Colorado Opioid Abatement Conference

DAY 1 AUGUST 15, 2022



The statements and opinions by the speakers do not represent the statements and opinions of the Colorado Attorney General, the Colorado Department of Law or the Colorado Opioid Abatement Council.

Welcome





Heidi K. Williams, Director Opioid Response Unit Colorado Attorney General's Office



Heidi Williams Director Opioid Response Unit



Jamie Feld Deputy Director Opioid Response Unit



Jack Patterson Program Assistant Opioid Response Unit



Dan Graeve Program Assistant Division of Community Engagement

Please meet some of our team!

Encouraging Regional Collaboration

On behalf of Colorado Opioid Abatement Council



Andy Kerr, Commissioner Jefferson County

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Incorporating a Diversity, Equity and Inclusion Lens



Karen McNeil-Miller, President & CEO Colorado Health Foundation

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Setting the Stage: Colorado Data & National Best Practices





Moderator: Jamie Feld, Deputy Director Opioid Response Unit Colorado Attorney General's Office

SETTING THE STAGE: COLORADO DATA & NATIONAL BEST PRACTICES





KYLIEYOCUM

Drug Epidemiologist

Colorado Department of Public Health and Environment (CDPHE)

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SHATTER PROOF M

Opioid Settlement Funds: National Best Practices

National Best Practices

Process

- Organization
- Input
- Prioritization
- Reporting

Resources

- State & Local
- Evidence
- Financing
- Metrics

Principles for the Use of Funds from the Opioid Litigation



Process

- Approach
- Input
 - Expertise
 - Diversity
- Prioritization
 - Timing
 - Strategy
- Reporting
 - Transparency
- Outcomes/Metrics



Resources: State & Local

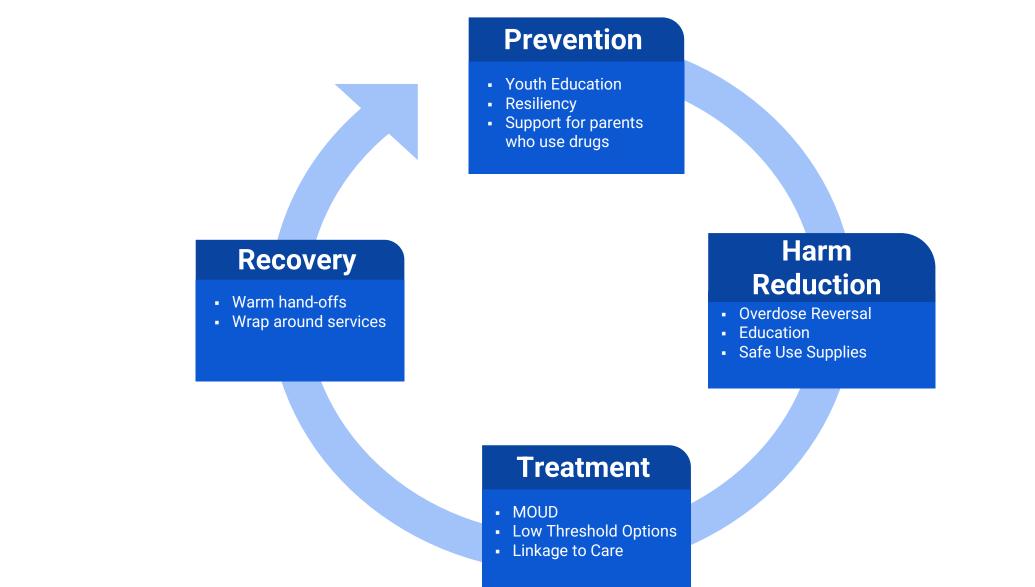
- Organizations:
 - Coalition
 - NACo

- Types:
 - Technical Assistance
 - Research
 - Tracking





Resources: Evidence



Evidence vs. Reality

FACING ADDICTION IN AMERICA

The Surgeon General's Report on Alcohol, Drugs, and Health

Prevention Programs and Policies

Between 2009 and 2019, substance use prevention funding has been cut by 34%

Evidence vs. Reality

SSPs save lives by lowering the likelihood of deaths from overdose.



Needle exchanges are a proven tool to fight HIV, but officials still want to shut them down

Indiana Needle Exchange That Helped Contain A Historic HIV Outbreak To Be Shut Down

Atlantic City is poised to shut down its syringe exchange — amid warnings of dire public health consequences

Evidence vs. Reality



In 2016, just 36% of substance use treatment facilities offered any from of medication treatment for opioid use disorder

Resources: Evidence





for Health & Human Rights at Harvard University

FROM THE WAR ON DRUGS TO HARM REDUCTION: IMAGINING A JUST OVERDOSE CRISIS RESPONSE

Expert Recommendations for the Use of Opioid Settlement Funds for Policy Makers and Advocates

December 2020

Evidence Based Strategies for Abatement of Harms



CLOUD Curated Library about Opioid Use for Decision-makers

 OPIOID SETTLEMENT PRIORITIES

 Recommendations from the Addiction Solutions Campaign

 Image: Senter on Wescandottion

 Image: Senter on Wescandottion
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Brandeis Opioid Resource Connector communities informing communities

https://opioidprinciples.jhsph.edu /implementation-tools/

Resources: Evidence

Primer on Spending Funds from the Opioid Litigation

A Guide for State and Local Decision Makers

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH



https://opioidprinciples.jhsph.edu/implementation-tools/

Resources: Metrics

- Working Group
- Aligned with Core Strategies







Resources: Financing

- Existing Resources
- Coming soon





SHAFTER PROOF M Stronger than addiction

Questions?

Kristen Pendergrass:

kpendergrass@shatterproof.org

Colorado Data

CO Opioid Abatement Council

August 15, 2022

Key Trends

Data Resources

OVERVIEW

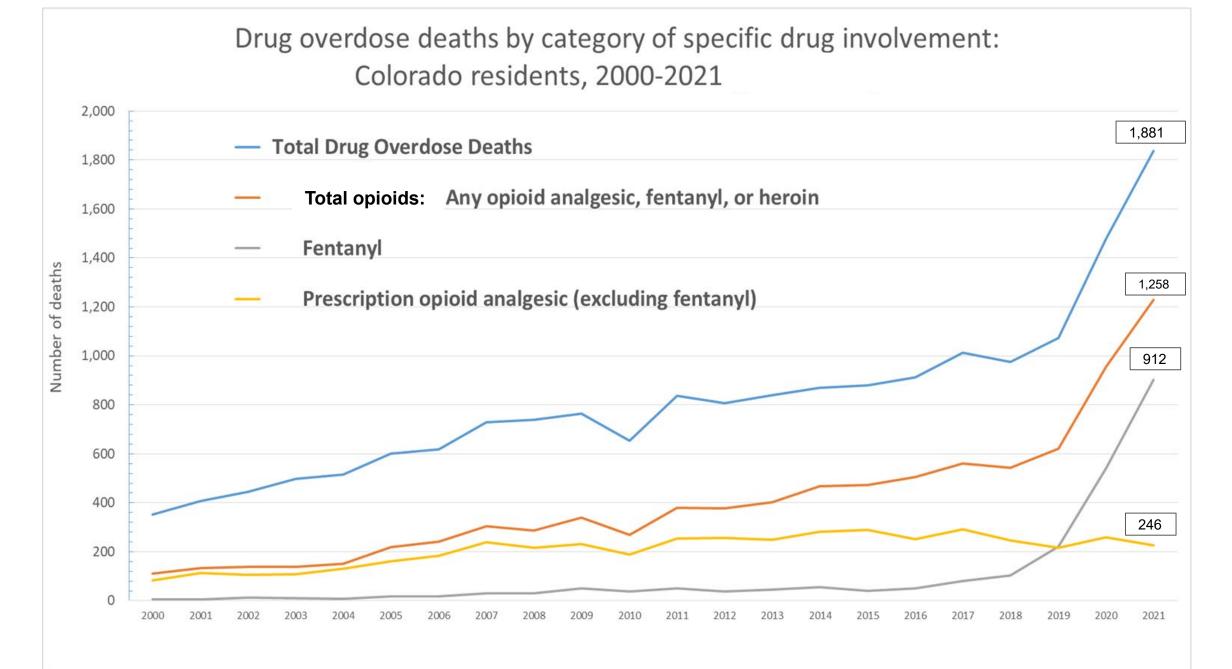
Contact info for technical assistance Key Trends in opioid overdose in Colorado The number and rate of **overdose deaths that mention fentanyl** continue to increase in Colorado.

 Of 1,258 opioid-involved overdoses in 2021, 912 death certificates mentioned fentanyl (72.5%).

The number and rate of overdose deaths related to **prescription opioids that do not mention fentanyl** has remained low and stable.

The number and rate of emergency department visits related to **nonfatal synthetic opioid overdoses** continue to increase.

- In 2021 there is now a national code for fentanyl overdose.
- 78% of synthetic opioid ED visits in 2021 were specific to fentanyl.



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Data Resources

Where to **access data**?

- <u>CDPHE Drug Overdose</u> <u>dashboard</u>
- <u>Consortium Opioid Dashboard</u>
- <u>Open Data Portal</u>
- <u>SEOW page of dashboards</u>
- <u>SEOW data publications</u>
- HealthWatch publications

Data sources used:

- Death certificates
- Hospitalizations & ED billing
- PDMP
- Treatment admissions for SUD
- <u>National Survey on Drug Use and</u> <u>Health</u>

Local Data Dashboards

Pueblo County
 Substance Use Data

Boulder County Opioid
 Data

• <u>TCHD Substance Use</u> <u>Dashboard</u>

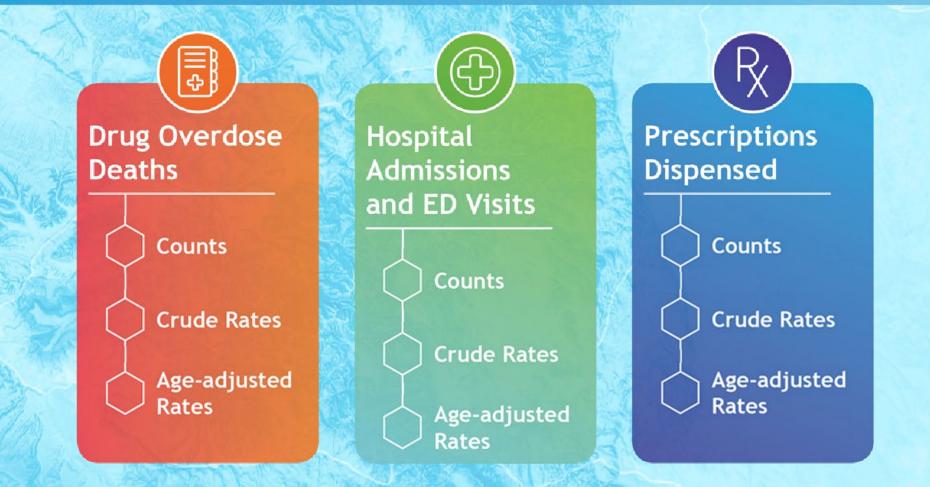
National Data Resources

• NSDUH

- **Outcome** data: substance use disorder; justice involvement
- **Treatment** data: type of treatment received
- Prevention: perceived risk/availability
- BRFSS
 - Colorado results
 - Data biography

