

Colorado Consortium for Prescription Drug Abuse Prevention

5th Annual Meeting

University of Colorado Anschutz Medical Campus
Skaggs School of Pharmacy

October 19, 2017



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Welcome and Overview of Day's Activities

- Rob Valuck, Coordinating Center



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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



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The Consortium: Where are we going next?



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Colorado Plan to Reduce Prescription Drug Abuse



September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper



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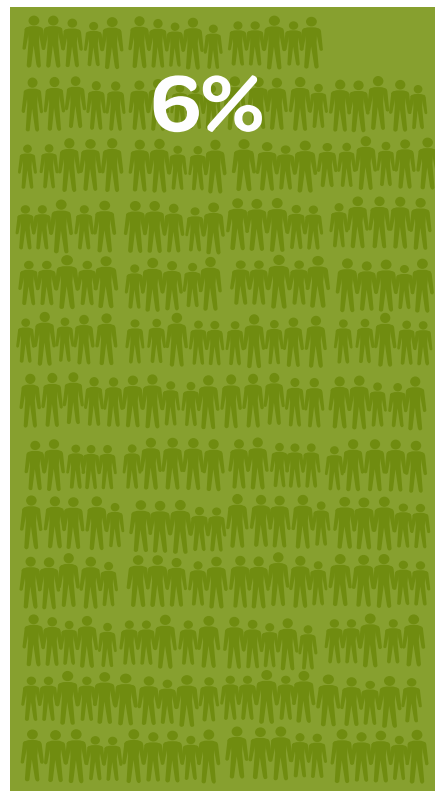
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2016 GOAL:

PREVENT 92,000 Coloradans from misusing opioids

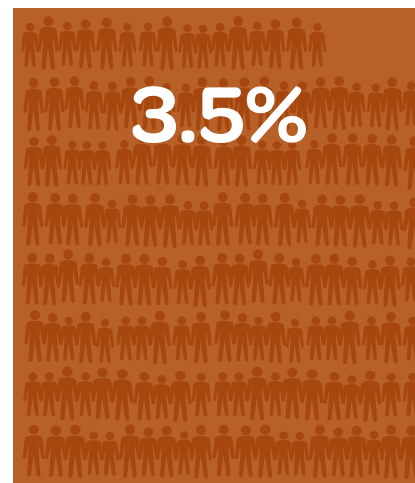
255,000
COLORADANS
AGED 12 +



2011-2012

 = 1000 PEOPLE

163,000
COLORADANS
AGED 12 +



2016 TARGET

minus

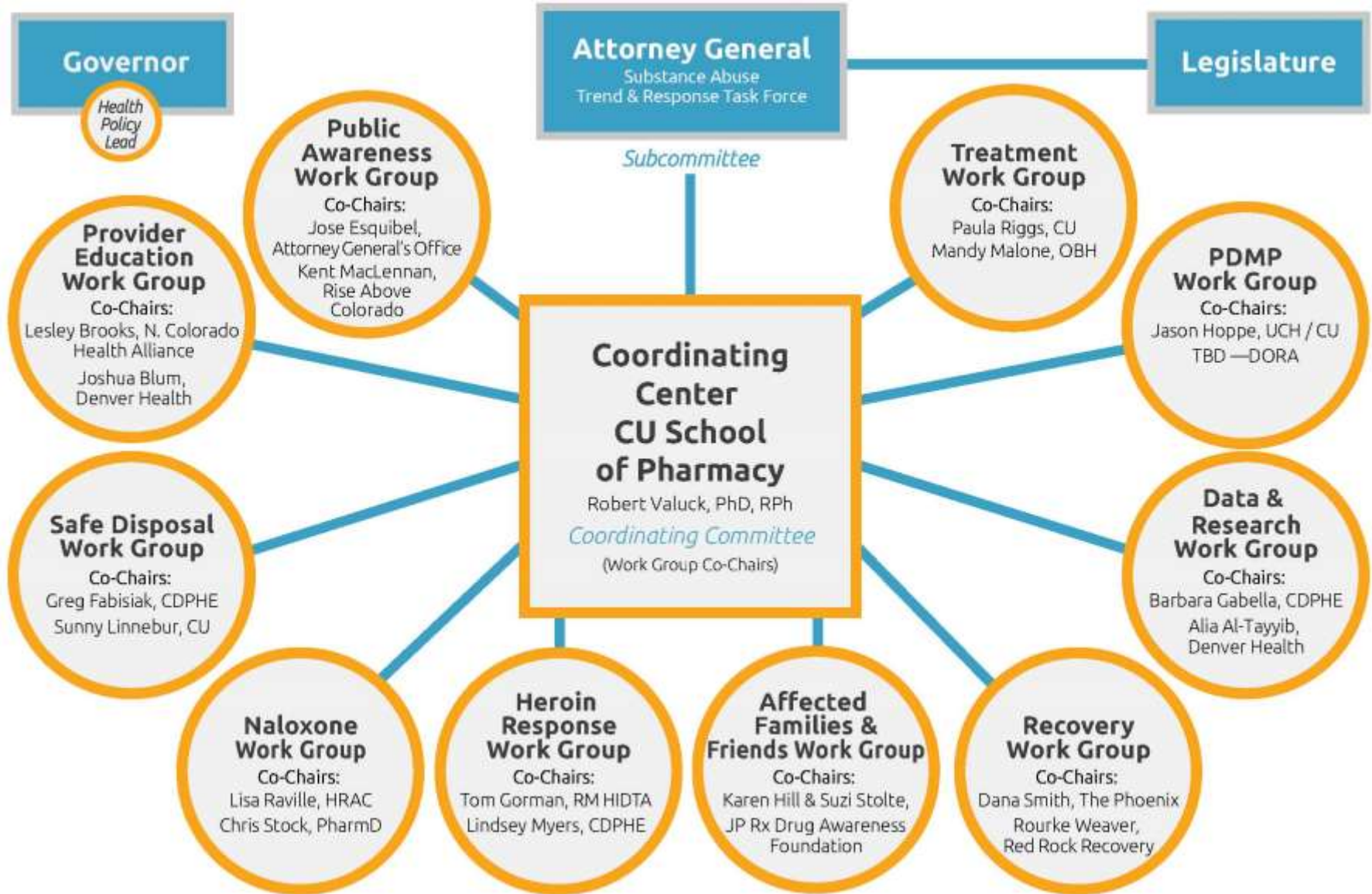
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92,000
COLORADANS
AGED 12 + PREVENTED
FROM MISUSING OPIOIDS



Colorado Consortium for Prescription Drug Abuse Prevention

A coordinated, statewide, interuniversity/interagency network



Consortium Accomplishments: The Highlights

- Consortium 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



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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



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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)



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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



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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...



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Questions?



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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



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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



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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



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Thank You!

Kent MacLennan & José Esquibel
Co-Chairs

Work Group Members



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PDMP WG: Year 4



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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)



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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



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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



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CDPHE Colorado Data Profile

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

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

Schedule 2-4 Controlled Substances

https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_Colorado%20Rx%20Drug%20Data%20Profile.pdf



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Thank You!

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

and

All of our Work Group Members



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Safe Storage / Safe Disposal Work Group: Year 4



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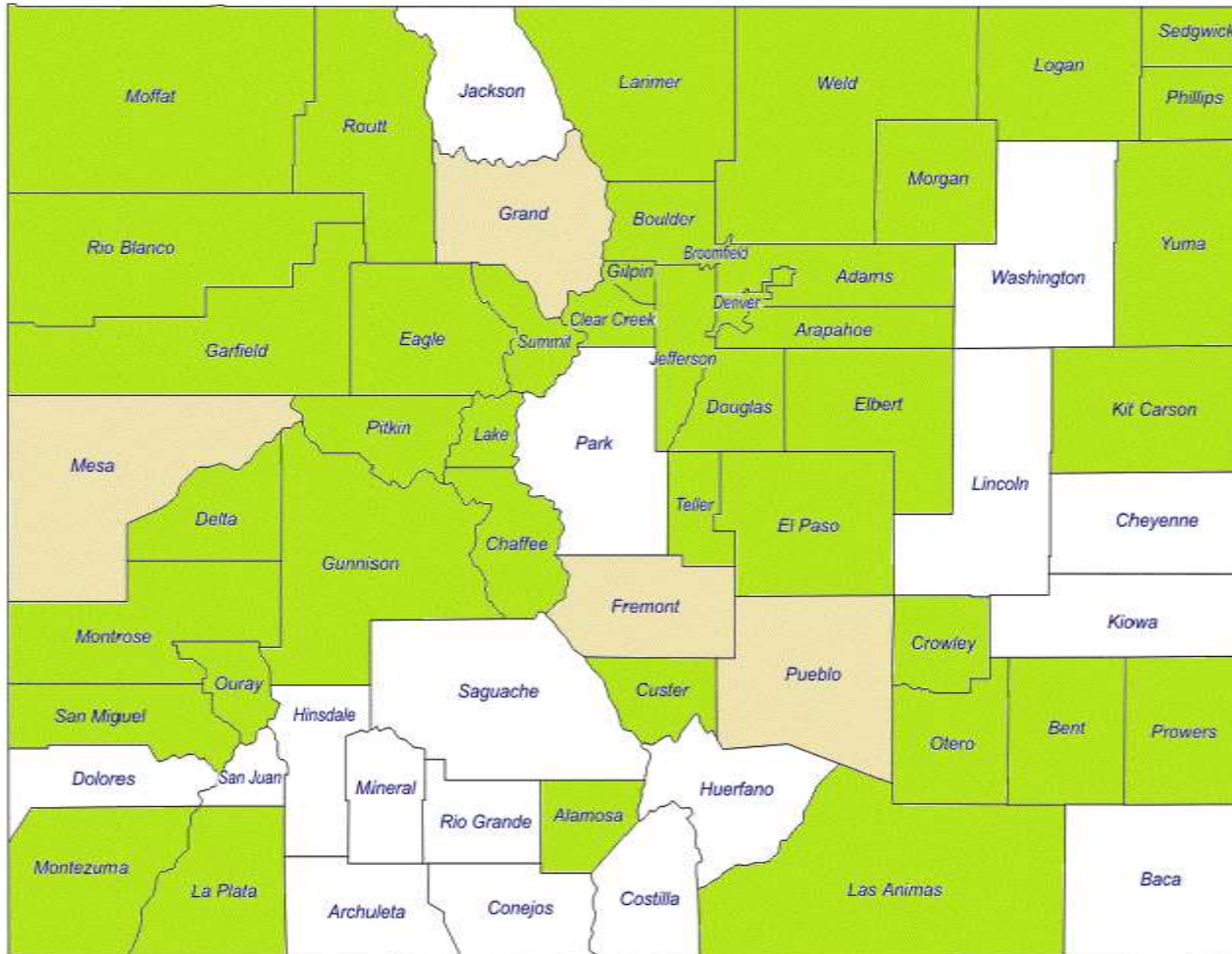
Safe Storage / Safe Disposal Work Group

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



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Promoting the Program

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



Permanent Boxes



Take-Back Events



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Denver Health Clinic Retail Pharmacy



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Littleton Police Department



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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

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Medication Collection Sites

Rise Above Colorado

Webb Strategic Communications

Colorado Broadcasters Association

Fresh Digital Group

CDPHE Office of Communications



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Program Branding

- Program information linked to the Consortium's takemedseriously.org website
- takemedback.org URL created to take public directly to disposal information page



**Household Medication
Dropbox Located Here**



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Prescription
Drug Safety
Starts With You

TAKE MEDS BACK
DISPOSAL OPTIONS

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.



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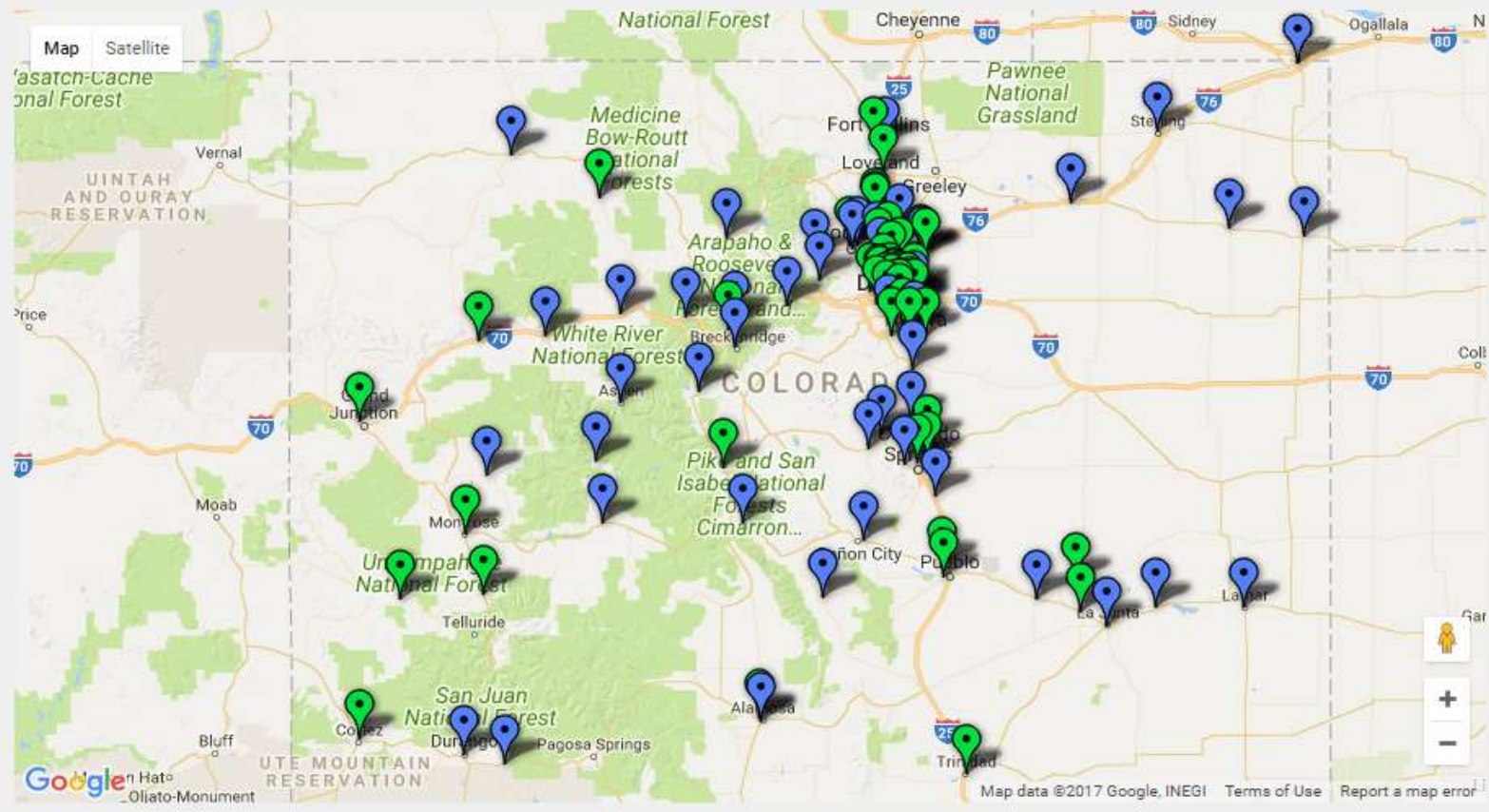
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Colorado Household Medication Take-Back Program

Medication Take Back locations map

[Back to Medication Take-Back program](#)



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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



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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



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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



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Provider Education WG Highlights: Year 4

Co-Chairs: Lesley Brooks, MD & Josh Blum, MD

Presenters:

Lesley Brooks, MD

Josh Blum, MD



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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
Department of Health Care
Policy & Financing



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

Colorado Opioid Epidemic Symposium (COES)



- Collaboration with North Colorado Health Alliance (NCHA)
- 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)



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Colorado Opioid Epidemic Symposium (COES)



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

Loveland	San Luis Valley	Trinidad	Aurora
Grand Junction	Durango	Steamboat Springs	Summit County
Colorado Springs	Boulder	Gunnison	Breckenridge

AHEC	CBHC
Rocky Mountain Health Plans	Aurora Tri County Overdose Prevention
Gunnison County Substance Abuse	Northwest Colorado Comm Health Partnership
Boulder Public Health Dept	
Las Animas-Huerfano Counties District Health Department	



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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



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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



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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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Event / Population	Primary Care Providers	Specialty Providers			Dentists	Veterinarians	Students	Residents	Behavioral Health Providers	Physical Therapists	Other
		ED	Surgeons	Others							
COES/Consortium Education Series	✓	✓	✓	✓	✓		✓	✓	✓		
UC Sch Pub Health: Online Training	✓	✓	✓	✓	✓	✓	✓	✓			
Project ECHO	✓										
CPEP	✓		✓	✓							
COPIC 101, 201 Education Lectures	✓	✓	✓	✓			✓	✓	✓		



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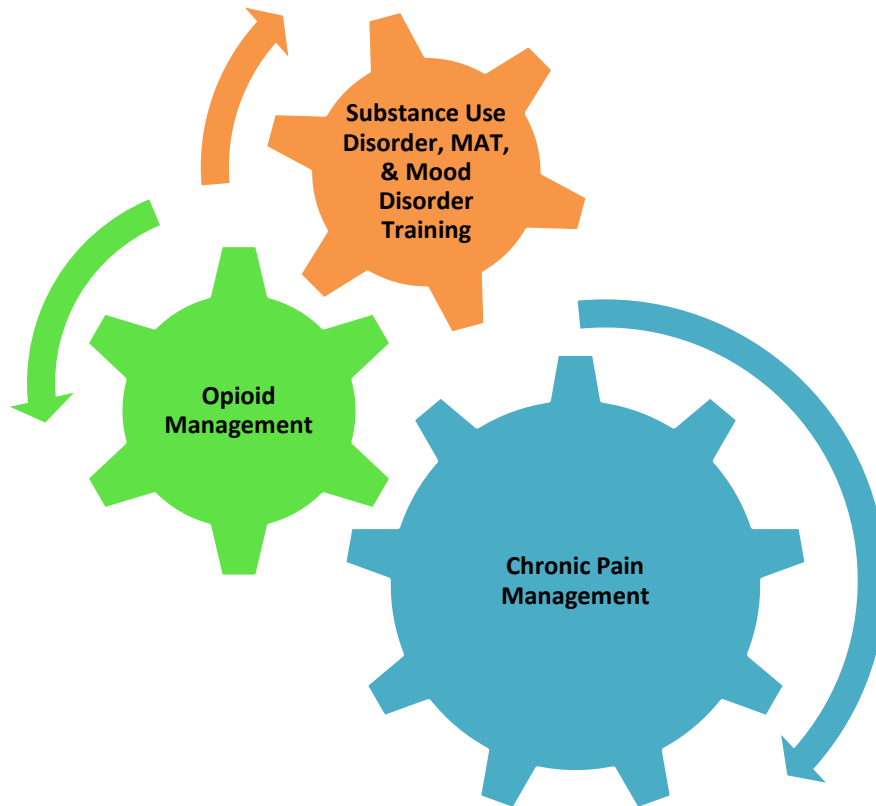
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Progressive & Varied Training



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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



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Provider Education Content

Chronic Pain Management	Opioid Management	Opioid & other SUDs
Basics of assessment & management	Safe prescribing 101	Introduction to opioid use disorder
Behavioral aspects of pain	Safe prescribing 201	MAT Introduction
Behavioral treatments	Laws & regulations	MAT- special populations
Non-opioid pharmacologic management	Weaning & discontinuation	Overview of other substance use disorders
Non-pharmacologic modalities	Overdose prevention & harm reduction	
Intro to pain procedures	Urine toxicology interpretation	
Specific conditions: FM, HA, back pain, neuropathic pain		



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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 [\[1\]](#). 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 [\[2\]](#). States, including Colorado, have experienced a doubling of heroin deaths from 2010 to 2012 [\[3\]](#). 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.



