Address Heroin Use
  - **Ken Davis** on Reducing Opioid Use and Addiction in Northwest Colorado: Yampa Valley Opioid Task Force

\*Presenter



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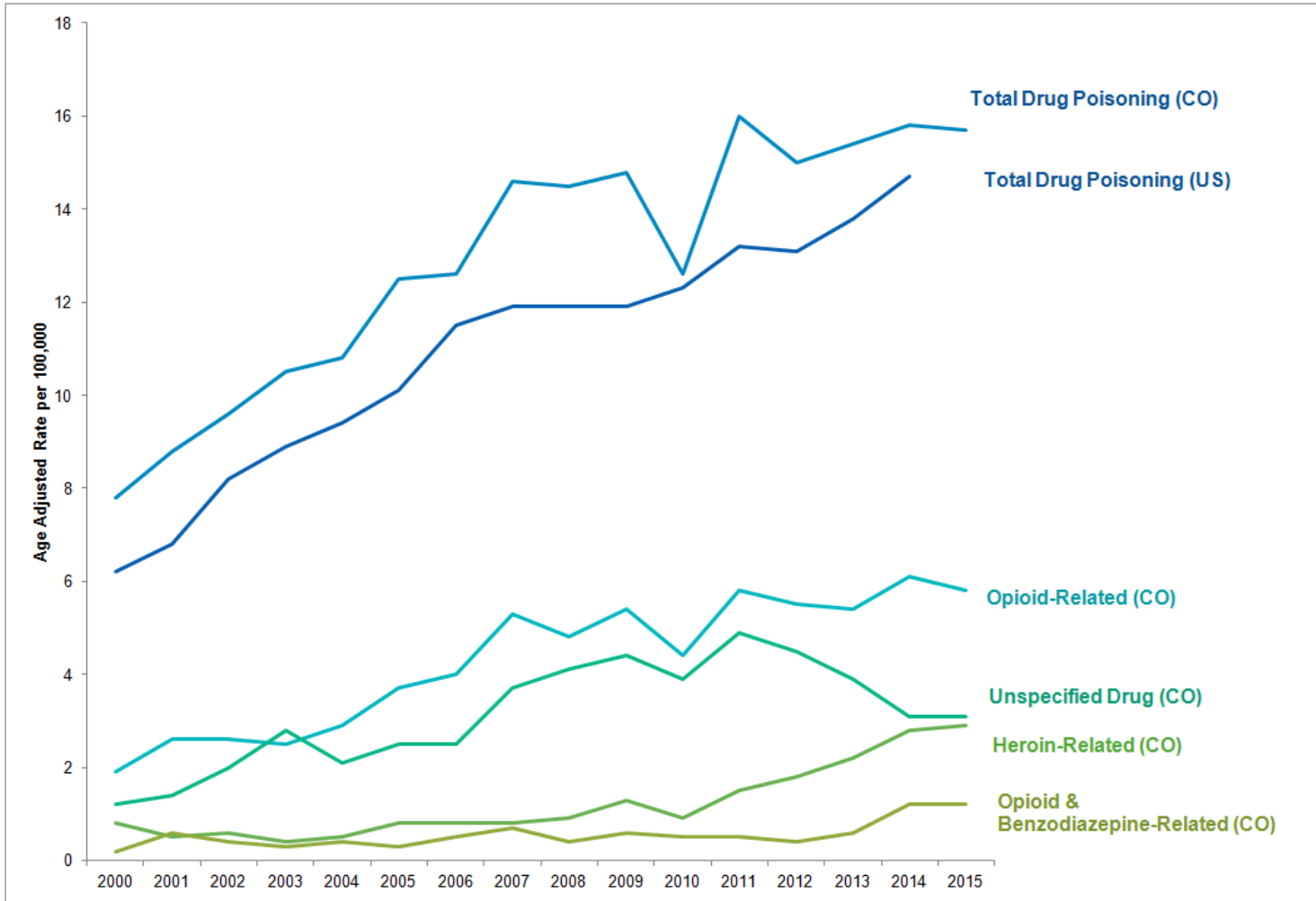
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# Rates of Drug Overdose Deaths, Colorado and the US, 2000-2015



From the  
Colorado  
Department  
of Public  
Health and  
Environment



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# Treatment WG: Year 3



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# Treatment Work Group: Year 3

- The Primary Charge and goals for the past 3 years have been to:
  - 1. Identify gaps in the existing treatment system that impede response to the current opioid epidemic
  - 2. Develop recommendations for overcoming gaps and barriers.



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# Critical Shortages

Critical Shortage including clinical workforce treatment, including but not limited to MAT – currently only one jail provides MAT.

- Recommendations 1: Reimbursement for physicians to provide MAT, especially to Medicaid patients, support federal initiatives, increase licensed MAT programs, expand and integrate substance treatment (MAT & Chronic pain) in mainstream medical health, and changes in policy and legislation are needed to allow clinically indicated treatment for addiction including MAT
- Recommendation 2: Significant expansion of school – based treatment, Resources needed for school based mental health counselors



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# SBIRT barriers to referral and treatment

- Recommendation 1. Behavioral Health and addiction become more fully integrated into the mainstream medical healthcare systems
- Recommendation 2. Address that behavioral health include substance abuse before the RT can fully address the problem in the current silos of care.



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# Lack of Centralized Portal/ Access

- Recommendation 1: Allocation of significant resources and expertise to develop a centralized portal to effectively link patients and referring clinicians to appropriate substance treatment services
- #2 Consideration to a “concierge” model to optimize portal efficiency



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# Finally...

- The treatment work group has been working with the Attorney General's Substance Abuse Task Force to develop specific plans for translating WG recommendations into action and policy change.
- The focus at this time is expansion of school based substance treatment



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# Naloxone WG: Year 3 aka #winners



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# Naloxone WG: Year 3

- Overdose epidemic demands a multi-pronged approach with access to Naloxone
- In June, Gov. Hickenlooper was trained with access to Naloxone
- HB-1390, exemption from arrest when calling 911 in the event of an overdose
- Law Enforcement trainings
- Opi Rescue App to track reversals – Thanks to Rob V.
- HRAC is at 456 lives saved due to access to our Naloxone
- Over 250 pharmacies are utilizing standing orders in CO



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# Naloxone WG: Year 3

- 1) Long term goal #1: Establish naloxone access for first-responders state-wide.

**Rationale:** First-responder programs have successfully incorporated naloxone in states and local municipalities, including North Carolina (Project Lazarus) Massachusetts, New York and others.

•67.



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# Naloxone WG: Year 3

## 2) Long term goal #2: Establish naloxone prescribing programs in Emergency Departments state-wide

**Rationale:** Many patients at risk for licit or illicit opioid overdose present to emergency departments with complications related to opioid use. Emergency departments can develop standing orders for naloxone distribution.

- 1. Denver Health – Since Fall 2014
- 2. Saint Joseph's COMPLETE
- 3. University Hospital COMPLETE



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# Naloxone WG: Year 3

## 3) Long term goal #3: Increase naloxone prescribing by primary care providers and pharmacies

**Rationale:** Risk of opioid overdose increases with higher morphine equivalent doses of prescribed opioids. Colorado has a large number of pain patients who receive moderate or high dose opioids. Additionally, the majority of diverted and misused opioids begin as legitimate prescriptions from providers. Along with safe storage, education surrounding naloxone rescue is an underappreciated and underutilized.

- (a) Short term goal 1: Work with CDPHE to create statewide standing orders for pharmacies **STATUS: COMPLETE**
- (b) Short term goal 2: Develop pharmacist education program - **HUGE NEED**
- (c) Short term goal 3: Rollout standing orders for large pharmacy chains. **COMPLETED-ISH**
- [www.stoptheclockcolorado.org](http://www.stoptheclockcolorado.org)
- Over 250 pharmacies



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# Naloxone WG: Year 3

## 4) Long term goal #4: increase access to naloxone in county jails

- Boulder, Arapahoe County, & Denver County jails – **COMPLETED**  
Up next?
- Pueblo County Jail
- Bent County Jail
- Baca County Jail
- Otero County Jail
- El Paso County Jail
- La Plata County Jail
- Mesa County Jail
- Delta County Jail
- Clear Creek County Jail



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# Naloxone WG: Year 3

5) Long term goal #5: Increase public awareness and education resources of naloxone rescue

– Could do better ... need ya.



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# Naloxone WG: Year 3

6) Long term goal #6: Increase access to naloxone through Harm Reduction organizations, residential and outpatient treatment facilities.