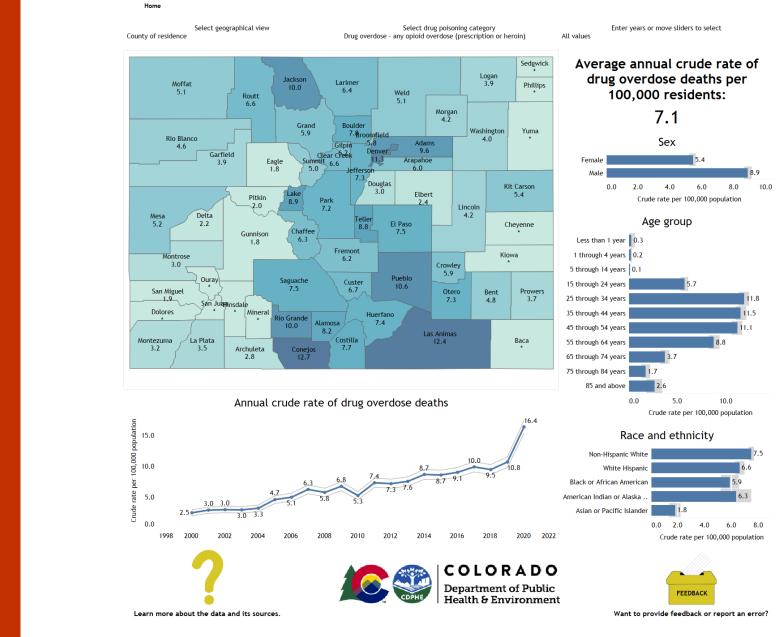
COLORADO DRUG OVERDOSE DASHBOARD

Information on fatal and non-fatal drug overdose events. Includes counts; crude and age-adjusted rates of drug overdose deaths; hospital admission and emergency department visits; and controlled substances dispensed.





Crude rates drug overdose deaths due to any opioid in Colorado, 2000-2020

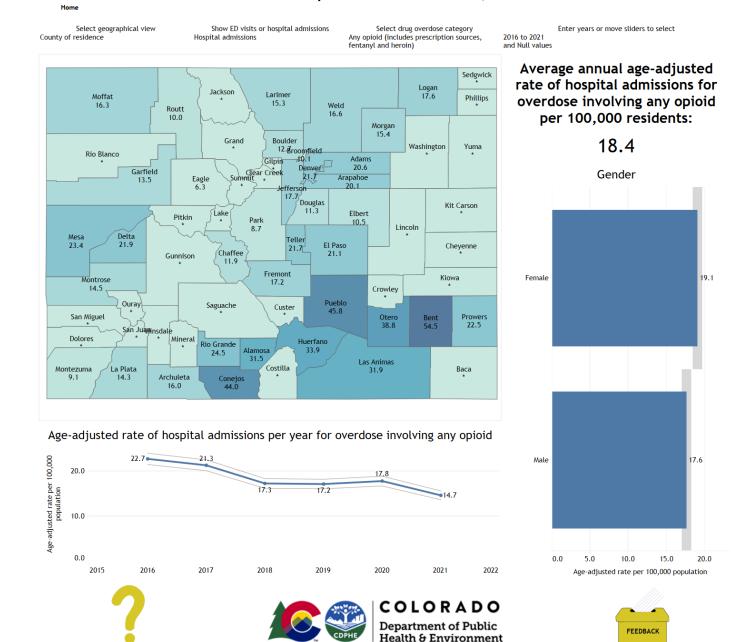


Drug Overdose Deaths





Age-adjusted rates of drug overdose hospital admissions at acute care hospitals in Colorado, 2016-2021



Learn more about the data and its sources.

Want to provide feedback or report an error?



Home

Counts of opioid analgesic prescriptions dispensed to Colorado residents, 2014-2019

Select geography type and aggregation level Select drug prescription class Enter years or move sliders to select See data by county of patient residence Opioid analgesics All values Total number of opioid analgesic Sedgwick 11,224 prescriptions dispensed to Logan 90,790 Jackson Larimer 1.343.738 Moffat Phillips 4,770 residents: 73,587 Weld 1,293,292 18,695 Routt 78,494 23,114,475 Morgan 127,341 Grand Boulder Washington 19,352 Yuma 46,636 922, \$90mfield Rio Blanco 39,422 Gender of prescription recipient Gilpin 255,824 27,264 Adams 2,180,887 Clear Creek Garfield 2,260,183 Arapahoe 2.712.397 Eagle 143,134 196,849 Summit28,294 13,282,376 Female 9,815,369 Douglas 1,084,809 Male Kit Carson Elbert 27,536 Lake Pitkin 26,494 Park 94,204 Missing or unknown 16,73 -92,689 Lincoln 28,113 73,992 Delta Mesa Teller 136,441 0M 10M 15M 778,831 164,103 El Paso 2.827.532 Cheyenne 9,747 Chaffee Prescriptions dispensed Gunnison 83,836 45,634 Fremont Age of prescription recipient Kiowa 8,515 Montrose 268,491 217,243 Crowley 20,768 Less than 1 year 2,176 Ouray Pueblo Saguache Custer 1,114,615 13,413 28.023 19,308 San Miguel Otero Prowers Bent 32,270 1 through 4 years 16,530 20,629 112,237 56,261 San Juaninsdale 2,513 2,061 Mineral Dolores Huerfano 5 through 14 years 132,118 Rio Grande 8,059 3,284 47,505 63,427 Alamosa 70,084 Las Animas 1,013,336 15 through 24 years Costilla La Plata Baca Montezuma 98,720 120,070 178,915 Archuleta Coneios 26,916 18,722 48,281 2,379,535 35,783 25 through 34 years 35 through 44 years 3,199,363 Total number of opioid analgesic prescriptions dispensed per year 45 through 54 years 4,120,786 4,254,423 405 484 4,136,046 5,441,751 55 through 64 years 3,837,409 4M 3,391,215 3,833,645 3,089,898 65 through 74 years ğ 3M 1,894,993 75 through 84 years 21 1.078.679 85 and above £ 1M Missing or unknown 1,563 0M 0M 6M 2013 2014 2015 2016 2017 2018 2019 2020 Prescriptions dispensed COLORADO Department of Public

Health & Environment

PDMP Data

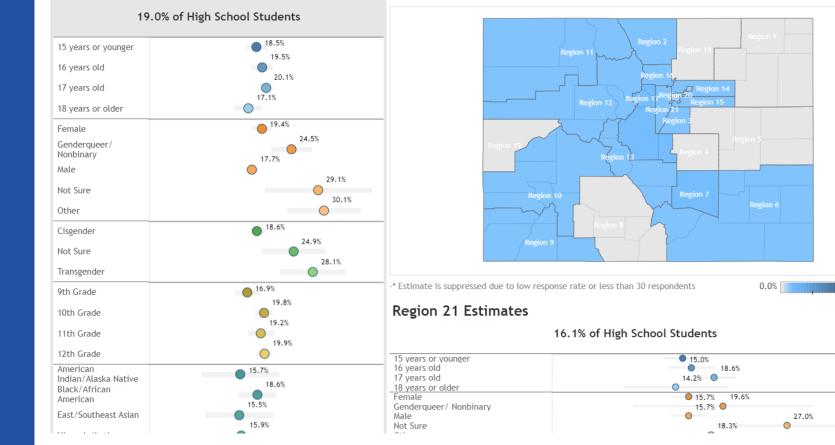
FEEDBACK Want to provide feedback or report an error?

Learn more about the data and its sources.

Step 3: Health Measure

Percentage of students who think it is sort of easy or very easy to get prescription drugs without a prescription

Colorado Estimates



Percentage of students who have taken prescription pain medicine without a doctor's prescription one or more times during their life Percentage of students who think it is sort of easy or very easy to get prescription drugs without a prescription Percentage of students who think it is wrong or very wrong to use prescription drugs without a prescription Percentage of students who took prescription pain medicine without a doctor's prescription one or more times in the past 30 days

Healthy Kids Colorado Survey

•

100.0%

Health Statistic Region Map

For technical assistance with data kylie.yocum@state.co.us

Opioid Abatement Approved Purposes Exhibit (Colorado MOU Exhibit A)

Find at https://coag.gov/opioids/ "Approved Uses"

POTENTIAL OPIOID ABATEMENT APPROVED PURPOSES

I. TREATMENT

A. TREATMENT OF OPIOID USE DISORDER AND ITS EFFECTS

- Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any co-occurring substance use or mental health issues.
- Supportive housing, all forms of FDA-approved MAT, counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it

ALLOWABLE USES DISCUSSED

Regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.

Funding opioid abatement research.

Government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

Commitment to Behavioral Health Administration (BHA) Partnership



Dr. Morgan Medlock, Commissioner Behavioral Health Administration

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Join the Discussion #OpioidResponseCO











People Centered Values & the Power to Heal

Colorado Opioid Abatement Conference Morgan Medlock, MD, MDiv, MPH Monday, August 15, 2022



COLORADO Behavioral Health Administration 3



What is the BHA?

The Behavioral Health Administration (BHA) is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.



Because we believe all people in Colorado deserve to experience whole-person health, we envision a world in which behavioral health services in Colorado are accessible, meaningful, and trusted. Therefore we have made it our mission to cocreate a people-first behavioral health system that meets the needs of all people in Colorado.





Behavioral Health for the People

The people of Colorado called for this vision and the BHA was conceived by the community.





Values Commitment

Our Values



COLLABORATION

Working in partnership to realize a holistic behavioral health vision

COMMUNITY-INFORMED PRACTICE

Integrating evidence-based guidance with lived expertise

EQUITY

Naming root causes of injustices and allocating the necessary resources to support desired outcomes

GENERATIONAL IMPACT

Engaging in meaningful and thoughtful action to create a new legacy



Being transparent and accurate when addressing the people of Colorado



The Urgency of this Moment

1 in 3 adults had symptoms of anxiety or depression in June 2022

In 2019, 33.8% of high school students in Colorado felt sad or hopeless; 7% attempted suicide

In 2020, 24.8 Coloradans died for every 100K residents from drug poisoning or overdose deaths Even before the pandemic, Colorado residents had higher rates of mental illness than the rest of the country

Sources: CDC, CDPHE, KFF



Opioid Settlement Funds - 10% (State Share)

Year 1 2022 \$10,278,886

First 5 Years 2022-2026 \$24,944,529

Next Five Years 2027-2031 \$11,105,501 Last 7 Years 2032-2038 \$11,989,401

Source: Opioid Crisis Recovery Funds Advisory Committee (OCRF)





An influx of dollars does not heal community trauma and historical trauma. To heal trauma, we must respond authentically and genuinely, with empathy and compassion.

Truth









Drug Use in the 1980s

Character flaw Criminalization Sentencing disparities Punishment Drug Use in the 2010s

Disease model Decriminalization Sentencing reform Treatment



Community-Informed Practice

Cultural Framework

Cultural competency Cultural *humility* Structural Framework

Structural competency Structural *humility*



Meaningful COLLABORATION includes an acknowledgment of harm done by past practice and policies.





GOD BLESS THE CHILD BY JORDAN CASTLE

Generational Impact

Meaningful and thoughtful action to create a new legacy



Opioid Response Unit Prevention & Education Treatment and Recovery Intervention Criminal Justice

To heal and recover, we must believe that our communities have strengths.





