Colorado Consortium for Prescription Drug Abuse Prevention

5th Annual Meeting

University of Colorado Anschutz Medical Campus
Skaggs School of Pharmacy

October 19, 2017
Welcome and Overview of Day’s Activities

- Rob Valuck, Coordinating Center
Housekeeping

• Thank you to King Soopers for providing breakfast
• Restrooms: outside room, to right, down the hall on left
• Meeting materials:
  – Agenda
  – Breakout Room assignments and directions
  – Participant List
  – Slides will be posted afterwards
• Support and logistics
  – Rosemarie MacDowell
  – Whit Oyler
  – GenerationRx students
Opening Remarks

- Cynthia Coffman, Colorado Attorney General
- Larry Wolk, Colorado Department of Public Health and Environment
- Ronnie Hines, Colorado Department of Regulatory Agencies
- Robert Werthwein, Colorado Department of Human Services, Office of Behavioral Health
- Cathy Traugott, Colorado Department of Health Care Policy & Financing
The Consortium: Where are we going next?
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%

minus

2011-2012

2016 TARGET

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 now has 10 work groups and >400 members
• Staff is growing to provide better support of our work
  – Operations Manager: Gina Olberding
  – Communications Coordinator: Michael Davidson
  – Outreach Coordinator: Jessica Eaddy
  – New Program Manager: Susanna Cooper (starts Nov 1)
• Work Group activities: will let them tell you!
• Dozens of Presentations and Media Interviews
• Guideline Summit
• Center Status (SB-17-193)
• Interim Study Committee on Opioid and Other SUDs
The Consortium: Our Evolving Role

• Today: share our successes, innovations across Colorado
• Continue to be more data driven, evidence based
• Give input to CO Legislature and US Congress
• Advocate for additional resources, programs in key areas
• Support agencies who implement and run programs
• Guideline Summit II (planning stages): convene medical professionals/organizations, set strategic course
• Transition to provision of technical assistance, toolkits, training, and other resources to local/regional coalitions
• Continue to evolve in the rapidly changing landscape
New: Colorado Community Reference

- Previously known as the toolkit, playbook, roadmap, etc.
- Official name: Colorado Community Reference
- OBH funded creation of reference, staffing to distribute/share it across Colorado, support local coalitions in their work
- One page Info Sheet is included in your packets
- Draft of Reference is available for Work Group Co-Chairs
- Final version is pending approval from OBH, will follow up by email to announce “go live” date
- On the web: e-Reader version, downloadable in its entirety or by specific chapter
Regional Coalitions and Initiatives

- San Luis Valley AHEC
- North Colorado Health Alliance
- Pueblo Heroin Task Force / Pueblo HRC
- Boulder County Opioid Advisory Group
- Gunnison County Substance Use Prevention Partnership
- Tri-County Opioid Overdose Partnership
- Yampa Valley Rx Abuse Task Force
- El Paso County Coalition for Prevention, Addiction Education and Recovery (CPAR)
- Denver opioid coalition (forming now)
Partnerships and Collaborations

• State agency partners (CDPHE, DORA, OBH, HCPF, DOWC)
• Governor’s Office
• Attorney General’s Office, SATF
• Rise Above Colorado
• AHEC system (Program Office, all 6 regional AHECs)
• Colorado Medical Society, component societies
• Pinnacol Assurance
• COPIC
• 9 Health Fairs
Where are we going next?

• Continued partnering, continued growth to serve Colorado
• Center Status (SB-17-193): what does it mean?
  – University home: facilities, support, fundraising, etc.
  – Partners both on campus (CeDAR, ARTS, Depression Center, NBHIC, AHEC, Schools, UCHealth, Children’s, DVAMC), and across Colorado (Kaiser, other health systems, pharmacies, employers, business groups, cities/counties)
  – Consortium (Coordinating Committee) still driving the bus
  – Early focus: programs, community engagement; Later: Training, Research
• Fundraising to match SB-17-193
  – The Colorado Health Foundation (applied 10/15)
  – Other foundations, organizations, major donors
• Three year funding and program plan (mid-2020)
  – 90% of funding for programs, 10% for infrastructure
  – Based on how much funding we can secure, we will scale our programs/timelines accordingly
Where are we going next?

• Coalition Support
  – Community Reference, Outreach Liaisons
  – Affiliation Agreement concept (shared direction, shared measurement, resources, learning community)
  – Dashboarding/support (InsightVision pilot)

• Social Media presence
  – Websites: Consortium, TMS, TMB
  – Twitter: @corxconsortium, @takemedsserious
  – Facebook: www.facebook.com/takemedsseriously/

• Dreamland in Denver: Weds Jan 24, 2018 (evening)
Thanks to everyone...
Questions?
Work Group Highlights: Year 4

- Public Awareness (Jose Esquibel, Kent MacLennan)
- PDMP (Jason Hoppe)
- Safe Disposal (Greg Fabisiak, Sunny Linnebur)
- Provider Education (Lesley Brooks, Josh Blum)
- Data/Research (Barbara Gabella, Alia Al-Tayyib)
- Treatment (Paula Riggs, Mandy Malone)
- Naloxone (Lisa Raville, Chris Stock)
- Heroin Strategies (Tom Gorman, Lindsey Myers)
- Affected Families and Friends (Karen Hill, Suzi Stolte)
Public Awareness WG: Year 4
Public Awareness Work Group Highlights: Year 4

• New Content for the Take Meds Seriously Website and Social Media
  – Increased social followers (Facebook, Instagram) by **390% to 2,895**
  – More than 8,700 engagements in social content

• Take Meds Back Media Campaign: Permanent Disposal
  – Partnership: Safe Disposal Work Group, CDPHE, AG’s Office, Fresh Digital, Web Strategic, and Colorado Broadcasters Association
  – Ads ran from January through March and June through July
    • 8.2 million impressions; 10,486 engagements (clicks, likes, shares, follows, comments, etc.);
      23,537 video views
Public Awareness Work Group Highlights: Year 4

• Take Meds Seriously Social Media Webinars/Chats
  – Overdose Awareness Day Twitter Chat, August 31st
  – Take Meds Seriously Social Media Support Webinar, October 11th
    • DEA October Take Back
    • Take Meds Seriously/Take Meds Back resources
    • *On The Rise* youth social norming prevention campaign

• Outreach to 9News and Colorado State Fair for Partnership
  – Plans to incorporate TMS public awareness in 9News Health Fairs and State Fair
Thank You!

Kent MacLennan & José Esquibel
Co-Chairs

Work Group Members
PDMP Work Group Highlights: Year 4
Increasing PDMP utilization

• Facilitating PDMP integration
  – 2/2016: Colorado-based Kroger-owned pharmacies (King Soopers/City Market)
  – 1/2017: UCHealth Emergency Departments
  – 10/2017: UCHealth Metro Denver primary care clinics
  – Fall 2017: HCA (Rocky Mountain Hospital for Children, Rose Medical Center, Presbyterian/St. Luke’s Medical Center, North Suburban Medical Center, Sky Ridge Medical Center, Spalding Rehabilitation Hospital, Swedish Medical Center and The Medical Center of Aurora)
  – Fall 2017: SCL Health (St. Mary’s Medical Center, Lutheran Medical Center, St. Joseph Medical Center, Good Samaritan Medical Center and Platte Valley Medical Center)
  – Fall 2017: Centura Health (Avista Adventist Hospital, Penrose Hospital, Castle Rock Adventist, St. Anthony Hospital, St. Francis Hospital)
PDMP Work Group Highlights: Year 4
External grant funding

• Bureau of Justice Assistance: Harold Rogers Grant
  – A Stepwise Evaluation of Prescription Drug-Monitoring Program-Electronic Health Record Integration, Decision Support, and Mandated Use
  – DORA and UC SOM
  – Through Oct 2018

• CDC grant
  – CDPHE funded from: “Prescription Drug Overdose Prevention for States”
  – Supported development of 3 pilot projects (direct EHR, HIE connection, and software service connection)
PDMP Work Group Highlights: Year 4
Facilitating prescriber use

• Unsolicited reports
  – Continue to decline despite increase in threshold
  – Average of approximately 600/month sent last year to as low as 128 notices sent in 9/2017

• Provider report cards
  – Work group supported CDPHE application for supplemental PDMP funding to pilot test report cards
  – Expected start date 2/2018
PDMP Work Group Highlights: Year 4
Technical and Legislative

• PDMP migration to new vendor
  – Completed August, 2017
  – Work group members helped inform RFP for new vendor

• Guidance to CDPHE on state/county –level data profiles

• Investigating new vendors for integration
  – RxAssurance

• Legislative changes
  – SB 17-146 -- Clarified PDMP access for prescribers and pharmacists to include more than just considering prescribing and dispensing a controlled substance
PDMP Work Group Highlights: Year 4

Improved research access

• DORA improved mechanism for PDMP data research access
  – CDPHE
    • Statewide prescription drug profile reports
  – CU research projects linking clinical data and PDMP data to evaluate risk after PDMP interventions and opioid prescribing: BJA, DoD, NIDA
## CDPHE Colorado Data Profile

### Table 2: High Risk Prescribing Practices and Patient Behaviors, 2014-2016

<table>
<thead>
<tr>
<th>PDMP Indicator</th>
<th>2014 Colorado</th>
<th>2015 Colorado</th>
<th>2016 Colorado</th>
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<tbody>
<tr>
<td>Percent of patients receiving more than 90 morphine milligram equivalents</td>
<td>10.3%</td>
<td>8.9%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Percent of patients receiving more than 120 morphine milligram equivalents</td>
<td>6.3%</td>
<td>5.5%</td>
<td>5.2%</td>
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<tr>
<td><em>Rate of multiple provider episodes per 100,000 residents</em></td>
<td>60.8</td>
<td>43.1</td>
<td>32.0</td>
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<tr>
<td>Percent of patients prescribed long duration opioids who were opioid-naïve</td>
<td>16.0%</td>
<td>15.3%</td>
<td>13.5%</td>
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<tr>
<td>Percent of patient prescription days with overlapping opioid prescriptions</td>
<td>22.3%</td>
<td>21.6%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Percent of patient prescriptions days with overlapping opioid and benzodiazepine prescriptions</td>
<td>12.1%</td>
<td>11.9%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Schedule 2-4 Controlled Substances

Thank You!