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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)
 - <https://www.colorado.gov/pacific/cdphe/prescription-drug-data-profiles>
 - **All-Payer Claims Data** – potential source to describe pain management at population level <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



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Treatment WG: Year 4



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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

Fix it

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



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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



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Naloxone WG: Year 4

****Lives Saved = Winning****



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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



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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



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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



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Thank You!

Lisa Raville & Chris Stock
Co-Chairs

Work Group Members



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Heroin Response Work Group: Year 4



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Phases & Objectives

Heroin
Assessment

Strategy
Development

Implementati
on

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



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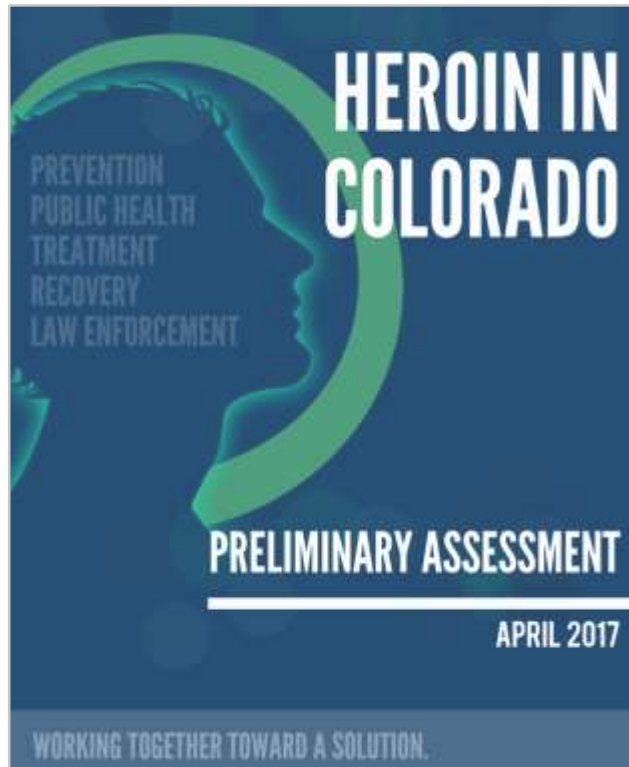


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Heroin Response Work Group Highlights: Year 4

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



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Heroin Response Work Group Highlights: Year 4

Prioritized Heroin Response Strategies



- Enhance the relationship between law enforcement and treatment



- Explore, educate and promote LEAD and PAARI opportunities

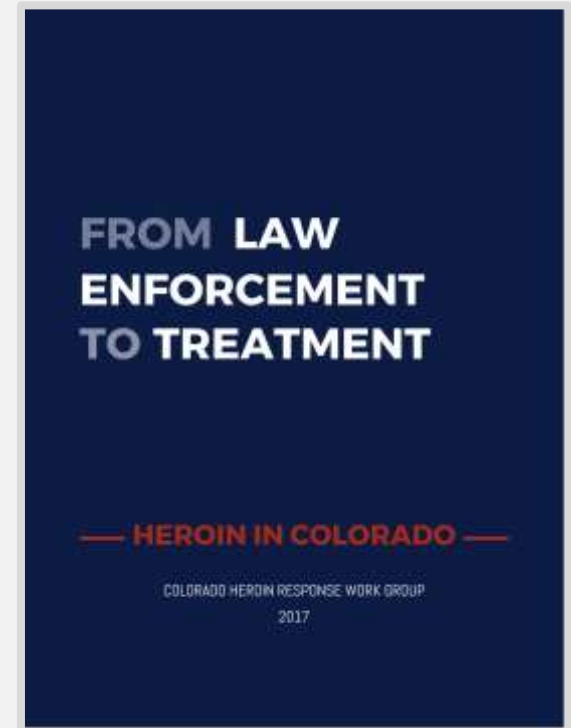
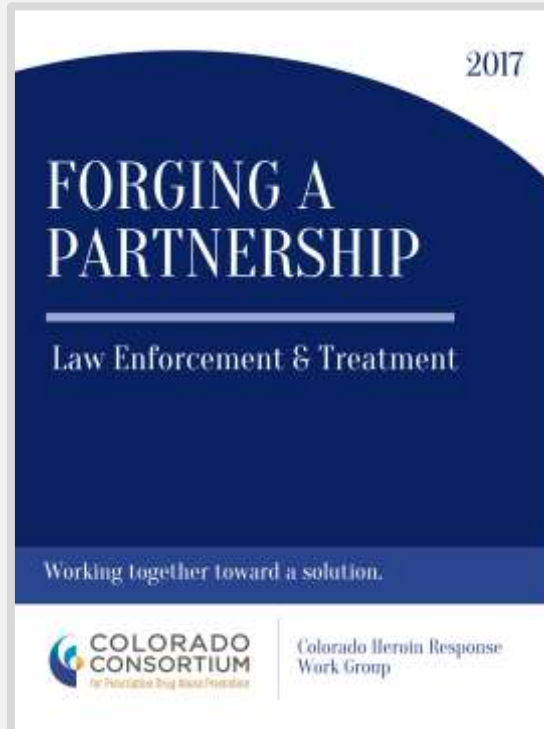
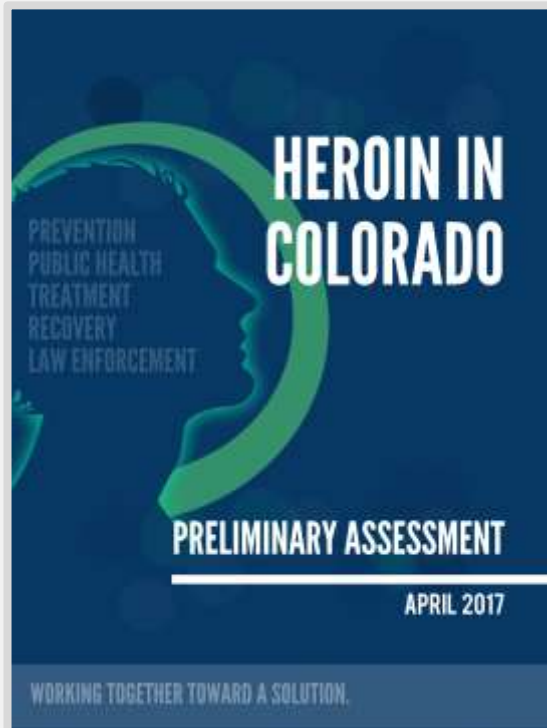


- Expand Colorado Crisis Services to handle OUD calls and act as a resource for responding law enforcement



Heroin Response Work Group Highlights: Year 4

Work Group Products



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Thank You!

Tom Gorman & Lindsey Myers
Co-Chairs

Work Group Members



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Affected Family and Friends Work Group: Year 2



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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.



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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



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Break

(next session starts at 11:00am)



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Innovations in Colorado, for Colorado



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Innovation Speakers

- 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)



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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



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College of Nursing

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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 Lettter 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

Pilot MAT Program

AWARDEES

Award Date
November 27,
2017

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



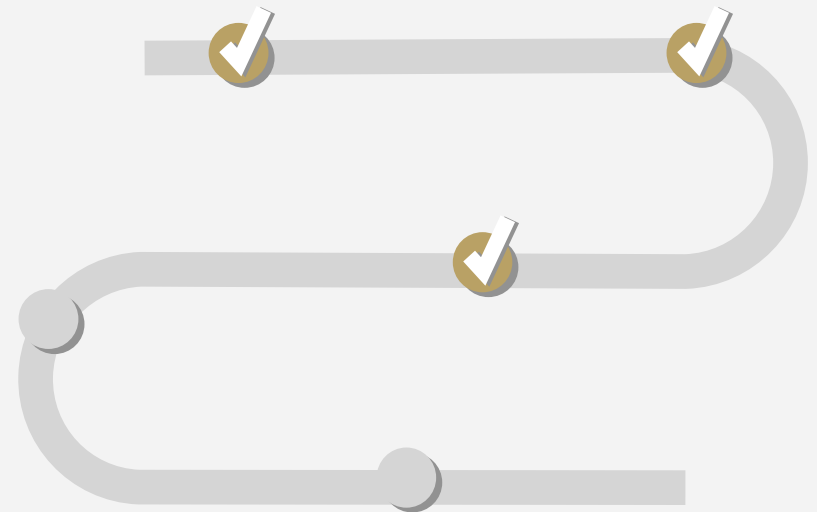
College of Nursing
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Pilot MAT Program

6 MONTH REVIEW

Every 6 months

- Written review of progress made in the program
 - NPs/Pas trained and practicing
 - Number 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



Community Opioid Response Program

Our success depends on

PARTNERSHIP



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.**



CORP – Community Opioid Response Program



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.**



Colorado Area Health Education Center – Program Office

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



Evidence-Based Strategies 



AmeriCorps Activities


Health Education Programs on Safe Opioid Prescribing Methods



1 Provider Education

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.

AmeriCorps Activities



Other Allowed Activities

Other Activities May Include:

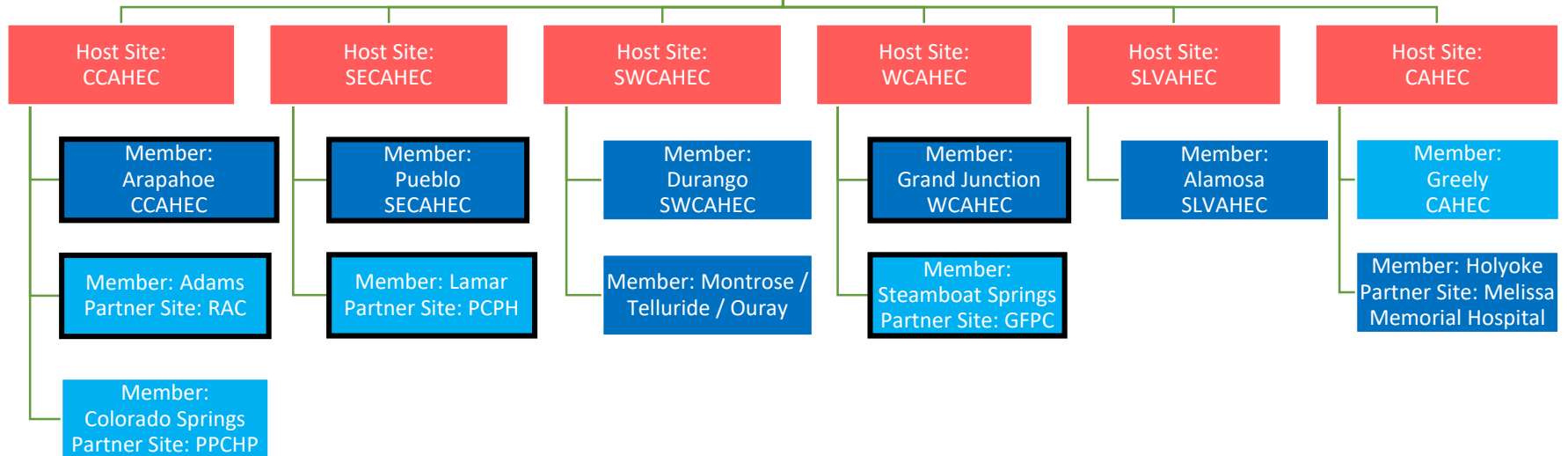
- Initiating, supporting, and enhancing community-based collaborations with lead local partners.
- Facilitating participation in prescription take back events and CO permanent disposal programs.
- Disseminating opioid education related messaging campaigns.
- Facilitating law enforcement education events 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.

CORP Member Placement

Corporation for National and Community Service &
Serve Colorado

CORP Project Team:

CCAHEC, Consortium, Rise Above Colorado, AG's Substance Abuse Trend and Response Task Force



In Closing

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

Thank you!!



c|h|a

Colorado Hospital Association

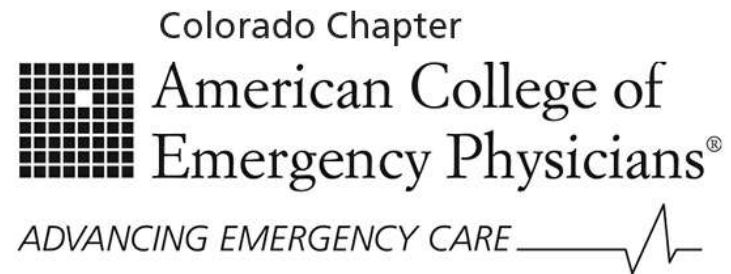
Colorado Opioid Safety Pilot

COLORADO CONSORTIUM FOR PRESCRIPTION DRUG ABUSE PREVENTION
5TH ANNUAL MEETING
OCTOBER 19, 2017

DR. DON STADER, EMERGENCY PHYSICIAN, SWEDISH MEDICAL CENTER
COLORADO ACEP BOARD OF DIRECTORS

DIANE ROSSI MACKAY, RN, MSN, CPHQ COLORADO HOSPITAL ASSOCIATION

Special Thanks



Thanks to Our Pilot Sites



Poudre Valley Hospital

UNIVERSITY OF COLORADO HEALTH

UCHealth Emergency Room –
Harmony



Boulder Community Hospital

The best place to get better

bch.org

BCH Community Medical Center
Emergency Room



Medical Center
of the Rockies

UNIVERSITY OF COLORADO HEALTH

UCHealth- Greeley Emergency
& Surgery Center



GUNNISON VALLEY HEALTH



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

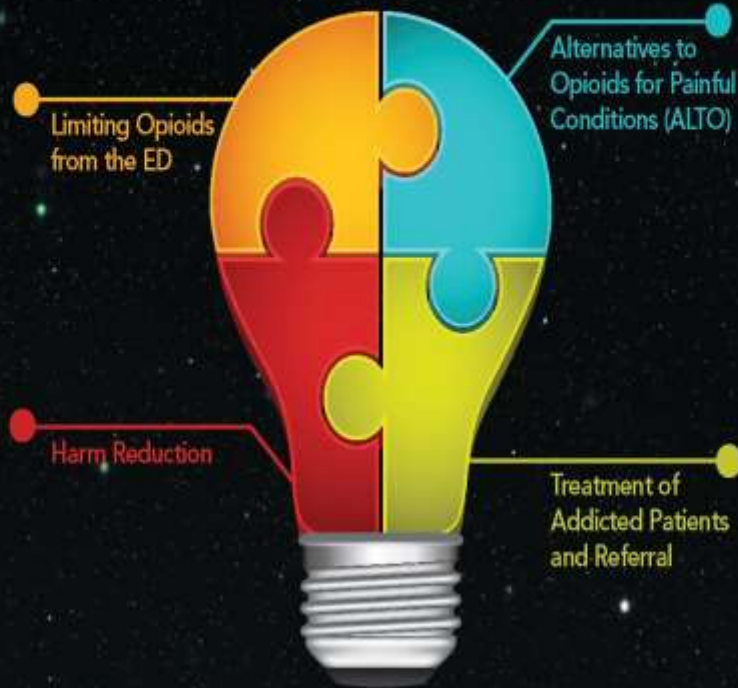
CO-ACEP Guidelines Are Different

COLORADO ACEP 2017 OPIOID PRESCRIBING & TREATMENT GUIDELINES



Multi-Faceted Approach

HOW CAN WE ADDRESS THE OPIOID EPIDEMIC IN THE ED?