BHA

Community Partnership

Together, we will do the important work of being innovative change-makers, setting a new standard for comprehensive, equitable, and effective behavioral health care across our state.



Bring solutions to.

Capacity-building requires relinquishing deficit-based models of community.

Bring solutions with.

Our communities exist in a system where their strengths have not been highlighted or uplifted.



We invite a people-first mindset.We invite systems thinking.We invite proactivity.We invite boldness.We invite truth-telling.





Nothing for us without us

Funding on its own does not serve us; good funding distribution and solutions are rooted in our people's needs and our systems processes.

We need to listen to the people of Colorado first. We need to establish processes that support people. We need to thoughtfully systematize the ways our people engage in our state processes.

Stay Connected with the BHA



bha.colorado.govBHAConnectf O in y



COLORADO

Behavioral Health Administration

ALLOWABLE USE DISCUSSED

Treatment of mental health trauma issues that resulted from traumatic experiences (e.g., violence, sexual assault, human trafficking) and for family members.

Engaging non-profits and faith community as a system to support prevention. Regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.

Braided Funding & Sustainability Over 18 Years: Maximizing Medicaid Dollars

Cristen Bates, Interim Medicaid Director Health Care Policy & Financing

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Braided & Sustainable Funding

Maximizing Medicaid Dollars to Combat the Opioid Crisis August 15, 2022

Presented by: Cristen Bates, MPH Interim Medicaid Director, Colorado Department of Health Care Policy & Financing (HCPF)



Terms Used Today

Person First Language

Learn more by visiting www.changingthenarrative.news

- SUD = Substance Use Disorder
- OUD = Opioid Use Disorder
- OTP = Opioid Treatment Program
- MAT = Medication Assisted Treatment
- Health First Colorado = Colorado's Medicaid Program, administered by HCPF
- ACC = Accountable Care Collaborative
- RAE = Regional Accountable Entity





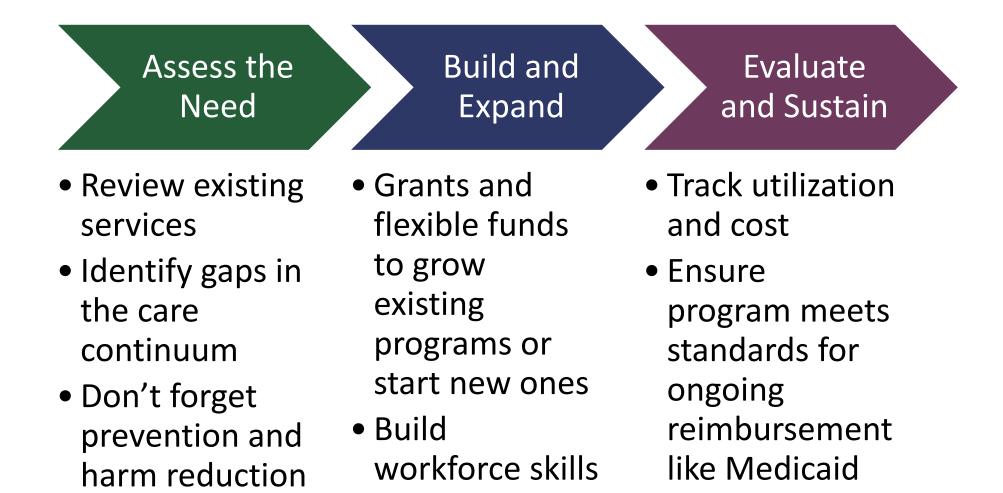
Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO Department of Health Care Policy & Financing

Creating Sustainable Models





What Success Looks Like

- ✓ Aligned funding strategies that support innovative and evidence-based programs that expand access to timely, quality care.
- Accessible trainings and supports for to build the workforce and provider network.
- Clear processes and reduced administrative burden for providers across multiple payers.
- ✓ Investments in programs that can be sustained through Medicaid and other insurance plans.







- Cover 1.65M; 1 in 4 Coloradans
- •Funding is ~50/50 state/federal
- Health First Colorado covers OUD services
- No co-pay or deductible for SUD services



Colorado's Medicaid Program



Moving BOTH programs toward more value-based programs



COLORADO Department of Health Care Policy & Financing

Coverage Across Care Continuum

Prevention, Harm Reduction	Outpatient Treatment and Supports	Inpatient and Residential
Screening, Brief Intervention, Referral to Treatment (SBIRT)	Medication-Assisted Treatment (MAT)	Withdrawal management
Overdose reversal	Outpatient; individual, family & group	Inpatient care
(Narcan), Rx and hospital	Intensive outpatient Care coordination and	Residential
Outreach, case management	navigation from RAE Care management, peer	All must follow ASAM Criteria
Wound care, medical care for SUD-related conditions	services Transportation for appointments (NEMT)	Overdose services and MAT in the ER



Opportunity to cover what Medicaid CAN'T pay for

- > Administrative paperwork (provider time)
- Recovery housing
- > Pilots, testing, or innovative programs
- Peer services outside of a licensed clinical provider agency
- > Direct payments to members
- Recruitment and retention fees
- > Capital building costs, remodeling of facilities, legal fees
- Provider education, training certifications (for non-Medicaid issues)
- > Marketing/outreach/engagement activities
- > Harm Reduction
- > Public Prevention programs and Marketing/Campaigns



Red Flags for Medicaid



- Charging Medicaid members for covered services (including use of sliding scale fees)
- Supplementing payments for any reimbursable service
- Sending Medicaid members to unlicensed or unenrolled providers
- Ignoring ASAM
- Orange flags:
 - > Using grant funds to cover service that Medicaid or other insurance pays for
 - > Duplicating state systems or programs
 - >Using different data definitions for data collection



Our Network of Safety Net Providers

- 100% of the 30 OTPs in CO are Medicaid enrolled
 >1,500+ Medicaid members per month receive MAT treatment through an enrolled OTP provider.
- Over 10,000 total inpatient and outpatient providers
- Integrated Primary Care practices also provider SUD screening, MAT, and short-term counseling
 Some BH treatment provided in primary care/integrated settings billed FFS
- Making it easier to provider both SUD and MH care through a single license (BHE)

Expanding the provider network is ESSENTIAL for success!



Why Become a Medicaid Provider?

- Continuing care for patients that change insurance, jobs, income
- > No deductible!
 - Health First Colorado starts paying providers the full amount from the first visit
- > No co-pay/co-insurance!
 - Providers don't have to collect from an individual or use debt collection
- > BH rates usually higher than commercial
- > 98% of claims reimbursed within 7 days



Helping Providers Help People

- Becoming a Health First Colorado-Enrolled Provider
 - > Behavioral Health and Medical Providers must enroll in Medicaid through our website
 - If only providing medication or short-term counseling, no other steps are needed (can bill FFS)
 - > Behavioral providers offering all other BH services must also contract with at least one RAE to bill for services through ACC
- Medicaid enrollment <u>supports available</u> through the provider call center
- RAEs are required to provide technical assistance to new providers and support them with billing



Understanding Medicaid Policy

- Who is eligible for Medicaid?
 - > Eligibility based on income, family size, disability
 - > People can apply for coverage through the <u>PEAK app/website</u>
 - Coverage is retroactive up to 90 days so a person who is eligible can get services immediately!
- High standards for our members
 - > Historical exclusion from basic health services
 - > Accountable to the tax-payers, members for quality
 - > We pay for evidence-based care and must use standard processes and procedures
 - Some things are limited in federal policy, not something we can change
- We are working with BHA on reducing admin burden for providers, please help us by aligning on reporting!



Investing in Transforming Colorado's Behavioral Health System

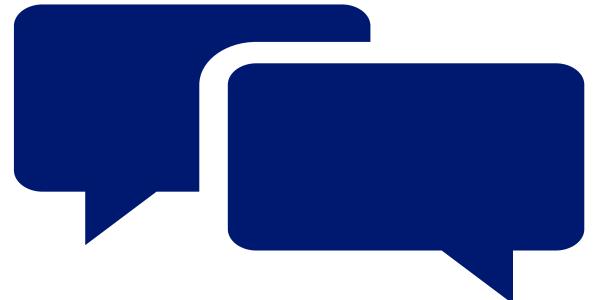
Supportive wraparound services for people recently housed with vouchers	Expand capacity for high-intensity outpatient (RAE grants)	Transitions of care grants for communities
Integrated care grants for providers	Set up & step-down services and better crisis response	Improve mobile crisis response, in line w/federal standards
New technologies for social determinates	Better accountability for safety net providers	Care coordination and criminal justice partnerships



BHA Key to Building Our System

- Focus on the BHA Vision and policies, all BH agencies will need to ensure alignment with the BHA vision and statewide plans
- HCPF dedicated to supporting BHA initiatives, aligning policy, partnering on funding methods
- Drawing down federal dollars through Medicaid benefits all Coloradans
- HCPF is working with BHA to create single unified network
 - >BHA legislation created new providers types and services categories
 - >Lots of stakeholder engagement opportunities!





Questions?





Cristen Bates

Interim Medicaid Director, Director of Population Health Division

Cristen.Bates@state.co.us

HCPF's SUD Webpage includes detailed

SUD provider enrollment instructions by clicking the Green Provider Button & RAE Contacts information by clicking the purple MCE button



Braided Funding & Sustainability Over 18 Years: Leveraging State Funds



Amy Cooper, Associate Director Adult Treatment and Recovery Behavioral Health Administration

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COA











Braided Funding and Sustainability Over 18 Years: Leveraging State Funds

Amy Cooper, Associate Director of Adult Treatment and Recovery Project Director - SAMHSA State Opioid Response III Grant





Agenda

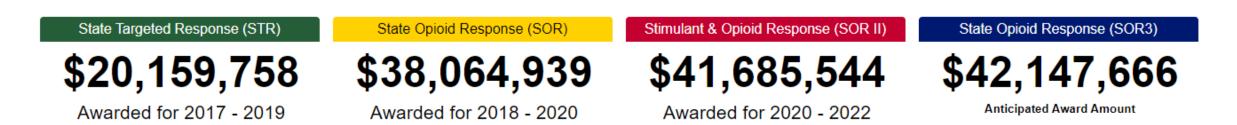
- Brief overview of the State Targeted Opioid Response
 Grants
- Identify the gaps
- Review covered services and areas for expansion utilizing settlement funds



State Targeted Opioid Response Grants

A look at the numbers...

There have been three grants so far in this targeted opioid response series. SAMHSA releases one year of funding at a time, but below you can see that the amount for each two-year grant has grown with each iteration.



State Opioid Response (SOR) Highlights 1 Increased access in treatment deserts with six mobile health units

2 CHA x ALTOS funded seven Rx guideline professional publications

3 Distributed 112,315 naloxone kits at no cost to reduce overdose deaths

4 Peer Program Manager trained Peers and oversaw scholarship program

5 Denver and Jefferson school districts use American Indian/Alaska Native culture as prevention.



Where are the gaps?