- (a) Short term goal 2: Train residential and outpatient treatment facilities and all harm reduction organizations to be naloxone-aware and competent; use this list to dispense naloxone kits once they become available. **CURRENT STATUS:** Developing survey tool for treatment facilities to assess naloxone awareness and distribution
- Largest Barrier? Funding



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**NAIL OK ONE**



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# Heroin Strategies WG: Year 3



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# Heroin Response Work Group Priorities

- **Project 1:** Collect and analyze data on the trends related to heroin availability and abuse in Colorado from various data sources to help share response strategies
- **Project 2:** Identify best practice approaches to preventing, intervening with, mitigating the negative impact, and treating opioid abuse, including heroin addiction
- **Project 3:** Enhance the connection between law enforcement and treatment providers
- **Project 4:** Gain an understanding of heroin abuse from individuals who have experienced heroin addiction to inform strategies for prevention and treatment
- **Project 5:** Implement regular information exchange about heroin availability and abuse in Colorado among and between law enforcement, treatment providers, and prevention providers



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# ***Ad Hoc ADF WG: Year 3***



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# Abuse Deterrent Formulations Workgroup

Charter as per State of Colorado House Bill 15-1214 <sup>1</sup>

Study the barriers to the use of abuse-deterrent opioid formulations

- Process for the Consortium report
  - Workgroup deliberations → findings report by consensus
  - Review at the Consortium Annual Meeting
  - Review by the Consortium Coordinating Committee
  - Forward report to the State of Colorado Legislature if approved
- Findings of the ADF Workgroup → Barriers to the use of ADF opioids:
  - Inadequate data
  - Cost
  - Coverage
  - Medical provider education
  - Patient and public education

<sup>1</sup> [State of Colorado House Bill 15-1214](#) Accessed 9/19/16



# Affected Families and Friends: Year 3



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# Affected Friends and Family Work Group

## Highlights: Year 1

- Established work group mission
  - *To provide those affected by prescription drug misuse and abuse (including friends and family members) an outlet to increase awareness and provide education on this issue in their communities.*



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# Affected Friends and Family Work Group

## Highlights: Year 1

- Identified goals for years 1-2
  - *Collect stories of those who have been affected by the prescription drug epidemic for use in a variety of traditional and social media outlets*
  - *Recruit and train individuals who can speak publically about the impact of the opioid epidemic*
  - *Ensure that the stories and speakers are demographically and geographically diverse*
  - *Collect a minimum of 25 stories by the end of year 2*
  - *Build relationships with media outlets in order to establish the work group as a respected and trusted source of stories about the epidemic*



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# Affected Friends and Family Work Group

## Highlights: Year 1

- Created a survey to collect information from individuals, friends and family affected by the prescription opioid epidemic
- Identified tasks required to categorize data and train perspective speakers
- Distributed survey to consortium members and to individuals identified by work group members



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# Break (next session starts at 11:00am)



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# Innovations in Colorado, for Colorado



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# Innovation Speakers

- Naloxone For Life Program (Lisa Raville, Rick Brandt)
- PAARI in Routt County (Ken Davis)
- Pinnacol: OpiSafe Pilot Program (Rick May)
- Colorado Springs Innovations (Mary Steiner, Jami Vigil)
- Rise Above Colorado (Kent MacLennan)
- Grants, Grants, Grants
  - Jason Hoppe / DOJ-BJA Grant
  - Lindsey Myers / CDC Grants
  - Denise Vincioni / OBH Grants
  - Ingrid Binswanger / NIDA Grant
  - Linda Zittleman / AHRQ Grant



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# Naloxone for Life Program



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# Naloxone for LIFE: Training on use of the opioid antidote naloxone for first responders in Colorado counties

**#CONaloxoneForLife: Can Be A LifeSaver**  
A safe medication that quickly reverses the effects of opioid drugs.

**ARE YOU READY?**

9/22/16 Brighton Police Dept, Brighton  
9/30/16 Steamboat Springs Community Center  
10/6/16 Durango Recreation Center, Durango  
10/7/16 Grand Junction PD, Grand Junction  
10/20/16 Overland Trail Museum, Sterling  
11/17/16 Council Chambers, La Junta  
11/18/16 Emergency Service Center, Pueblo

**FREE NALOXONE TRAININGS:  
REGISTER @ [BIT.LY/CONF1](http://BIT.LY/CONF1)**

Free Narcan Kits provided to all trained 1st responders for the targeted county training



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# THE OFFICE OF COMMUNITY ENGAGEMENT

**INFORM. ENGAGE. INSPIRE.**



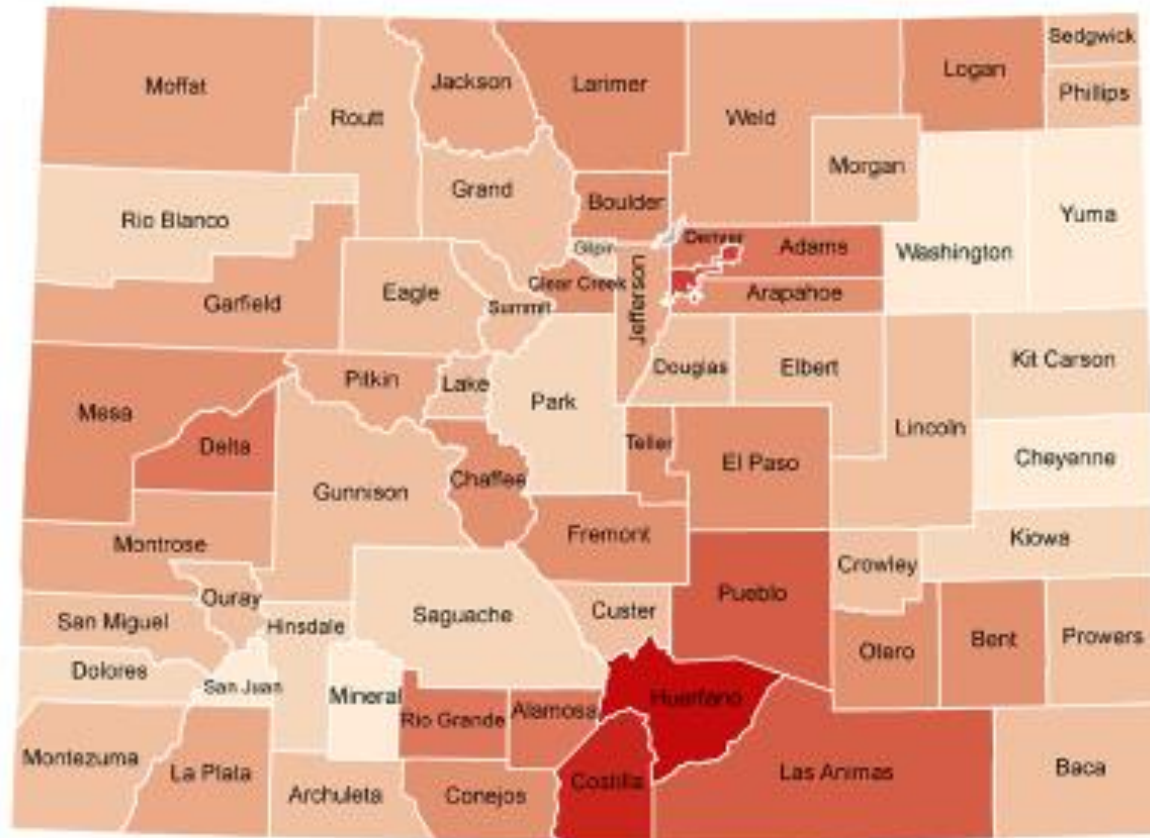
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**Colorado Counties: Highest overdose death rates: 2002**



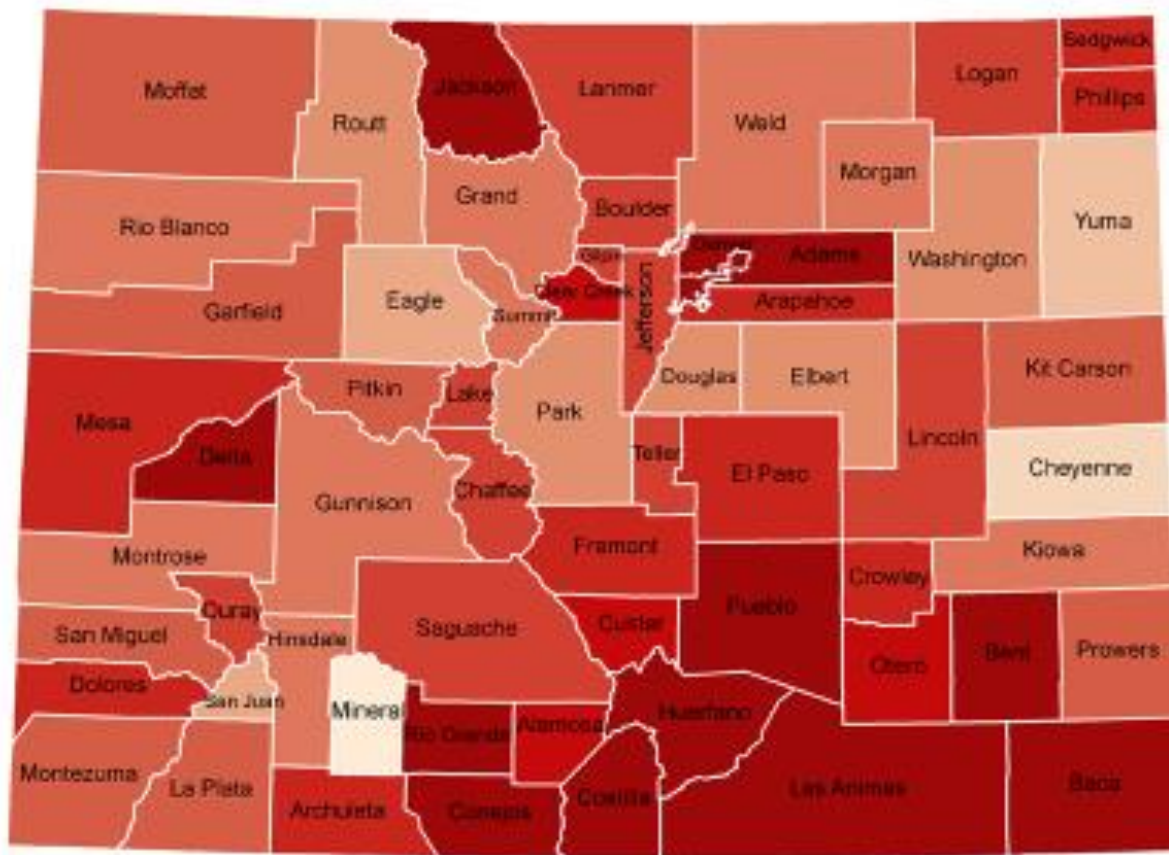
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**Colorado Counties: Highest overdose death rates: 2014**



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# Saving Lives In Colorado

Brighton  
Durango  
Grand Junction  
Steamboat Springs  
Sterling



**11** trainings  
have  
happened  
in **5** cities



**69**

departments sent at least  
one representative.