Jason Hoppe (University of Colorado) & Chris Gassen (DORA-acting Co-Chair)
Co-Chairs

and

All of our Work Group Members
Safe Storage / Safe Disposal Work Group: Year 4
Safe Storage / Safe Disposal Work Group Highlights: Year 4

• Take Meds Back – Household Medication Disposal Program
  – Goal: Establish at least one permanent collection site in every county.
  – 43 counties now have at least one site (77 collectors enrolled)
  – With Walgreens, Kaiser and independent law enforcement collectors, 106 sites are serving 47 counties

• Public Awareness Campaigns
  – Radio and TV PSA’s (Colorado Broadcasters Association: May-August 2017)
  – Statewide social media campaigns (Fresh Digital Group: Jan-Mar, June 2017)
  – On-line ad placements targeting unserved counties (FDG: Jan-Mar 2017)
  – On-line ad placements targeting 55+ population (FDG: June 2017)
  – New publicly available social media assets and videos (Webb Strategic)

• Updated the Safe Medication Disposal Brochure
  – Samples available
Take-Back Program Current Status

State Program - 12,535 pounds collected through 09/30/17

Collection data not available from other programs

Key:
Green - State program present
Beige - No State site, but other program present
White - No permanent sites
Promoting the Program

- Guides for community engagement and other promotional materials available at Takemedsback.org

Permanent Boxes

Take-Back Events
Littleton Police Department
Thank You!

Greg Fabisiak & Sunny Linnebur
Co-Chairs

We wish to thank:

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

Colorado Consortium for Prescription Drug Abuse Prevention

Office of the Colorado Attorney General

Medication Collection Sites

Rise Above Colorado

Webb Strategic Communications

Colorado Broadcasters Association

Fresh Digital Group

CDPHE Office of Communications
Program Branding

- Program information linked to the Consortium’s takemedseriously.org website
- takemedsback.org URL created to take public directly to disposal information page
SAFE DISPOSAL

TAKE MEDS BACK DISPOSAL OPTIONS

Take Meds Back helps residents of Colorado safely dispose of unused and expired prescription medications. Safe disposal keeps meds like opioids, sedatives, and stimulants from being misused or abused. It also helps protect Colorado’s precious environment and wildlife.

The best way to get rid of medication is to take it to the nearest secure collection box. Communities, pharmacies, and government and law enforcement agencies are working together to install secure drop boxes across Colorado. Use this page to find the prescription medication collection box closest to you!

FIND PERMANENT COLLECTION BOXES

FIND A TAKE-BACK EVENT

HOME DISPOSAL

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, heart medicine, even Veterinary prescriptions.

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.
Colorado Household Medication Take-Back Program

Medication Take Back locations map

Back to Medication Take-Back program
Program Benefits

• Removes unused medications, including controlled substances, from homes where they may be misused or abused
• Protects the environment by reducing medication flushing or trash disposal
• Provides centralized, consistent advice on proper medication disposal
• Helps reduce burden on grieving families
• Opportunities for positive law enforcement engagement with citizens
• Creates potential new customers for pharmacy collectors
Promoting the Program

• Community connections are key
• Sites or contacts have been established with assistance provided by:
  – Local Public and Environmental Health Agencies
  – Area Health Education Centers
  – Comprehensive Treatment Centers
  – Community Health Partnerships
  – Law Enforcement Trade Organizations
  – Independent Pharmacy Trade Associations
• AmeriCorps Community Opioid Response Program workers will soon be promoting the program
Program Contact Information

Greg Fabisiak
CDPHE
303-692-2903
greg.fabisiak@state.co.us

Safe storage and safe disposal promotional materials available at takemedsseriously.org
Provider Education WG Highlights: Year 4
Co-Chairs: Lesley Brooks, MD & Josh Blum, MD

Presenters:
Lesley Brooks, MD
Josh Blum, MD
Provider Education WG Highlights: On-Line Training 2012

• Training developed by interdisciplinary teams led by faculty at the Center for Health, Work & Environment, Colorado School of Public Health
• 2,711 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:
  • 1st year – 84 providers, 42 practices
  • 2nd year – 75 providers, 34 practices
Colorado Opioid Epidemic Symposium (COES)

• Collaboration with North Colorado Health Alliance (NCHA)

• 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)
Colorado Opioid Epidemic Symposium (COES)

• Reproducible. Relevant. Portable.
  – 13 provider education events completed across the state, full-day, half-day, evening

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<tr>
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<td>Loveland</td>
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<td>Colorado Springs</td>
<td>Boulder</td>
<td>Gunnison</td>
<td>Breckenridge</td>
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AHEC
Rocky Mountain Health Plans
Gunnison County Substance Abuse
Boulder Public Health Dept
Las Animas-Huerfano Counties District Health Department

CBHC
Aurora Tri County Overdose Prevention
Northwest Colorado Comm Health Partnership

University of Colorado
North Colorado Health Alliance
Office of the Governor
Other Education Events

• Colorado Pain Society Annual Meeting
• COPIC talks: Opioids 101 & 201
  • Hospital Grand Rounds, Practice meetings
• CO Community Health Network
  • TBC Learning Collaborative, Triannual meeting
• Medical student lectures
• Resident yearly curriculum lectures
MAT Education

• IT MATTTRS
  • Increasing public awareness & access to MAT in rural CO

• Project ECHO
  • Aimed specifically at MAT training & implementation
  • First cohort starting this week

• MAT Live Waiver Trainings
  • Estes Park
  • CU
  • Denver Health
Provider Education WG: Thoughts on Year 5

• Collaboration with CHWE, Project ECHO, CPEP, COPIC
  – ‘Road map’ for education opportunities
  • **Type:** Online, live, webinar, interactive group learning, e-consultation
  • **Audience:** student, resident, generalist, specialist, dentist, veterinarian
  – Interweaving
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<th>Primary Care Providers</th>
<th>Specialty Providers</th>
<th>Dentists</th>
<th>Veterinarians</th>
<th>Students</th>
<th>Residents</th>
<th>Behavioral Health Providers</th>
<th>Physical Therapists</th>
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<td></td>
<td>ED</td>
<td>Surgeons</td>
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Progressive & Varied Training

- Opioid Management
- Substance Use Disorder, MAT, & Mood Disorder Training
- Chronic Pain Management

- Consortium/Alliance Live Events
- CPEP
- Webinar
- CHWE
- Online Training
- ECHO
- Group Learning
- E-Consultation
Provider Education WG: Thoughts on Year 5

• 2018 likely to be very busy
  • Additional CDPHE funding for education activities
  • Expanded CME-certified subject matter
  • Expanded education outside of primary care

• We will call upon many subject matter experts (YEAH YOU!) to help deliver content
  • Minimum 2-3 speakers for each topic

• Central clearinghouse for education requests
  • Consortium website
  • Logistical support from Consortium staff
## Provider Education Content

<table>
<thead>
<tr>
<th>Chronic Pain Management</th>
<th>Opioid Management</th>
<th>Opioid &amp; other SUDs</th>
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<tr>
<td>Basics of assessment &amp; management</td>
<td>Safe prescribing 101</td>
<td>Introduction to opioid use disorder</td>
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<tr>
<td>Behavioral aspects of pain</td>
<td>Safe prescribing 201</td>
<td>MAT Introduction</td>
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<td>Behavioral treatments</td>
<td>Laws &amp; regulations</td>
<td>MAT- special populations</td>
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<td>Non-opioid pharmacologic management</td>
<td>Weaning &amp; discontinuation</td>
<td>Overview of other substance use disorders</td>
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<td>Non-pharmacologic modalities</td>
<td>Overdose prevention &amp; harm reduction</td>
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<td>Intro to pain procedures</td>
<td>Urine toxicology interpretation</td>
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<td>Specific conditions: FM, HA, back pain, neuropathic pain</td>
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Data and Research Work Group: Year 4

What is the purpose of this dashboard?
This dashboard compiles existing data sources to describe the unintended consequences of pharmaceutical opioid use in Colorado, both statewide and at sub-state levels. This dashboard allows users to query data that is most relevant to specific needs.

Why these substances?
The Consortium chose broad indicators on three substances for several reasons.

1. Pharmaceutical opioids (also called opioid analgesics, narcotic pain medications, or prescription opioids) were involved in 75% of all pharmaceutical overdose deaths in the United States in 2010. In Colorado, pharmaceutical opioids contributed to at least 33% of all drug overdose deaths in 2016. This result might be an undercount, because 18% of the drug overdose deaths in 2016 did not mention the specific drug involved.