Treatment:

- Youth/Adolescent Services
- Withdrawal Management
- Opioid Treatment Programs
- Residential Treatment

Recovery:

- Recovery Housing
- Recovery Community Organizations

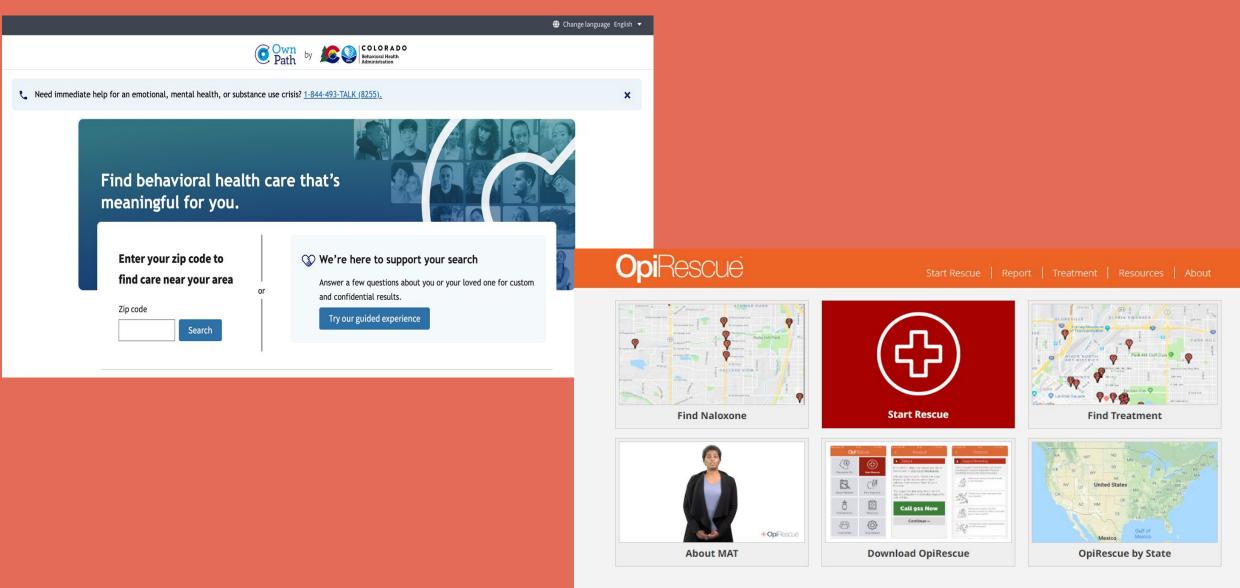
Harm Reduction:

- Fentanyl Test Strips
- Opioid Overdose Reversal Medications (naloxone)



Treatment







Opioid Treatment Programs & Expansion Efforts

- Opioid Treatment Programs (OTPs)
 - Specialized clinics licensed by the BHA with additional oversight from SAMHSA and the DEA
 - Provide all three FDA approved medications and therapy
 - Benefit is their ability to provide methadone which highly effective in treating fentanyl addiction
- Expanding the reach of OTPs
 - Mobile OTPs Coming 2023!
 - Medication Units Part of a hub and spoke model





Harm Reduction Services

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer lowthreshold options for accessing substance use disorder treatment and other health care services.

-SAMHSA

Harm Reduction Services

- Fentanyl Test Strips
 - Covered by SOR through Managed Service Organizations
 - Available through local Harm Reduction Agencies
- Opioid Overdose Reversal Medications (Naloxone)
 - Covered through Colorado Department of Health and Environment Bulk Purchase Fund
 - Recently received \$20M in funding for the next fiscal year
 - Will be supported with SOR funds
 - Available for purchase at most pharmacies
 - Standing orders available in the state of CO at participating pharmacies



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Building Recovery Capital

What is Recovery Capital?

- Activism, advocacy and reducing stigma
- A full spectrum of addiction treatment resources
- Peer supports
- Recovery Community Organizations
- Educational-based recovery support
- Recovery Housing
- Visible and diverse recovery role models
- Resources to promote continued recovery



Building Recovery Capital

- Supporting local communities standing up Recovery Community Organizations (RCOs)
- Recovery Housing
 - <u>CARR</u>
 - Staff facilitated model
 - Make sure programs are CARR certified to accept state/federal funding
 - Oxford House
 - Outreach workers to expand Oxford House
 - Peer governed model
 - Funding is limited for capital expenses Opportunity for investment/infrastructure building





Tying it all together:

- Recent legislative bills will support workforce and capacity building and can be leveraged with settlement funds for greater impact
- Gaps identified in treatment, harm reduction, and recovery
- Regional Governance Councils have a unique opportunity to increase capacity and partner on the use of funds

Questions?

bha.colorado.govBHAConnectf O in y



COLORADO Behavioral Health

Administration

Stay Connected with the BHA



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COLORADO

Behavioral Health Administration

2-Year Plan -Colorado Opioid Settlement Tracker



Heidi K. Williams, Director Opioid Response Unit Colorado Attorney General's Office



Join the Discussion #OpioidResponseCO



Home My Region's Information 2-Year Plans Expend	ditures Funding Help	Q Search	e heidi
		🖶 View/Print/Download Pl	an () View Plan Instructions
Allocate Funding to Approved Uses	nit Administrative Costs Re	quest Funding	Submit Plan
Plan Information - REGION 33 TEST 2022-2024			
Status Due Date Date Plan Submitted IN PROGRESS SEP 15, 2022 Sep 15, 2022	Funding (Current + Available Balance) \$1,526,546.87	Projected Spending on Approved Uses \$1,112,000.00	Administrative Costs \$102,000.00
Funding Requested \$1,010,000.00			
Planned Expenditures Summary			
TREATMENT	PREVENTION	ADDITIONAL AREAS	
\$10,000.00	\$1,000,000.00	\$102,000.00	
Approved Uses Welcome to COST. Approved Uses can be found in the accordion If you have a Use that does not fit within the listed Approved Use Abatement Council (COAC) will review the New Approved Use for	ses, you can add a New Approved Use by clicking the A	Add New Approved Use button located under ea	ch subsection. The Colorado Opioic
Note that many projects will overlap between categories so ple		ry for any given project.	
Existing Approved Uses are available in Exhibit A of the Colorad	o Opioid MOU.	View Allocate Funding to Approved Uses Ins	tructions
→ Click to Finalize and Submit Approved Uses Projected Spending			72.84% Allocated
Add Approved Uses in the Accordion Below			
> TREATMENT - \$10,000			
> PREVENTION - \$1,000,000			

Add Approved Uses in the Accordion Below

✓ TREATMENT - \$10,000

✓ CRIMINAL-JUSTICE-INVOLVED PERSONS - \$10,000

Many projects will overlap between Approved Use categories. Please pick the primary Approved Use category for any given project.

Approved Use Description Amount Address the needs of persons involved in Persons Involved in Criminal Justice System the criminal justice system who have OUD \$0.00 and any co-occurring substance use disor-- Co-Occurring Needs - General ders or mental health (SUD/MH) issues. Support pre-arrest diversion and deflection Pre-Arrest Diversion Strategies \$0.00 strategies for persons with OUD and any 2 co-occurring SUD/MH issues. Support pre-trial services that connect individuals with OUD and any cooccurring Pre-Trial Services \$0.00 SUD/MH issues to evidence-informed treatment, including MAT, and related services. Support treatment and recovery courts for persons with OUD and any cooccurring Treatment and Recovery Courts with MAT SUD/MH issues, but only if they provide re-\$0.00 4 ferrals to evidence-informed treatment, including MAT. Provide evidence-informed treatment, including MAT, recovery support, harm re-Evidence-Informed Treatment, Recovery, duction, or other appropriate services to \$0.00 Harm Reduction Services - Criminal Justic individuals with OUD and any cooccurring SUD/MH issues who are incarcerated, on probation, or on parole. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate re-entry ser-Evidence-Informed Treatment, Recovery, vices to individuals with OUD and any co-\$0.00 Harm Reduction Services - Re-Entry occurring SUD/MH issues who are leaving jail or prison or who have recently left jail

Add New Approved Use for TREATMENT - CRIMINAL-JUSTICE-INVOLVED PERSONS

Add Approved Uses in the Accordion Below

✓ TREATMENT - \$10,000

✓ CRIMINAL-JUSTICE-INVOLVED PERSONS - \$10,000

Many projects will overlap between Approved Use categories. Please pick the primary Approved Use category for any given project.

	Approved Use	Description	Amount
1	Persons Involved in Criminal Justice System - Co-Occurring Needs - General	Address the needs of persons involved in the criminal justice system who have OUD and any co-occurring substance use disor- ders or mental health (SUD/MH) issues.	\$0.00
2	Pre-Arrest Diversion Strategies	Support pre-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues.	\$0.00
3	Pre-Trial Services	Support pre-trial services that connect in- dividuals with OUD and any cooccurring SUD/MH issues to evidence-informed treat- ment, including MAT, and related services.	\$0.00
4	Treatment and Recovery Courts with MAT	Support treatment and recovery courts for persons with OUD and any cooccurring SUD/MH issues, but only if they provide re- ferrals to evidence-informed treatment, in- cluding MAT.	\$0.00
5	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Criminal Justic	Provide evidence-informed treatment, in- cluding MAT, recovery support, harm re- duction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH issues who are incarcerated, on probation, or on parole.	\$0.00
6	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Re-Entry	Provide evidence-informed treatment, in- cluding MAT, recovery support, harm re- duction, or other appropriate re-entry ser- vices to individuals with OUD and any co- occurring SUD/MH issues who are leaving jail or prison or who have recently left jail	\$0.00

Add New Approved Use for TREATMENT - CRIMINAL-JUSTICE-INVOLVED PERSONS

Add Approved Uses in the Accordion Below

✓ TREATMENT - \$10,000

✓ CRIMINAL-JUSTICE-INVOLVED PERSONS - \$10,000

Many projects will overlap between Approved Use categories. Please pick the primary Approved Use category for any given project.

	Approved Use	Description	Amount
1	Persons Involved in Criminal Justice System - Co-Occurring Needs - General	Address the needs of persons involved in the criminal justice system who have OUD and any co-occurring substance use disor- ders or mental health (SUD/MH) issues.	\$10,000.00
2	Pre-Arrest Diversion Strategies	Support pre-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues.	\$0.00
3	Pre-Trial Services	Support pre-trial services that connect in- dividuals with OUD and any cooccurring SUD/MH issues to evidence-informed treat- ment, including MAT, and related services.	\$0.00
4	Treatment and Recovery Courts with MAT	Support treatment and recovery courts for persons with OUD and any cooccurring SUD/MH issues, but only if they provide re- ferrals to evidence-informed treatment, in- cluding MAT.	\$0.00
5	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Criminal Justic	Provide evidence-informed treatment, in- cluding MAT, recovery support, harm re- duction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH issues who are incarcerated, on probation, or on parole.	\$0.00
6	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Re-Entry	Provide evidence-informed treatment, in- cluding MAT, recovery support, harm re- duction, or other appropriate re-entry ser- vices to individuals with OUD and any co- occurring SUD/MH issues who are leaving jail or prison or who have recently left jail	\$0.00

Add New Approved Use for TREATMENT - CRIMINAL-JUSTICE-INVOLVED PERSONS

	Critical Time Interventions	diagnosis OUD/serious mental illness, and	\$0.00	
		Support critical time interventions (CTI), particularly for individuals living with dual-	1	
		occurring SUD/MH issues who are leaving jail or prison or who have recently left jail or prison.		
6	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Re-Entry	cluding MAT, recovery support, harm re- duction, or other appropriate re-entry ser- vices to individuals with OUD and any co-	\$0.00	
		Provide evidence-informed treatment, in-		
	nami keddeton Services - eninina jaste	SUD/MH issues who are incarcerated, on probation, or on parole.		
5	Evidence-Informed Treatment, Recovery, Harm Reduction Services - Criminal Justic	cluding MAT, recovery support, harm re- duction, or other appropriate services to individuals with OUD and any cooccurring	\$0.00	

> INTERVENTION - \$0

> PEOPLE IN TREATMENT AND RECOVERY - \$0

> TREATMENT OF OPIOID USE DISORDER AND ITS EFFECTS - \$0

> WOMEN WHO ARE OR MAY BECOME PREGNANT - \$0

> PREVENTION - \$1,000,000

> ADDITIONAL AREAS - \$102,000

Funding Requested \$1,010,000.00

Planned Expenditures Summary

TREATMENT	PREVENTION	ADDITIONAL AREAS
\$20,000.00	\$1,000,000.00	\$102,000.00

Approved Uses

Welcome to COST. Approved Uses can be found in the accordion sections below.