**41**

law enforcement  
departments and  
1 fire department  
garnering kits



**1**



**173**

law enforcement/fire and  
**32** non-law participated  
in trainings



kits distributed to fire  
and law enforcement

**1104**



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# Where are we now?



67  
41

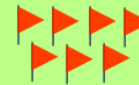
Total # of LE Departments currently carrying Naloxone

LE funded from the Attorney General's Office (OAG)  
Not funded by OAG

26

51

Overflow list:  
26 of LE departments that have been trained with a total of 51 on the overflow list



## Ready, set, go!



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## What people are saying...

This class has me re-thinking how I think about drug addicts. - Mesa County Sheriff's Office

Our drug overdoses have doubled from last year. This training is excellent - Cortez PD

Quick and informative training.

Our department cannot afford to by Narcan ourselves. Thank you so much for making this available! - Bayfield PD

Good information, can see many positive uses.

Drug overdoses have become a huge issue for us. Now we can at least do something about it. - Southern Ute Tribal Police

Great course, very needed to keep public safe.

Thank you, very informative class.



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# Agencies Using NRKs Today: — — — — —

Alamosa PD

Alamosa County SO

Arapahoe County SO

Auraria Campus PD

Aurora PD

Bayfield Marshalls Office

Boulder PD

Brighton PD

Canon City PD

Colorado Bureau of Investigation

Cedarridge PD

Clear Creek County SO

Colbran Marshalls Office

Co Spgs PD

Cortez PD

Costilla County SO

CU Boulder Campus PD

CU Medical Center

Del Norte PD

De Beque Marshalls Office

Delta PD

Delta SO

Denver PD

Dolores County SO

Durango PD

Eagle PD

Erie PD

Evans PD

Fountain PD

Fruita PD

Grand Junction PD

Haxton PD

Holyoke PD

Hotchkiss PD Jackson County SO

Johnson & Wales University CPD

La Jara PD

La Plata County SO

Lakewood PD

Meeker PD

Mesa County CJS

Mesa CSP

Mesa County SO

Mineral County SO

Monte Vista PD

Montezuma SO

Mountain Village PD

North Metro Taskforce

Northglenn PD

Ouray SO

Ouray PD

Palisade PD

Paonia PD

Phillips PD

Pueblo PD

Ridgeway Marshalls Office

Rio Grande County SO

Saguache County SO

Sanford PD

Sedgewich County SO

South Fork PD

Southern Ute Div. of Game

Southern Ute PD

Steamboat Springs PD

Thorton PD

Ward Marshalls Office



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# PAARI (and more) in Routt County



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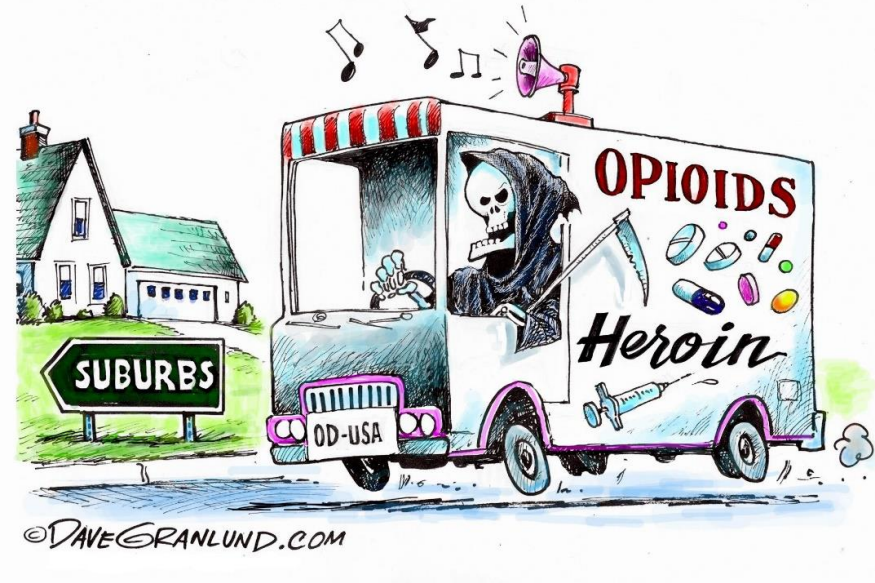


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What replaced the neighborhood ice cream truck...



## Northwest Colorado: Police Assisted Addiction Recovery Initiative & Project Angel

Ken Davis, PA-C

Director of Community Integration

Northwest Colorado Health

Oct. 27<sup>th</sup>. CO Consortium Annual Conference

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# AGENDA:

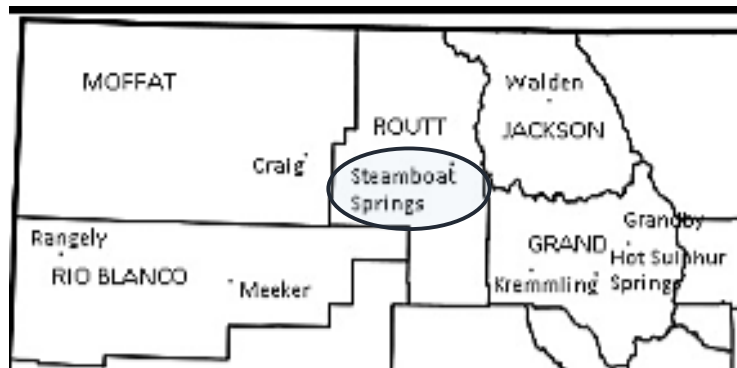
## Why Organize PAARI?

- Who are my people?
- What are challenges?
- How do we create capacity?

The 3 Big Questions we ask in organizing ourselves!

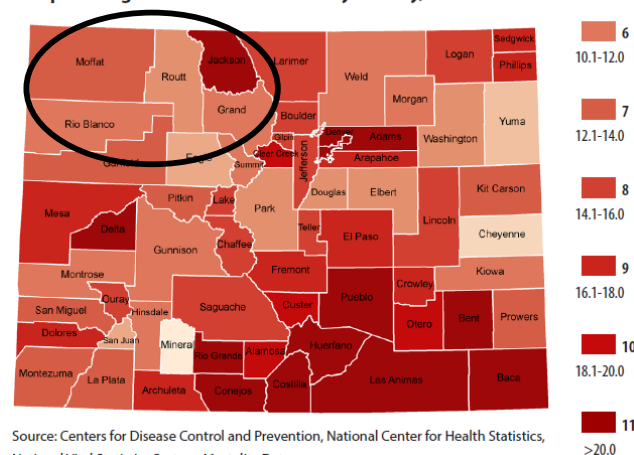


Serving 5 Counties of Northwestern Colorado



# Who?

Map 2. Drug Overdose Death Rate By County, 2014



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality Data

**Uninsured Rates:** ~13.1% Northwest CO vs. CO Avg. 6.7%, and National Avg. 12%

**Population:** Routt ~24,000, Grand ~14,500, Moffat ~13,000, Rio Blanco ~6,700, Jackson ~1,400

**Rural Population/square mile:** Routt 10, Grand 8, Moffat 2.9, Rio Blanco 2.1, **Jackson 0.9**, compared to CO 48.5, National 87.4

**Minority Population:** Hispanic or Latino - Moffat 14%, Jackson 11%, Rio Blanco 11%, Grand 8%, Routt 7% compared to CO avg. is 20.7%

**Poverty:** Regionally 11.5%, CO avg. 12%, National Avg. 14.8% - **Jackson County 16.6%** highest regional poverty level

100 Million  
Healthier Lives  
[ihi.org/100MLives](http://ihi.org/100MLives)



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# Yampa Valley Rx Task Force

Committed to Raising Awareness, Improved Collaboration, and Community Change!