2. Heroin overdoses have a relationship with pharmaceutical opioid overdoses. States, including Colorado, have experienced a doubling of heroin deaths from 2010 to 2012. And this doubling in 3 to 4 years has continued. In 2016, almost twice as many Coloradans died due to heroin, compared to the number of heroin deaths in 2013.
Data Work Group Highlights: Year 4

• Updating data dashboard
  – Data for 2015 and 2016
  – Hovering provides a full sentence explanation
  – Maps of smaller Health Statistic regions, which are counties for the largest ones
  – Landing page explaining the purpose and why we chose pharmaceutical opioids, heroin, and benzodiazepines
  – New tab with indicators from the PDMP
  – New tab with county profiles
  – Definition tab that allows users to select the desired information

• Identifying leading indicators
  – To be continued
  – On Governor’s and Consortium dashboards: non-medical use of prescription pain relievers
Data Work Group Highlights: Year 4

• Presentations
  – 2016 Rise Above Colorado Youth Survey available online
  – Population-level analysis of prescriptions filled for controlled substances (PDMP)
  – All-Payer Claims Data – potential source to describe pain management at population level [http://www.civhc.org/About-CIVHC.aspx/](http://www.civhc.org/About-CIVHC.aspx/)
  – Test of opioid definitions using syndromic surveillance system of ED visits

• Data-to-action project with Naloxone work group
  – Needs being met via other ways
Thank You!

Alia Al-Tayyib & Barbara Gabella
Co-Chairs

Thanks to Ingrid Binswanger, MD, MPH, the former co-chair,
To the staff (Rob, Rosemarie, Whit, Gina, Jessica, and Michael)
and to our active members in 2016/17:
Allison Rosenthal
Amy Vargo
Erin Ferries
Helen Harris
J.K. Costello
John Battisti
Kendall Sauer
Maria Butler
Maura Proser
Talia Brown

and to all members for their willingness to serve
as subject matter experts when needed
Treatment WG: Year 4
Treatment Work Group
Goals and Objectives

- Poor access and availability of substance treatment/MAT adolescents and adults
- Workforce shortages especially in rural areas
- Poor integration of MH/ substance treatment with medical care

- Identify **gaps** in existing substance treatment system and develop **recommendations** to overcome barriers to address opioid crisis

**Years 3 & 4**

- Translate workgroup recommendations into **action & implementation** by

  - Coordinating effort with other Consortium workgroups, OBH, CDPHE, other state agencies
  - Collaborating with State Attorney General’s Substance Abuse Trend and Response Task Force on new legislation and policy changes
Treatment Workgroup Year 4

GAP/BARRIER

- Poor substance treatment (incl MAT) access/availability for adolescents, adults, and incarcerated individuals with opioid and other substance use disorders (SUD)

- Clinical workforce shortage especially in rural areas (both MAT, psychosocial treatment)

COLLABORATIVE ACTION, ADVOCACY and SUPPORT

- **SB 17 -074 Pilot MAT Expansion Program** - received 2 years of funding to train suboxone-licensed NPs and PAs /expand OUD treatment access, availability, and workforce in underserved rural Pueblo/Routt counties *(Collaboration with AG’s SATRTF)*

- Expansion of MH/substance in treatment school-based health clinics *(Interim Study Committee; CDPHE)*

- “Centralized Portal” — leverage existing mental health crisis line to increase addiction treatment access *(OBH/21st C cures/STR)*

- **DOCJ —STR** working with 5 counties to initiate MAT prior to release & facilitate treatment linkage *(OBH/STR)*
Treatment Workgroup Year 4 and .......

GAP/BARRIER

• Lack of integrated MH/Substance/Medical Care
  – Non-compliance with federal parity legislation (MHPAEA)
  – Poor infrastructure and business model for integrated MH/addiction treatment and continuum of care in mainstream medical healthcare system

COLLABORATIVE ACTION, ADVOCACY, SUPPORT

• Integrated MH/Substance/Medical Care
  – Continue collaboration, advocacy, and support for parity legislation and policy change, and MHPAEA implementation (AG’s office; State Insurance Commissioner’s Office, State SIMs Coalition for Parity; public and provider education)

We’ve seen less meaningful progress in Year 4 towards Integrated MH/substance prevention, early intervention, and treatment in mainstream medical healthcare and lack of chronic disease model of care

• Chronic Disease Model of Care
  – Work towards establishing chronic disease prevention and treatment model
  – Continuity of care across the continuum of care.
Thank You!

Workgroup Co-Chairs

Paula Riggs M.D.
Professor and Director, Division of Substance Dependence
Department of Psychiatry, UCD

Amanda (Mandy) Malone, BA, CACIII
State Opioid Treatment Authority
Controlled Substance Administrator

Denise Vincioni, LPC, CACIII
Co-Chair Years 1-3
Naloxone WG: Year 4
**Lives Saved = Winning**
Naloxone Work Group Highlights: Year 4

• 485 pharmacies with access to Naloxone today
  – www.stoptheclockcolorado.org
• 151 law enforcement departments in the State carrying Naloxone
  – Thanks to Attorney General’s Office
• 5 County Jails with access to Naloxone upon discharge
  – Arapahoe, Boulder, Denver, Douglas, & Jefferson Counties ... 850 have been trained
• STR grant to State of Colorado, Treatment providers & Harm reduction organizations have been given cases of Naloxone
  – Thanks to Office of Behavioral Health
Naloxone WG Goals

1. Increase access to naloxone through Harm Reduction organizations, residential and outpatient treatment facilities.
2. Establish naloxone access for ALL first-responders state-wide.
3. Establish naloxone prescribing programs in Emergency Departments state-wide
4. Increase naloxone uptake by pharmacies and pharmacists
5. Increase naloxone awareness and uptake among primary care providers
6. Increase access to naloxone in Colorado jails
7. Increase public awareness and education resources of naloxone rescue
Naloxone WG 2018
(continue saving lives)

Meetings with Experts from each group so the Naloxone WG can support their efforts:

• Jails
• Emergency Departments
• Treatment Providers/Harm Reduction Orgs
• Pharmacists
• Free play
Thank You!

Lisa Raville & Chris Stock
Co-Chairs

Work Group Members
Heroin Response Work Group: Year 4
Phases & Objectives

1. Statewide data collection
2. Gain understanding of heroin use from those who experience heroin addiction
3. Identify current strategies and best practices
4. Enhance collaboration between law enforcement, treatment providers and public health practitioners
5. Explore and implement regular information exchange between partners about availability and abuse
Heroin Response Work Group Highlights: Year 4

Heroin in Colorado Preliminary Assessment

- Seizures and arrests
- Fatal and non-fatal overdoses
- EMS Naloxone Use
- Disease Transmission
- Neonatal Abstinence Syndrome
- Poison Control Exposure Calls
- Treatment Admissions
- Methadone Clinic Survey Findings
Prioritized Heroin Response Strategies

- Enhance the relationship between law enforcement and treatment
- Explore, educate and promote LEAD and PAARI opportunities
- Expand Colorado Crisis Services to handle OUD calls and act as a resource for responding law enforcement
Heroin Response Work Group Highlights: Year 4

Work Group Products

- **Heroin in Colorado**
  - Preliminary Assessment
  - April 2017

- **Forging a Partnership**
  - Law Enforcement & Treatment
  - 2017

- **From Law Enforcement to Treatment**
  - Heroin Response Work Group
  - Colorado

University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Office of the Attorney General

Office of the Governor
Thank You!

Tom Gorman & Lindsey Myers
Co-Chairs

Work Group Members
Affected Family and Friends Work Group: Year 2
Affected Family and Friends Work Group
Highlights: Year 2

• Contacted individuals who responded to survey to determine their interest participating in the speakers bureau.
  – Learned that many respondents were interested in helping but:
    • Wanted to know specifically where/when they would be called upon
    • Did not want to undertake training until they were going to be called upon

• Identified the lack of consistent messaging about the epidemic as a challenge for any speakers who might be deployed.
  – Learned that individuals currently doing public speaking are not using a consistent set of messages/numbers, which creates confusion in the public arena and undermines the Consortium’s work.
Affected Family and Friends Work Group Highlights: Year 2

• Identified a new strategy to ascertain credible speakers.
  – Working specifically with communities that have identified a need for public speakers.

• Identified a strategy to ensure that speakers deployed by this work group are using consistent messages about the epidemic.
Thank You!

Co-Chairs – Karen Hill and Suzi Stolte

Work Group Members

- Absalon, Judy
- Ader, Candi
- Bates, Cristen
- Bent, Amanda
- Brown, Katy
- Davidson, Michael
- Eaddy, Jessica
- Egan, Paul
- Gibson, Nathan
- Hill, Don
- Johnson, Robert J.
- Jones, Jeff
- Kato, Lindsey
- Kennedy, Carol
- Lambert, Mary
- Lindemann, Jeremiah
- Loffert, David Todd
- Lutz, Cyndee Rae
- Lux, Rosalee
- Maier, Kandace
- McGill, J. Addison
- Mouton, Melissa
- Nortnik, Rich
- Olberding, Gina
- Oyler, Whit
- Rorke, Marion,
- Rossi MacKay, Diane
- Sandgren, Jessica
- Schreiber, Terri
- Scudo, Cynthia
- Veeneman, Hayes
- Valuck, Robert
- Waechter, Rebecca
- Zimdars-Orthman, Marjorie
Break  (next session starts at 11:00am)
Innovations in Colorado, for Colorado
Innovation Speakers

• SB 17-074 MAT Pilot (Mary Weber, Paul Cook)
• CORP Project (AmeriCorps) (Lin Browning)
• CHA / ACEP Pilot: Early Results (Diane Rossi MacKay, Don Stader)
• Coalition Updates
  – Boulder Opioid Advisory Group (Jamie Feld)
  – Tri-County Overdose Prevention Partnership (Steve Martinez)
  – Coalition for Prevention, Addiction Education, and Recovery (Mary Steiner)
  – Yampa Rx Task Force (Mara Rhodes)
CO SB 17-074 Pilot MAT Program