Alternative Treatments to Opioids

Principles:

- Support use of non-opioid medications as 1st line therapy
- Opioids 2nd 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

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

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

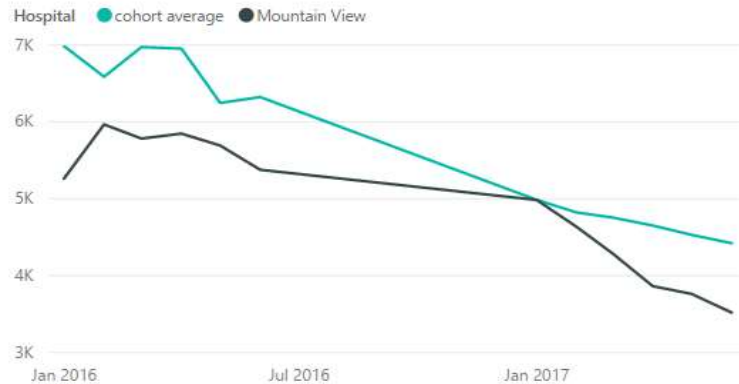
Average Dose Per Administration (mg)

Total Administrations per 1,000 ED Visits

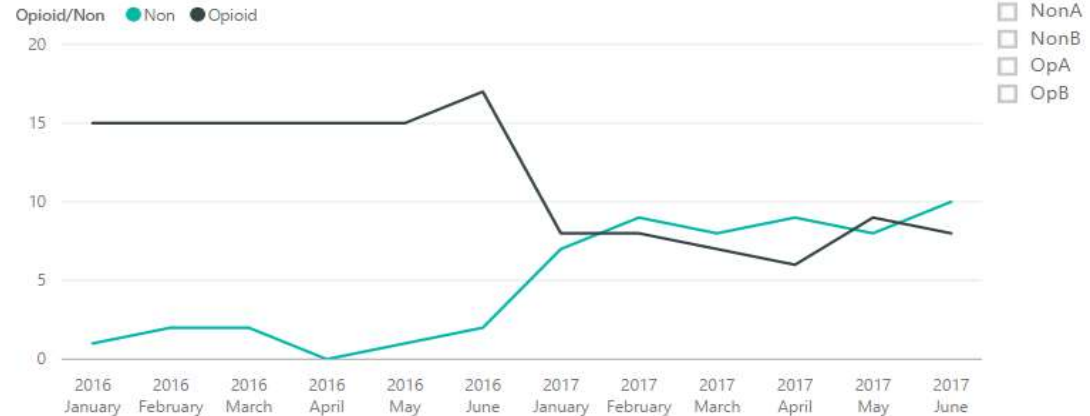
Colorado Opioid Safety Sample Report

Summary Report for Mountain View Hospital

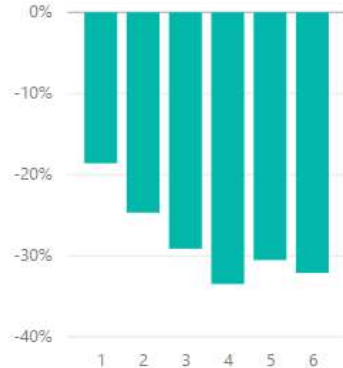
Morphine Equivalent Units by Month



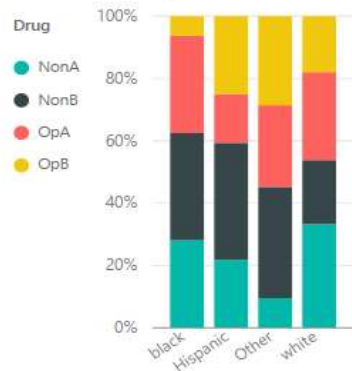
Patients per 1000 Receiving Pain Medication, by Month and Type



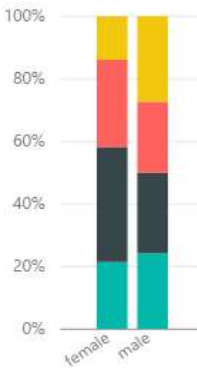
YoY % Change in MEU by Month



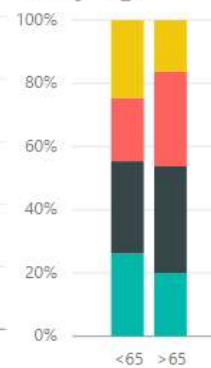
Rx by Race



Rx by Sex



Rx by Age



Top Diagnoses by Pain Medication

Primary Diagnosis	NonA	NonB	OpA	OpB	Total
injury	10	7	4	3	24
appendicitis		8	8	7	23
illness	4	9	3	7	23
other	9	5	6	2	22
unspecified pain	3	7	7	5	22
back pain	2	6	6	3	17
headache	5	4	3	2	14
Total	33	46	37	29	145

SAMPLE HOSPITAL

Telligen Metrics

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

Metric Descriptions

Metric Short Names / 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 Oversight of CO-ACEP Opioid Safety Initiative

☐ 5 months prior Work with Executive Team to clearly identify goals and expectations. CEO, CMO, CNO, CFO sign commitment letter

☐ 5 months prior Identify champions for initiative:

- ☐ ED Medical Director
- ☐ ED Nurse Director
- ☐ Pharmacy Director
- ☐ Quality Champion
- ☐ Communications and Marketing
- ☐ IT Champion
- ☐ Data Support

☐ 4 months prior Coordinate cross-functional CO-ACEP

☐ 4 months prior Work with team to identify scope

☐ 4 months prior Work with communications and marketing to develop Communication Plan.

☐ Duration Project management role: remove barriers (internal and external), set up

ED Medical Director:

☐ 4 months prior Work with champions to coordinate. Begin communications and support provider staff. Present CO-ACEP to the Committee.



The CO-ACEP Opioid Safety Initiative

The CO-ACEP Opioid Safety Initiative begins with a commitment. A commitment from patients for pain to learn how to use alternatives to opioids as a first choice for pain more 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 goal(s) for the CO-ACEP Opioid Safety Initiative. The team understands how 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 goal(s) set by the Executive Team

Alternatives?

- Many pain indications are not improved with opioid use
 - May actually worsen pain
- Safe and efficacious meds with fewer side effects
 - Less abuse potential
- Target other receptors

ED Opiate-free Pain Options by Indication

Musculoskeletal Pain: Acute on chronic opiate-tolerant OR acute opiate-naïve

- 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) IVP 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 L 0.9% NS bolus
- 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
- Levetiracetam 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 1000 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

ED Opioid Pilot 2017

ED NURSE EDUCATION SERIES

Colorado ranks #12 in the country for abuse and misuse of prescription medications

Breaking Free in the ED Confronting the Opioid Crisis

Opiate-Free Pain Options by Indication

Headache/Migraine

Immediate/1st Line Therapy
1.5-3 mg IV High dose oxygen
Dexamethasone 3 mg IV
Ketamine 15 mg IV
Metoprolol 5 mg IV
Trigger point inj w/ lidocaine 1%



Alternative Options

APAP 1000 mg PO – 100-1000 mg IV
Propofol 1-2.5 mg IV push/continuous 10-15 mg IV
Gabapentin 300 mg IV
Lidocaine 1.5 mg IV
Magnesium 1 g IV
Sodium acid 500 mg IV



OT Topical Treatment

0.5% Lidocaine 5 mg IV, 100 mg IV, 100 mg IV
Lidocaine 1% patch



Musculoskeletal Pain

Non-IV Therapy
APAP 1000 mg + 100-600 mg PO
Cyclobenzaprine 5 mg OR clonazepam 5 mg PO
Gabapentin 600 mg PO
Lidocaine 1% patch (max 3)
Ketamine 50 mg IV
Trigger point inj w/ lidocaine 1%



IV Therapy Options

Ketamine 0.2 mg/kg IV + 0.1 mg/kg/hr
Ketorolac 15 mg IV
Dexamethasone 8 mg IV
Diazepam 5 mg IV



Renal C

Immediate/1st Line Therapy
APAP 1000 mg PO
Ketorolac 15 mg IV
1 L 0.9% NS bolus

2nd Line IV Therapy

Lidocaine 1.5 mg/kg (max 300 mg)

Alternative Options

DDAVP 40 mg IV
Ketamine 50 mg IV

ED Opioid Pilot 2017

DATA WEBINAR

Colorado Opioid Safety Collaborative
Data Specifications

Version 1.4

May 24, 2017

Extremity Fracture/ Joint Dislocation

Immediate/1st Line Therapy
APAP 1000 mg PO
Ketamine 50 mg IV
Nitrous oxide (titrate up to 70%)



Ultrasound-Guided Regional Anesthesia

Lidocaine 0.5% perineural infiltration

Chronic Abdominal Pain

Immediate/1st Line Therapy
Metoprolol 5 mg IV
Prochlorperazine 10 mg IV
Diphenhydramine 25 mg IV
Dicyclanil 20 mg IM/PO



Alternative Options

APAP 1000 mg PO
Ketamine 50 mg IV
Lidocaine 1.5 mg/kg (max 300 mg)

Colorado Opioid Safety Pilot Communications Toolkit

OVERVIEW

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

COMMUNITY COMMUNICATION

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

[NAME OF HOSPITAL] has elected to participate in the Colorado Opioid Safety Pilot program. This program is designed to help patients improve pain management, return them to independence and ultimately, restore their quality of life. We are committed to understand and individually treat patients' experience of 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 patient's unique pain experience.

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

"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



"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

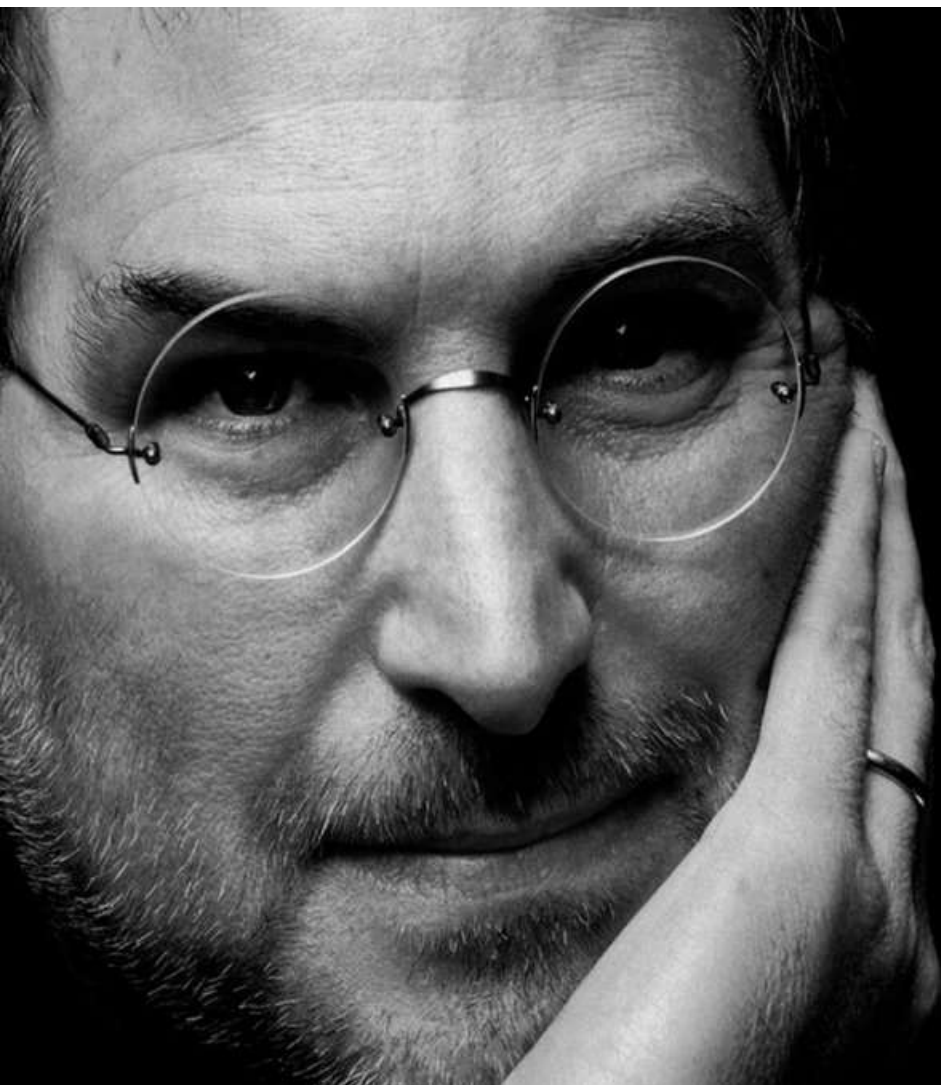
What's Next

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



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

Office of the
Attorney General



Office of the
Governor

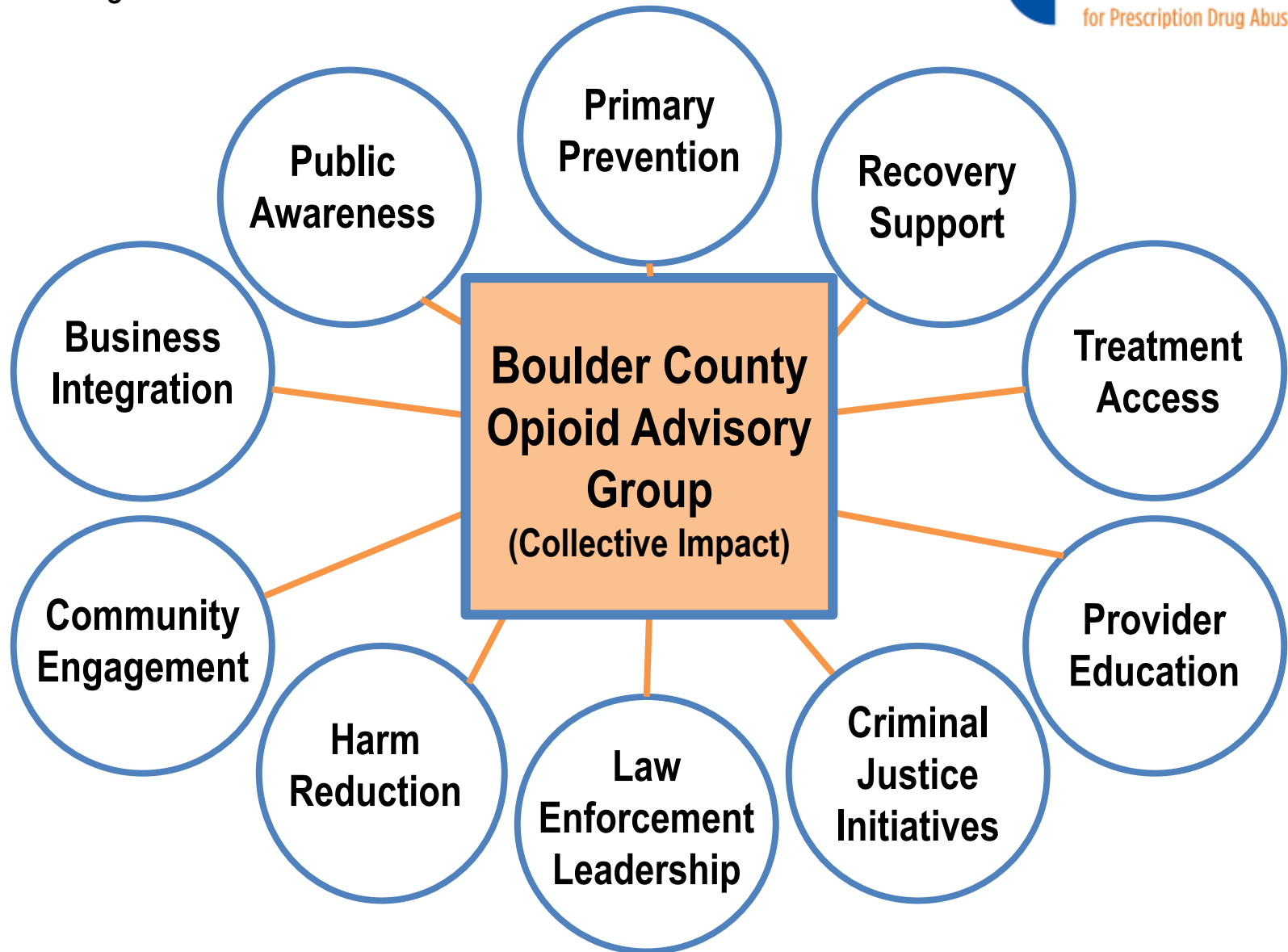




Boulder County Leading Opioid Advisory Group

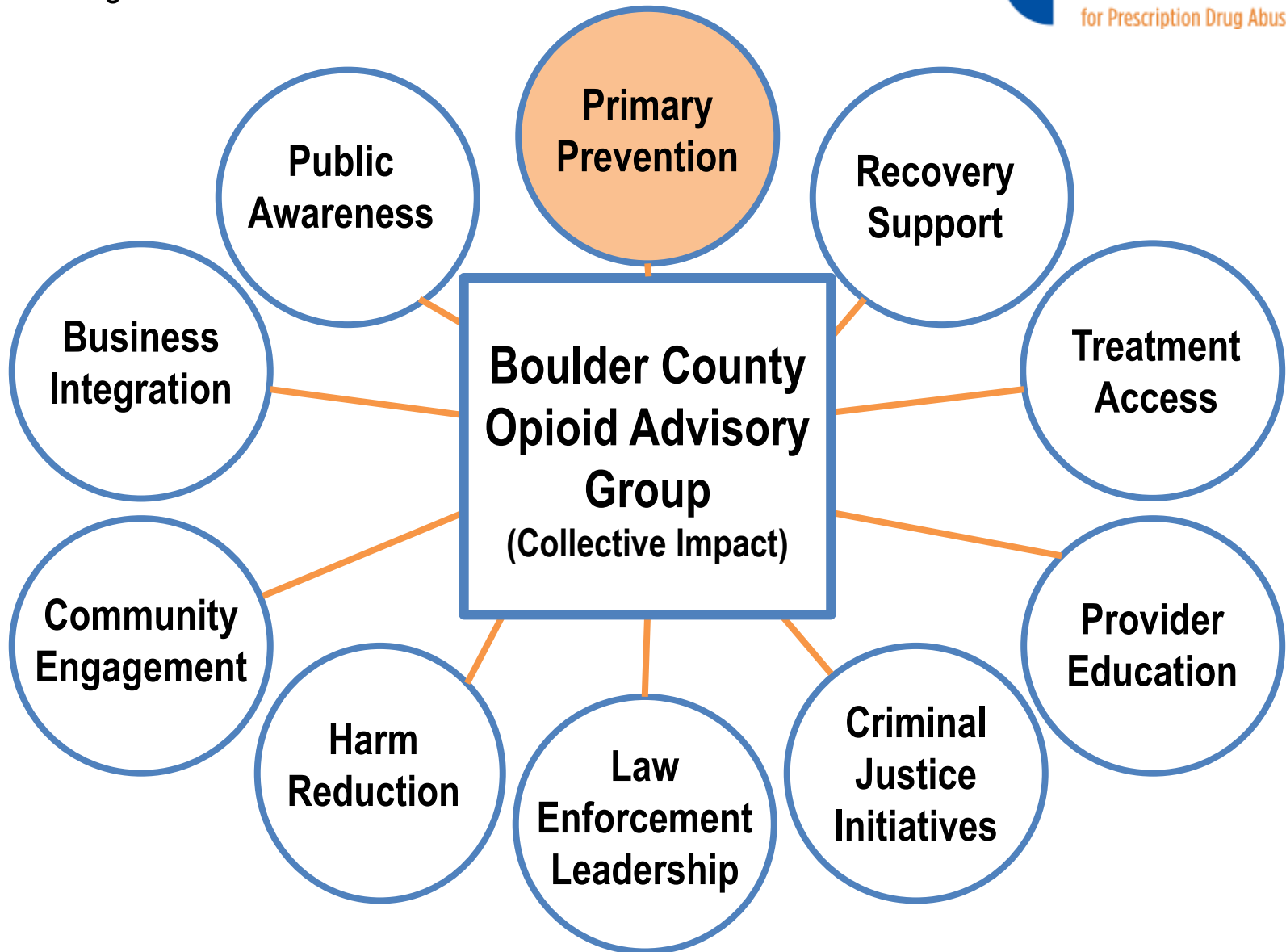
Affiliations:

Boulder County Community
Justice Management Board

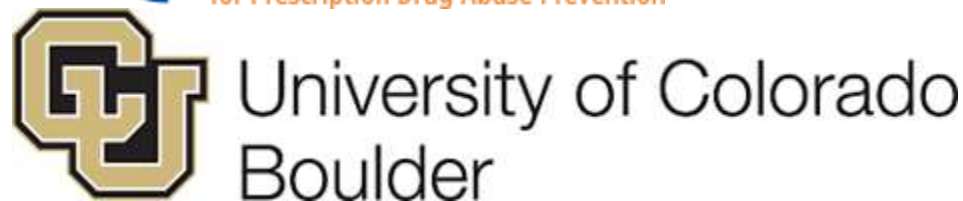
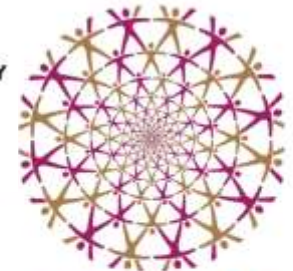


Affiliations:

Boulder County Community
Justice Management Board



Prevention Partners



Communities that Care & Healthy Futures Coalition



DrugsOutOfReach.org



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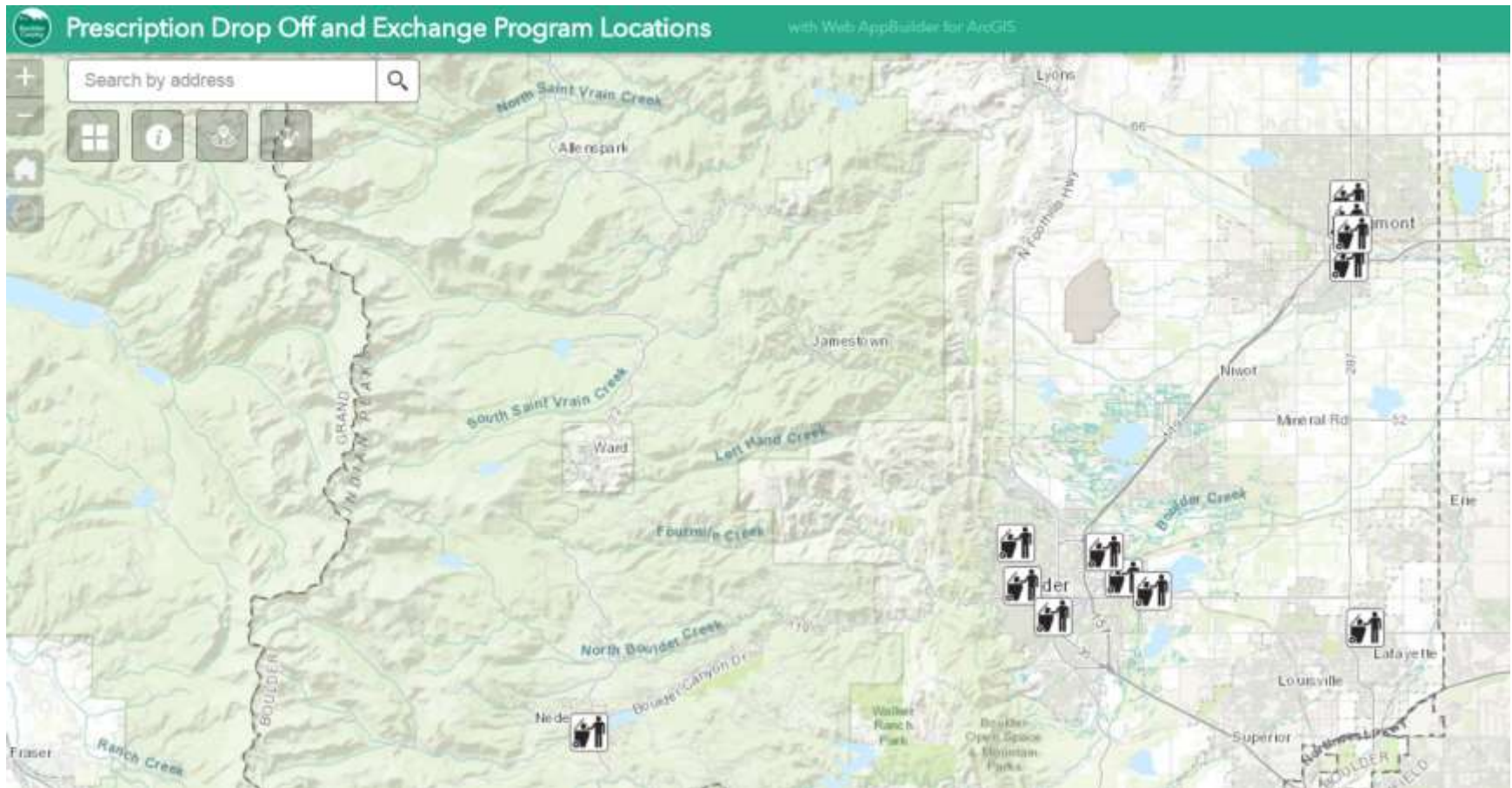


OUT OF REACH

[Home](#) / [Families & Adults](#) / [Substance Use & Addiction](#) / [Out of Reach](#)

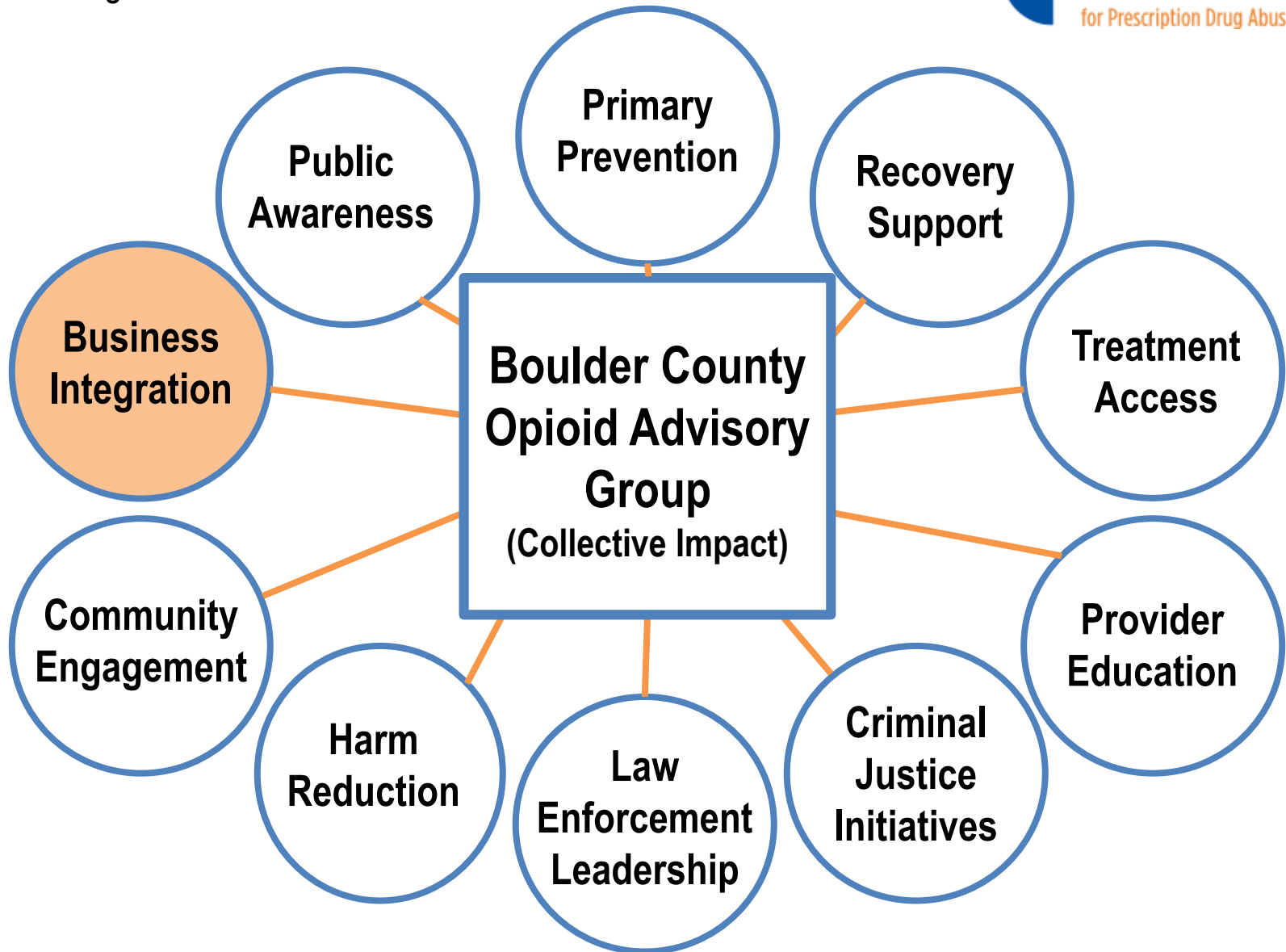


BoulderCountyMedDisposal.org



Affiliations:

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Justice Management Board

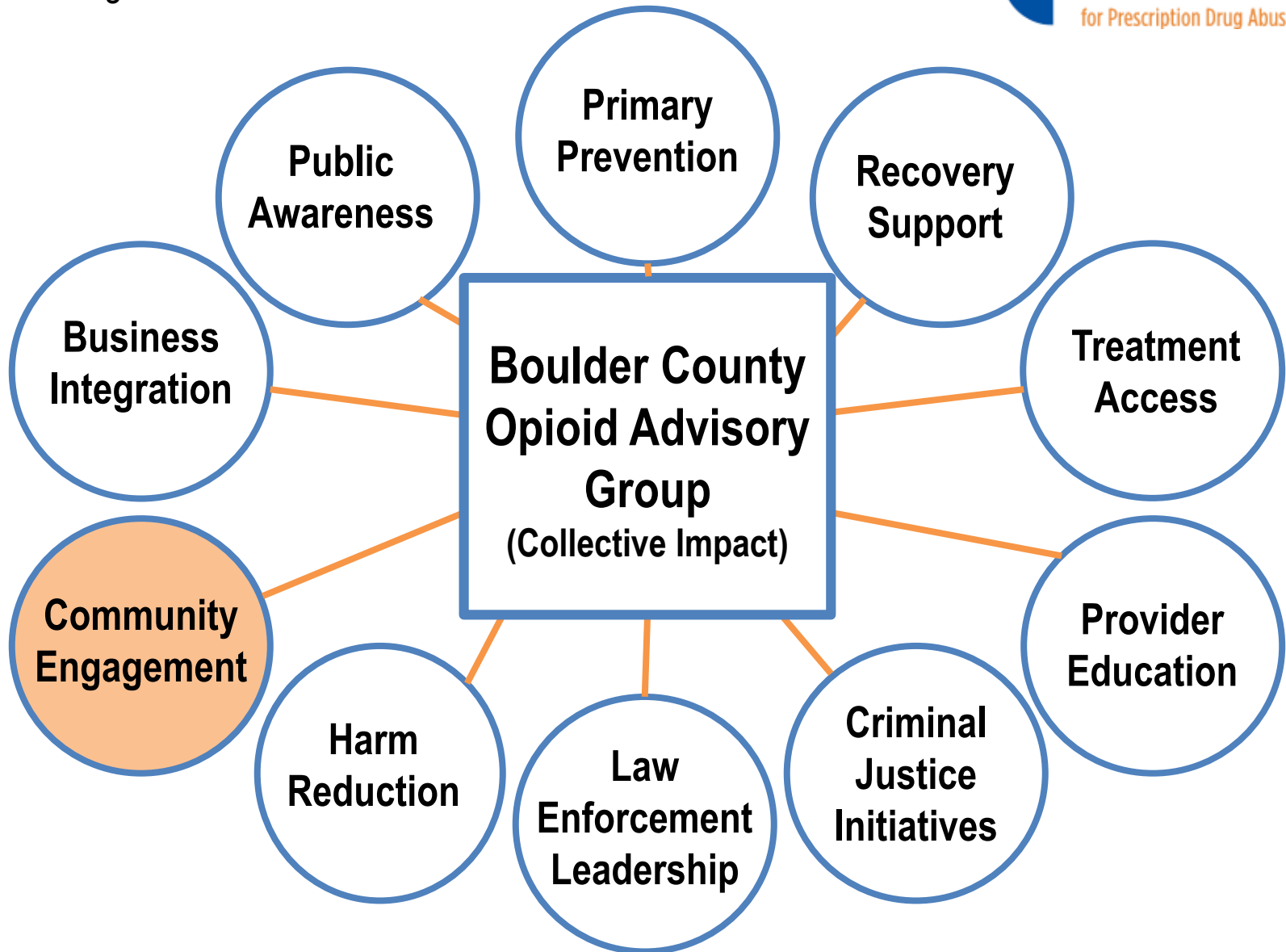


Business Component



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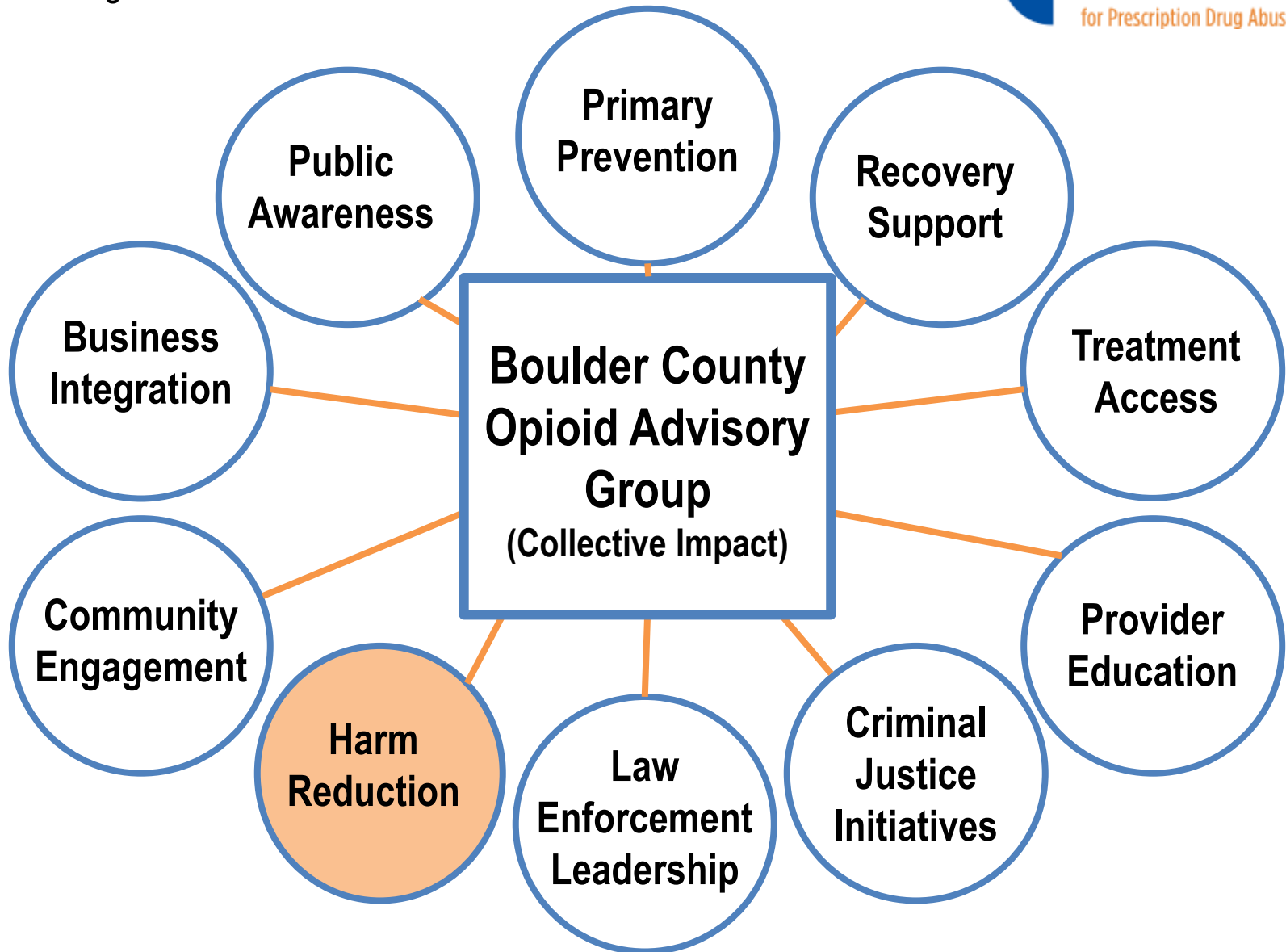