## COMMUNITY Coalition;

- The Foundry,
- Mind Springs Health,
- Grand Futures,
- Steamboat Schools,
- Routt County Collaborative Management Program,
- Colorado Mountain College,
- United Way,
- Boys and Girls Club,
- Sk8 Church,
- Steamboat Springs Fire Department,
- Steamboat Police,
- 14<sup>th</sup>. District Probation Office,
- Oak Creek Police,
- Steamboat Springs Winter Sports Club,
- Ski Corps,
- **Routt County Sherriff's Office,**
- Steamboat Mountain School,
- Yampa Valley Medical Center,
- Steamboat Springs City Council,
- Reaching Everyone and Preventing Suicide,
- Concerned Community Members,
- Northwest Colorado Health, and
- Rocky Mountain Health Plans



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Please contact us by email - [rxtaskforce@gmail.com](mailto:rxtaskforce@gmail.com)

Like us on Facebook - <https://www.facebook.com/rxtaskforce/?sk=photos>,

Twitter - @YampaValleyRx



# Mobilizing & Organizing Statement

We are organizing Northwest Colorado residents and Rx Task Force members committed to raising community awareness about opioids/heroin, substance abuse and mental health issues through events, relationships, social media, and collaboration across sectors. By creating improved community standards, connecting residents to community resources, and supporting prevention, screening, treatment and sustained recovery in our region, we believe all members of our community matter, such that by Jan. 1<sup>st</sup>. 2020, we will have reduced drug overdose death rates by 50%.

**ADDICTION is not a Crime, it's a Chronic Disease!**

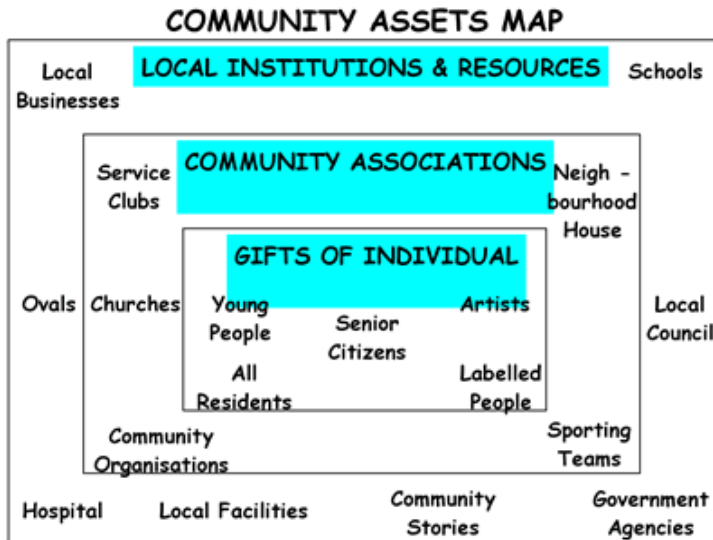


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# Asset Mapping

# What?

## STAKEHOLDER MAP: Rx Task Force Specific



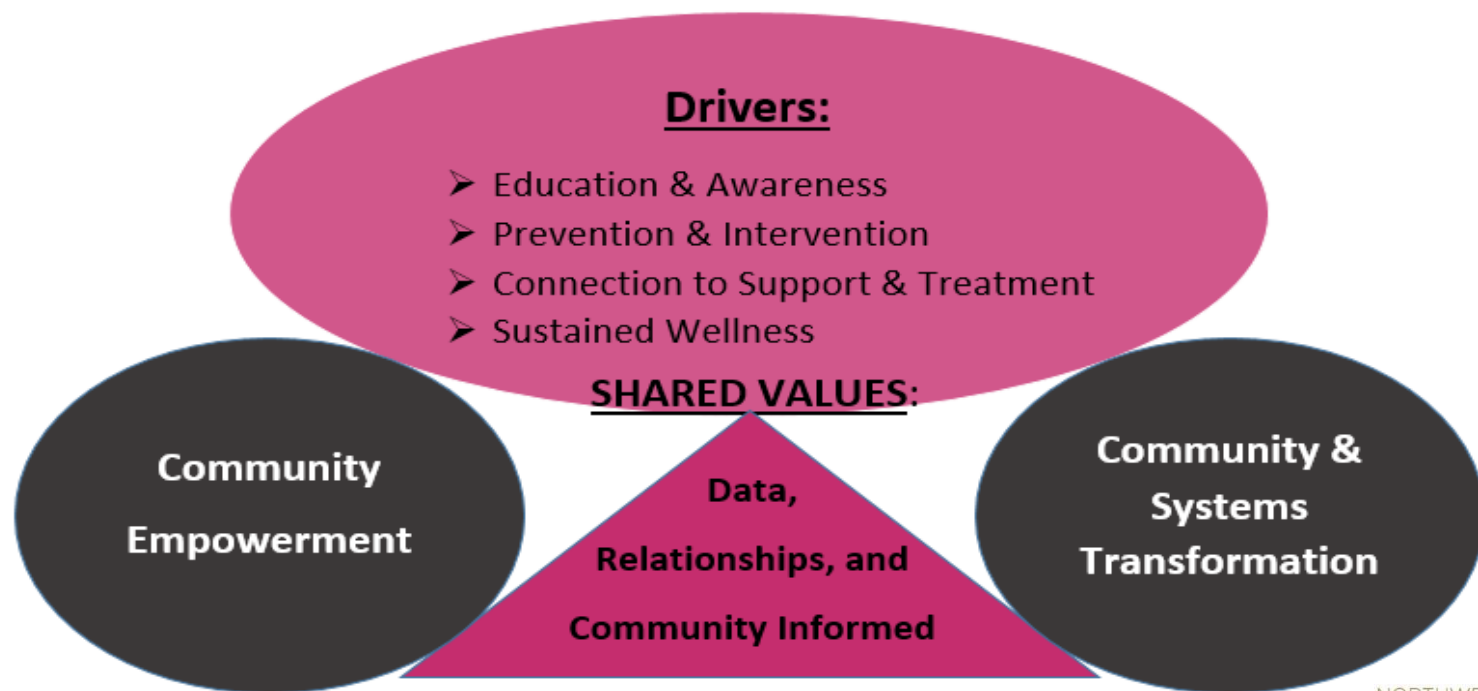
Build from  
STRENGTH!

Values: Assets: Resources:



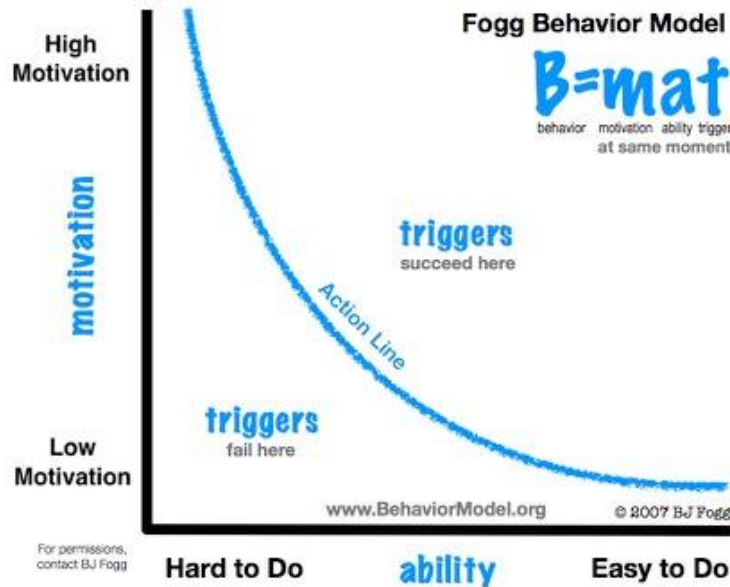
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# Northwest Colorado FRAMEWORK – Yampa Valley Rx Task Force



**ADDICTION is not a Crime, it's a Chronic Disease!**

# BEHAVIOR Change

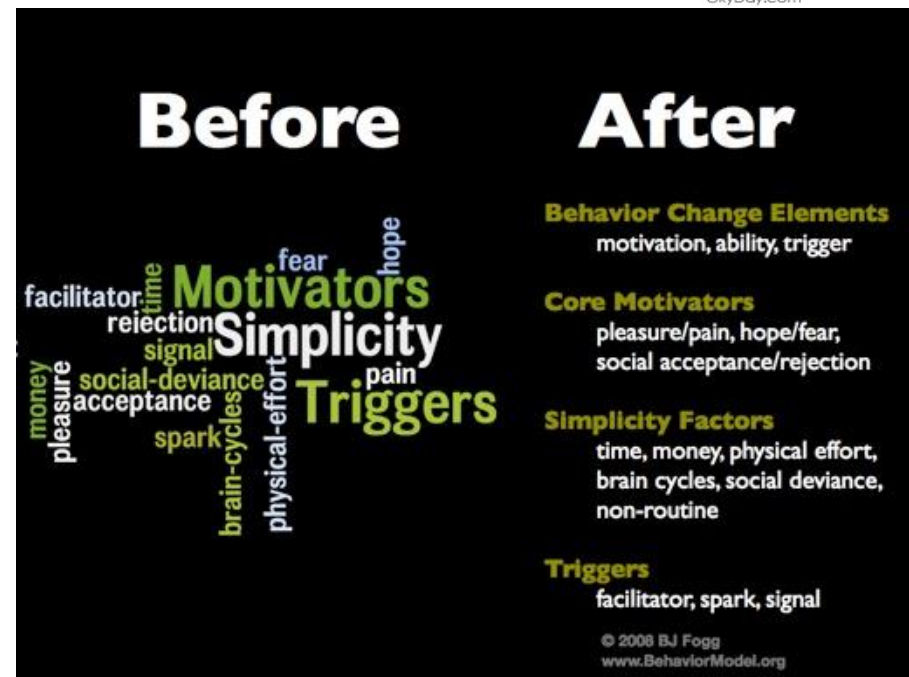


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“We change our behavior when the pain of staying the same becomes greater than the pain of changing.”