Tanya R. Sorrell, PhD, PMHNP-BC
Mary Weber, PhD, PMHNP-BC
Paul Fook, PhD
University of Colorado – Anschutz College of Nursing
CO SB-74 Pilot MAT Program

Tanya R. Sorrell, PhD, PMHNP-BC
Mary Weber, PhD, PMHNP-BC
Paul Cook, PhD

University of Colorado - Anschutz College of Nursing
Pilot MAT Program

PURPOSE

To increase access to Medication Assisted Treatment (MAT) and expand the MAT workforce to treat opioid use disorder; specifically, to increase the number of trained and licensed Nurse Practitioner (NP) and Physicians’ Assistant (PA) providers of MAT. Total of $500,000 per year for 2 years

1. Goal One
   To increase the number of MAT trained NP’s and PA’s in Routt and Pueblo counties

2. Goal Two
   To increase access to MAT and other evidence-based treatment/behavior therapies for individuals with opioid use disorder (OUD) in the pilot program areas.
Pilot MAT Program
KEY DATES

- July 1, 2017 (Advisory Board formed)  
  Program timeline start
- October 1, 2017  
  Letter of Intent due
- October 25, 2017  
  Application Due Date
- November 27, 2017  
  Award Notice
- December 1, 2017  
  Program Start Date
- May 31, 2018  
  6 month report due
Pilot MAT Program

ELIGIBILITY REQUIREMENTS

- Must have practices located in either Routt or Pueblo counties;
- Must currently have the capacity or, shortly gain the capacity to treat individuals with opioid use disorder with buprenorphine and naltrexone medications through NPs and/or PAs;
- Must currently have the capacity or shortly gain the capacity to have NP’s and/or PA’s become trained and licensed to prescribe buprenorphine;
- Must currently have the capacity or shortly gain the capacity to provide behavioral therapies for opioid use disorder either directly or by referral to qualified providers;
- Must make a commitment to collaborate with the CU College of Nursing in implementing Pilot MAT.
After review from CON faculty and Advisory Board, Awardees notified

CON will arrange/identify key review dates, collaboration meetings for start up and evaluation, weekly meetings with faculty for mentorship for MAT services

Monies disbursed from CON

Plan Start Date- December 1, 2017
Pilot MAT Program
Funds Available

A maximum of $123,000 can be requested per year per application.

The initial award period will be from December 1st, 2017-June 1st, 2018.

Review of the program with the Colorado legislature in July, 2018

Anticipate an additional year of funding (maximum award of $123,000 for each program) from legislature, according to the law from July 1st-2018-June 30th, 2019
Pilot MAT Program
6 MONTH REVIEW

Every 6 months

- Written review of progress made in the program
  - NPs/Pas trained and practicing
  - Number of Clients admitted to program
  - Outcomes measure uploading and analysis done by CON

- Once reviewed and approved by Advisory Board, continuance

- Continued funding based on review of CO legislature expenditure programming.
Pilot MAT Program
OVERALL ANALYSIS

Pilot MAT Awardees and CON

- Will review and update clinic/program plan based on 6-month progress
- CON will monitor overdose rates, and other opiate indices as programs are implemented
- Presentations to Legislature and other clinical/research areas
Pilot MAT Program

Overall final goals

Increase NP/PA providers

Increase MAT access

Decrease the impacts of the Opioid Crisis in Pueblo and Routt counties

Provide sufficient data for continued statewide funding of similar projects
Tanya R. Sorrell, PhD, PMHNP-BC
Lead Faculty
University of Colorado - Anschutz College of Nursing
Our success depends on PARTNERSHIP
Central Colorado Area Health Education Center (CCAHEC) is the awardee for the Corporation for National Community Service (CNCS) grant with Serve Colorado.

The CORP relies on a partnership between CCAHEC, the Regional Area Health Education Centers (AHECs), Rise Above Colorado, the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium), and the Colorado Attorney General’s Substance Abuse Trend and Response Task Force (Task Force).
PARTNERSHIP

The CORP grant is closely associated with the work of the Consortium and Rise Above that provide support to local communities who are implementing strategies to reduce the impact of opioid abuse.

The Consortium serves as a subcommittee for the legislatively mandated CO Substance Abuse Trend and Response Task Force (Task Force) that is chaired by the CO Attorney General.

One of the Consortium’s roles is to implement a state plan for preventing opioid abuse and related consequences.
From Sept. 1, 2017, through Aug. 31, 2018, **12 AmeriCorps members** will work with the six regional Area Health Education Centers (AHECs) and several partner organizations around Colorado.

Central Colorado Area Health Education Center (CCAHEC) is the **awardee** of the Corporation for National Community Service (CNCS) grant with Serve Colorado.

**CORP relies on a partnership** between CCAHEC, the Regional Area Health Education Centers (AHECs), Rise Above Colorado, the Colorado Consortium for Prescription Drug Abuse Prevention (the Consortium), and the Colorado Attorney General’s Substance Abuse Trend and Response Task Force (Task Force).
CORP – Community Opioid Response Program

The **overarching goal** of the partnership is to link the existing infrastructures of the AHECs, Rise Above, the Consortium, and the Task Force with local community coalitions.

CORP will use a **“constellation model” approach** that has been identified as a best practice, designed to bring together multiple groups or sectors and work toward a shared goal.

CORP will help the four partners increase support to local communities working to **reduce the impact of opioid misuse**.
The Colorado AHEC Program Office works with the regional offices to build state-wide network capacity and strengthen academic-community linkages in four core mission areas.

The four core mission areas of the AHEC are:

- Health Careers and Workforce Diversity,
- Health Professions Student Education,
- Health Professions Continuing Education
- Public Health and Community Education.
AmeriCorps Activities

1. Provider Education
2. Safe Storage Safe Disposal
3. Youth Education

Evidence-Based Strategies
AmeriCorps Activities

Health Education Programs on Safe Opioid Prescribing Methods

Twelve full-time members shall coordinate at least six provider education events lasting a minimum of two hours each per year within their respective AHEC regions and communities.

The content of the education shall focus on safe opioid prescribing, chronic pain management, recognition of opioid use disorder, medication assisted treatment (MAT), and other important aspects of engaging primary care providers to combat the opioid epidemic.
AmeriCorps Activities

Twelve full-time members will coordinate at least six safe storage/disposal community education events per year lasting a minimum of two hours each per year within their respective AHEC Regions and communities.
AmeriCorps Activities

Youth Education

Twelve full-time members shall coordinate delivery of youth-focused opioid-related educational programming and resources (Rise Above Colorado’s “Not Prescribed” 1-hour lesson and its “Media Smart Youth-Not Prescribed” 4-week curriculum), reaching youth aged 12-17, per year, within their respective AHEC Regions and communities.
Other Activities May Include:

• Initiating, supporting, and enhancing community-based collaborations with lead local partners.

• Facilitating participation in prescription take back events and CO permanent disposal programs.

• Disseminating opioid education related messaging campaigns.

• Facilitating law enforcement education events for providers of Medication Assisted Treatment.

• Facilitating the strengthening of addiction recovery efforts, including work with drug courts, peer recovery coaches and peer support groups.
In Closing

Our success depends on **partnerships**. We invite your participation in the CORP program.

Thank you!!
Special Thanks
Thanks to Our Pilot Sites

UCHealth Emergency Room – Harmony

BCH Community Medical Center
Emergency Room

UCHealth- Greeley Emergency & Surgery Center
Colorado Opioid Safety Pilot

- **Goal**
  - Reduce opioid administration in Colorado Emergency Departments by 15%
    - Total Morphine Equivalent Units per 1,000 ED Visits

- **HOW**
  - Implement the Colorado American College of Emergency Physicians (CO ACEP) 2017 Opioid Prescribing and Treatment Guidelines

- **WHEN**
  - June 1, 2017 – November 30, 2017
CO-ACEP Guidelines Are Different
Multi-Faceted Approach

How can we address the opioid epidemic in the ED?

- Limiting opioids from the ED
- Alternatives to opioids for painful conditions (ALTO)
- Harm reduction
- Treatment of addicted patients and referral
**Alternative Treatments to Opioids**

**Principles:**
- Support use of non-opioid medications as 1\(^{st}\) line therapy
- Opioids 2\(^{nd}\) line treatment or rescue therapy
- Holistic and realistic approach to pain management

**Examples of ALTOs:**
- COX Inhibitors
- Ketamine
- Lidocaine
- Nitrous Oxide
- Corticosteroids
- Benzodiazepines
- Gabapentin
## Timeline Overview

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td><strong>May 2017</strong></td>
<td>Training completed, Data and Communication Webinars. Explore clinical IT issues.</td>
</tr>
<tr>
<td><strong>June 2017</strong></td>
<td>Project launch. Baseline data pull (June-Nov 2016) due.</td>
</tr>
<tr>
<td><strong>July 2017</strong></td>
<td>First monthly data pull due. First reports back to hospitals by end of month.</td>
</tr>
<tr>
<td><strong>Nov 2017</strong></td>
<td>Last month of data collection.</td>
</tr>
<tr>
<td><strong>Dec 2017</strong></td>
<td>Final data submission.</td>
</tr>
<tr>
<td><strong>Feb 2018</strong></td>
<td>Project assessment complete.</td>
</tr>
</tbody>
</table>
Metrics

Average Morphine Equivalent Units per ED Visit

Year   2016   2017

Average Morphine Equivalent Units per Treated (with any Drug of Interest) Visit

Year   2016   2017

Total Pain Medication Administrations per 1,000 ED Visits

Medication   Alto   Opioid

- 2 ED HCAHPS
  - Pain control
  - Recommend facility

Select Medication
- Codeine
- Dicyclomine
- Fentanyl
- Haloperidol
- Hydrocodone
- Hydromorphone
- Ketamine
- Ketorolac
- Lidocaine
- Meperidine
- Methadone
- Morphine
- Oxycodone
- Tramadol

Average Dose Per Administration (mg)

Total Administrations per 1,000 ED Visits
Colorado Opioid Safety Sample Report

Summary Report for Mountain View Hospital

Morphine Equivalent Units by Month

Patients per 1000 Receiving Pain Medication, by Month and Type

YoY % Change in MEU by Month

Rx by Race

Rx by Sex

Rx by Age

Top Diagnoses by Pain Medication

---

SAMPLE HOSPITAL
Telligen Metrics

Opioid-related Hospital Emergency Room (ER)/Observation Room Adverse Drug Event (ADE) Report

Metric Descriptions

Metric 1 - Proportion of Persons with a Current Opioid Prescription Among All-cause ED/Obs Room Visits
Numerator - Among ED/Obs Room visit population identified in denominator statement - count of visits in which the person has a current opioid prescription.
Denominator - Count of discrete hospital ED/Obs room visits within time frame by admission date.