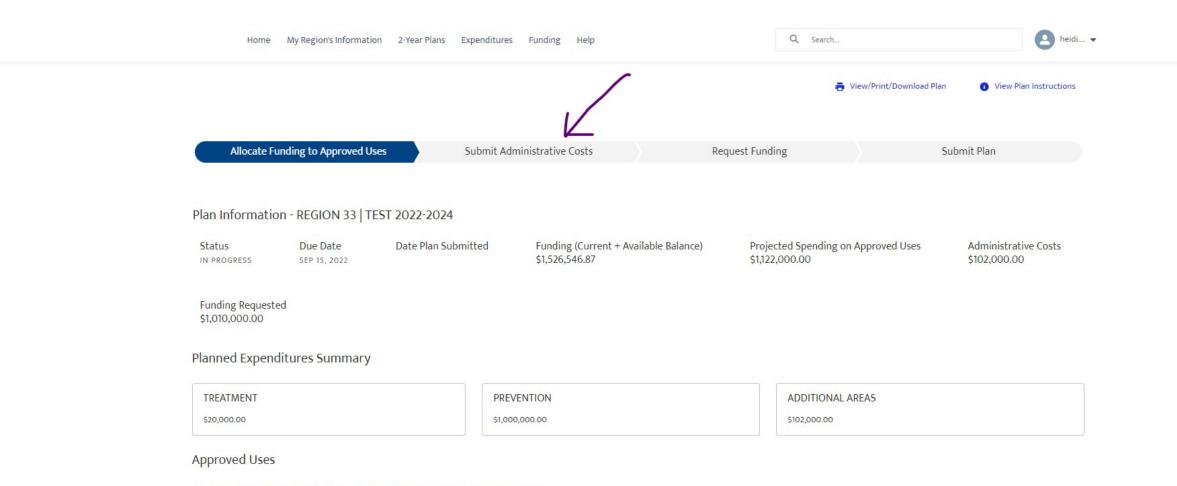
If you have a Use that does not fit within the listed Approved Uses, you can add a New Approved Use by clicking the Add New Approved Use button located under each subsection. The Colorado Opioid Abatement Council (COAC) will review the New Approved Use for approval.

Note that many projects will overlap between categories so please pick what you consider to be the primary category for any given project.

Existing Approved Uses are available in Exhibit A of the Colorado Opioid MOU.

→ Click to Finalize and Submit Approved Uses	View Allocate Funding t	o Approved Uses Instructions	
Projected Spending			73.50% Allocated
Add Approved Uses in the Accordion Below			
> TREATMENT - \$20,000			
> PREVENTION - \$1,000,000			
> ADDITIONAL AREAS - \$102,000			





Welcome to COST. Approved Uses can be found in the accordion sections below.

If you have a Use that does not fit within the listed Approved Uses, you can add a New Approved Use by clicking the Add New Approved Use button located under each subsection. The Colorado Opioid Abatement Council (COAC) will review the New Approved Use for approval.



	🖶 View/Print/Download Plan	() View Plan Instructions
ninistrative Costs Request	Funding Sub	omit Plan
Funding (Current + Available Balance) \$1,526,546.87	Projected Spending on Approved Uses \$1,122,000.00	Administrative Costs \$102,000.00
	Funding (Current + Available Balance)	Funding (Current + Available Balance) Projected Spending on Approved Uses

Administrative Costs

Please enter the dollar amount total of all planned administrative costs for Approved Purposes in the 2-Year plan. Per the Colorado Opioid MOU, the administrative costs must not exceed 10% of allocated funds.

Please enter a short description of administrative uses. This will help us ensure that administrative costs are properly defined so that your region can maximize its use of funds.

Funding Requested \$1,010,000.00

Planned Expenditures Summary

TREATMENT	PREVENTION	ADDITIONAL AREAS
\$20,000.00	\$1,000,000.00	\$102,000.00

Administrative Costs

Please enter the dollar amount total of all planned administrative costs for Approved Purposes in the 2-Year plan. Per the Colorado Opioid MOU, the administrative costs must not exceed 10% of allocated funds.

Please enter a short description of administrative uses. This will help us ensure that administrative costs are properly defined so that your region can maximize its use of funds.

Administrative Costs consist of costs that apply to administrative actions that help distribute opioid settlement funds, creating meetings agendas, etc. For questions, please contact the administrator for COAC at opioids@coag.gov

Δ	View Administrative Costs Instructions
+ Click to Submit Administrative Costs	
Administrative Costs	* Please enter a short description of planned expenditures related to Administrative Costs

Funding Requested \$1,010,000.00

Planned Expenditures Summary

TREATMENT	PREVENTION	ADDITIONAL AREAS
\$20,000.00	\$1,000,000.00	\$102,000.00

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View Administrative Costs Instructions

+ Click to Submit Administrative Costs

Administrative Costs

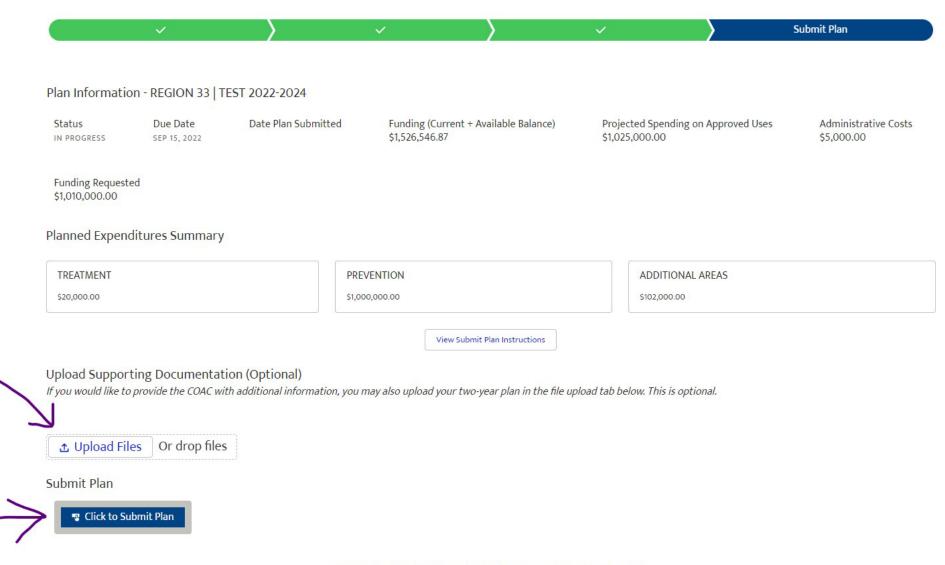
* Please enter a short description of planned expenditures related to Administrative Costs



Home	My Region's Informati	on 2-Year Plans Expenditure	s Funding Help	Q Search	8
				🖶 View/Print/Download	Plan () View Plan Instru
	×	>	~ >	~ >	Submit Plan
Plan Informati	on - REGION 33 T	EST 2022-2024			
Status IN PROGRESS	Due Date SEP 15, 2022	Date Plan Submitted	Funding (Current + Available Balance) \$1,526,546.87	Projected Spending on Approved Uses \$1,025,000.00	Administrative Cos \$5,000.00
Funding Request \$1,010,000.00	ted				
Planned Expen	ditures Summary				

Upload Supporting Documentation (Optional)

If you would like to provide the COAC with additional information, you may also upload your two-year plan in the file upload tab below. This is optional.





Home	e My Region's Informa	ition 2-Year Plans Expenditure	es Funding Help	Q Search	e heidi
Plan Informat	ion - REGION 33	TEST 2022-2024		nt/Download Plan	View Plan Instructions
SUBMITTED	Due Date SEP 15, 2022	Date Plan Submitted AUG 9, 2022	Funding (Current + Available Balance) \$1,526,546.87	Projected Spending on Approved Uses \$1,025,000.00	Administrative Costs \$5,000.00
Funding Reque: \$1,010,000.00	sted				
Planned Expe	nditures Summar	у			
TREATMENT		PRI	EVENTION	ADDITIONAL AREAS	
\$20,000.00		\$1,0	00,000.00	\$102,000.00	
Plan Submitte	ed				
🗸 Plan Subn	nitted - Click to Unsub	mit			

Please contact opioids@coag.gov or 720-508-6904 during business hours for questions.

Questions?



Heidi K. Williams Director Opioid Response Opioids@coag.gov Hub & Spoke Model Best Practice: Colorado Opioid Synergy Larimer & Weld (CO-SLAW)



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Join the Discussion #OpioidResponseCO

Hub & Spoke Model Best Practice: Colorado Opioid Synergy Larimer & Weld (CO-SLAW)



MJ JORGENSEN Manager, MHSU Alliance & SUD Transformation Health District of Northern Larimer County



LESLEY BROOKS

Assistant Medical Director North Colorado Health Alliance Chief Medical Officer SummitStone Health Partners



CYNDI DODDS Chief Clinical Officer SummitStone Health Partners



QUEEN CEO /Non Profit Director Queens Legacy Foundation



HEATHER IHRIG Project Director CO-SLAW North Colorado Health Alliance



JENNIFER WALLACE Administrative Director North Range Behavioral Health



MEREDITH SILVERSTEIN Director of Behavioral Health Initiatives University of Denver- Butler Institute

NoCO CAReS

Northern Colorado Collaborative for Addiction & Recovery Supports







PANEL PRESENTERS

Lesley Brooks, M.D. Assistant Medical Director North Colorado Health Alliance & Chief Medical Officer SummitStone Health Partners

Cyndi Dodds, MS, LMFT Chief Clinical Officer SummitStone Health Partners Jenny Wallace, LCSW Administrative Director North Range Behavioral Health

Queen X CEO / Non Profit Director Queen's Legacy Foundation

Heather Ihrig, MSN, MBA Project Director - COSLAW North Colorado Health Alliance Meredith Silverstein, Ph.D. Senior Research Associate Director, Behavioral Health Initiatives University of Denver - Butler Institute

MJ Jorgensen, MPH, CHES, CDP Manager, MHSU Alliance & SUD Transformation Health District of Northern Larimer County







WHAT IS NOCO CARES?

Northern Colorado Collaborative for Addiction & Recovery Supports

PREVENT

Prevent misuse and optimize use of opioids

IMPROVE

Improve treatment and enable recovery for people with opioid use disorders

IDENTIFY

Identify misuse of opioids and provide early intervention

REDUCE

Reduce harm caused by opioid use and misuse



WHAT IS NOCO CARES?