— Henry Cloud —

”  
OkDay.com





# Driver DIAGRAM

## HOW?

Reduce  
Regional  
Drug OD  
death rates  
by 50% by  
Jan. 1<sup>st</sup>.  
2020

Connecting **PEOPLE**

Enhancing **PLACE**

Fostering  
**PROSPERITY**

Expanding  
**PARTNERSHIP**

- i. **Police Assisted Addiction Recovery Initiative**
- ii. School District Student and Family Advocate
- iii. Parents with a Purpose, Families Supporting Families

- i. Positive Youth Activities – Mentoring, Youth Resiliency,
- ii. Cultural Change – replace blame, shame, with compassion and empathy
- iii. Prevention – “Not Prescribed”, “Making Good Choices”

- i. Community Awareness & Education – Take Meds Seriously, Turn the Tide,
- ii. Regional adoption of CDC prescribing Guidelines, PDMP
- iii. Access to Interdisciplinary Chronic Pain Programs, MAT
- iv. Data Informed and Transparency to Community

- i. Safe and Sober Spaces
- ii. Drug Free Housing and Communities
- iii. Sustained Recovery Support NA/AA, others
- iv. **Community Harm Reduction Program, PAARI**

- i. Collective Impact Model Transformation (NCCHP, CMP)
- ii. Community Engagement Strategies
- iii. Advocacy and Lobbying

# Utilize NETWORKS – work across sectors!

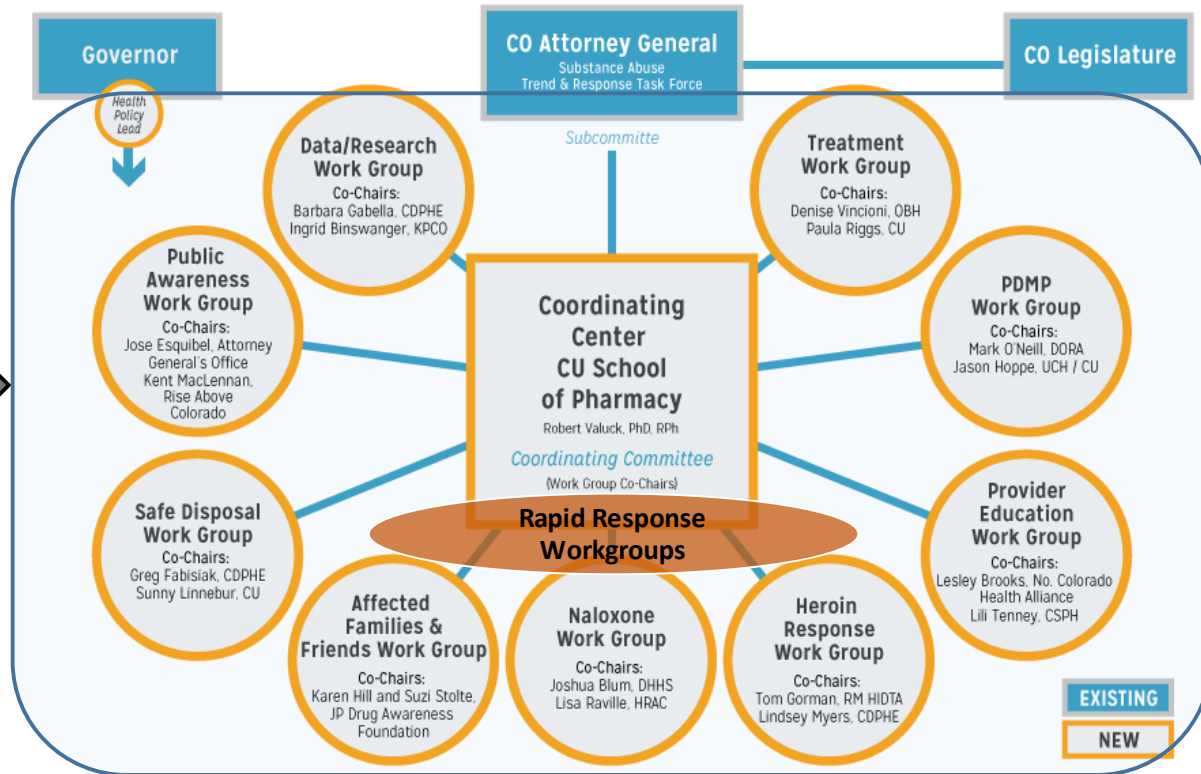
## Consortium State

**Liaison** – Colorado  
Department of Health and  
Environment

### LEAD Contact

- Local Public Health Agency

- CO Health Alliances
- Community Coalitions
- Area Health Education Centers
- Community Health Centers
- Colorado Behavioral Health Council
- Law Enforcement
- Education Advocates
- Faith Based Agencies



## CO Consortium

**ADDICTION is not a Crime, it's a Chronic Disease!**

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# A Northwest Colorado DREAM



## **\*Patient Motivation , Ability and Triggers to Face ADDICTION!**

### **+ Navigation of a Complex Health System**

- + Medical provider commitment to guidelines, screening, referrals, treatment
- + Medication Assisted Therapy Program (suboxone, vivitrol)
- + Addiction counseling services accessible

### **+ Intensive Outpatient Program/residential treatment availability w/in 1mos.**

### **+ Community-based resources/DHS/PH/Courts/Law/PAARI**

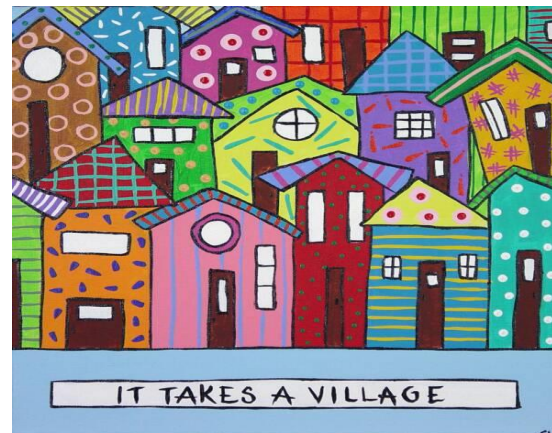
### **+ Faith Based Support/Community Connections with NA/AA**

### **+ Self-Directed Activities to address Constituents of pain – health coaching**

### **+ Sober Living Housing/Communities**

### **+ Nutritional Support for Recovery**

### **+ Sustained Recovery Support**



**ADDICTION is not a Crime, it's a Chronic Disease!**

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# PAARI & Rx Task Force

## IMPLEMENTATION:

- Develop & Sustain Law Enforcement Infrastructure
  - Policies and Procedures needed
- Develop Governance/Reporting Process for PAARI
  - PAARI Steering Committee, Data Management
- Community Awareness & Supportive Infrastructure
  - Rx Task Force and 24/7 Angel Volunteers, Safe Housing
  - Community Harm Reduction - Naloxone
- Enhanced Client Coordination and Accountability
  - PAARI Coordinator, Community Care Coordination
  - Access to Treatment

[www.paariususa.org](http://www.paariususa.org)



**ADDICTION is not a Crime, it's a Chronic Disease!**



# Pinnacol Assurance: OpiSafe Pilot Program



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# Colorado Springs Innovations



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# **Colorado Springs Opioid Coalition**

## **October 27, 2016**

Mary A. Steiner, R.N.  
Community Pilots and Projects Manager



**Regional Care Collaborative Organization**  
*A Program of Community Health Partnership*

# Target Populations

Residents of El Paso County who are or have:

- Opioid Naïve
- Opioid Dependent
- Opioid Substance Use Disorder





# Goal

- Develop a community-based response to address the prescription drug abuse/opioid epidemic.



# Focus Areas

- Access to Care
- Community Education and Outreach
- Provider Education
- Public Safety

# Status of Project

- Work groups met over the course of 6 months to identify community assets, gaps, and priority recommendations
- A member from each work group presented their recommendations during a Community Opioid Discussion on September 27<sup>th</sup>, 2016
- Submitted grant application to Colorado Health Foundation to fund Community Readiness Assessment

# Next Steps

- Convene key stakeholders on November 15, 2016 to formalize the coalition's infrastructure
- Project Manager to attend The Civic Canopy Collective Impact Summit November 29<sup>th</sup> – December 1, 2016
- Conduct Community Readiness Assessment
- Utilize Collective Impact strategies to develop an action plan based on the results from the assessment

# Questions



# Contact Information

Mary Steiner, R.N.  
Community Pilots and Projects Manager  
Community Health Partnership  
722 S. Wahsatch Ave., Suite 200  
Colorado Springs, CO 80903  
Office: 719-632-5094  
Cell: 719-213-4219  
[mary.steiner@ppchp.org](mailto:mary.steiner@ppchp.org)

# **EL PASO COUNTY FAMILY TREATMENT DRUG COURT**

**MAGISTRATE JAMI VIGIL**



# **DEVELOPING EFFECTIVE COURT RESPONSES:**

Participants are expected to seek non-narcotic medication and to only take narcotic medication as deemed necessary by the treating provider.