Metric 2 - Rate of Opiate Adverse Drug Events (OpADE) Among All-Cause ED/Obs Room Visits with a Current Opiate Prescription
Numerator - Among the ED/Obs Room visit population identified in denominator statement - count of these visits in which the person had an OpADE diagnosis in any diagnosis field.
Denominator - Count of discrete hospital ED/Obs Room visits for which the person has a "current" opioid prescription within time frame by admission date.

Metric 3 - Rate of Opiate Adverse Drug Event (OpADE) ED/Obs Room Visit-to-Inpatient Admission
Numerator - Among ED/Obs Room visit population identified in denominator statement - count of ED visits in which the person is admitted as an inpatient to the same hospital during the "same" visit.
Denominator - Count of discrete hospital ED/Obs room visits for which the person has a "current" opioid prescription and an opiate-related ADE diagnosis (DX) in any diagnosis field within time frame by admission date.

Metric 4 - Rate of Opiate Adverse Drug Event (OpADE) 30-day ED/Obs Room Revisits
Numerator - Among ED/Obs Room visit population identified in denominator statement - count of persons that "revisit" (by admit date) any hospital ED/Observation Room for any cause within 30-days of the initial "anchor" ED/Obs room visit discharge date.
Denominator - Count of discrete hospital ED/Obs Room visits for which the person has a "current" opioid prescription and an opiate-related ADE diagnosis (DX) in any diagnosis field within time frame by discharge date.

Metric 5 - Rate of Opiate Adverse Drug Event (OpADE) ED/Obs Room Visit-to-30-day Readmissions
Numerator - Among ED/Obs Room visit population identified in denominator statement - count of persons that are "re-admitted" (by admit date) as an inpatient to any hospital for any cause within 30-days of initial "anchor" ED/Obs room visit discharge date.
Denominator - Count of discrete hospital ED/Obs Room visits for which the person has a "current" opioid prescription and an opiate-related ADE diagnosis (DX) in any diagnosis field within time frame by discharge date.

Metric 6 - Proportion of Persons Who Filled a Naloxone Prescription Within 90 Days After Opiate Adverse Drug Event (OpADE) ED/Obs Room Visit
Numerator - Among the ED/Obs Room visit population identified in denominator statement - persons filling a non-combination naloxone prescription within 90 days.
Denominator - Count of discrete hospital ED/Obs Room visits for which the person has a "current" opioid prescription and an opiate-related ADE diagnosis (DX) in any diagnosis field within time frame by discharge date.

Metric 7 - Proportion of Persons Who Filled an Opioid Prescription Within 3 Days After Opiate Adverse Drug Event (OpADE) ED/Obs Room Visit
Numerator - Among the ED/Obs Room visit population identified in denominator statement - persons filling an opioid prescription within 3 days.
Denominator - Count of discrete hospital ED/Obs Room visits for which the person has a "current" opioid prescription and an opiate-related ADE diagnosis (DX) in any diagnosis field within time frame by discharge date.
Pilot Implementation Components

- Robust pre-launch support
- Toolkit – policies, pharmacy guidelines, pathways, order sets
- Technical support
- Hands-on training & education
- Ongoing coaching & networking
- Data analytics & reporting
- Quality improvement method (PDSA cycles)
- Peer-to-peer support
- Marketing & communications
CO-ACEP Opioid Safety Preparation Checklist
Preparation to Launch the CO-ACEP ALTO Guidelines

CO-ACEP Opioid Safety Champion
- Ongoing
- 5 months prior
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Medical Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Nurse Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Pharmacy Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Quality Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Communications and Marketing:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

IT Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Data Support:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Medical Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Nurse Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Pharmacy Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Quality Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Communications and Marketing:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

IT Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Data Support:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Medical Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

ED Nurse Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Pharmacy Director:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Quality Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Communications and Marketing:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

IT Champion:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

Data Support:
- 4 months prior
- 3 months prior
- 2 months prior
- 1 month prior
- 2 weeks prior

The CO-ACEP Opioid Safety Initiative
The CO-ACEP Opioid Safety Initiative begins with a commitment. A commitment from patients to learn how to use alternatives to opioids as a first choice for pain, not as a rescue drug – only when alternative medications do not work.

As a CO-ACEP Opioid Safety Executive Team member, I commit to:
- Learning about the alternatives to opioids (ALTO’s) pathways, how ALTO’s are a good choice to help manage pain
- Providing an Executive Champion for the CO-ACEP Opioid Safety Initiative
- Setting S.M.A.R.T. opioid safety goals for the CO-ACEP Opioid Safety Initiative
- Understanding the goals align with the hospital/system strategy
- Providing the human resources and time required for training ED providers and pharmacy staff
- Providing the data and IT resources to write reports for the ALTO order set
- Engaging in purposeful leadership rounds to provide consistent messaging to clinical staff

As a CO-ACEP Opioid Safety Team member, I commit to:
- Understanding the S.M.A.R.T. opioid safety goals set by the Executive Team
- Ensuring the safety initiatives align with the hospital/system strategy and employees when improvement is needed
- Ensuring provider training program updates and making necessary changes to the ED formulary and pain pump libraries
- Ensuring and outcome quality metrics and collecting and reporting process
- Ensuring improvement initiative
- Engaging in purposeful leadership rounds to provide consistent messaging to develop successful facility-wide communication

ED Opiate-free Pain Options by Indication

Musculoskeletal Pain: Acute on chronic opiate-tolerant OR acute opiate-naive
- No IV access – Intranasal ketamine 50 mg – 100mg/mL product
- Acetaminophen 1000 mg PO
- Ibuprofen 600 mg PO or Ketorolac 15 mg IV/IM
- Trigger Point injection
  - Lidocaine 1% 1-2 mL SubQ
  - Cyclobenzaprine 5 mg PO or diazepam 5 mg PO/IV
  - Dexamethasone 8 mg PO/IV
- Ketamine 0.2 mg/kg (50mg/5mL syringe) JVP over 3-5 min
  - 0.1 mg/kg/hr (100 mg/50 mL) until pain is tolerable
- Lidoderm patch to most painful area. MAX 3 patches
- Gabapentin 300 mg PO (neuropathic component of pain)

Recurrent Primary Headache/Migraine:
- Acetaminophen 1000 mg PO
- Ibuprofen 600 mg PO or Ketorolac 30 mg IV/IM
- 1 to 0.9% NS boli
- Sumatriptan 6 mg SC
- Cervical or Trapezius Trigger Point Injection with lidocaine 1% 1-2 mL IM
- Metoclopramide 10mg IV
- Promethazine 12.5 mg IV OR prochlorperazine 10 mg IV
- Magnesium 1 gm IV over 60 minutes
- Valproic Acid 500 mg/50 mL NS IV over 20 min
- Levitiracetam 1000 mg/100 mL NS IV over 15 min
- Dexamethasone 8 mg IV (Migraine only)
- Haloperidol 2.5 mg IV over 10 min
- Lidocaine 1.5 mg/kg in 100 mL NS over 10 min (max 200 mg)

If tension component:
- Cyclobenzaprine 5 mg OR Diazepam 5 mg PO/IV

Extremity Fracture or Joint Dislocation:
- Consider regional anesthesia, e.g. nerve blocks: wrist, ankle, ulnar, radial, etc.
- Immediate therapy (steps 1-3 while setting up for block)
  - Ketamine intranasal 50 mg - concentration 100 mg/mL
  - Nitrous Oxide titrate up to 70% - only at SWER
  - Tylenol 1600 mg PO

Followed by setting up for:
- Ultrasound Guided Regional Anesthesia
  - Joint Dislocation and Extremity Fracture
- Lidocaine 0.5% peri-neural infiltration (MAX 5 mg/kg)

If unable to do ultrasound guided regional anesthesia
COMMUNITY COMMUNICATION

Subject: Colorado Opioid Safety Pilot, [NAME OF HOSPITAL]

[NAME OF HOSPITAL] has elected to participate in a pilot program utilizing non-opioid analgesics in Colorado emergency departments (EDs). This initiative is designed to help patients improve pain management, return them to a state of comfort, independence and ultimately, restore their quality of life. Our goal is to be committed to understanding and individually treating patients’ unique pain.

Colorado is at the center of the U.S. opioid epidemic with the 12th highest rate of misuse and abuse of prescription opioids across all 50 states. Colorado hospitals, particularly their emergency departments (EDs), are in a strong position to integrate new, more effective pain management treatments that are tailored to each patients unique pain experience.

