NORTHERN COLORADO OPIOID PREVENTION WORKGROUP –

Engaging a Community Network for Medication Assisted Treatment (MAT) Expansion

Lesley Brooks, MD & Staci Shaffer, MCJ

Substance Abuse Trend & Response Task Force Friday, November 1, 2019

Northern Colorado Opioid Prevention Workgroup





























"Individually, we are one drop. Together, we are an ocean."

Ryunosuke Satoro

SAMHSA GRANT: \$1.5 MIL TO NORTHERN COLORADO

Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA)



Colorado Opioid – Synergy Larimer and Weld (CO-SLAW)

Phase I – Close, Coordinated Collaboration

Phase II – Coordinated Transitions of Care (Hospital/ED, Incarceration)

Phase III – Hub Operations

CO-SLAW COMMUNITY PARTNERSHIP



- Opiate Treatment Providers (OTPs)
- Federally Qualified Health Centers (FQHCs)
- Community Mental Health Centers (CMHCs)
- Residency program
- Addiction clinic

CO-SLAW Team Treat Addiction. Save Lives.

Julie Chandler



Caleb Eddy





Amanda Fallon



William Roybal



Shannon **Jenkins**



Heather Ihrig, RN



Lesley Brooks, MD



- Five Care Coordinators (including peer recovery specialist), Project Director, Principal Investigator
- Team training:
 - Principles of addiction
 - Motivational interviewing

One call # 1-844-944-7529



Treat Addiction. Save Lives.

- Provider (ED) ensure
 MAT care coordinator
 follow-up for continuation
 after treatment initiation,
 care management
- Community for those interested in or in need of MAT
- Answered by director,
 triaged to care coordinator

CO-SLAW

CENTER OF EXCELLENCE











BUPRENORPHINE SINGLE-DOSE MODEL IN ED



(-) No withdrawal.

Comfort meds

Referral to **CO-SLAW**

(+) Withdrawal.

Patient

with

OUD

Medical emergency. Requires treatment with buprenorphine.

Treat Opiate Use Disorder and Withdrawal...

- Buprenorphine
 4-8mg Q30-45min,
 max 16-24mg
- Rx for Naloxone
- Refer







Critical action.

Patient name, contact info to **CO-SLAW** MAT Network.