Participants are expected to inform any prescribing provider, including at the ER, of their addiction history and request to be added to their non-narcotic list.

Participants are expected to use only their current prescriptions and to use them as prescribed. They may be subject to daily pill counts to ensure this occurs.

Participants are required to provide copies of all current prescriptions to the court and treatment team.





# **COURT RESPONSE TO OPIOIDS:**

They are to notify the team of any new medical or dental appointments. If it is an emergency situation, they are required to call the team on-call emergency line.

Participants are required to notify the team within 12 hours of obtaining a new prescription. If this occurs on a weekend or after hours, participants are required to leave a message for their therapist.

Participants are to identify one primary care physician for medication management, and to use one pharmacy. Emergencies are the exception. Team members may attend medical appointments with participants to discuss medication management and substance abuse concerns.

MAT is encouraged if participants, once informed, choose that route.



# **MEDICATION ASSISTED TREATMENT**

**COLLABORATION !!**

**IT TAKES AN ENTIRE COMMUNITY  
TO MAKE IT HAPPEN !!**



# Rise Above Colorado



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# Colorado Rx Constellation Project

*innovations with  
community partners*

*October 27, 2016*



**Kent MacLennan**

*Executive Director*

**Kavitha Kailasam**

*Community Programs  
Manager*

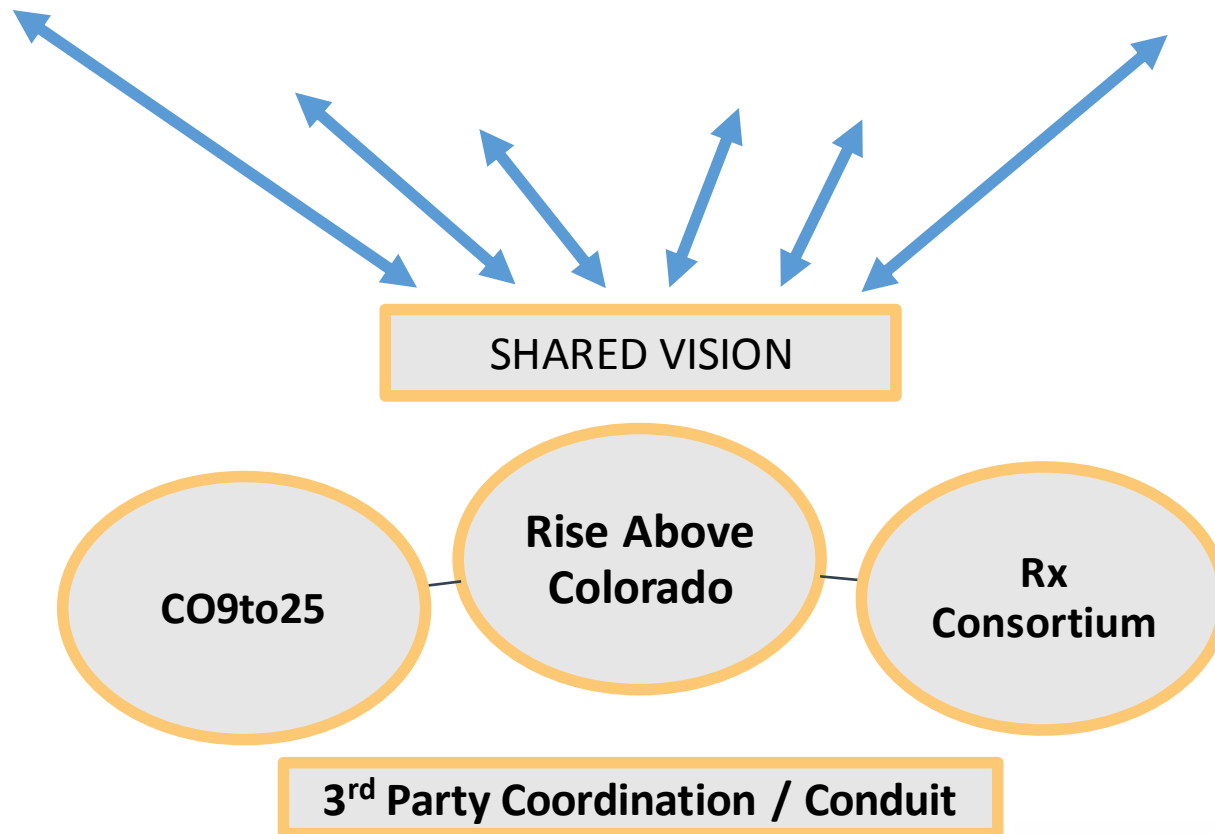


# Rise Above Colorado

- **Vision Statement:** Our vision at Rise Above Colorado is to empower teens to lead a life free of drug abuse.
- **Mission Statement:** Rise Above Colorado is a drug abuse prevention organization that measurably impacts teen perceptions and attitudes about the risks of substance abuse to help youth make empowered, healthy choices.

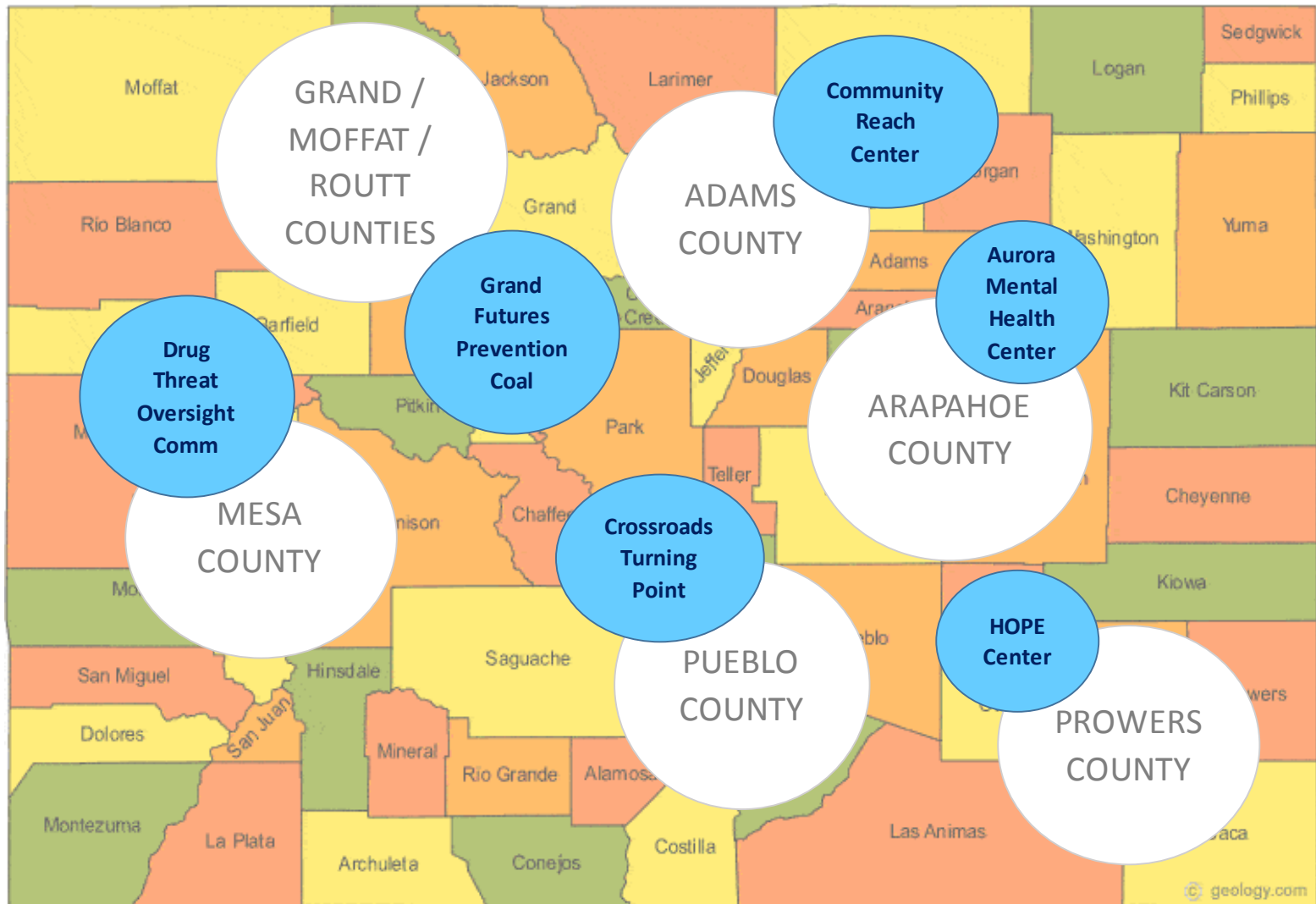


# Colorado Constellation Project



**COLORADO**  
Office of Behavioral Health  
Department of Human Services







# Key Strategies

- **Constellation Building**

- Positive Youth Development Application
- Communities of Learning & Practice

- **Environmental Strategies**

- Safe Disposal - TakeMedsBack
- TakeMedsSeriously

- **Resource Integration**

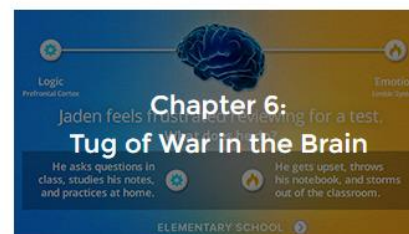
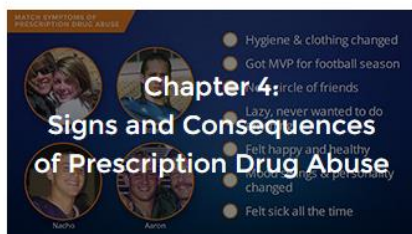
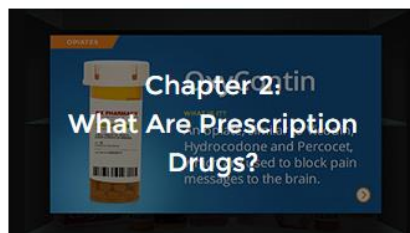
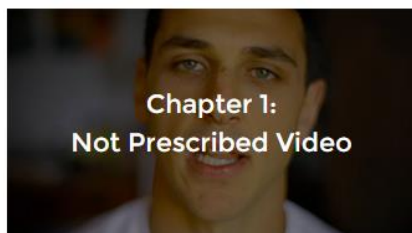
- #IRiseAbove
- Educational Resources:  
Not Prescribed and Media  
Smart Youth – Not Prescribed





## Chapters in this Lesson

Click on a chapter to jump to that section of the lesson.