Fiscal Supporter of Programming & Steering Committee







Steering Committee







OF NORTHERN LARIMER COUNTY



https://changingmindslarimer.org/how-addiction-changes-the-brain/



WHAT ARE OPIOIDS?

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and prescription pain relievers.

All opioids are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.



National Institute on Drug Abuse. "Opioids." NIDA. Accessed February 18, 2022

PART ONE

WHAT ARE OPIOIDS?

Opioids act on many places in the brain and nervous system, including:



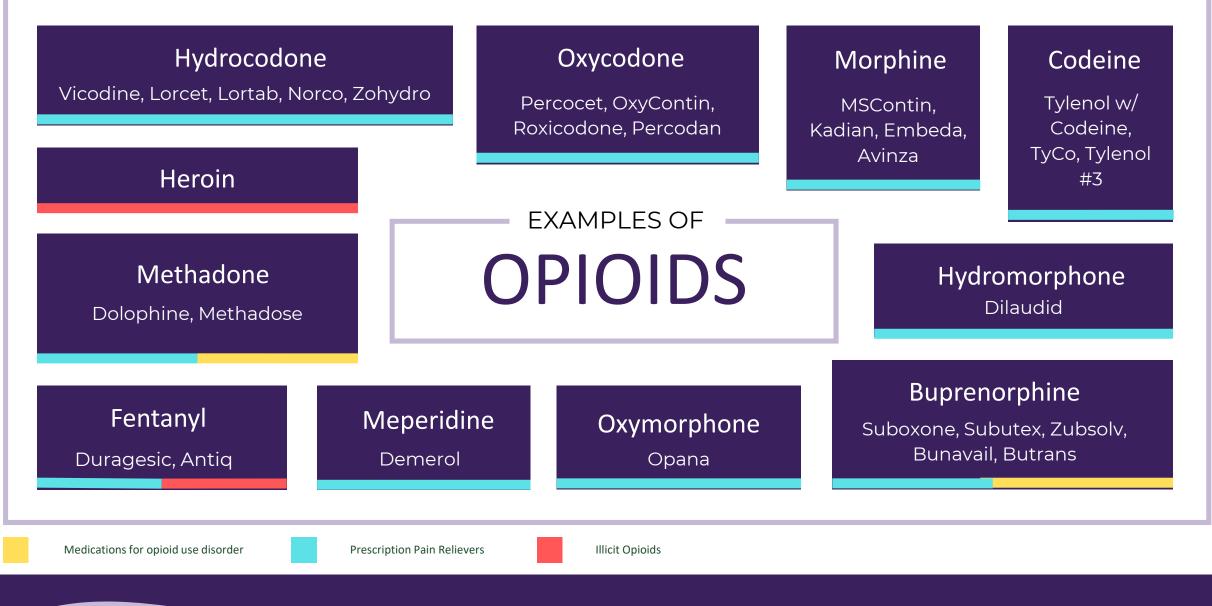
which controls emotions.

the brainstem

which controls things your body does automatically, like breathing.

the spinal cord

which receives sensations from the body before sending them to the brain.



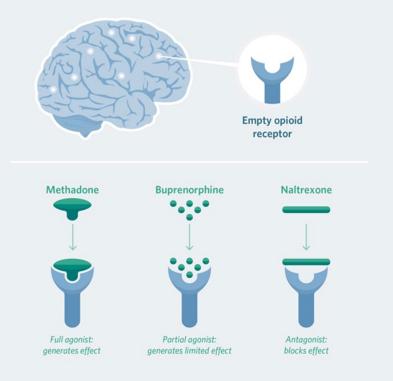
PART TWO

WHAT is MAT?

PART TWO

WHAT IS MAT?





MAT = Medication Assisted Treatment or Medication for Addiction Treatment

FDA-approved medication + behavioral therapy à "wholepatient" approach to the treatment of substance use disorders.

FDA Approved Medications for MAT

Methadone – full agonist Buprenorphine – partial agonist Naltrexone – antagonist

pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder



WHAT KINDS OF MAT ARE THERE?

Each of these options are great tools and should be tailored to the individuals needs surrounding their care and best success for treatment

Methadone

Liquid form taken daily

Limited to federally regulated treatment facilities - can be delivered to jails and prisons

Buprenorphine

Usually a strip or film taken daily

Can be offered in many settings treatment centers, family doctors office, emergency rooms, jails and prisons Naltrexone

Monthly shot or pill form

Requires 7 days detox

Can be offered in many settings so long as there are trained staff to administer the dose







PART TWC

FAQs W/ MAT?



How long does someone take MAT?

- As long as it works...
- Individualize for every patient.
- Why is this the best approach?
 - We don't start patients on meds for HTN or DM and immediately ask "when will we be getting you off this medication?" Why do this for addiction? Especially if we have established that this is chronic illness...

Do people take this for the rest of their lives?

• Many will need lifetime treatment. And that's ok!



PART THREE

WHAT IS NOCO CARES?

WHAT IS NOCO CARES?

Northern Colorado Collaborative for Addiction & Recovery Supports

PREVENT

Prevent misuse and optimize use of opioids

IMPROVE

Improve treatment and enable recovery for people with opioid use disorders

IDENTIFY

Identify misuse of opioids and provide early intervention

REDUCE

Reduce harm caused by opioid use and misuse





Engaging our whole community with our community





Queen's Legacy Foundation serves primarily the Black community in Northern Colorado and provides:

- Safe & Trusted Community Resource
- Space for connection, resources and referral
- Brings services to the people, rather than people to the services
- Meets people where they are at

"We haven't forgotten about the Black community" -

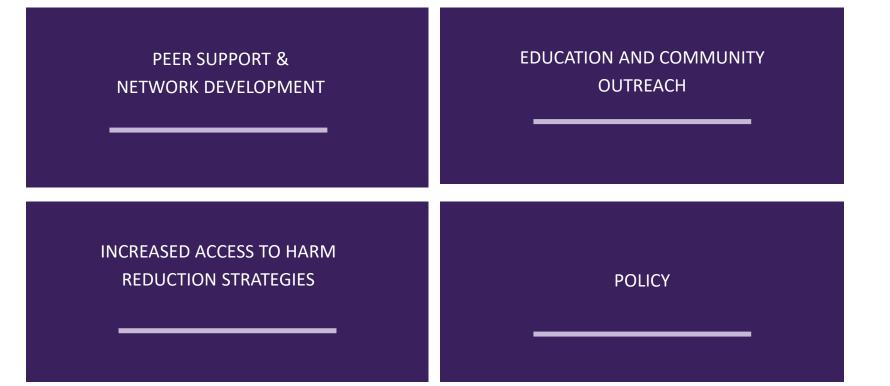
Queen



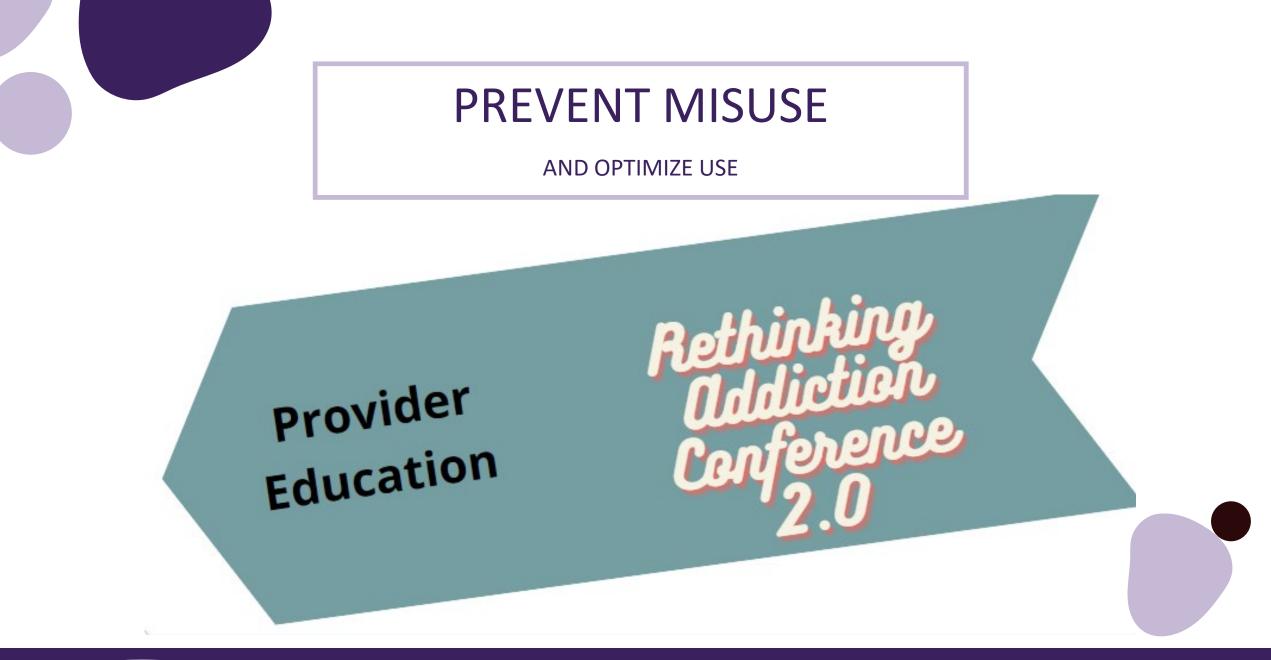
CAUSED BY OPIOID USE

By HRA

-Northern Colorado Harm Reduction Alliance







SUMMITSTONE () NCHATT NORTH RANGE



AND PROVIDE EARLY & ACCESSABLE TREATMENT



Treat Addiction. Save Lives.



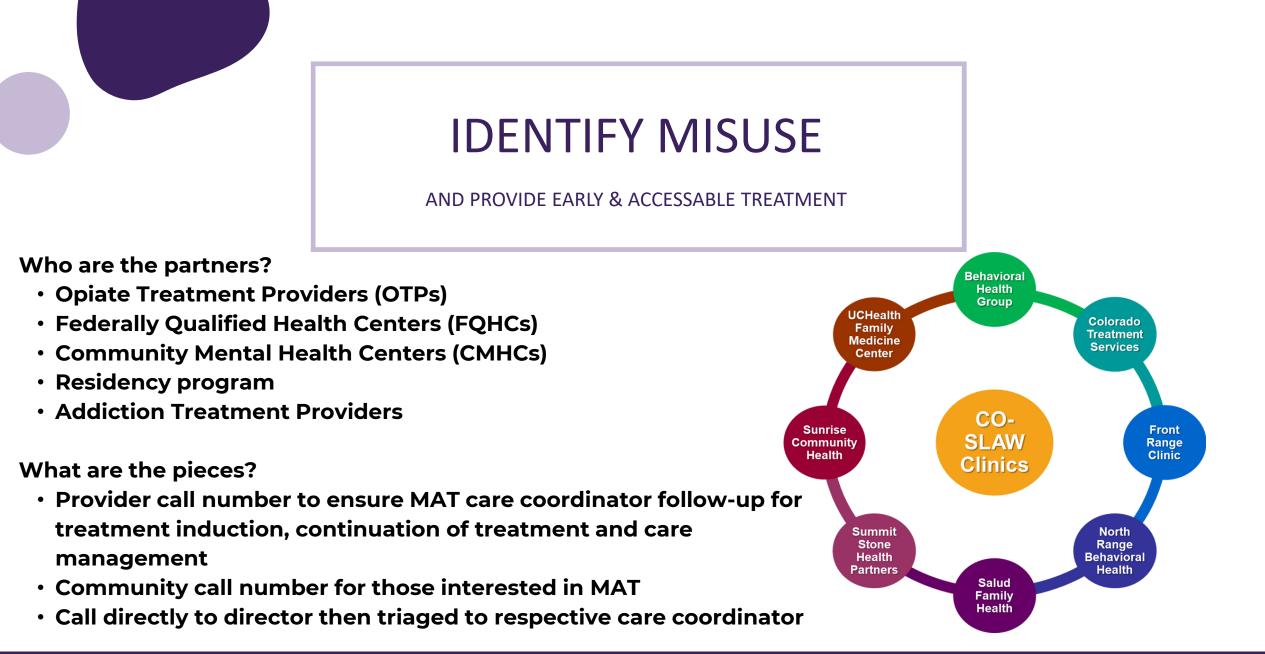
Colorado Opioid – Synergy Larimer and Weld (CO-SLAW)