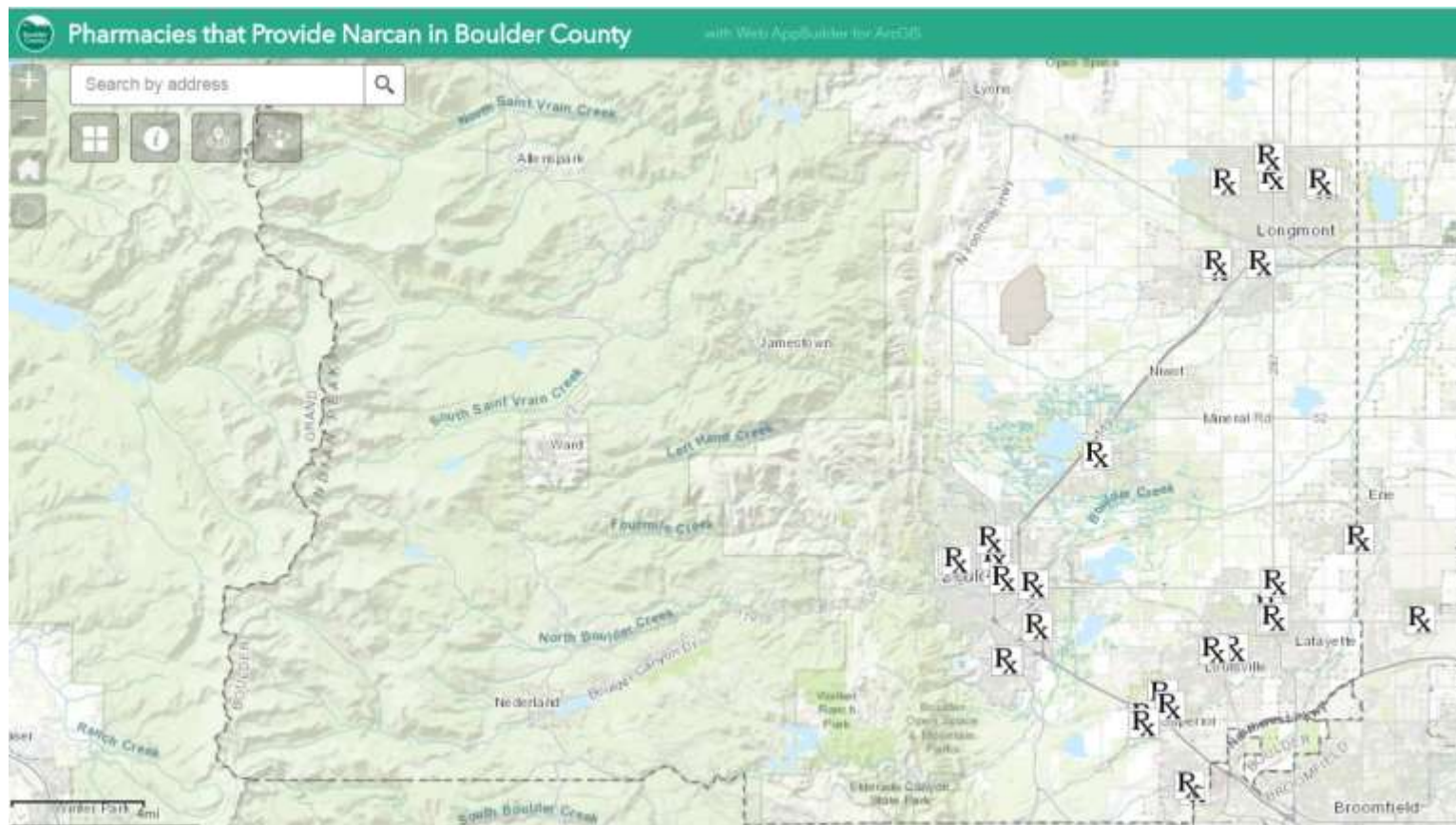


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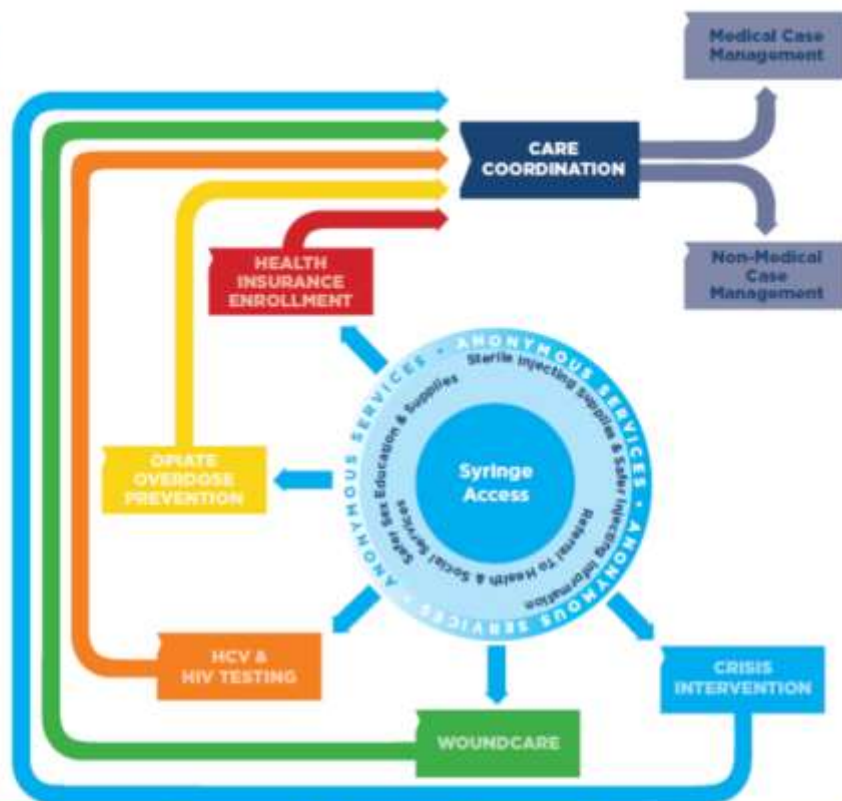
Boulder County Community
Justice Management Board



BoulderCountyNarcan.org



OVERVIEW OF SERVICES

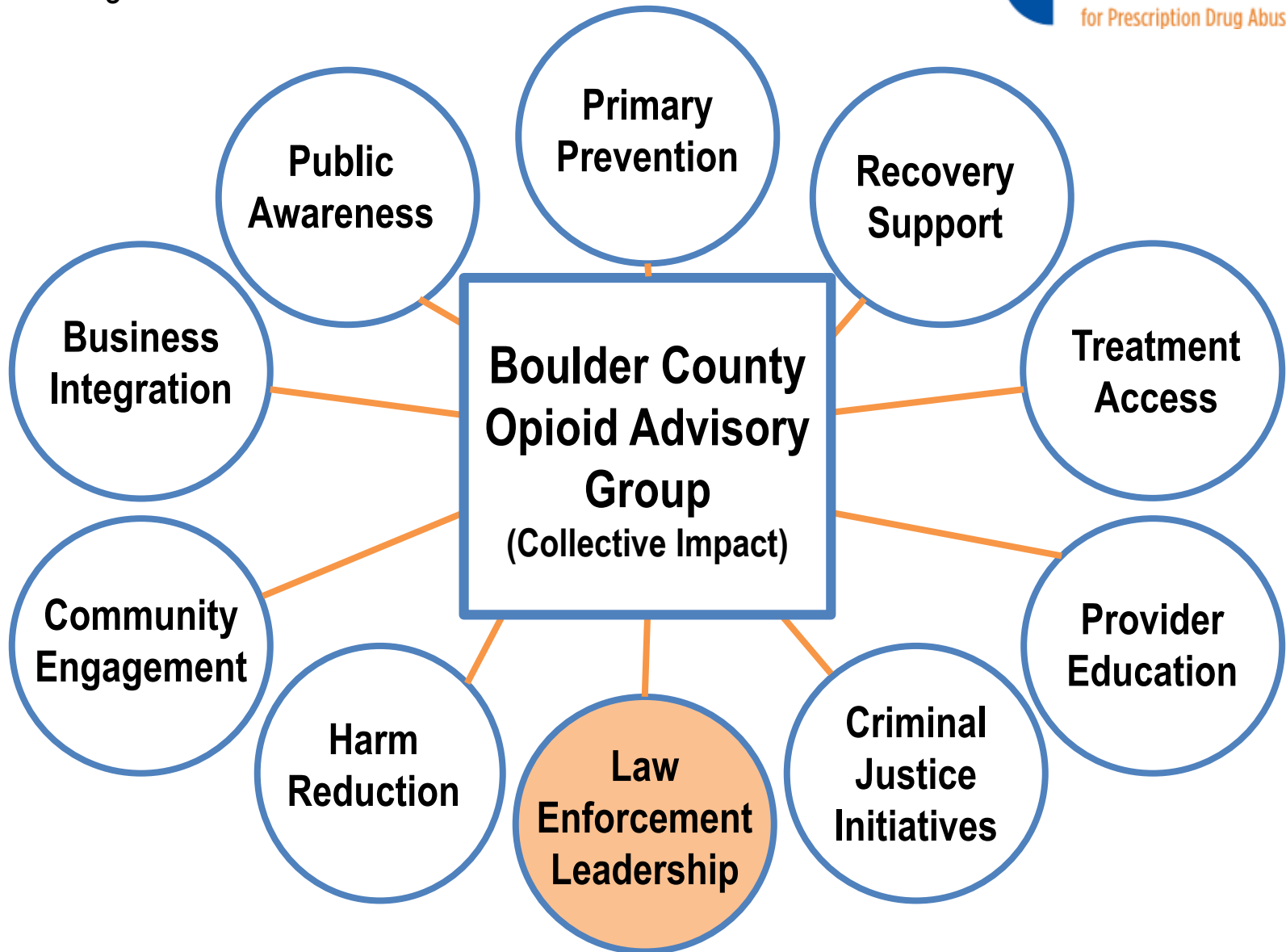


Services for syringe access participants

CRISIS INTERVENTION	WOUND CARE	HCV & HIV TESTING	OPiate OVERDOSE PREVENTION	HEALTH INSURANCE ENROLLMENT	CARE COORDINATION	MEDICAL CASE MANAGEMENT
Mental Health First Aid	Skin & Soft Tissue Care	Health Counselling	Naloxone Distribution	Help Enroll & Renew In Insurance Plans	Assess Assets & Barriers To Patient Care	Find Appropriate Providers
Depression Screening	Vein Care	Referral To Treatment	Overdose Education		Individual Care Plan	Retention In Care
Pain Assessment	Safer Injecting Strategies	Prevention Education			Transport/ Accompany Patients To Appointments	Treatment Adherence
SBIRT						NON-MEDICAL CASE MANAGEMENT
						Housing
						Social Supports
						Family Services

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



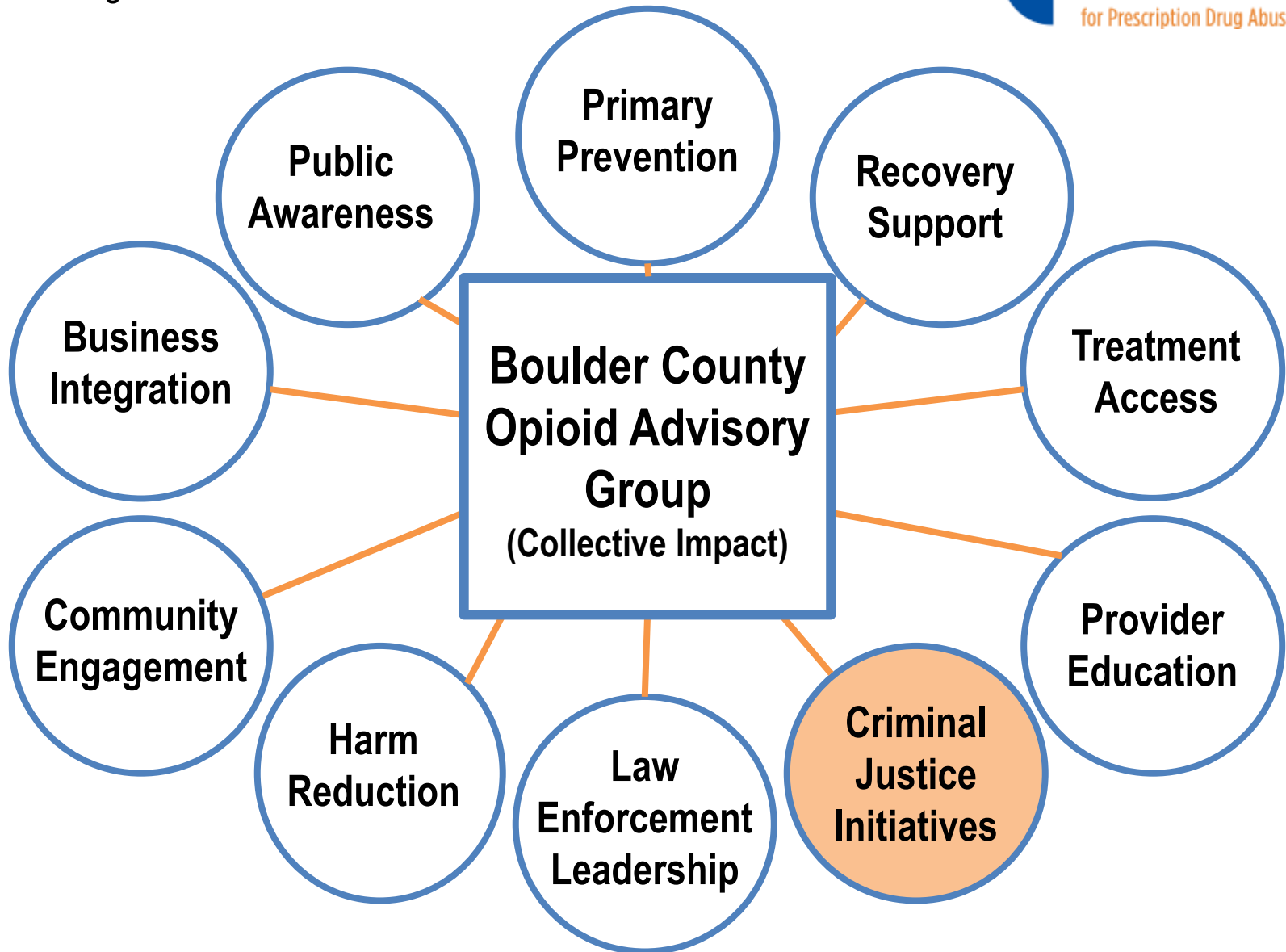
All Boulder County law enforcement now carrying naloxone

Angel Initiative, Longmont

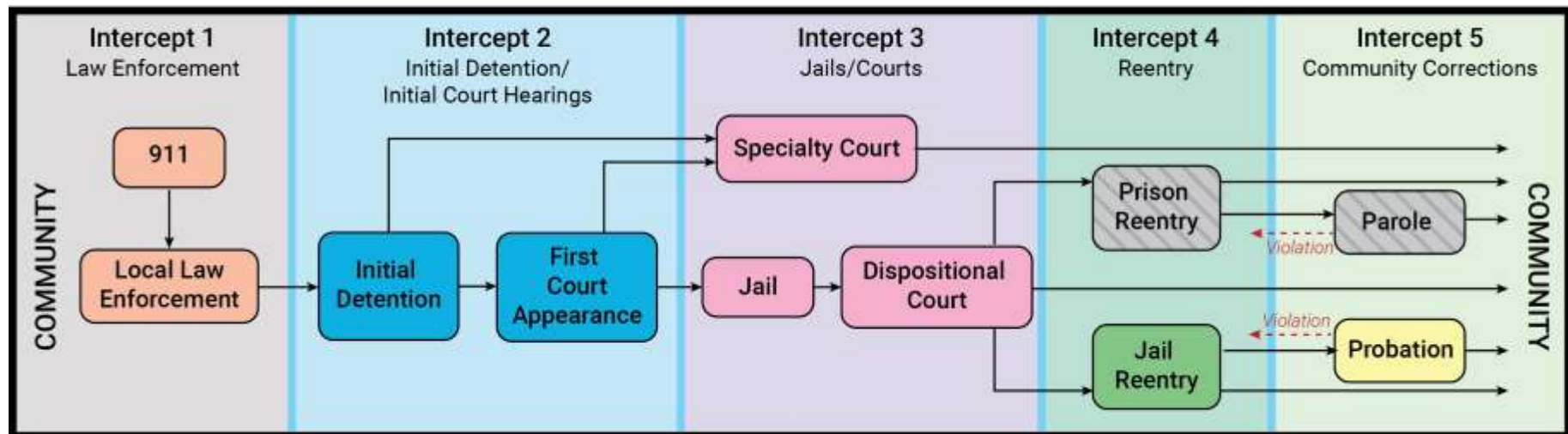


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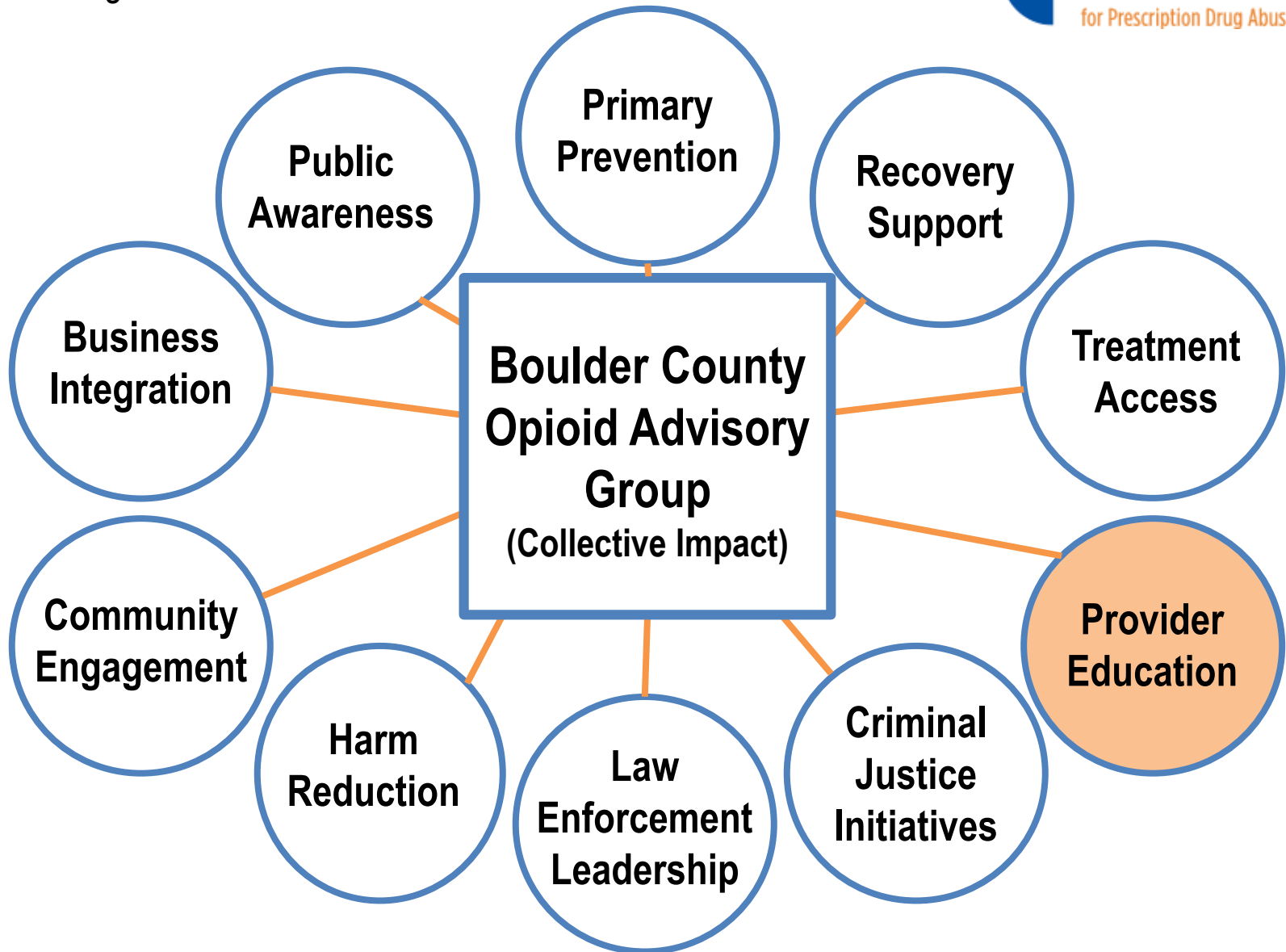
Criminal Justice Diversion



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Affiliations:

Boulder County Community
Justice Management Board



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 Tiernan – 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, CPSII, Behavioral Health Group

Denise Vinconi, Office of Behavioral Health

Jennifer Harrod, RN, Mental Health Partners

John Stanton, DO, Salud Family Health

Cory Candelaria MA, LPC, LAC, Options Treatment Program

Register by January 10, 2017

\$30 pre-registered. Dinner included.