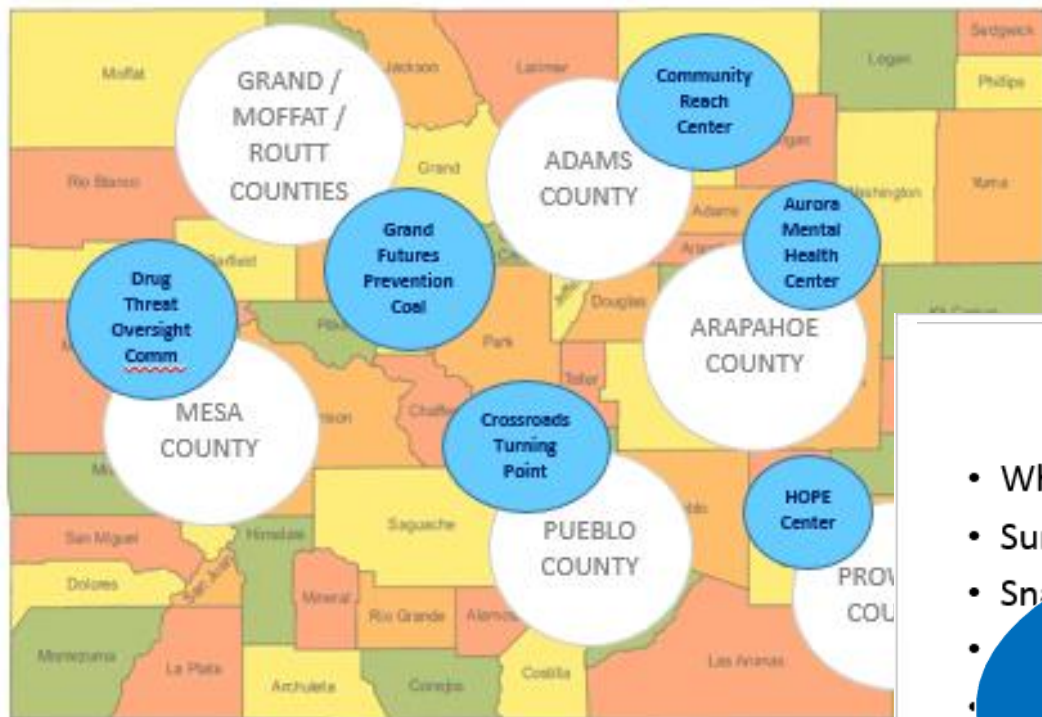


# Leverages all Levels



A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

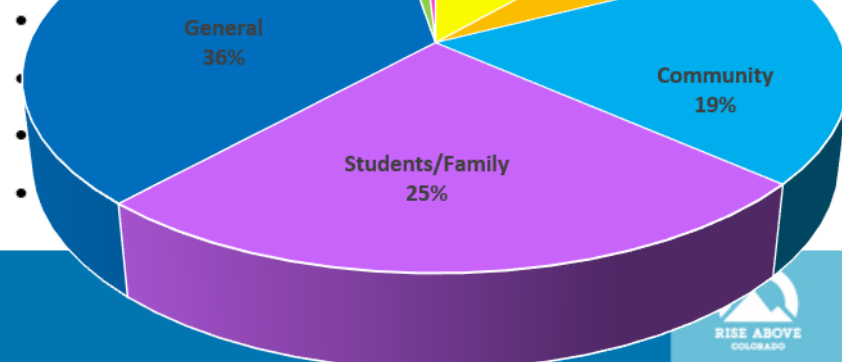
# CCP in Action



## Social Media Deep Dive

- What is social media & why is it important?

- Survey of local...
- Snap...





**THE BRIGHT SIDE OF  
PICKING UP THE PIECES  
IS DISCOVERING THEY  
SOLVE THE PUZZLE**



*- Morley.*



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[www.iriseaboveco.org](http://www.iriseaboveco.org)



[www.facebook.com/riseabovecolorado](https://www.facebook.com/riseabovecolorado)



[@RiseAboveCO](https://twitter.com/RiseAboveCO)



[@RiseAboveCO](https://www.instagram.com/RiseAboveCO)

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**Kent MacLennan**, [Kent@riseaboveco.org](mailto:Kent@riseaboveco.org)

**Mae Thompson**, [Mae@riseaboveco.org](mailto:Mae@riseaboveco.org)



# Grants, Grants, Grants



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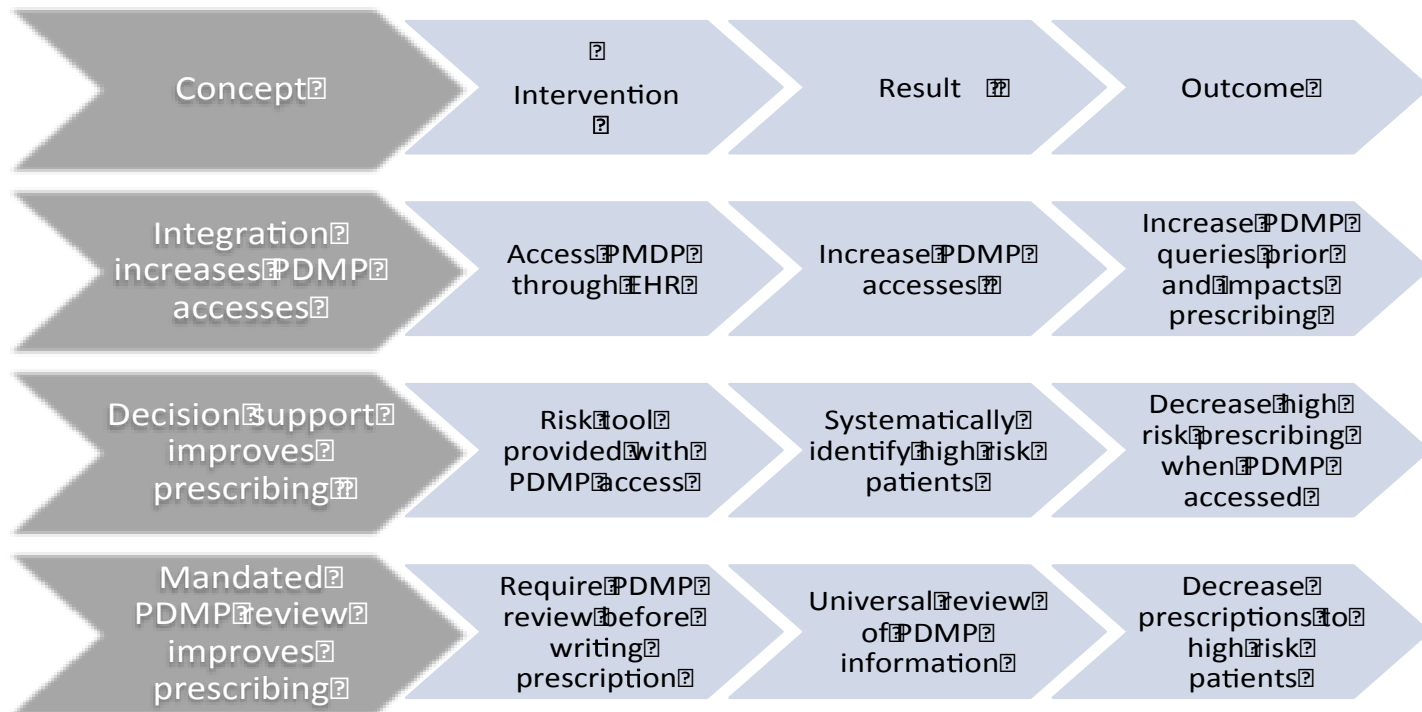