CO-SLAW MAT Network

Call: 844-944-7529

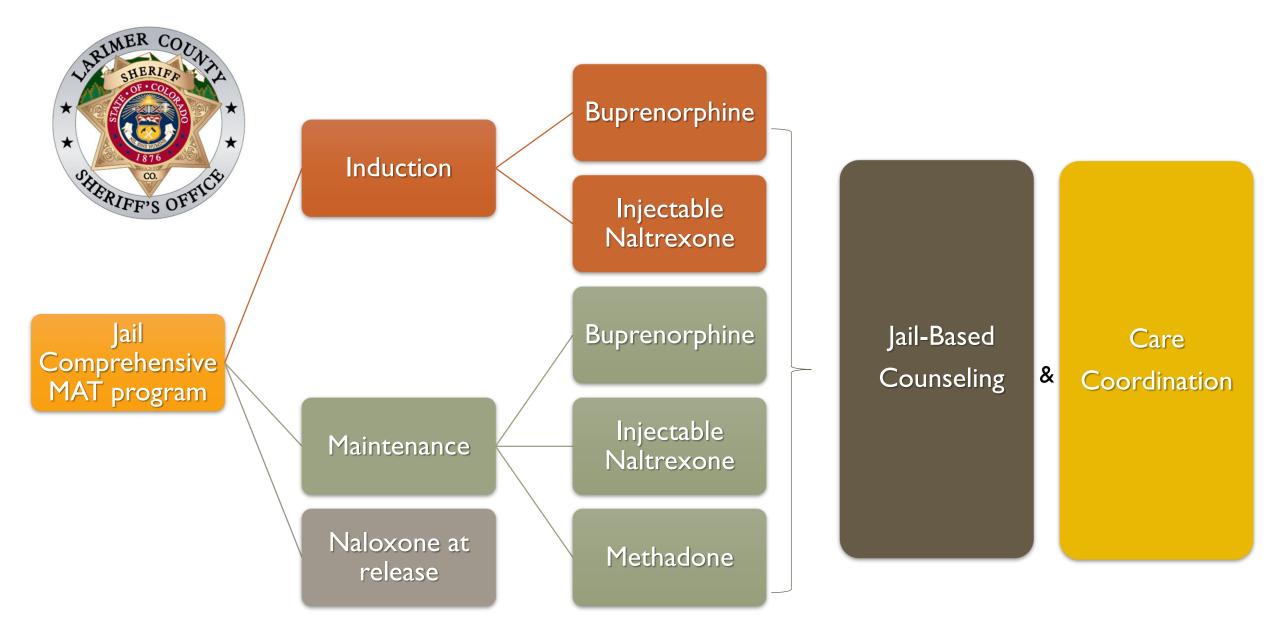
Fax: 970-350-4696

Within 24-48 HRS...

- Continued Treatment
- Navigation Assistance

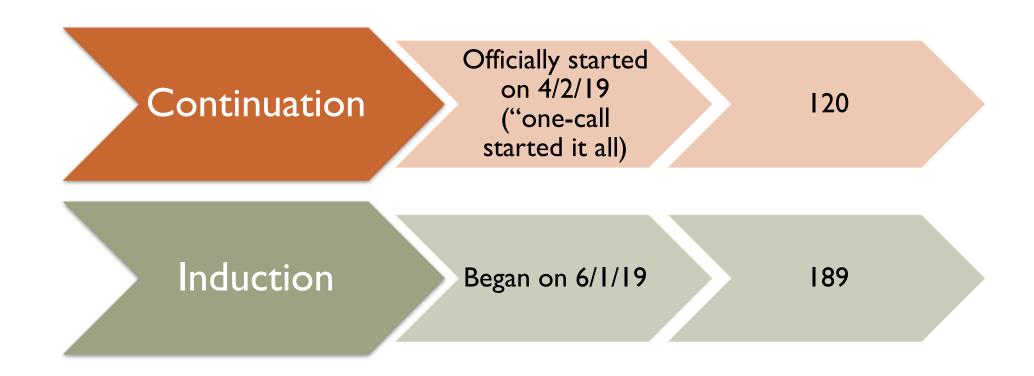


Note: 72hr rules allows 3 days of dispensing, NOT a 3-day Rx.
No Rx for buprenorphine for OUD unless provider has X-waiver.



MEDICATION ASSISTED TREATMENT IS THE STANDARD OF CARE

LARIMER COUNTY JAIL MAT GO LIVE



Only 2 individuals have opted out of MAT counseling when offered

LESSONS LEARNED. WHAT DO WE NEED?

- ☐ Community network of treatment providers, stakeholders
- ☐ Brain science of addiction is key to changing culture and minds
- ☐ Single phone number/contact is important for ED, community
- "Flood gates" for MAT located in jail, ED
- ☐ ED, jails need outpatient MAT clinics, OTPs
 - Clinics, OTPs need scale and be ready to accept patients into care

LESSONS LEARNED. WHAT DO WE NEED?

- ☐ Care coordination is key! Especially when inmates leave the jail. We need more.
 - Not covered by some grant funding.
- Diversion in jail needs to be creatively and collaboratively addressed.
 - Medical and security need to work together.
- Medication delivery is key for corrections setting.
 - Jails need sublocade and methadone.
 - Injectable medications are expensive what is the funding source?
- Need to share data.
 - Memorandum of Understanding (MOU) Data Sharing Agreement (DSA) Business Associate Agreements (BAA) help.
 - Toolkit is proposed to guide regulatory and legal landscape.

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Thank you!

STACI SHAFFER, MCJ SHAFFESL@CO.LARIMER.CO.US Questions? Contact us.

Interim client level outcomes: Feb 1, 2019 - Sept 30, 2019

Increase % of individuals receiving services who reported:	N	% at intake	% at 3 month follow up	Rate of change
Abstinence: Did use illegal drugs or alcohol in the past 30 days	69	36.2%	55.1%	52.0%
Employment/ Education: were currently employed or attending school	68	35.3%	48.5%	37.5%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	65	67.7%	83.1%	22.7%
Social Connectedness: were socially connected	69	94.2%	97.1%	3.1%
Stability in Housing: had a permanent place to live in the community	69	37.7%	56.5%	50.0%