> Phase I – Close, Coordinated Collaboration

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

Phase III – Hub Operations





NORTH RANGE

SummitStone 🏟

NCHA

IDENTIFY MISUSE

AND PROVIDE EARLY & ACCESSABLE TREATMENT

CO-SLAW Mutual Agreement:

As the CO-SLAW Network, we believe in a harm reduction model. We recognize medication-assisted treatment as our priority and hold the following values, which align with current best practices:

- Primary care, medication for SUD, and counseling work synergistically; every effort will be made to deliver triple integrated care. However, we recognize patients' autonomy and will refer to an appropriate clinic within our network if a patient opts to forgo any treatment modality.
 - 2) Reduction of opioid use is the primary goal of opioid agonist treatment. While some patients may choose abstinence, we do not insist on abstinence to continue treatment.
 - 3) Robust compliance monitoring is imperative, but **diversion prevention will be measured along with clinical benefit to determine whether to continue therapy**.

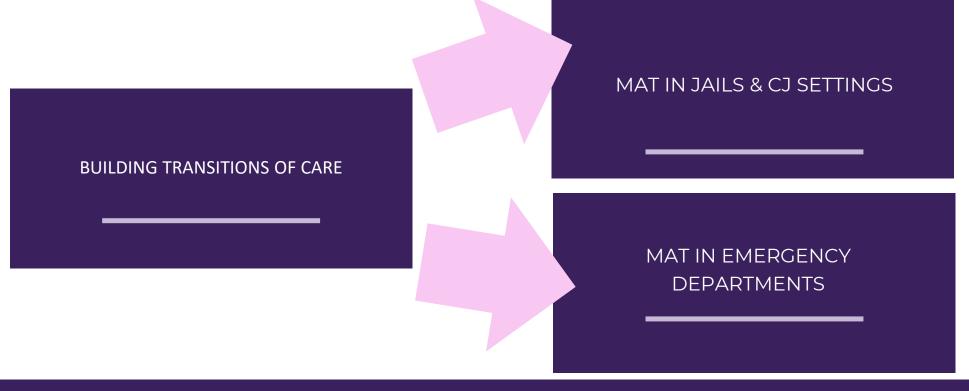
We may not reach the goal with our first attempt but have the diligence to begin again and again. The patient's safety, dignity and autonomy take precedence, and we respect our member practices' unique methods of caring for people with SUD. Below are the guidelines for our clinics.





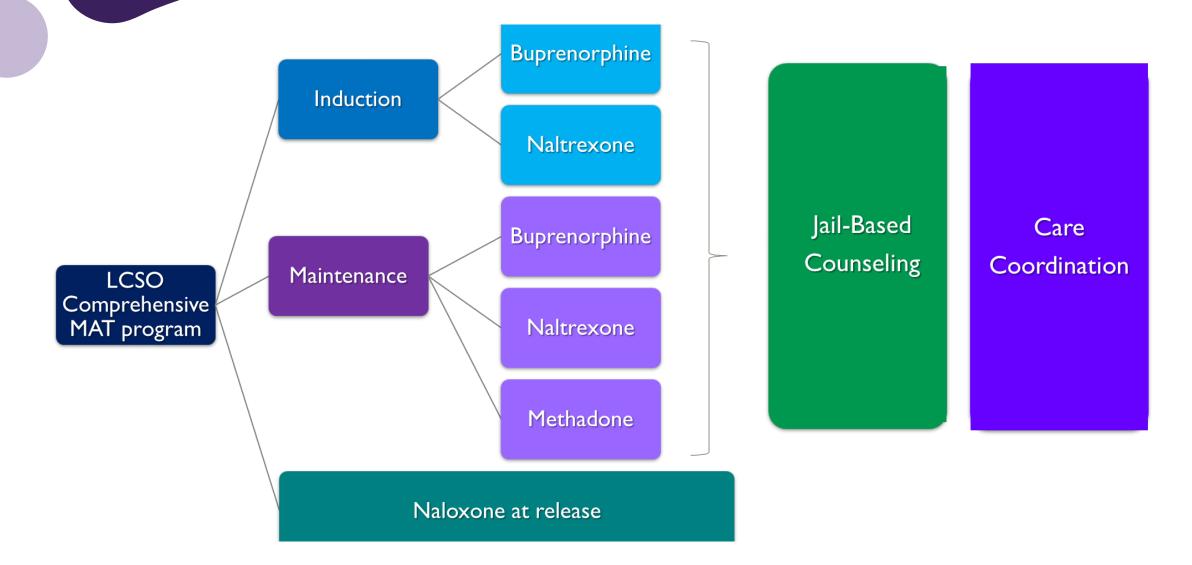
IMPROVE TREATMENT

AND SUPPORT RECOVERY FOR PEOPLE WITH SUD



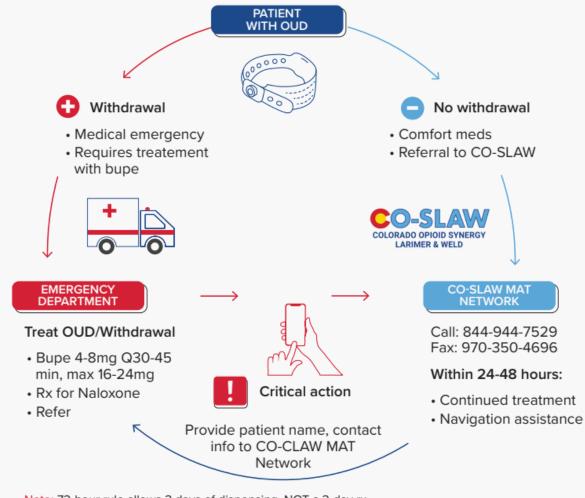
SUMMITSTONE () NCHA

Medication Assisted Treatment in Jails





Medication Assisted Treatment w/ Emergency Departments



Note: 72-hour rule allows 3 days of dispensing, NOT a 3-day rx No rx for bupe for OUD unless provider has X-waiver

SummitStone 🎲

NCHA-

PART FOUR

WHAT DOES THE DATA SAY?



BUTLER INSTITUTE FOR FAMILIES Graduate School of Social Work

INTERVIEW	CO-SLAW TARGET	CO-SLAW COMPLETED	CO- SLAW RATE	ALL OTHER GRANTEE <u>RATES</u>
INTAKE	351	335	95.4%	80.5%
3-MONTH FOLLOW UP	334	273	81.7%	47.6%
6-MONTH FOLLOW UP	334	245	73.4%	47.9%



ENGAGING A COMMUNITY NETWORK TO IMPROVE SUBSTANCE USE OUTCOMES IN NORTHERN COLORADO

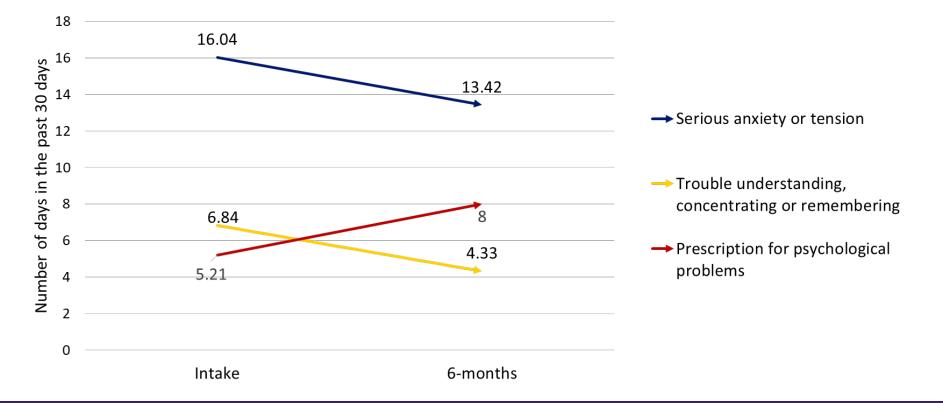
WHO AND HOW

ARE PEOPLE BEING SERVED BY CO-SLAW

WHO AND HOW

ARE PEOPLE BEING SERVED BY CO-SLAW

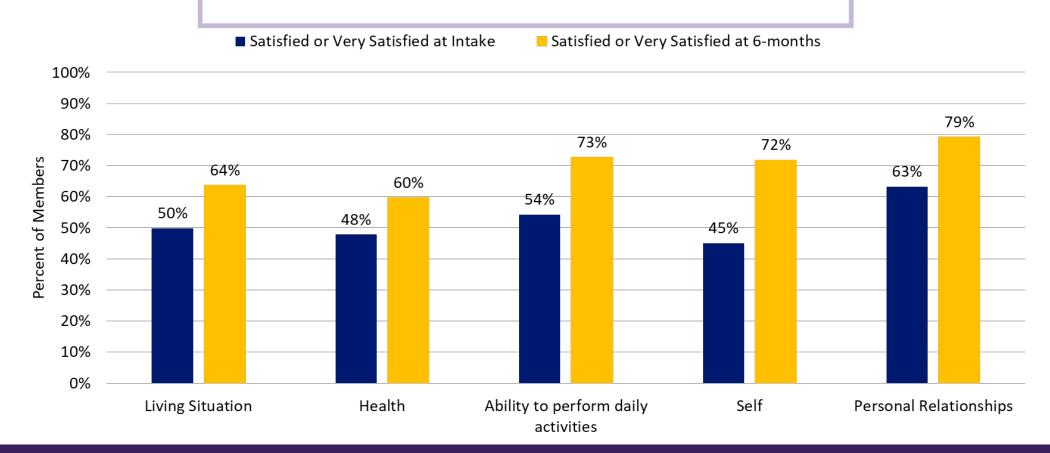
Average Days Members Experienced Mental Health Symptoms n=245