Register at Eventbrite: <https://opioidrx.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 Accreditation Council for Continuing Medical Education (ACCME) 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 live activity for a maximum of 2.00 AMA PRA Category 1 Credit(s)™. 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
EXCELLENCE. EVERY PATIENT. EVERY TIME.



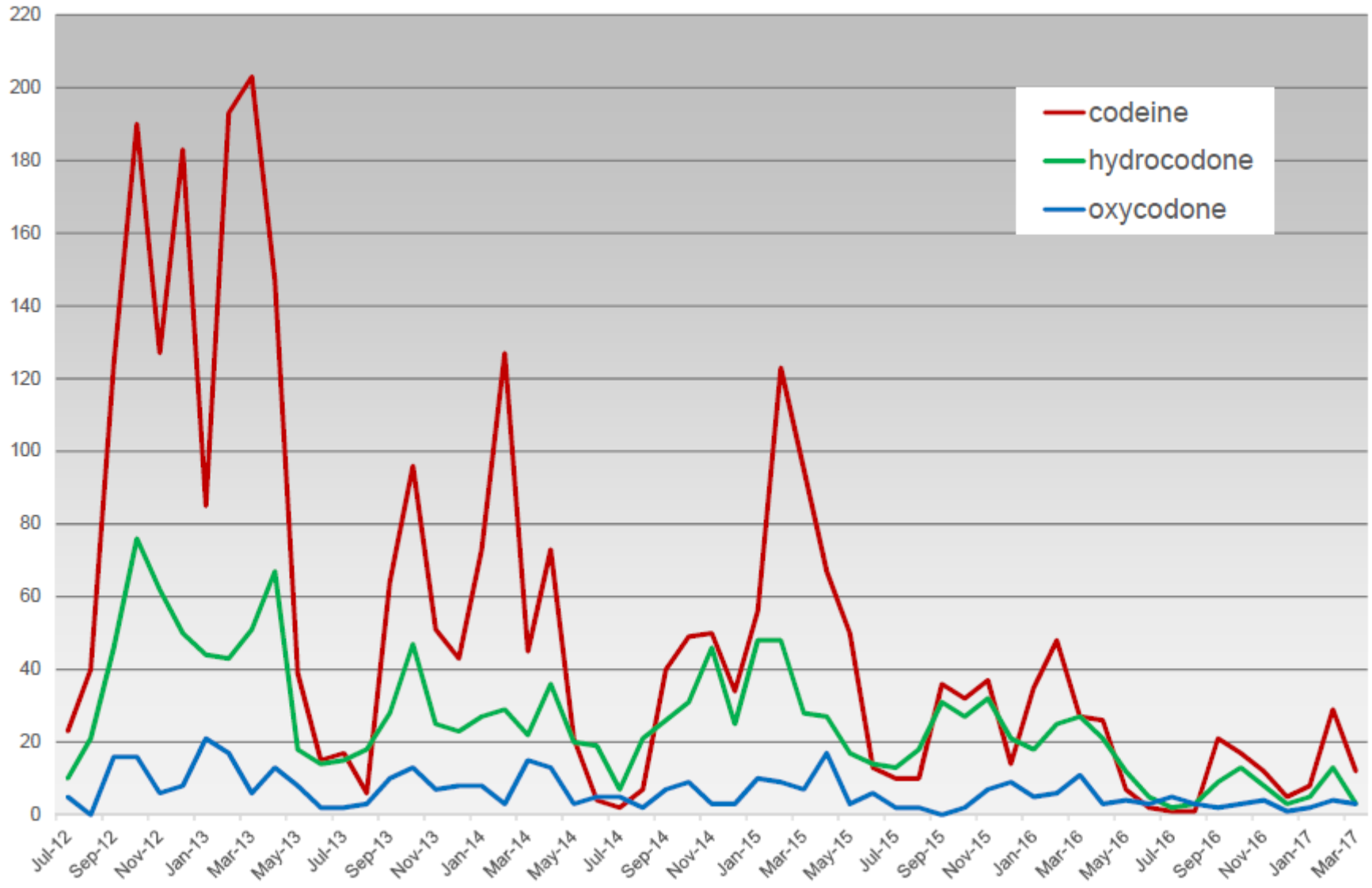
CLINICA
family health



Boulder
Community
Health

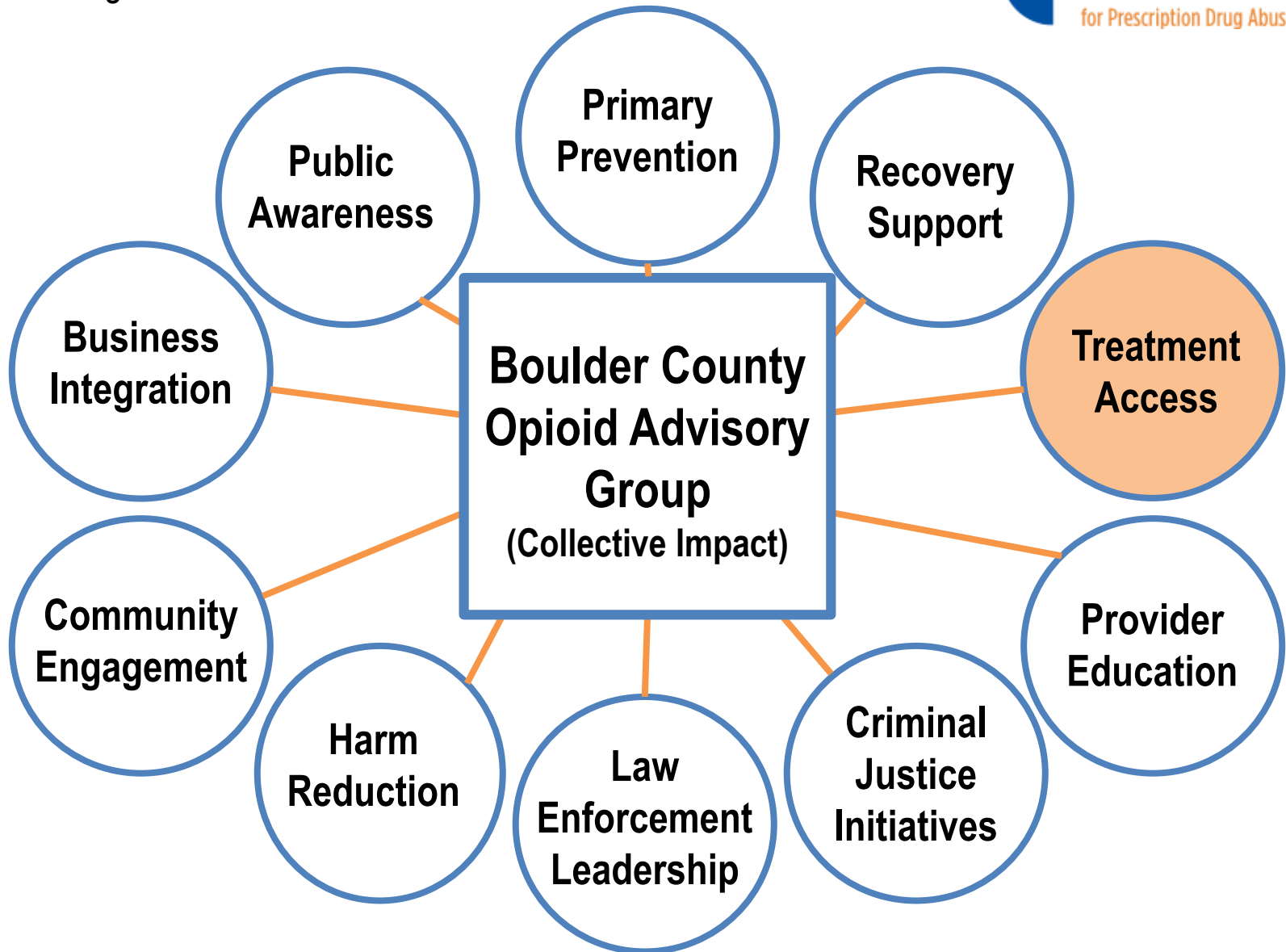


Codeine, Hydrocodone, Oxycodone Prescriptions



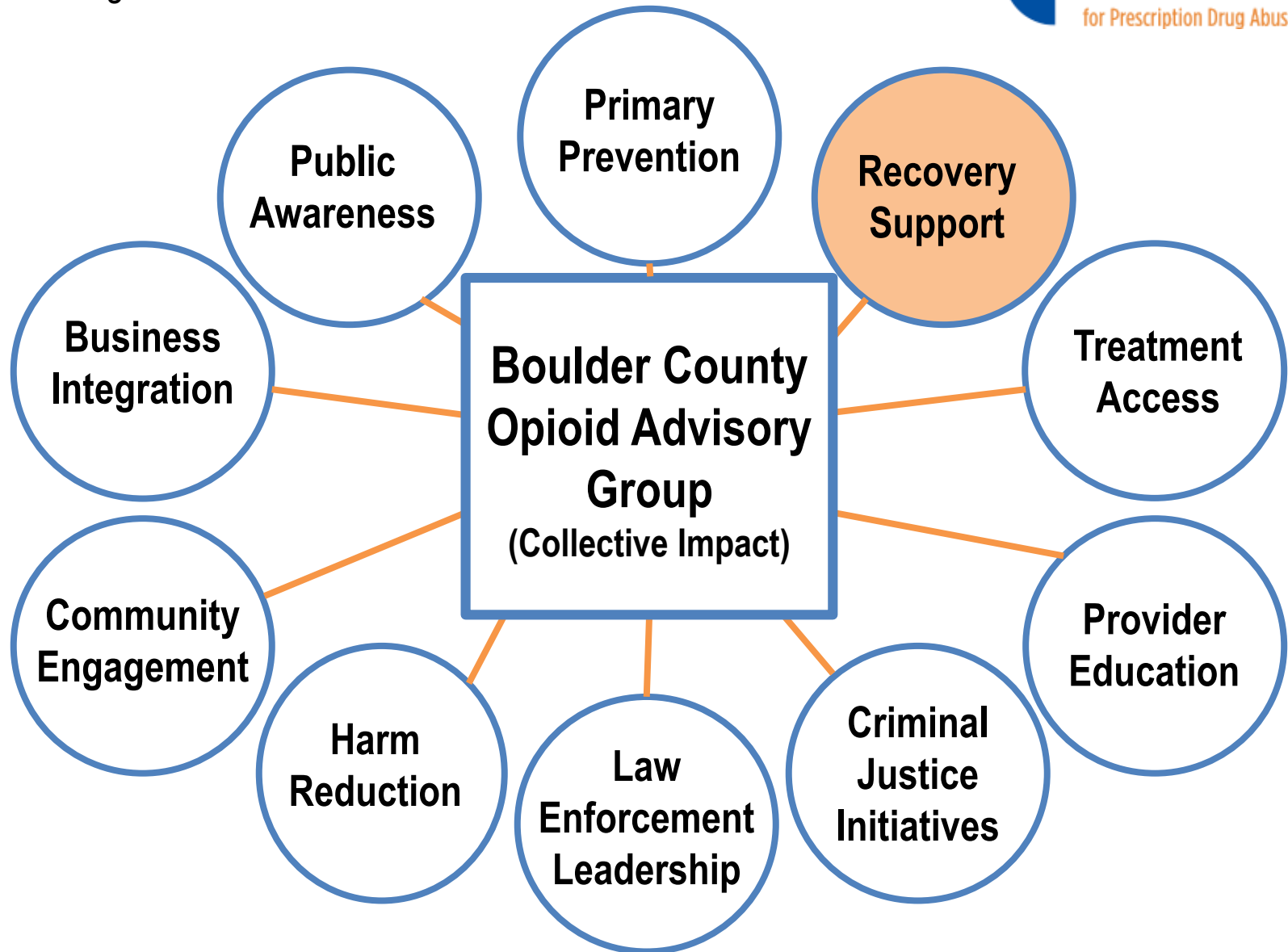
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Affiliations:

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Justice Management Board



Treatment & Recovery Partners



Collegiate Recovery Center
UNIVERSITY OF COLORADO **BOULDER**



Mental Health
PARTNERS
Healthy Minds, Healthy Communities



DENVER RECOVERY GROUP



BOHO

Boulder Outreach for Homeless Overflow

the safety net under the safety net



the Family
Recovery
Solution™

ADDICTION NAVIGATION FOR FAMILIES



OPTIONS
TREATMENT



bridgehouse

Alkermes®

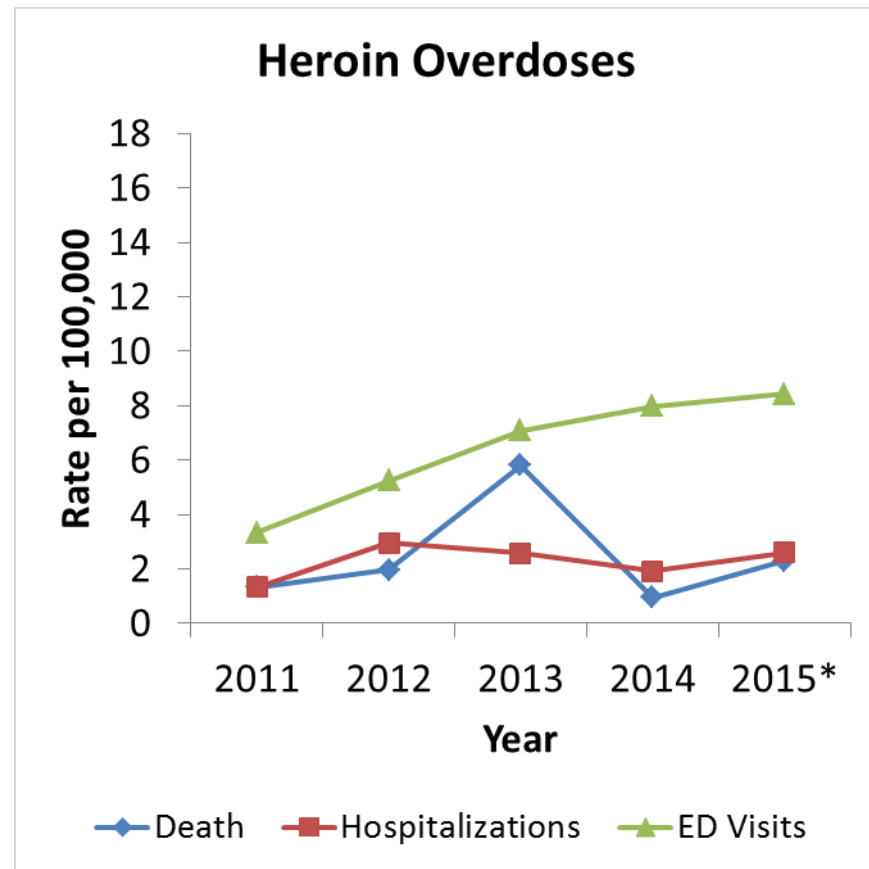
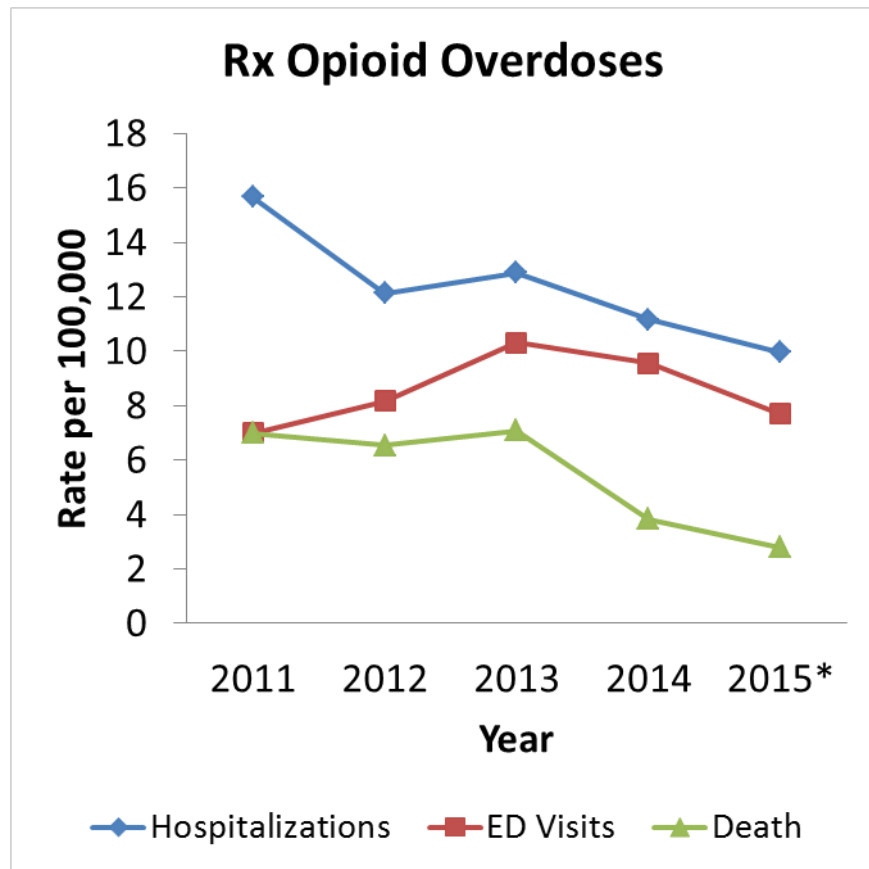


NORTHSTAR
TRANSITIONS

Collective Impact Strategies to Prevent and Respond to Opioid Misuse

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

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.