The Colorado Hospital Association (CHA) has developed a toolkit intended to help your hospital communicate to various audiences about the Colorado Opioid Safety pilot initiative in which your hospital has elected to participate. It provides three communication tools to assist partner organizations, including your hospital, in effectively messaging the purpose and goals of the opioid pilot program. The following communications are included:

- Clinical internal communication
- Non-clinical internal communication
- Community communication
What clinicians are telling us...

“We are communicating about our strategies as well as making sure we all understand what we are doing. That trickles up into the entire hospital. It is key for there to be education surrounding this effort. If it is isolated, then we will never achieve the success that we are going for.”

Sky Ridge Medical Center

“Physicians are spreading good results through word of mouth and we are having interest from outside facilities regarding our protocols and if we are willing to share them”

Medical Center of the Rockies

“Young, otherwise healthy female with chronic migraine headache, current headache for 7 days achieved significant relief with valproate when nothing else over the last 7 days has helped.”

Poudre Valley Medical Center
What’s Next

January 25th, 2018: CHA Opioid Safety Summit
- Share Pilot Results
- Share Colorado Opioid Tools and Resources
- Hands-on education and training

Statewide Rollout
- Enhanced toolkit development
- Regional trainings
- Technical support and data analytics
Steve Jobs
1955-2011

“The ones who are crazy enough to think that they can change the world, are the ones who do.”
Thank You!
Coalition Updates
Affiliations:
Boulder County Community Justice Management Board

Boulder County Opioid Advisory Group (Collective Impact)
Boulder County Opioid Advisory Group (Collective Impact)

Affiliations:
Boulder County Community Justice Management Board

Primary Prevention

Business Integration
Community Engagement
Harm Reduction
Law Enforcement Leadership

Recovery Support
Treatment Access
Provider Education

Provider Education

Boulder County Opioid Advisory Group (Collective Impact)
Prevention Partners
Communities that Care & Healthy Futures Coalition
DrugsOutofReach.org

OUT OF REACH

Keeps kids safe!
BoulderCountyMedDisposal.org
Affiliations:
Boulder County Community Justice Management Board

Boulder County Opioid Advisory Group (Collective Impact)
Business Component
Boulder County Opioid Advisory Group
(Collective Impact)

Affiliations:
Boulder County Community Justice Management Board

- Primary Prevention
- Recovery Support
- Treatment Access
- Provider Education
- Criminal Justice Initiatives
- Law Enforcement Leadership
- Harm Reduction
- Public Awareness
- Business Integration
- Community Engagement

Affiliations:
Boulder County Community Justice Management Board
We lost Jake this year!
Affiliations:
Boulder County Community Justice Management Board

Boulder County Opioid Advisory Group (Collective Impact)

- Primary Prevention
- Recovery Support
- Treatment Access
- Criminal Justice Initiatives
- Provider Education
- Public Awareness
- Business Integration
- Community Engagement
- Harm Reduction
- Law Enforcement Leadership

Affiliations:
Boulder County Community Justice Management Board
Services for syringe access participants
Affiliations:
Boulder County Community Justice Management Board
Law Enforcement Partners
Boulder police begin carrying Narcan to fight opiate overdoses

By Mitchell Byars

Staff Writer

POSTED: 06/26/2015 09:28:26 PM MDT
UPDATED: 06/26/2015 09:29:37 PM MDT
Angel Initiative, Longmont
Affiliations:
Boulder County Community Justice Management Board
Criminal Justice Diversion

Affiliations:
Boulder County Community Justice Management Board

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**Boulder County Opioid Advisory Group**
(Collective Impact)

- **Primary Prevention**
- **Recovery Support**
- **Treatment Access**
- **Provider Education**
- **Law Enforcement Leadership**
- **Criminal Justice Initiatives**
- **Harm Reduction**
- **Community Engagement**
- **Business Integration**
- **Public Awareness**
Moving From What to How
Practical Tools for Safe and Effective Opioid Prescribing

Thursday, January 19, 2017
5:30 – 8:30 p.m.
Boulder County Clerk and Recorder Office
Houston Room
1750 33rd St, Boulder

Ideal for medical providers, pharmacists, behavioral health providers, dentists, NPs, MAs, RNs, LPNs, public health professionals and others.

2.00 CME AMA PRA Category 1 credits, 1 COPIC Point.

TED-style talks will include:

Clinical Pearls for Safe Opioid Prescribing, Dr. Steven Wright
Laws, Regulations and Guidelines, Dr. Robert Valuck
Current Scams and How to Prevent Them, Shane Ternan – Purdue
Tools for Education and Consultation: Project ECHO, Dr. Ricardo Valesquez
Tools for Safe Prescribing and Monitoring: OpiSafe, Dr. Robert Valuck

Panel Discussion: Medication Assisted Treatment (MAT)
Lesley Brooks, MD, North Colorado Health Alliance
Michele Ryan, CACII, CPSM, Behavioral Health Group
Denise Vincini, Office of Behavioral Health
Jennifer Harrod, RN, Mental Health Partners
John Stanton, DO, Salud Family Health
Corey Candelarso MA, LPC, LAC, Options Treatment Program

Register by January 10, 2017
$50 pre-registered. Dinner included.
Register at Eventbrite: https://opioiders.eventbrite.com

Contact
Jamie Feld at jfeld@bouldercounty.org for more information.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the American Medical Association (AMA) through the joint providership of the Colorado Medical Society and North Colorado Health Alliance. The Colorado Medical Society is accredited by the ACCME to provide continuing medical education for physicians. The Colorado Medical Society designates this activity for a maximum of 2.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Clinical Partners

University of Colorado Boulder

Colorado Consortium for Prescription Drug Abuse Prevention

Salud Family Health Centers

Clinica Family Health

AMR

Boulder Community Health

Boulder County Medical Society
Boulder County Opioid Advisory Group
(Collective Impact)

Affiliations:
Boulder County Community Justice Management Board

Primary Prevention
Recovery Support
Treatment Access
Provider Education
Criminal Justice Initiatives
Law Enforcement Leadership
Harm Reduction
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Business Integration
Public Awareness
Affiliations:
Boulder County Community Justice Management Board
Treatment & Recovery Partners

BHG
behavioral health group

Collegiate Recovery Center
UNIVERSITY OF COLORADO BOULDER

Mental Health PARTNERS
Healthy Minds, Healthy Communities

BOHO
Boulder Outreach for Homeless Overflow
the safety net under the safety net

The Family Recovery Solution
Addiction Navigation for Families

DENVER RECOVERY GROUP

Alkermes

NORTHSTAR TRANSITIONS

bridgehouse

OPTIONS TREATMENT
# Collective Impact Strategies to Prevent and Respond to Opioid Misuse

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Prevention</strong></td>
<td>Adult influencer campaign, Safe disposal campaign, Coalitions, Pro-social activities, School education</td>
<td>Resilient young individuals</td>
</tr>
<tr>
<td><strong>Public Awareness</strong></td>
<td>Statewide campaigns, Safe use, safe storage, safe disposal, Resources for family members</td>
<td>Increased awareness, Reduced access to opioids</td>
</tr>
<tr>
<td><strong>Provider Education</strong></td>
<td>Prescription monitoring, Screening, Stigma reduction, Pharmacy outreach</td>
<td>Reduced initiation, Improved care, Reduced healthcare costs</td>
</tr>
<tr>
<td><strong>Community Involvement</strong></td>
<td>Digital storytelling, Incentivized participation, Testimonials on stage</td>
<td>Greater community empowerment, Reduced stigma</td>
</tr>
<tr>
<td><strong>Harm Reduction</strong></td>
<td>Advocacy, Naloxone, Syringe Access, Community health engagement locations</td>
<td>Decreased overdose deaths and disease</td>
</tr>
<tr>
<td><strong>Business Sector</strong></td>
<td>Engage business leaders, Naloxone training, Linkage to resources</td>
<td>Increased productivity</td>
</tr>
<tr>
<td><strong>Criminal Justice Initiatives</strong></td>
<td>Drug courts, Linkage to treatment, Naloxone, Diversion, Case management</td>
<td>Reduced crime, recidivism and jailing</td>
</tr>
<tr>
<td><strong>Treatment Access</strong></td>
<td>Medication Assisted Treatment and counseling, Behavioral health parity, Range of options (detox, outpatient, transitional and inpatient), Root causes, System mapping</td>
<td>Impacted individuals reaching full potential, Improved family structures</td>
</tr>
<tr>
<td><strong>Recovery Support</strong></td>
<td>Family systems approach, Job opportunities, Collegiate Recovery, Housing, Peer mentorship</td>
<td>Empowered individuals and communities</td>
</tr>
</tbody>
</table>
Boulder County Rx Opioid and Heroin Hospitalizations, Emergency Room Visits and Overdose Deaths (2011-2015)

* 2015 data represents (Oct 2014-Sep 2015). This approach might bias results toward the null hypothesis because it makes it harder to detect/observe a change in the direction of the trend in 2015 (when there is a true change) or the magnitude of the rate of change in the same direction.

