Colorado Consortium for Prescription Drug Abuse Prevention

4th Annual Meeting

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

October 27, 2016
Welcome and Overview of Day’s Activities

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

• Thank you to King Soopers for providing breakfast
• Restrooms: two off of main lobby, back of building (19th 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
The Consortium in Year 4: Moving into a New Era of Collaboration
Colorado Plan to Reduce Prescription Drug Abuse

September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper
2016 GOAL: **PREVENT** 92,000 Coloradans from misusing opioids

**255,000**
COLORADANS
AGED 12 +

- 6%

**163,000**
COLORADANS
AGED 12 +

- 3.5%

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

2011-2012

2016 TARGET
Colorado Consortium for Prescription Drug Abuse Prevention
A coordinated, statewide, interuniversity/interagency network

Provider Education Work Group
Co-Chairs: Lili Tenney, CSPH
Lesley Brooks, NCHA

Safe Disposal Work Group
Co-Chairs: Greg Fabisiak, CDPHE
Sunny Linnebur, CU

PDMP Work Group
Co-Chairs: Mark O’Neill, DORA
Jason Hoppe, UCH / CU

Coordinating Center
CU School of Pharmacy
Robert Valuck, PhD, RPh, Director
Rosemarie MacDowell, Coordinator
Whit Oyler, Program Manager

Treatment Work Group
Co-Chairs: Denise Vincioni, OBH
Paula Riggs, CU

+ Coordinating Committee
(Work Group Co-Chairs)

Affected Families Work Group
Co-Chairs: Karen Hill, JPAF
Suzi Stolte

Public Awareness Work Group
Co-Chairs: Jose Esquivel, OAG
Kent MacLennan, RiseAboveCO

Data/Research Work Group
Co-Chairs: Barbara Gabella, CDPHE
Ingrid Binewanger, KPCO

Naloxone Work Group
Co-Chairs: Joshua Blum, DHHS
Lisa Raville, HRAC

Heroin Strategies Work Group
Co-Chairs: Tom Gorman, HIDTA
Lindsey Myers, CDPHE

Governor

Health Policy Lead

CO Attorney General
Substance Abuse Trend & Response Task Force

CO Legislature

LEGEND
= New
= Existing
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
<table>
<thead>
<tr>
<th><strong>The Five Conditions of Collective Impact</strong></th>
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<tbody>
<tr>
<td><strong>Common Agenda</strong></td>
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<td>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.</td>
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<td><strong>Shared Measurement</strong></td>
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<td>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.</td>
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<td><strong>Mutually Reinforcing Activities</strong></td>
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<td>A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.</td>
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<td><strong>Continuous Communication</strong></td>
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<td>All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.</td>
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<td><strong>Backbone Support</strong></td>
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<td>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.</td>
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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
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
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
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!
Questions?
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)
Public Awareness WG: Year 3
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)
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
PDMP Work Group: Year 3
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?
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.
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.
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

Utilization Rate Quarterly 2014 - 2016
Percentage of Total Queries to Total RX Dispensed
Safe Disposal WG: Year 3
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
Thank You!

Renie Dugwyler & Jose Esquibel
Attorney General’s Office

Debbie Trever
Boulder County Sheriff’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
Helped Prepare the Colorado Household Medication Take-Back Program for Statewide Expansion
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
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
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
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
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
AWS Collection Receptacle

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

- [TakeMedsBack.org](http://takemedseriously.org) URL created to take public directly to disposal information page
TakeMedsBack.org

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.
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.
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
Developed Public Awareness Campaign

- Produced in conjunction with Public Awareness Work Group
- On-line media assets, print materials, PSA’s, etc
Produced Safe Medication Storage Brochure
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
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)
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\textsuperscript{st} year – 84 providers, 42 practices
  - 2\textsuperscript{nd} year – 75 providers, 34 practices

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)
  - Alamosa, Durango – completed.
Provider Education WG: Thoughts on Year 4

• On-line Training
• Project ECHO
• COES
Data/Research WG: Year 3
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
Data and Research Work Group Highlights: Year 3

1) Monthly Addiction Health Services Research Meeting continued
   • 4th Tuesday at 1 pm
   • Contact 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
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
Rates of Drug Overdose Deaths, Colorado and the US, 2000-2015

From the Colorado Department of Public Health and Environment
Treatment WG: Year 3
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.
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
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.
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
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
Naloxone WG: Year 3
aka #winners
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
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.
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
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
- Over 250 pharmacies
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
Naloxone WG: Year 3

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

– Could do better ... need ya.
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
Heroin Strategies WG: Year 3
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.
Ad Hoc ADF WG: Year 3
Abuse Deterrent Formulations Workgroup