Hot Spots of Opioid and Heroin Overdose Deaths in Boulder County (2010 to 2016)

Legend

— County Boundary

⬡ Municipalities

Overdose Death Density



Geographically isolated single events are not represented on this density surface to protect patient privacy and adhere to state requirements. Cells appearing on the surface require clusters of three or more deaths. Kernel density radius is one mile.

Data Source: Department of Public Health and Environment



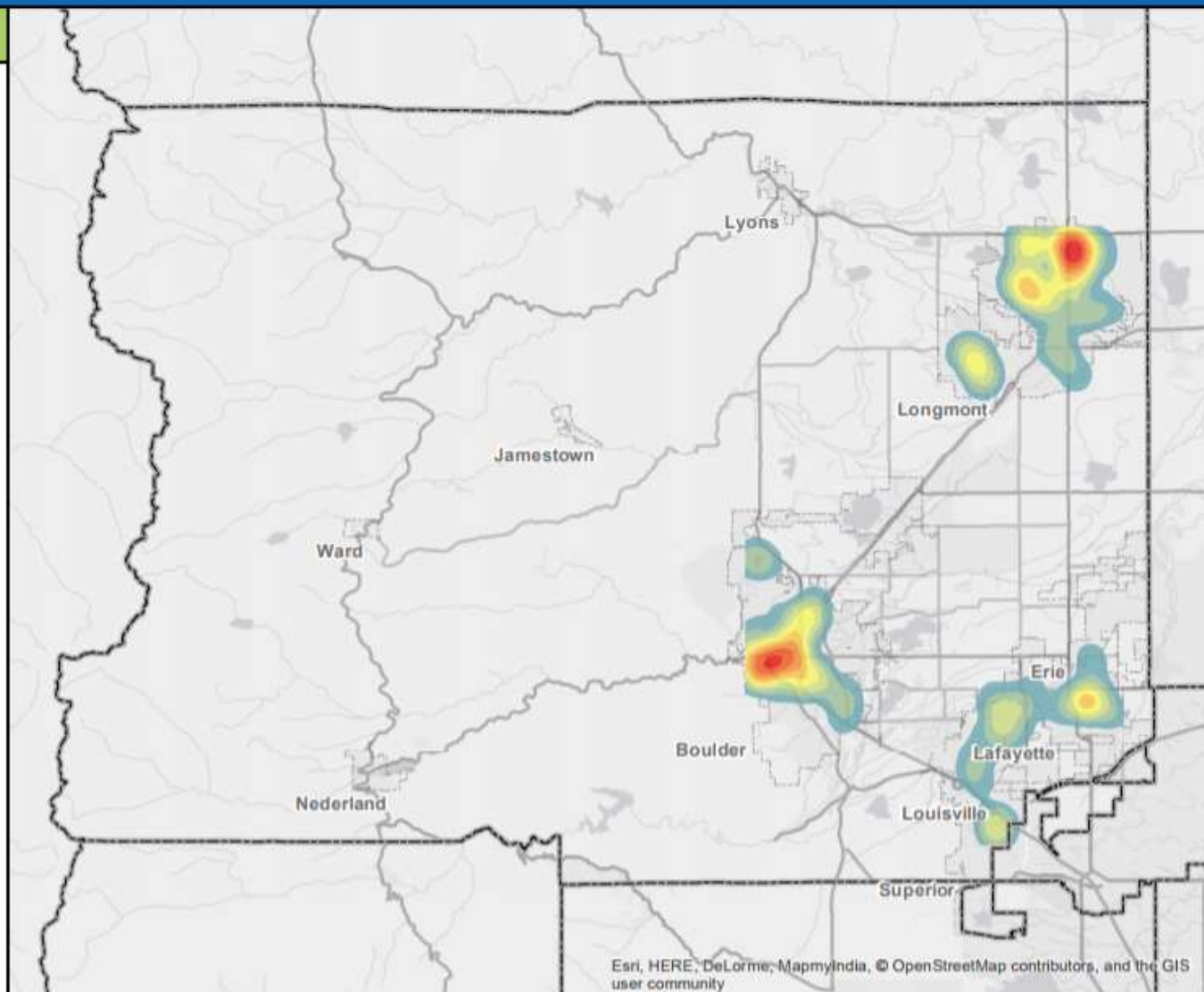
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Date: 8/17/2017

The user agrees to all Terms of Use set forth by Boulder County. For Terms of Use, please visit: www.bouldercounty.org/mapdisclaimer

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msd



Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors, and the GIS user community

*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

COLORADO

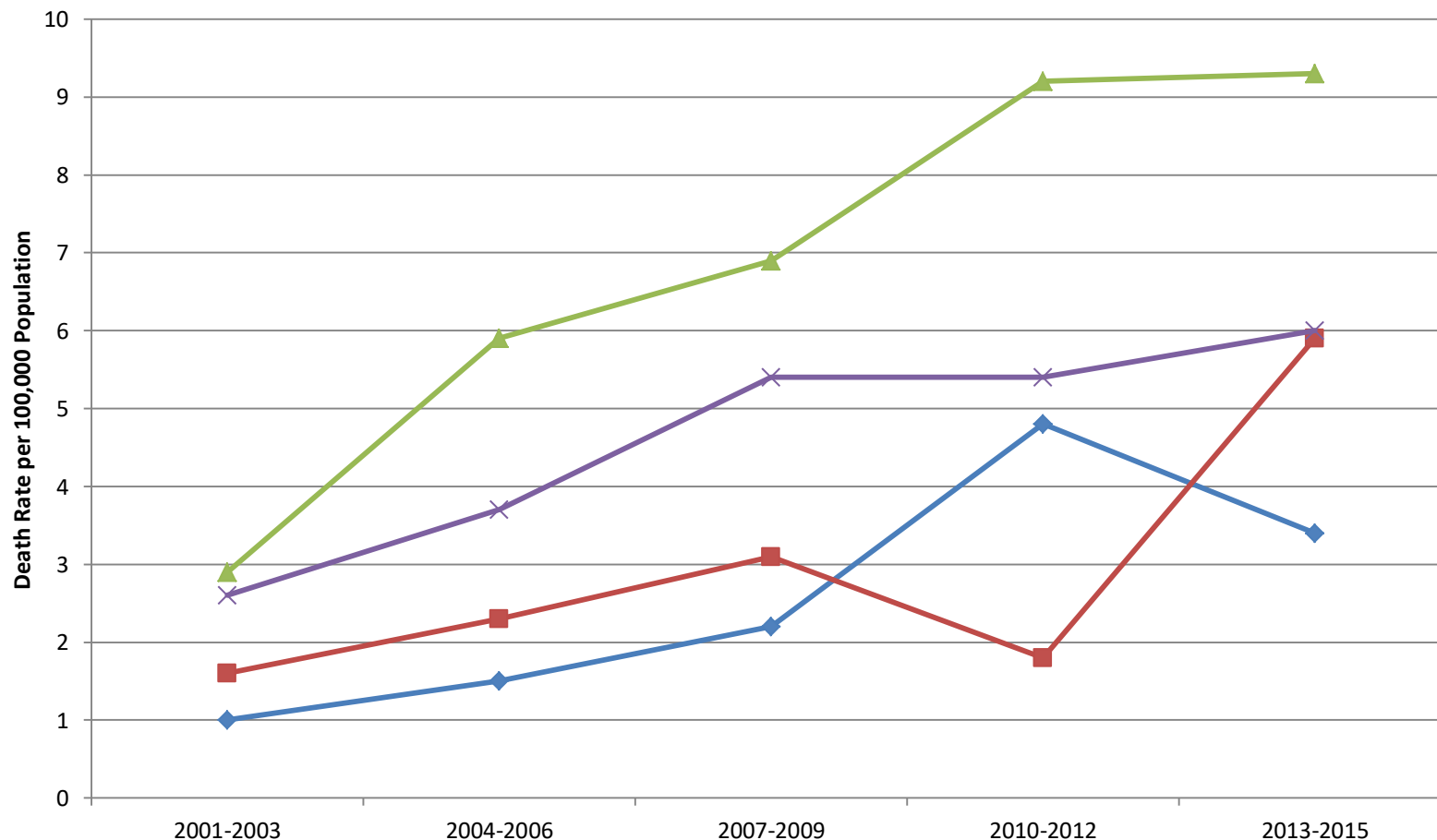
TRI-COUNTY HEALTH DEPARTMENT

Adams

Arapahoe

Douglas

Deaths due to Opioid Overdose per 100,000 population Adams, Arapahoe, and Douglas Counties and Colorado, 2001-2015



*Age-adjusted to the US 2000 standard population.

Source: Vital Statistics Branch

Colorado Dept of Public Health & Environment

—◆— Douglas

—■— Arapahoe

—▲— Adams

—×— Colorado

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

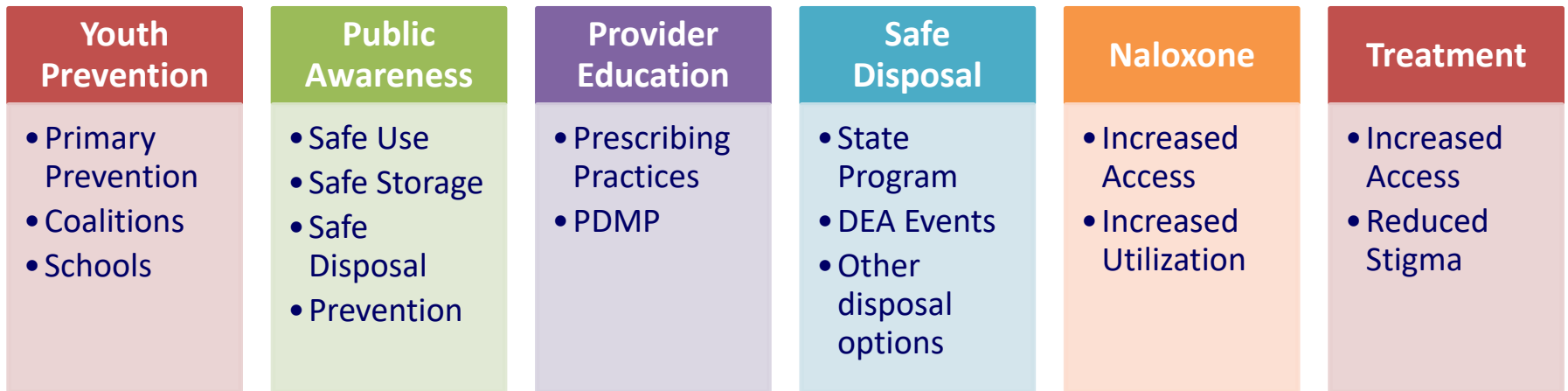
- Convene and Facilitate
 - Community owns the work
 - LPHA staff also members
- Fiscal agent for grants
- Data and surveillance

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



← 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+

Youth Prevention

- Primary Prevention
- Coalitions
- Schools

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

Public Awareness

- Safe Use
- Safe Storage
- Safe Disposal
- Prevention

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

Naloxone

- Increased Access
- Increased Utilization

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

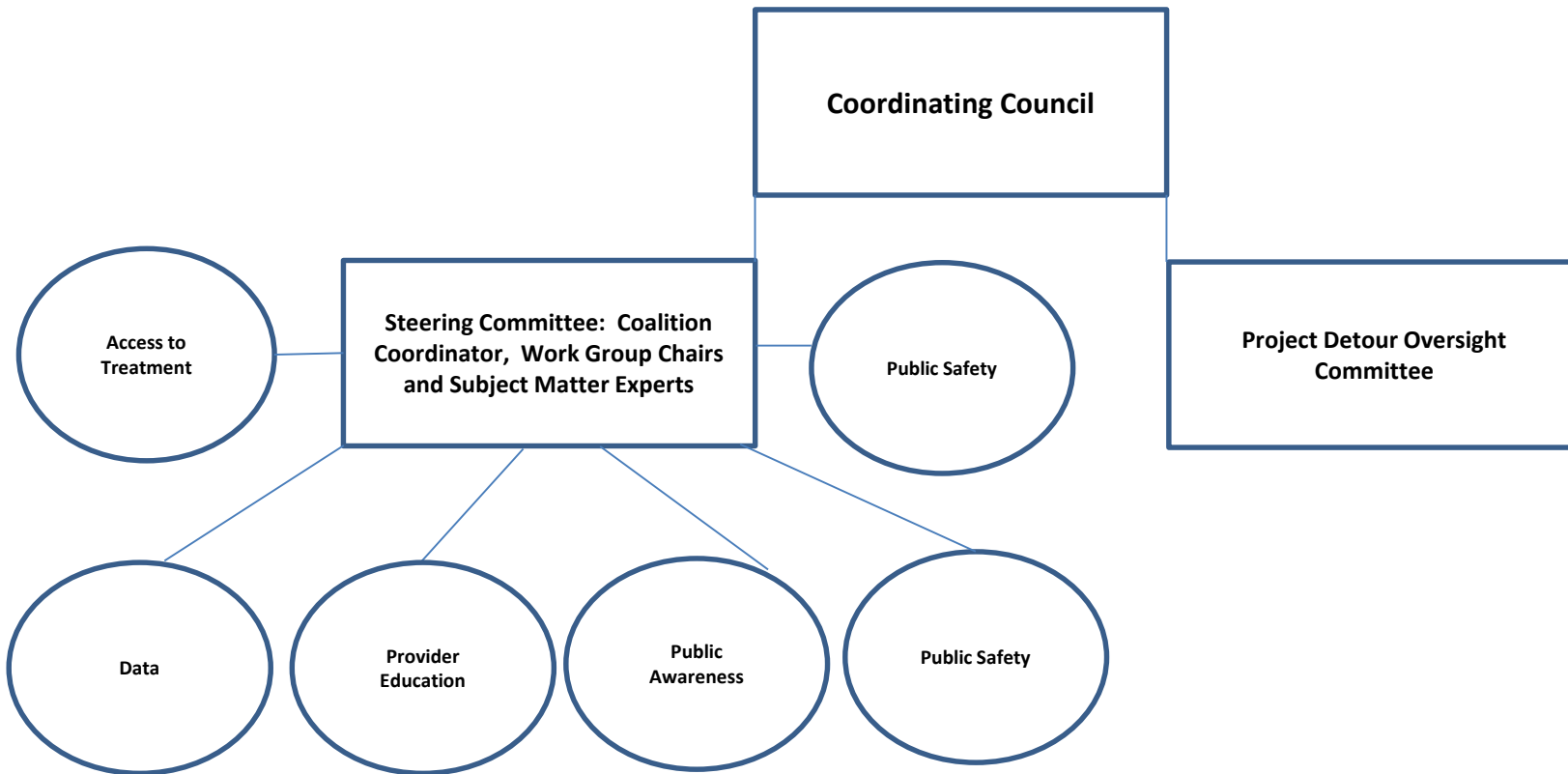
Vision Statement:

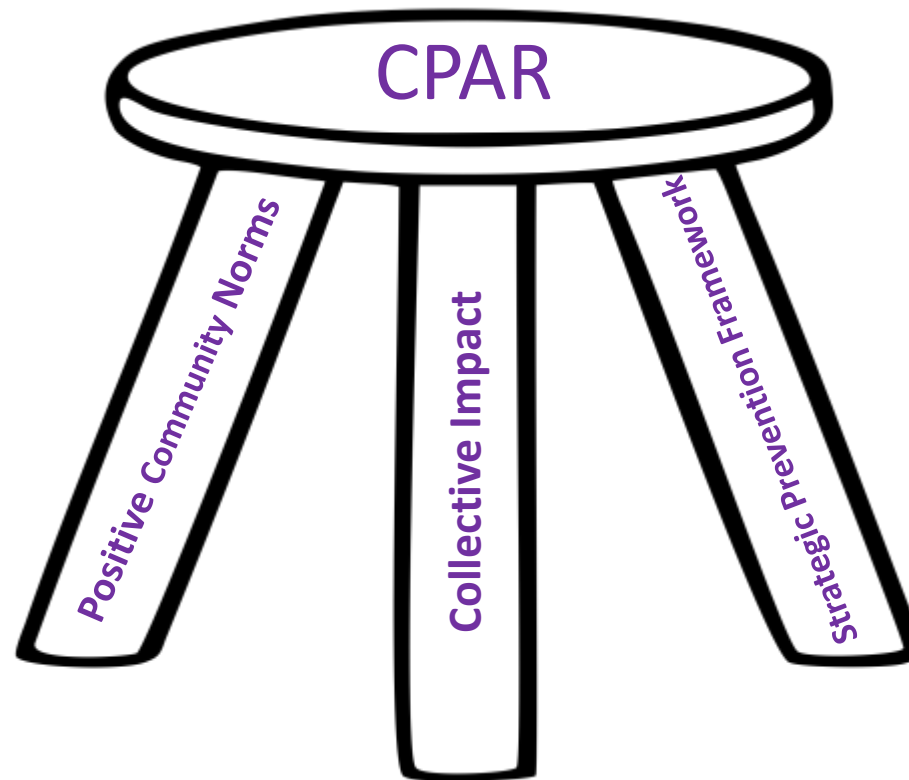
We are a safe, informed, and thriving community of engaged individuals making healthy choices free of substance misuse.