Colorado Hospital Association, Hospital Discharge Data, <http://www.chd.dphe.state.co.us/cohid/injurydata.html>, accessed on March 8, 2017
Colorado Hospital Association, Hospital Emergency Department Data, <http://www.chd.dphe.state.co.us/cohid/injurydata.html>, accessed on March 8, 2017
Addressing the opioid crisis together, locally

OpioidAdvisoryGroup.org
Tri-County Overdose Prevention Partnership (TCOPP)

Steven A. Martinez, MA
Tri-County Health Department (TCHD)
October 19, 2017
Deaths due to Opioid Overdose per 100,000 population

*Age-adjusted to the US 2000 standard population.
Source: Vital Statistics Branch
Colorado Dept of Public Health & Environment
Brief History

• Arapahoe County
  • Concerned Commissioner
  • Pulled together task force with various County departments, Kaiser, community mental health centers

• Adams County
  • Concerned citizen approached County Commissioners
  • Convened diverse stakeholder group with government, private, nonprofit partners
Brief History

- TCHD convened leadership from both counties’ action groups

- Purpose:
  - Identify shared goals and objectives
  - Explore opportunities for collaborative efforts
  - Identify next steps

- Outcomes:
  - Shared learning opportunities
  - Joint collaborative with TCHD facilitation
Local Public Health Agency (LPHA) Role

• Convene and Facilitate
  • Community owns the work
  • LPHA staff also members

• Fiscal agent for grants

• Data and surveillance
Tri-County Overdose Prevention Partnership

• Goals:
  1. Reduce overdose deaths
  2. Increase awareness and education of factors leading to and prevention of death
Tri-County Overdose Prevention Partnership

Strategic Framework for Local Level Opioid Prevention Work

Youth Prevention
- Primary Prevention
- Coalitions
- Schools

Public Awareness
- Safe Use
- Safe Storage
- Safe Disposal
- Prevention

Provider Education
- Prescribing Practices
- PDMP

Safe Disposal
- State Program
- DEA Events
- Other disposal options

Naloxone
- Increased Access
- Increased Utilization

Treatment
- Increased Access
- Reduced Stigma

Comprehensive approach
No one strategy alone will impact the entire system. We must address this complex issue with a multi-pronged approach

Data and Evaluation
Surveillance of outcomes and evaluation of strategies is key to inform efforts, continuously improve, and document success
Work and Accomplishments

- Youth Prevention Strategy
  - Four grant-funded coalitions across the three counties
  - Diverse coalitions led by community-based organizations
  - All focused on policy and environment change, population-based strategies to promote primary prevention in youth ages 12+
Work and Accomplishments

• Public Awareness Strategy
  • Created website, Social Media calendar
  • Promoting shared messaging
  • Utilizing existing campaigns
    • Statewide *Take Meds Seriously* campaign
  • Focus on awareness days and events
    • International Overdose Awareness Day
• Hosted one community Town Hall event – planning more across area
Work and Accomplishments

• Provider Education Strategy
  • Received grant from state health department to promote use of prescribing guidelines
  • Held one CME event
  • Planning assessment around current prescribing practices

Provider Education

• Prescribing Practices
• PDMP
Work and Accomplishments

• Safe Disposal Strategy
  • Support expansion of statewide disposal program
    • 3 new locations in last 6 months
  • Utilize social media to promote semi-annual DEA take-back events
  • Planning to reach out to pharmacies on possible awareness efforts about importance of safe disposal

Safe Disposal

- State Program
- DEA Events
- Other disposal options
Work and Accomplishments

• Naloxone Strategy
  • Supported state Naloxone for Life program to equip law enforcement with naloxone kits
  • Partners have prioritized public awareness of naloxone and would like to target friends and family
Work and Accomplishments

• Treatment Strategy
  • Currently having discussions to understand treatment gap and possible actions partners can take

Treatment

• Increased Access
• Reduced Stigma
The Adams County Criminal Justice Coordinating Council (CJCC)

• Presents Sam Quinones – Author of “Dreamland”
• Multi-media presentation by the Adams County CJCC
• A community conversation
• Book signing
• When: Monday, December 4th, 2017
• Where: Pete Mirelez Human Services Center (11860 Pecos Street, Westminster)
• This event is free to the public
Thank you!!

Steve Martinez
smartinez@tchd.org
720-200-1667
El Paso County’s Coalition for Prevention, Addiction Education, and Recovery

Mary A. Steiner, BSN, RN

Community Health Partnership Coordinator, Coalition for Prevention, Addiction Education and Recovery (CPAR)

Colorado Consortium for Prescription Drug Abuse Prevention Annual Meeting

October 19, 2017
Vision Statement:

We are a safe, informed, and thriving community of engaged individuals making healthy choices free of substance misuse.
Mission Statement:

To build a sustainable community of partnerships committed to preventing and reducing substance misuse by promoting a culture of wellness through education, prevention, treatment and recovery support.
Organizational Structure of CPAR

Coordinating Council

Steering Committee: Coalition Coordinator, Work Group Chairs and Subject Matter Experts

Access to Treatment

Data

Provider Education

Public Awareness

Public Safety

Project Detour Oversight Committee

Improving the health and wellbeing of the Pikes Peak Community through collaboration
CPAR

Positive Community Norms

Collective Impact

Strategic Prevention Framework

Improving the health and wellbeing of the Pikes Peak community through collaboration
Positive Community Norms
Collective Impact

Isolated Impact ➔ Collective Impact

Improving the health and wellbeing of the Pikes Peak community through collaboration
Strategic Prevention Framework

Improving the health and wellbeing of the Pikes Peak community through collaboration
Grants

• Community Readiness Assessment funded by the Colorado Health Foundation

• Project Detour: National Grant from BUILD Funders
Questions?

Contact Mary Steiner at
mary.steiner@ppchp.org
719-632-5094 x 107
Yampa Valley Rx TF
**Timeline:**

An audacious idea of a supportive community coalition that collectively addresses the Rx Drug crisis.

**Concept:**
Birth of IDEA

**Timeline Events:**

- **Library Opioid Talk by Mara**
  - 9/15

- **Partnership Building – Wkly. Mtgs., Assess Gaps, Agenda Setting**
  - 12/15

- **Work Plan Developed @ Stakeholder Mtg., Rx Council forms**
  - 3/16

- **Mark McManus Foundation Developed & Fund Raising Event**
  - 6/16

- **NCCHP Funded by CDPHE Grant, Rx Task Force Charter Developed**
  - 9/16

- **NCCHP Hires Regional Rx Task Force staff 0.2FTE**
  - 12/16

- **Community Awareness: Provider CDC Guideline Ed. and MAT: Two providers express desire to start MAT in Routt**
  - 3/17

- **Community Awareness: Partnership Building; Streamlined Referrals to Rehab via Sk8 Church**
  - 6/17

- **SAFE Spaces Initiated via Sk8 Church**

- **Drug Drop Box in Moffat**

- **Community Awareness: 3 Part Rx Lunch and Learn 10/4, 10/11, 10/18**

- **McManus Fund Raising Event**

- **NCCHP applying for CDPHE Funds, Launches Music w/ Vision**

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

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

Enhancing PLACE
- i. Positive Youth Activities – Mentoring, Youth Resiliency,
- ii. Cultural Change – replace blame, shame, with compassion and empathy

Fostering PROSPERITY
- 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

Expanding PARTNERSHIP
- 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
Figure 3: Prescription Rates per 1,000 Residents by Major Drug Class, Moffat County, Colorado, 2014-2016

Schedule 2-4 Controlled Substances
*2016 population estimates were not available, therefore 2015 estimates were used
Source: Vital Statistics Program, Colorado Department of Public Health and Environment and the Colorado Prescription Drug Monitoring Program, Colorado Department of Regulatory Agencies
Analysis by Colorado Department of Public Health and Environment, 2016
## High Risk Prescribing Practices and Patient Behaviors

<table>
<thead>
<tr>
<th>% Patients recieving &gt; 90MME</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>Regional</th>
<th>CO Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>10.1%</td>
<td>9.7%</td>
<td>10.2%</td>
<td>7.8%</td>
<td>10.6%</td>
<td>9.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>2015</td>
<td>9.1%</td>
<td>9.0%</td>
<td>10.4%</td>
<td>5.4%</td>
<td>9.0%</td>
<td>8.8%</td>
<td>8.9%</td>
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<tr>
<td>2016</td>
<td>8.6%</td>
<td>7.9%</td>
<td>9.1%</td>
<td>5.2%</td>
<td>10.0%</td>
<td>8.2%</td>
<td>8.7%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>% Patients recieving &gt;120MME</th>
<th>Routt</th>
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<th>Regional</th>
<th>CO Avg.</th>
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<tbody>
<tr>
<td>2014</td>
<td>4.9%</td>
<td>5.4%</td>
<td>5.4%</td>
<td>4.0%</td>
<td>7.9%</td>
<td>5.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2015</td>
<td>4.5%</td>
<td>4.8%</td>
<td>5.4%</td>
<td>3.0%</td>
<td>6.6%</td>
<td>4.9%</td>
<td>5.5%</td>
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<tr>
<td>2016</td>
<td>4.3%</td>
<td>3.8%</td>
<td>5.4%</td>
<td>2.4%</td>
<td>6.3%</td>
<td>4.4%</td>
<td>5.2%</td>
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</tbody>
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<thead>
<tr>
<th>% Opioid Naive Pts. receiving long acting Opioids</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>Regional</th>
<th>CO Avg.</th>
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<tr>
<td>2014</td>
<td>27.3%</td>
<td>24.8%</td>
<td>13.7%</td>
<td>20.1%</td>
<td>40.6%</td>
<td>25.3%</td>
<td>16%</td>
</tr>
<tr>
<td>2015</td>
<td>26.9%</td>
<td>26.4%</td>
<td>12.0%</td>
<td>17.3%</td>
<td>14.4%</td>
<td>19.4%</td>
<td>15.3%</td>
</tr>
<tr>
<td>2016</td>
<td>27.7%</td>
<td>20.4%</td>
<td>10.7%</td>
<td>18.1%</td>
<td>15.6%</td>
<td>18.5%</td>
<td>13.5%</td>
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</table>