Charter as per State of Colorado House Bill 15-1214

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

1 State of Colorado House Bill 15-1214 Accessed 9/19/16
Affected Families and Friends: Year 3
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.
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
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
Break  (next session starts at 11:00am)
Innovations in Colorado, for Colorado
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
Naloxone for Life Program
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/CONFL

Free Narcan Kits provided to all trained 1st responders for the targeted county training.
THE OFFICE OF COMMUNITY ENGAGEMENT
Colorado Counties: Highest overdose death rates: 2002
Colorado Counties: Highest overdose death rates: 2014
Saving Lives in Colorado

- 11 trainings have happened in 5 cities
- 69 departments sent at least one representative.
- 41 law enforcement departments and 1 fire department garnering kits
- 173 law enforcement/fire and 32 non-law participated in trainings
- 1104 kits distributed to fire and law enforcement
Where are we now?

67 Total # of LE Departments currently carrying Naloxone
41 LE funded from the Attorney General’s Office (OAG)
26 Not funded by OAG

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

Ready, set, go!
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.
### 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
- Thornton PD
- Ward Marshalls Office
PAARI (and more) in Routt County
Ken Davis, PA-C
Director of Community Integration
Northwest Colorado Health
Oct. 27th. CO Consortium Annual Conference
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

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
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,
- 14th. 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

Please contact us by email - 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. 1st. 2020, we will have reduced drug overdose death rates by 50%.

ADDITION is not a Crime, it’s a Chronic Disease!
Asset Mapping

**COMMUNITY ASSETS MAP**

- **LOCAL INSTITUTIONS & RESOURCES**
  - Schools
  - Local Businesses
  - Service Clubs
  - Churches
  - Community Organisations
  - Hospitals
  - Local Facilities
  - Community Stories
  - Government Agencies

**COMMUNITY ASSOCIATIONS**

- Neigh - bourhood House
- Community Health
- Artist
- People
- Churches
- Young
- Senior
- People
- Residents
- Artists
- People
- Local Council
- Sporting Teams
- Gifts of Individual

**Values:**

**Assets:**

- Health Equity
- Drug Court
- Prevention Treatment
- Drug
- Education
- Addiction
- Values
-收款

**Leadership**

- Health Equity
- Drug Court
- Prevention Treatment
- Drug
- Education
- Addiction
- Values
- Reception

**What?**

**STAKEHOLDER MAP:** Rx Task Force Specific

**Constituency**

- Values
- Assets
- Resources

**Supporters**

- Values
- Assets
- Resources

**Competition**

- Values
- Assets
- Resources

**Opposition**

- Values
- Assets
- Resources

**Build from STRENGTH!**

**Values:** **Assets:** **Resources:**

- Health Equity
- Drug Court
- Prevention Treatment
- Drug
- Education
- Addiction
- Values
- Reception

**NORTHWEST COLORADO HEALTH**

Your partner for life
Northwest Colorado FRAMEWORK –
Yampa Valley Rx Task Force

Drivers:
- Education & Awareness
- Prevention & Intervention
- Connection to Support & Treatment
- Sustained Wellness

Shared Values:
- Data, Relationships, and Community Informed

Community Empowerment
Community & Systems Transformation

Addiction is not a Crime, it’s a Chronic Disease!
BEHAVIOR Change

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

— Henry Cloud —

Before

After

Behavior Change Elements
motivation, ability, trigger

Core Motivators
pleasure/pain, hope/fear, social acceptance/rejection

Simplicity Factors
time, money, physical effort, brain cycles, social deviance, non-routine

Triggers
facilitator, spark, signal
Driver DIAGRAM

Reduce Regional Drug OD death rates by 50% by Jan. 1st, 2020

HOW?

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

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

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

**CO Attorney General**

**Co-Chairs**

- Data/Research Work Group
  - Barbara Gabbott, CDHPE
  - Ingrid Binswanger, KRCC

**Treatment Work Group**

- Co-Chairs
  - Denise Vincent, OBI
  - Paula Riggs, CU

**PDMP Work Group**

- Co-Chairs
  - Mark O'Neill, NIDA
  - Jason Hoppe, UCH / CU

**Provider Education Work Group**

- Co-Chairs
  - Lesley Brooks, No, Colorado Health Alliance
  - Lila Trenney, CSSH

**Safe Disposal Work Group**

- Co-Chairs
  - Greg Fabricant, CDHPE
  - Barry Linnell, CU

**Public Awareness Work Group**

- Co-Chairs
  - Jose Esquer, Attorney General’s Office
  - Kent MacKinnon, Rise Above Colorado