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





COMMUNITY
HEALTH
PARTNERSHIP

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

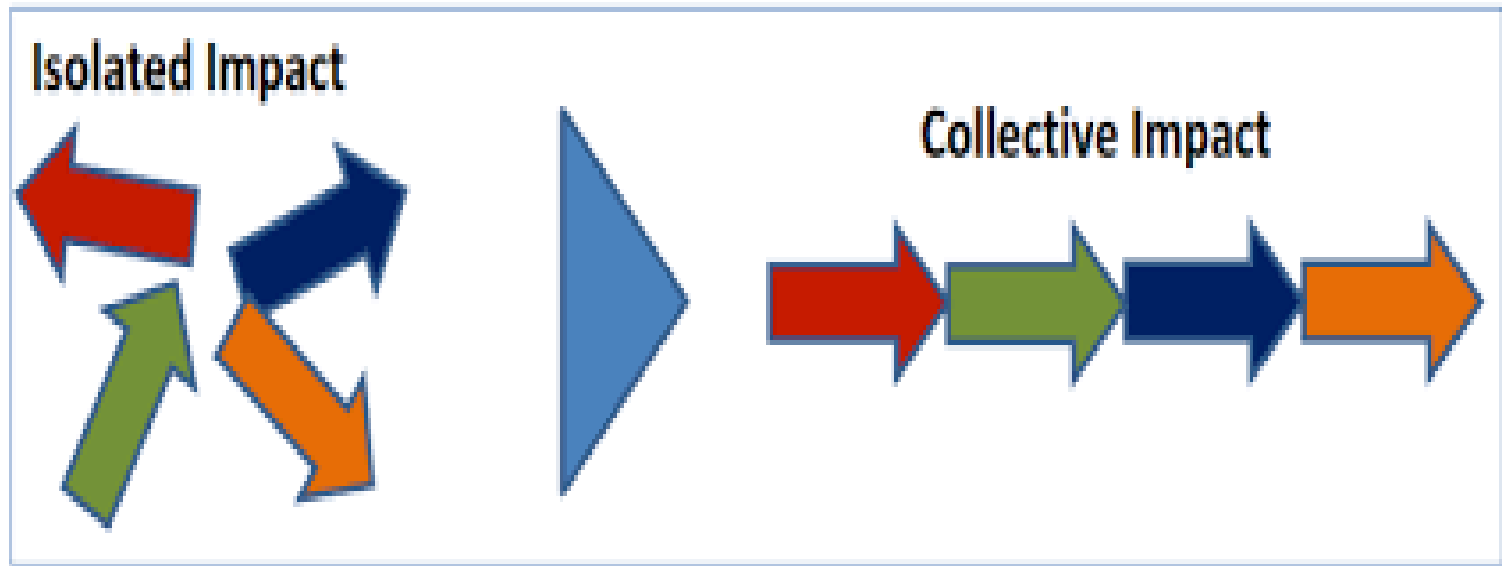
Positive Community Norms



COMMUNITY
HEALTH
PARTNERSHIP

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

Collective Impact



COMMUNITY
HEALTH
PARTNERSHIP

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

Strategic Prevention Framework



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



COMMUNITY
HEALTH
PARTNERSHIP

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

Yampa Valley Rx TF



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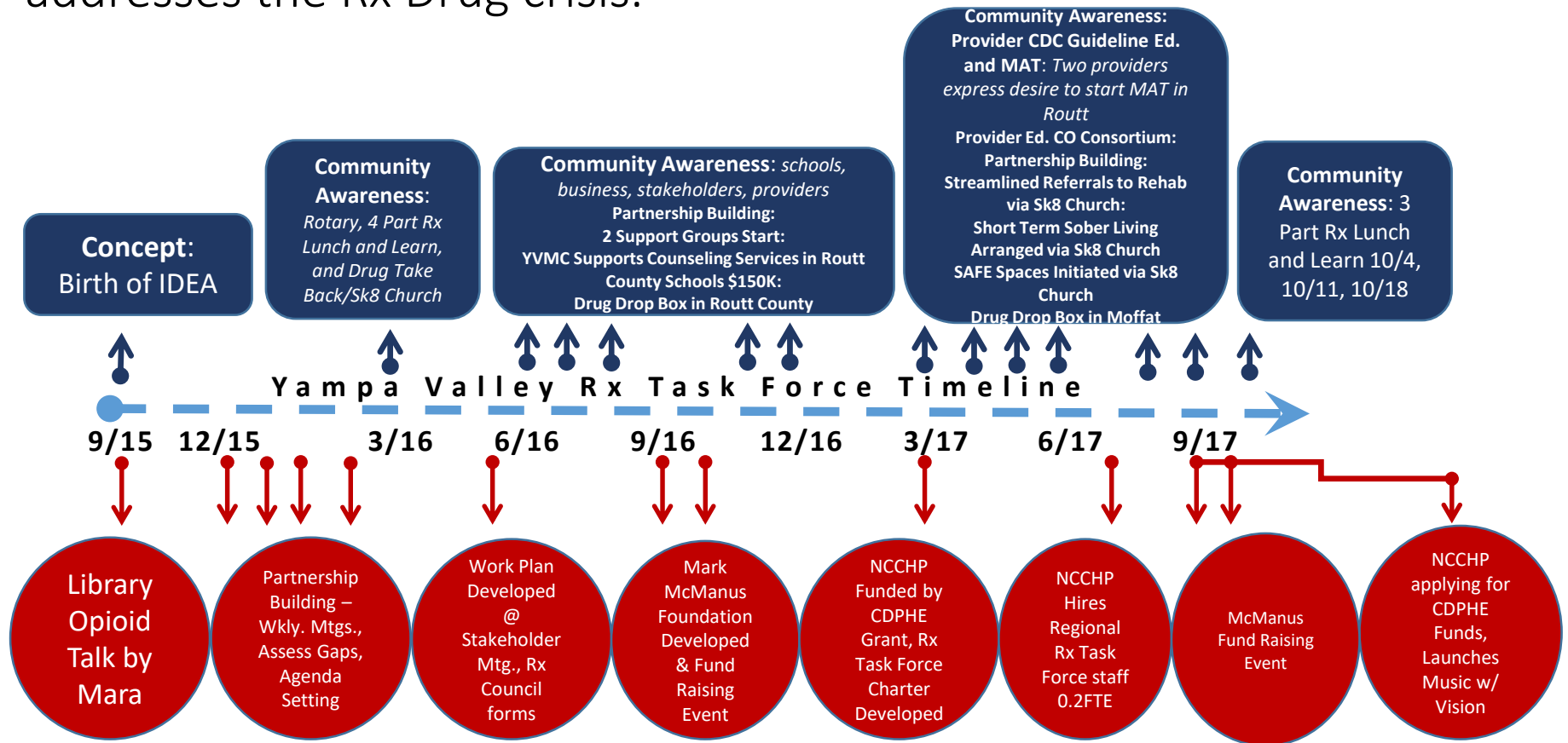


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Timeline:

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



NWCO Driver Diagram

Reduce
Regional
Drug OD
death rates
by 50% by
Jan. 1st.
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
- iii. Prevention – “Not Prescribed”, “Making Good Choices”

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

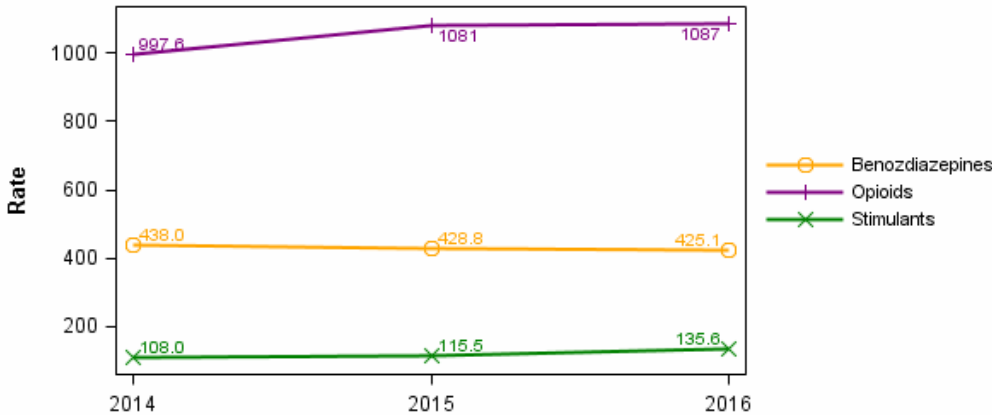
- i. Collective Impact Model Transformation (NCCHP, CMP)
- ii. Community Engagement Strategies
- iii. Advocacy and Lobbying

Controlled Substances (Opioids, Benzodiazepines, Stimulants) prescribed in Northwest Colorado from 2014-2016 PDMP data from CDPHE							
Number of Controlled Med. Scripts	Routt	Grand	Moffat	Rio	Jackson	NCCHP	CO Avg.
2014	34,404	14,725	22,029	8,342	1,349	80,849	
2015	32,973	14,582	23,460	9,087	1,362	81,464	
2016	33,826	15,454	23,698	9,349	1,444	83,771	
number of unique patients							
2014	7,252	3,520	4,083	1,704	294	16,853	
2015	6,861	3,410	4,138	1,706	296	16,411	
2016	7,114	3,598	4,225	1,736	315	16,968	
% of population receiving controlled medicine scripts							
2014	30.4%	23.1%	29.2%	25.2%	20.6%	25.7%	
2015	28.5%	23.3%	32.0%	25.8%	21.9%	26.3%	
2016	29.0%	24.1%	32.8%	26.8%	23.5%	27.2%	
Number of prescribers							
2014	1,168	1,513	696	487	199	4,063	
2015	1,416	1,579	944	630	233	4,802	
2016	1,346	1,690	926	652	243	4,857	



DATA

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

Colorado			
Drug Class	Rate 2014	Rate 2015	Rate 2016
Opioids	754.2	795.7	765.4
Benzodiazepines	337.3	326.8	316.2
Stimulants	142.1	147.7	160.5

DATA

HIGH RISK PRESCRIBING PRACTICES and PATIENT BEHAVIORS							
% Patients receiveing > 90MME	Routt	Grand	Moffat	Rio	Jackson	Regional	CO Avg.
2014	10.1%	9.7%	10.2%	7.8%	10.6%	9.7%	10.3%
2015	9.1%	9.0%	10.4%	5.4%	9.0%	8.6%	8.9%
2016	8.6%	7.9%	9.1%	5.2%	10.0%	8.2%	8.7%
% Patients receiveing >120MME							
2014	4.9%	5.4%	5.4%	4.0%	7.9%	5.5%	6.3%
2015	4.5%	4.8%	5.4%	3.0%	6.6%	4.9%	5.5%
2016	4.3%	3.8%	5.4%	2.4%	6.3%	4.4%	5.2%
% Opioid Naïve Pts. receiving long acting Opioids							
2014	27.3%	24.8%	13.7%	20.1%	40.6%	25.3%	16%
2015	26.9%	26.4%	12.0%	17.3%	14.4%	19.4%	15.3%
2016	27.7%	20.4%	10.7%	18.1%	15.6%	18.5%	13.5%
% Patient prescription days with overlapping opioid and benzodiazepine scripts							
2014	12.4%	12.4%	15.4%	15.0%	9.4%	12.9%	12.1%
2015	11.8%	11.8%	15.5%	16.8%	9.4%	13.1%	11.9%
2016	11.5%	11.2%	15.1%	16.4%	12.3%	13.3%	11.3%
Opioid OD death rates/100K pop. 2015	7.4	na	na	na	na		5.8
19 Opioid OD deaths in Routt 2016./100K	78.8						
Prescription Rates per 1,000 residents by Major Drug Class							
Opioids	Routt	Grand	Moffat	Rio	Jackson	NCCHP	CO Avg.
2014	645	574	997.6	718.6	605.3	708.1	754.2
2015	600.9	574.5	1081	817	644.2	743.52	795.7
2016	624.6	591.6	1087	802	652.4	751.52	765.4
Benzodiazepines							
2014	420.7	253.6	438	371.9	181.9	333.22	337.3
2015	392.5	239.5	428.8	389.1	173.1	324.6	326.8
2016	383.2	257	425.1	416	205.6	337.38	316.2

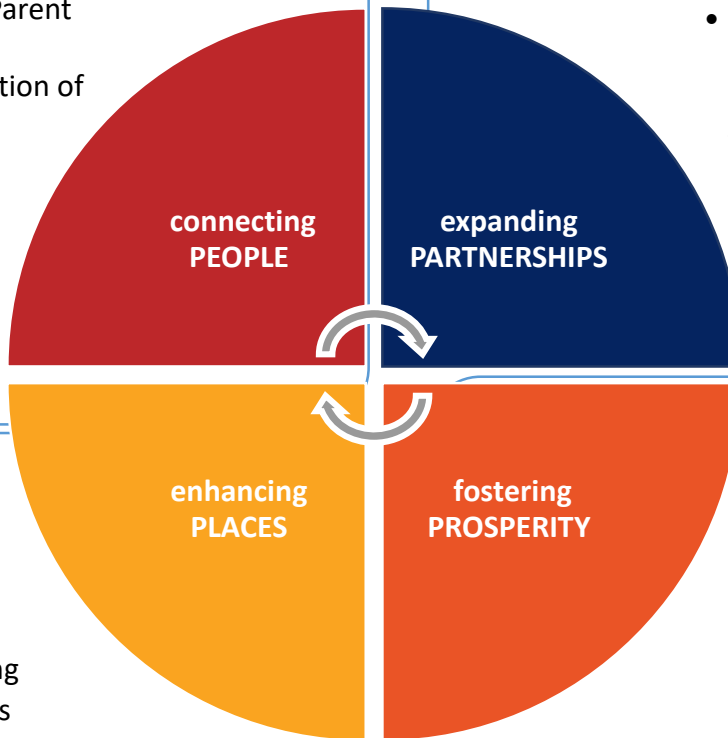
“ Given the numerous ways of manipulating prescription drugs it becomes clear, that it is not feasible to design and develop opioid medicines which fully prevent abuse. Abuse-deterrence, therefore, is the goal. ”

Northwest Colorado Outcomes since 10/15

- **Social Media** – facebook.com/rxtaskforce
- **Email** – rxtaskforce@gmail.com
- **Twitter** @YampaValleyRx

- **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**

- 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**

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



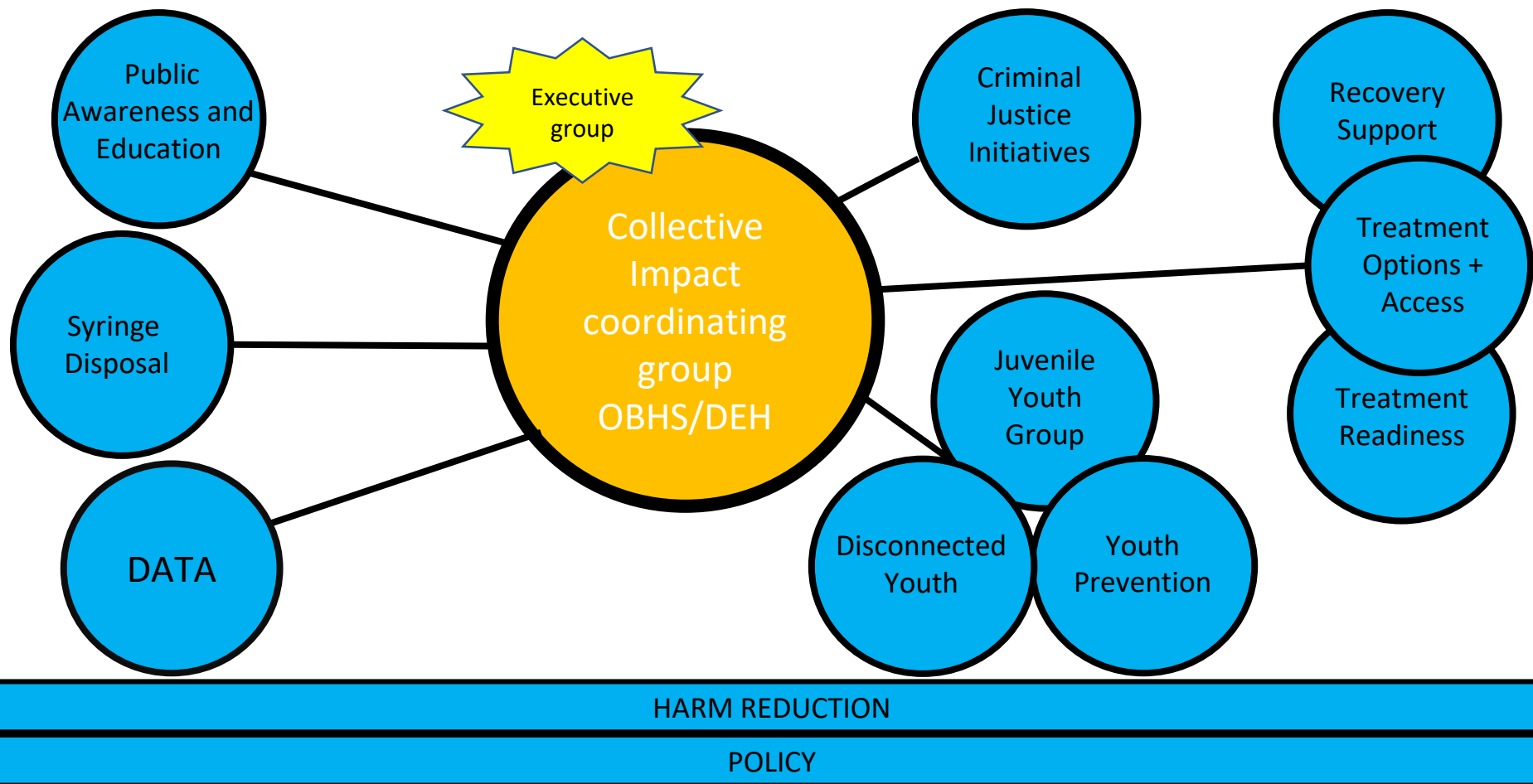
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Lunch Keynote Session

- Quick break, P/U Box Lunches on the Bridge, return here
- **Lunch Speaker: Don Stader**

“Thinking Bigger: Challenging Ourselves to Do More”

- **Q & A**



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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

Work Group	Room Assignment	Directions
Affected Families & Friends	Ed2 North Rm 3108	Elevator to 3 rd floor, take right, to room
Data & Research	Ed2 North Rm 1308	First floor, north end of corridor, on right
Heroin Strategies	Ed2 <i>South</i> Rm 2305	Across Bridge, on 2 nd floor of South building
Naloxone	Ed2 North Rm 1107	First floor, across hall
PDMP	Ed2 North Rm 1303	First floor, north end of corridor
Provider Education	Ed2 North Rm 1102	First floor, below Room 2104
Public Awareness	Ed2 North Rm 2104	Stay here – Room 2104
Recovery	Ed2 <i>South</i> Rm 2201	Across Bridge, on 2 nd floor of South building
Safe Disposal	Ed2 North Rm 2106	Across hall from Room 2104
Treatment	Ed2 <i>South</i> Rm 2206	Across Bridge, on 2 nd floor of South building



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Work Group Summaries: Plans for 2018



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Closing Remarks: Lt. Governor Donna Lynne



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Thank you and see you in October 2018!



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