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# BJA grant: DORA-CU

## Conceptual Model



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# BJA grant: DORA-CU

Phase	PDMP use	Steps to access PDMP	PDMP Information
1	Optional	Provider leaves EHR, opens new window, logs on, enters patient name and birthdate	Standard PDMP
2	Optional	Provider clicks on hyperlink in EHR, PDMP search automatic	Standard PDMP
3	Optional	Provider clicks on hyperlink in EHR, PDMP search automatic	Standard PDMP plus NaRxcheck
4	Required	Provider clicks on hyperlink in EHR, PDMP search automatic	Standard PDMP plus NaRxcheck



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# CDPHE Prescription Drug Grants: Bureau of Justice Assistance

- 2-Year Grant (October 1, 2015-September 30, 2017)
- Funding Amount: \$500,000
  - Funding supports Consortium (Rob, Rosemarie, and Whit) and a full-time prescription drug epidemiologist at CDPHE (Maria Butler)
- Projects
  - Increase data driven approaches to prevent opioid overdose through the Consortium Work Groups
  - Increase public health surveillance of the Colorado prescription drug overdose epidemic



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# CDPHE Prescription Drug Grants:

## Centers for Disease Control and Prevention

- 3.5 Year Grant (March 1, 2016-August 31, 2019)
- Funding Amount: \$4,723,607
- Projects
  - Make the CO PDMP easier to use and access
    - Pilot projects: HIE Integration, Direct EHR Integration, Software as a Service Integration
  - Identify and provide TA to high-burden communities, especially efforts to address problematic prescribing
  - Evaluate the impact of Naloxone distribution to law enforcement agencies in high burden communities
  - Medicaid opioid policy evaluation
  - Rapid Response Projects
    - Heroin Impact Assessment in collaboration with RMHIDTA and Heroin Response Work Group



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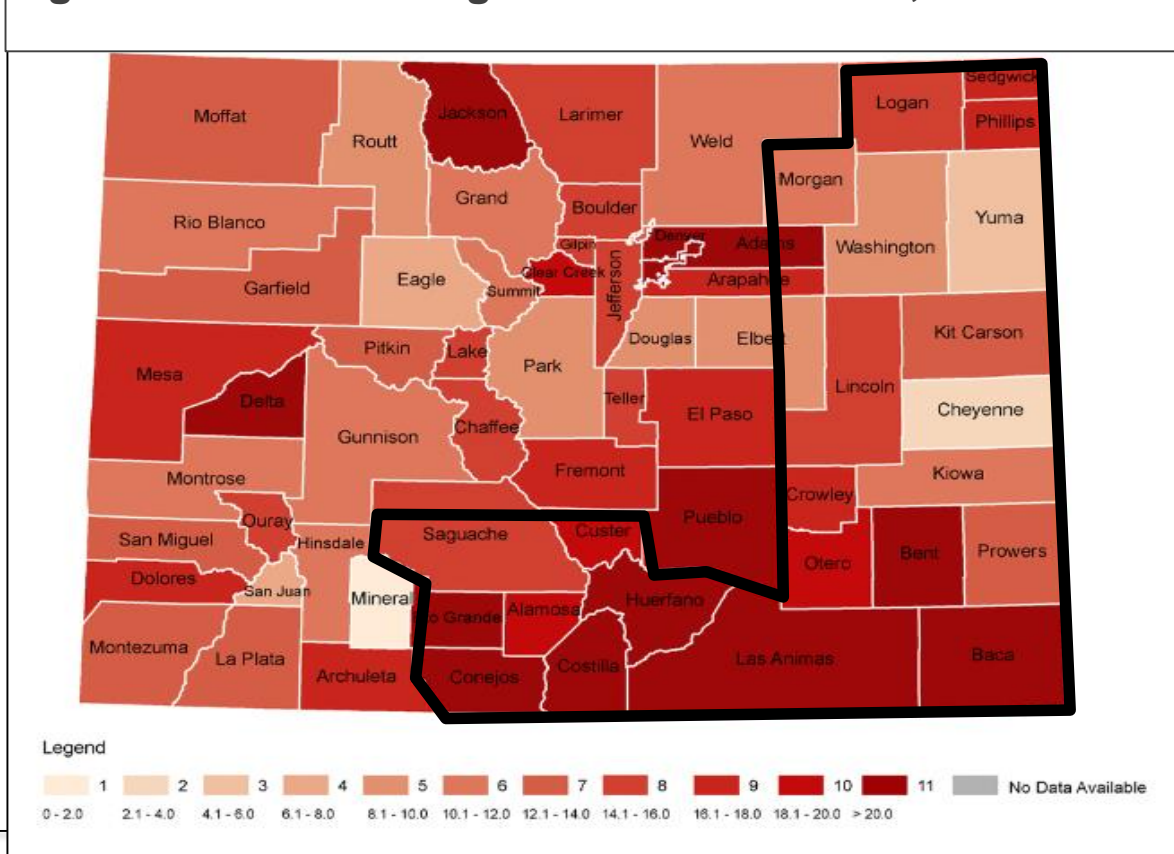
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# Implementing Technology and Medication Assisted Treatment and Team Training in Rural Colorado (IT MATTTRs Colorado)

- Agency for Healthcare
- Research and Quality
- 3 years
- \$3 million award
- Jack Westfall, MD, PI  
Linda Zittleman, MSPH,  
co-Investigator

Figure 1. Colorado drug overdose death rate, 2014



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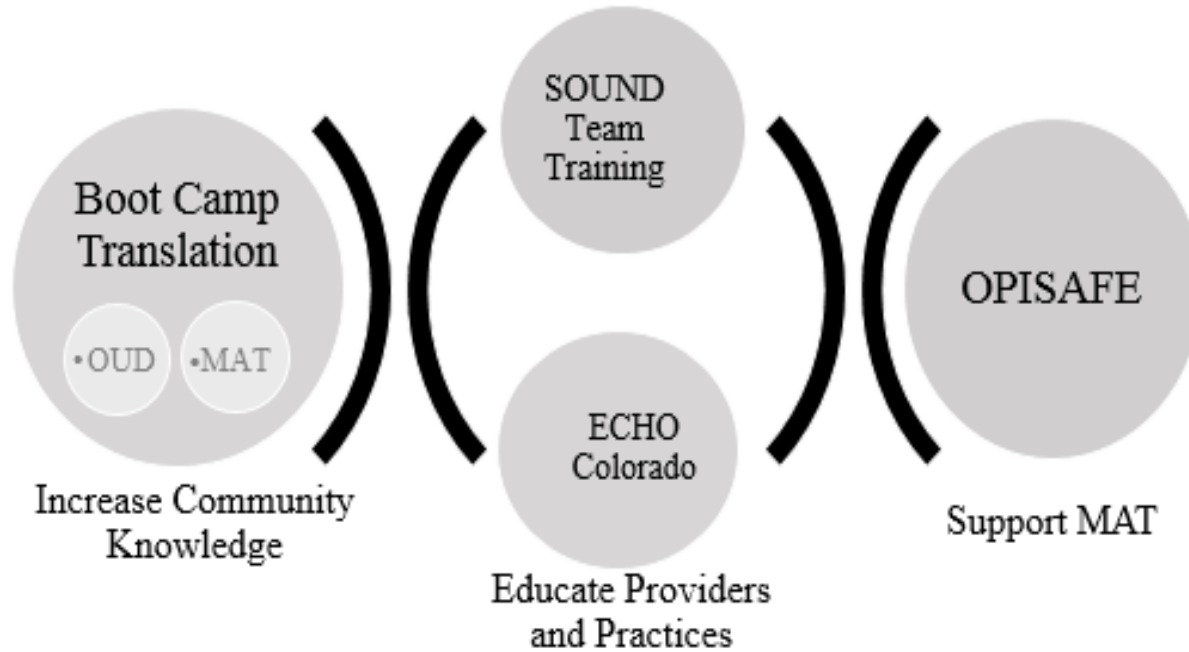
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**Figure 1. Multi-level approach to implementing Medication Assisted Treatment in rural Colorado**



**ASAM** American Society of  
Addiction Medicine



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# Lunch and Learn

- Quick break, P/U Box Lunches in Lobby, return here
- **Lunch Speaker: Congresswoman Diana DeGette**

**“Federal Efforts to Support the States in the Opioid Epidemic”**

- **Q & A**



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# Break Out / Work Group Assignments

- Pick up Work Group Agenda/Notes sheets from Rosemarie
- Go to Breakout Rooms (all are in the School of Pharmacy, except for Public Awareness, stay here)
- Have 1 hour and 15 minutes to meet
- Please complete the Work Group sheets provided
- Complete work by 2:45pm, Break until 3:00pm (coffee)
- Reconvene here at Fulginiti at 3:00pm to share WG plans for next year (with Lt. Governor Donna Lynne) and wrap up



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# Work Group Summaries: Plans for 2017



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# Disposal Work Group Goals for Upcoming Year

Colorado Consortium for Prescription  
Drug Abuse Prevention

Annual Meeting - October 27, 2016



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# Disposal Work Group Goals for Upcoming Year

- Support Medication Take-Back Program Expansion
  - Assist communities with program implementation and promotion
  - Create collector “network” for sharing experiences, identifying obstacles, promoting successes, and tracking program performance
- Promote Colorado’s Disposal Activities Nationally
  - Strategize development of scholarly materials and presentation in appropriate venues
- Update Safe Disposal Brochure
  - Brainstorm ideas for improvement and solicit feedback



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# Wrap Up and Closing Remarks



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# Thank you and see you in October 2017!



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