**Coordinating Center**

**CU School of Pharmacy**

Robert Valuck, PhD RPh

**Coordinating Committee**

- Work Group Co-Chair

**Rapid Response Work Groups**

**Affected Families & Friends Work Group**

- Co-Chairs
  - Karen Hill and Sue Stiles
  - JP Drug Awareness Foundation

**Naloxone Work Group**

- Co-Chairs
  - Joshua Blum, DNP
  - Lisa Ramirez, HARC

**Heroin Response Work Group**

- Co-Chairs
  - Tom Gorman, RM, HIDA
  - Lindsey Myers, CDHPE

**Governor**

**CO Legislature**

**ADDICTION is not a Crime, it’s a Chronic Disease!**
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!
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.paariusa.org

ADDICTION is not a Crime, it’s a Chronic Disease!
Pinnacol Assurance: OpiSafe Pilot Program
Colorado Springs Innovations
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 27th, 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 29th – 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
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
Colorado Rx Constellation Project

innovations with community partners

October 27, 2016
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

- SHARED VISION
- CO9to25
- Rise Above Colorado
- Rx Consortium

3rd Party Coordination / Conduit
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.

Chapter 1: Not Prescribed Video

Chapter 2: What Are Prescription Drugs?

Chapter 3: What Is Appropriate Use of Prescription Drugs?

Chapter 4: Signs and Consequences of Prescription Drug Abuse

Chapter 5: The Developing Brain Video

Chapter 6: Tug of War in the Brain

Chapter 7: Risks Factors for Addiction and Overdose

Chapter 8: How Would You Respond?

Chapter 9: How Can You Rise Above?
Leverages all Levels

Public Policy
National, provincial/territorial local laws and policy

Community
Design, access, connectedness, spaces

Organizational
Organizations, schools, workplaces

Interpersonal
Family, friends, social networks

Individual
Knowledge, attitudes, skills

CCP in Action

Social Media Deep Dive

- What is social media & why is it important?
- Survey of local media presence:
  - Students/Family: 25%
  - Student: 11%
  - Community: 19%
  - General: 36%
  - Parents: 6%

Constellations Social Media Presence

Rise Above Colorado
THE BRIGHT SIDE OF PICKING UP THE PIECES IS DISCOVERING THEY SOLVE THE PUZZLE

- Morley.
Connect with us online!

www.riseaboveco.org
www.iriseaboveco.org

www.facebook.com/riseabovecolorado

@RiseAboveCO

@RiseAboveCO

Aarika Matney, Aarika@riseaboveco.org
Amy Engelman, Amy@riseaboveco.org
Jonathan Judge, Jonathan@riseaboveco.org
Kavitha Kailasam, Kavitha@riseaboveco.org
Kent MacLennan, Kent@riseaboveco.org
Mae Thompson, Mae@riseaboveco.org
Grants, Grants, Grants
BJA grant: DORA-CU

Conceptual Model

- **Concept**
  - Integration increases PDMP accesses
  - Decision support improves prescribing
  - Mandated PDMP review improves prescribing

- **Intervention**
  - Access PDMP through EHR
  - Risk tool provided with PDMP access
  - Require PDMP review before writing prescription

- **Result**
  - Increase PDMP accesses
  - Systematically identify high risk patients
  - Universal review of PDMP information

- **Outcome**
  - Increase PDMP queries prior and impacts prescribing
  - Decrease high risk prescribing when PDMP accessed
  - Decrease prescriptions to high risk patients
# BJA grant: DORA-CU

<table>
<thead>
<tr>
<th>Phase</th>
<th>PDMP use</th>
<th>Steps to access PDMP</th>
<th>PDMP Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Optional</td>
<td>Provider leaves EHR, opens new window, logs on, enters patient name and birthdate</td>
<td>Standard PDMP</td>
</tr>
<tr>
<td>2</td>
<td>Optional</td>
<td><strong>Provider clicks on hyperlink in EHR, PDMP search automatic</strong></td>
<td>Standard PDMP</td>
</tr>
<tr>
<td>3</td>
<td>Optional</td>
<td>Provider clicks on hyperlink in EHR, PDMP search automatic</td>
<td>Standard PDMP plus NaRxcheck</td>
</tr>
<tr>
<td>4</td>
<td>Required</td>
<td>Provider clicks on hyperlink in EHR, PDMP search automatic</td>
<td>Standard PDMP plus NaRxcheck</td>
</tr>
</tbody>
</table>
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
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
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
Figure 1. Multi-level approach to implementing Medication Assisted Treatment in rural Colorado

- **Boot Camp Translation**
  - OUD
  - MAT

- **SOUND Team Training**

- **ECHO Colorado**
  - Educate Providers and Practices

- **OPISAFE**
  - Support MAT
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
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
Work Group Summaries: Plans for 2017
Disposal Work Group
Goals for Upcoming Year

Colorado Consortium for Prescription Drug Abuse Prevention
Annual Meeting - October 27, 2016
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
Wrap Up and Closing Remarks
Thank you and see you in October 2017!