<table>
<thead>
<tr>
<th>% Patient prescription days with overlapping opioid and benzodiazepine scripts</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>Regional</th>
<th>CO Avg.</th>
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<tbody>
<tr>
<td>2014</td>
<td>12.4%</td>
<td>12.4%</td>
<td>15.4%</td>
<td>15.0%</td>
<td>9.4%</td>
<td>12.9%</td>
<td>12.1%</td>
</tr>
<tr>
<td>2015</td>
<td>11.8%</td>
<td>11.8%</td>
<td>15.5%</td>
<td>16.8%</td>
<td>9.4%</td>
<td>13.1%</td>
<td>11.9%</td>
</tr>
<tr>
<td>2016</td>
<td>11.5%</td>
<td>11.2%</td>
<td>15.1%</td>
<td>16.4%</td>
<td>12.3%</td>
<td>13.3%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opioid OD death rates/100K pop. 2015</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>Regional</th>
<th>CO Avg.</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>7.4 na</td>
<td>na na</td>
<td>na na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>5.8</td>
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</table>

<table>
<thead>
<tr>
<th>Opioid OD deaths in Routt 2016/100K</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
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<th>CO Avg.</th>
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<tr>
<td>2015</td>
<td>78.8</td>
<td>78.8</td>
<td>78.8</td>
<td>78.8</td>
<td>78.8</td>
<td>78.8</td>
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</tbody>
</table>

## Prescription Rates per 1,000 residents by Major Drug Class

### Opioids

<table>
<thead>
<tr>
<th></th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>NCCHP</th>
<th>CO Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>645</td>
<td>574</td>
<td>997.6</td>
<td>718.6</td>
<td>605.3</td>
<td>708.1</td>
<td>754.2</td>
</tr>
<tr>
<td>2015</td>
<td>600.9</td>
<td>574.5</td>
<td>1081</td>
<td>817</td>
<td>644.2</td>
<td>743.52</td>
<td>795.7</td>
</tr>
<tr>
<td>2016</td>
<td>624.6</td>
<td>591.6</td>
<td>1087</td>
<td>802</td>
<td>652.4</td>
<td>751.52</td>
<td>765.4</td>
</tr>
</tbody>
</table>

### Benzodiazepines

<table>
<thead>
<tr>
<th></th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>NCCHP</th>
<th>CO Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>420.7</td>
<td>253.6</td>
<td>438</td>
<td>371.9</td>
<td>181.9</td>
<td>333.22</td>
<td>337.3</td>
</tr>
<tr>
<td>2015</td>
<td>392.5</td>
<td>239.5</td>
<td>428.8</td>
<td>389.1</td>
<td>173.1</td>
<td>324.6</td>
<td>326.8</td>
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<tr>
<td>2016</td>
<td>383.2</td>
<td>257</td>
<td>425.1</td>
<td>416</td>
<td>205.6</td>
<td>337.38</td>
<td>316.2</td>
</tr>
</tbody>
</table>

“Given the numerous ways of manipulating prescription drugs it becomes clear, that it is not feasible to design and develop opioid medicines which fully prevent abuse. Abuse-deterrence, therefore, is the goal.”
### Health Behaviors - County Rankings 2017

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Routt</th>
<th>Grand</th>
<th>Moffat</th>
<th>Rio</th>
<th>Jackson</th>
<th>NCCHP</th>
<th>CO Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Smoking</td>
<td>14%</td>
<td>15%</td>
<td>16%</td>
<td>16%</td>
<td>14%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>12%</td>
<td>12%</td>
<td>22%</td>
<td>18%</td>
<td>21%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>22%</td>
<td>21%</td>
<td>18%</td>
<td>18%</td>
<td>16%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>14%</td>
<td>17%</td>
<td>26%</td>
<td>23%</td>
<td>21%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Teen Births per 1,000 female pop.</td>
<td>13</td>
<td>19</td>
<td>53</td>
<td>26</td>
<td>na</td>
<td>28.25</td>
<td>30</td>
</tr>
<tr>
<td>% children in single parent homes</td>
<td>23%</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
<td>15%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Quality of Life poor or fair</td>
<td>9%</td>
<td>10%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Violent Crimes per 100K pop.</td>
<td>171</td>
<td>101</td>
<td>136</td>
<td>101</td>
<td>88</td>
<td>121.4</td>
<td>309</td>
</tr>
<tr>
<td>Drug OD Death rates/100K, CHI 2014</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td>7.0</td>
<td>16.3</td>
</tr>
</tbody>
</table>

#### Opioid Totals

<table>
<thead>
<tr>
<th>2012-2015 ACC Medicaid Northwest CO</th>
<th># 100MIV</th>
<th>Opioid Tr</th>
<th>% 100M</th>
<th>% Pop. Rx opioids</th>
<th>18-64</th>
<th>Fei 18-64</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand</td>
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<td>Moffat</td>
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<td>Rio Blanco</td>
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<td>8%</td>
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</table>

RMHP ACC Medicaid Claims Data 2012-2015
Northwest Colorado Outcomes since 10/15

- 30 + Ed. Sessions 1800 residents and 700 students impacted
- Support Groups Thriving
- Parenting Support Increased – Parent Summit Nov. 2018
- 100 people assisted with navigation of community and clinical system
- OBH - LEAD grant application in collaboration with Law
- Hired Regional Rx Task Force Coordinator
- Streamlined Residential Rehab referrals
- BLUE ZONES

connecting PEOPLE

expanding PARTNERSHIPS

fostering PROSPERITY

enhancing PLACES

- Trauma Informed care
- Youth Resiliency Expanded
- Peer Mentoring, Music Mentoring
- Increased Safer and Sober Spaces
- Increased Sober Living Options
- Accountable Health Communities Model
- BLUE ZONES

- Co Consortium, Co Attorney General Office, Community Partnerships Deepen and Grow
- Connecting Communities and Care Program
- Music with Vision
- Regional Health Connection
- Communities that Care
  - BLUE ZONES

- CDPHE Grant
  - SB 47 – Funds for MAT Routt
    - Applying for Add’l Grants
    - Integrated Chronic Pain Tx
  - BLUE ZONES

Social Media – facebook.com/rxtaskforce
Email – rxtaskforce@gmail.com
Twitter @YampaValleyRx
Northwest Colorado Rx Abuse Coordination

*Patient Motivation, Ability & Navigation of Complex Community & Clinical Systems:*

+ Medical provider commitment to prescribing guidelines, screening, referrals, treatment
  + Medication Assisted Therapy Program (Suboxone, Vivitrol)
    + Addiction Counseling Services Accessible and Appropriate
  + Neurocognitive Reprograming, Spirit & Body Connection, Empowering People Living with Pain
  + Complementary and Alternative Medicine for Addiction/Pain
  + IOP/Residential Treatment Availability w/in 1-2wks. When Appropriate
  + Community-based resources/DHS/$/$/Support/Care Coordination/PAARI/LEAD
    + Faith Based Support/Community Connections/NA/AA/SAFE Spaces
  + Self-Directed Activities to Address Constituents of Pain – “Health Coaching”
    + Sober Living Housing/Communities Short and Long Term
      + Nutrition Appropriate for Health – Plant Based
        + Sustained Recovery Support / BLUE Zones
          + Prevention/Awareness/Built Environments
Denver Coalition
Lunch Keynote Session

- Quick break, P/U Box Lunches on the Bridge, return here

- Lunch Speaker: Don Stader

  “Thinking Bigger: Challenging Ourselves to Do More”

- Q & A
Break Out / Work Group Assignments

• Pick up Work Group Agenda/Notes sheets from Rosemarie

• Go to Breakout Rooms (Room Assignments on Back of Agenda)

• Have 1 hour and 30 minutes to meet

• Please complete the Work Group sheets provided

• Complete work by 3:00pm, Break until 3:15pm (coffee)

• Reconvene here in Room 2104 at 3:15pm to share WG plans for next year (with Lt. Governor Donna Lynne) and wrap up
# Afternoon Charge to Work Groups

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Room Assignment</th>
<th>Directions</th>
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<tbody>
<tr>
<td>Affected Families &amp; Friends</td>
<td>Ed2 North Rm 3108</td>
<td>Elevator to 3&lt;sup&gt;rd&lt;/sup&gt; floor, take right, to room</td>
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<tr>
<td>Data &amp; Research</td>
<td>Ed2 North Rm 1308</td>
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<td>Heroin Strategies</td>
<td>Ed2 South Rm 2305</td>
<td>Across Bridge, on 2&lt;sup&gt;nd&lt;/sup&gt; floor of South building</td>
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<td>Naloxone</td>
<td>Ed2 North Rm 1107</td>
<td>First floor, across hall</td>
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<tr>
<td>PDMP</td>
<td>Ed2 North Rm 1303</td>
<td>First floor, north end of corridor</td>
</tr>
<tr>
<td>Provider Education</td>
<td>Ed2 North Rm 1102</td>
<td>First floor, below Room 2104</td>
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<td>Public Awareness</td>
<td>Ed2 North Rm 2104</td>
<td>Stay here – Room 2104</td>
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<tr>
<td>Recovery</td>
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<tr>
<td>Treatment</td>
<td>Ed2 South Rm 2206</td>
<td>Across Bridge, on 2&lt;sup&gt;nd&lt;/sup&gt; floor of South building</td>
</tr>
</tbody>
</table>
Work Group Summaries: Plans for 2018
Closing Remarks: Lt. Governor Donna Lynne
Thank you and see you in October 2018!