WHO AND HOW

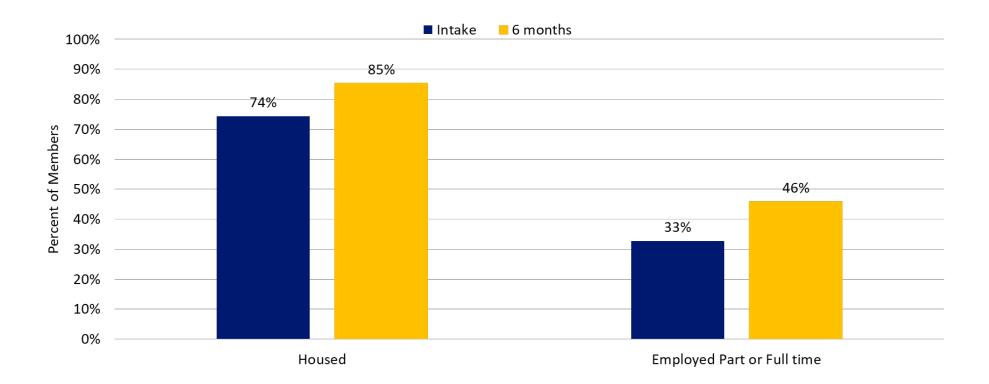
ARE PEOPLE BEING SERVED BY CO-SLAW







ARE PEOPLE BEING SERVED BY CO-SLAW





SUBSTANCE	AVERAGE DAYS OF USE AT INTAKE	AVERAGE DAYS OF USE AT 6 MONTHS	TREND IN USE	STATISTICALLY SIGNIFICANT
ALCOHOL	2.12	1.24	↓ Decrease	✓ Yes
ALCOHOL AND ILLEGAL DRUGS	1.02	.43	↓ Decrease	🖌 Yes
ILLEGAL DRUGS	9.61	7.47	↓ Decrease	🖌 Yes
HEROIN	4.25	2.01	↓ Decrease	✓ Yes
METHAMPHETAMINE	3.79	3.18	↓ Decrease	X No
COCAINE	.35	.08	↓ Decrease	✓ Yes
MARIJUANA	3.87	3.91	1 Increase	X No
BENZODIAZEPINES	.50	.20	↓ Decrease	X No
MORPHINE	.07	.00	↓ Decrease	X No
PERCOCET	.04	.03	↓ Decrease	X No
CODEINE	.24	.00	↓ Decrease	X No
OXYCONTIN/OXYCODONE	.25	.13	↓ Decrease	X No
TYLENOL	.06	.01	↓ Decrease	X No
METHADONE	.02	.00	↓ Decrease	X No
HALLUCINOGEN	.02	.01	↓ Decrease	X No

SUMMITSTONE CO

Questions?

Thank you

Lesley Brooks, M.D. Assistant Medical Director North Colorado Health Alliance &

Chief Medical Officer SummitStone Health Partners

Cyndi Dodds, MS, LMFT Chief Clinical Officer SummitStone Health Partners Jenny Wallace, LCSW Administrative Director North Range Behavioral Health

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MJ Jorgensen, MPH, CHES, CDP Manager, MHSU Alliance & SUD Transformation Health District of Northern Larimer County







ALLOWABLE USES DISCUSSED

Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any cooccurring substance use or mental health issues. Supportive housing, all forms of FDA-approved MAT, counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it.

Training for emergency room personnel treating opioid overdose patients on postdischarge planning, including community referrals for MAT, recovery case management and/or support services.

Support work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event. Support infrastructure and staffing for collaborative crosssystems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD (e.g., health care, primary care, pharmacies, PDMPs, etc.).

Medication Assisted Treatment in Jails & Re-Entry



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Join the Discussion #OpioidResponseCO

MEDICATATION ASSISTED TREATMENT IN JAILS & RE-ENTRY PANEL



ROB VALUCK

Director

Center for Prescription Drug Abuse and Prevention



BECKY HUCKABY

Jail Based Behavioral Health Services (JBBS)

> Behavioral Health Administration



LESLEY BROOKS

Assistant Medical Director North Colorado Health Alliance Chief Medical Officer SummitStone Health Partners



KC HUME

Sheriff Moffat County Sheriff's Office

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Jail Based Behavioral Health Services and MAT in Jails

Becky Huckaby, MA, LPC Monday, August 15, 2022



What is Jail Based Behavioral Services (JBBS)?

Has been around since 2011

Provides funding for jails within Colorado to provide behavioral health services (mental health, substance use, medication assisted treatment, psych medications, etc.)

Roughly \$15M per year, currently contracting with 47 of the 55 jails in Colorado

Another \$1.48M for Medication Assisted Treatment needs

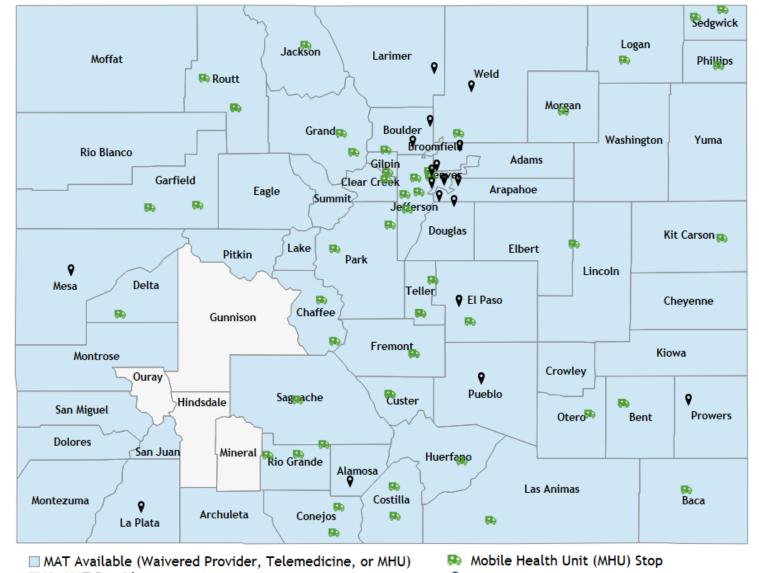
Legislatively allocated funds (not a grant program)

Managed by the Behavioral Health Administration, with three Program Managers



MAT Provider Availability by County (2020)

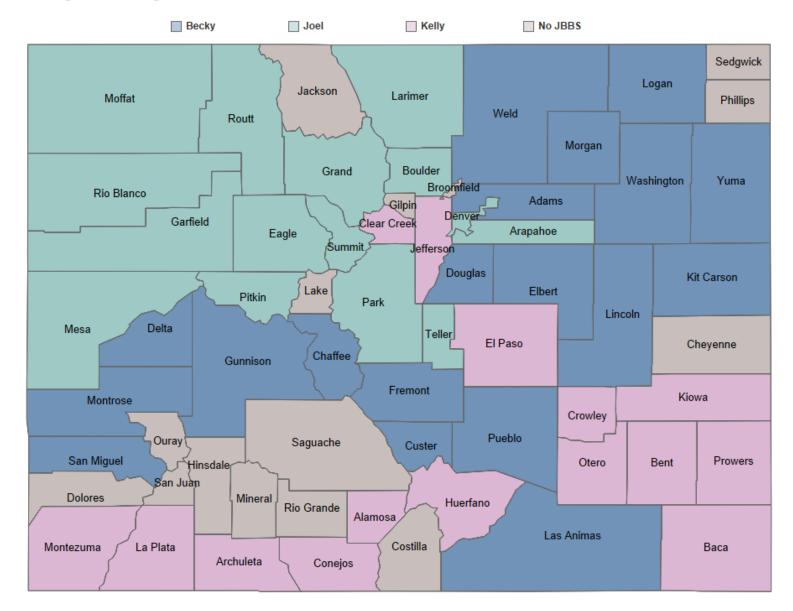




No MAT Provider

Opioid Treatment Program (OTP)

OBH Program Managers for JBBS Counties





JBBS Program Manager Contact Information

- Becky Huckaby, MA, LPC: rebecca.huckabyraphaelson@state.co.us, 303.895.0970
- Joel Miller, MS, LPC, LAC: joel.miller@state.co.us, 720.315.3285
- Kelly Russell, MS: kelly.russell2@state.co.us, 303.870.5761



Thank You

bha.colorado.govBHAConnectf in y



COLORADO Behavioral Health

Behavioral Health Administration

MEDICATATION ASSISTED TREATMENT IN JAILS & RE-ENTRY PANEL



ROB VALUCK

Director Center for Prescription Drug Abuse and Prevention



BECKY HUCKABY

Jail Based Behavioral Health Services (JBBS) Behavioral Health Administration

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Assistant Medical Director North Colorado Health Alliance Chief Medical Officer SummitStone Health

Partners



Sheriff Moffat County Sheriff's Office

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ALLOWABLE USES DISCUSSED

Address the needs of persons involved in the criminal justice system who have OUD and any co-occurring substance use disorders or mental health (SUD/MH) issues. Support treatment and recovery courts for persons with OUD and any cooccurring SUD/MH issues, but only if they provide referrals to evidenceinformed treatment, including MAT. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH issues who are incarcerated, on probation, or on parole.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate reentry services to individuals with OUD and any co-occurring SUD/MH issues who are leaving jail or prison or who have recently left jail or prison..

Fentanyl MythBusters & Emerging Trends

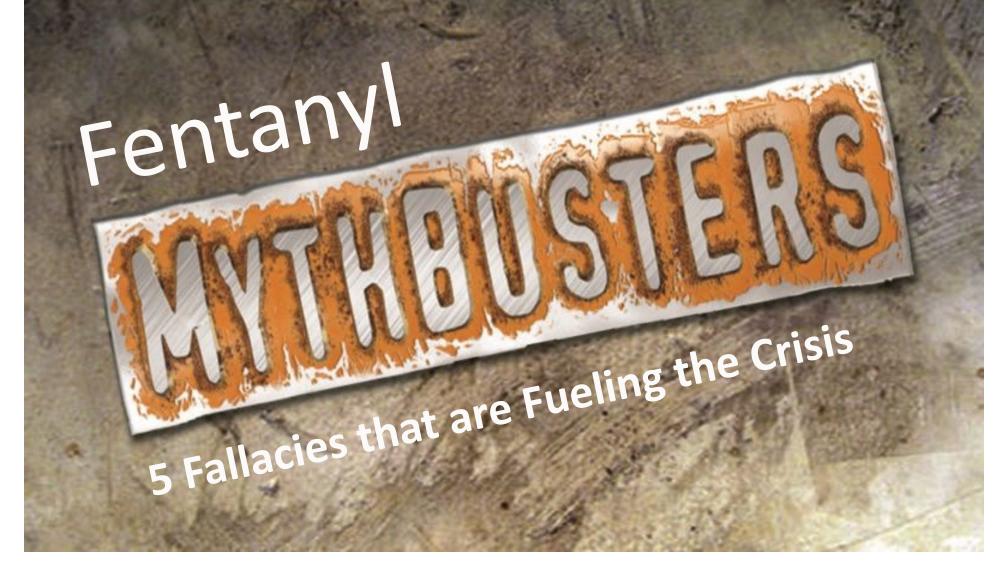


Rob Valuck, Director Center for Prescription Drug Abuse & Prevention

The statements and opinions by the speakers do not represent the statements and opinions of the Colorado Attorney General, the Colorado Department of Law or the Colorado Opioid Abatement Council.



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Robert Valuck, PhD, RPh

Center for Prescription Drug Abuse Prevention University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

Background

- Drug overdose crisis at an all time high: 107,622 deaths in U.S. in 2021
- Fentanyl involved in two thirds: 71,238
- Fentanyl is a potent synthetic opioid, 50X more potent than heroin and 100X more potent than morphine
- First marketed in 1968 (not new!)
- Appears in many ways and forms, and is increasingly dangerous

Why is this Important?

- The stakes are higher: a more potent drug leads to more deaths
- People are understandably frightened
- But, there are a number of misconceptions about Fentanyl, which can be problematic
- To the extent that misconceptions persist, people may not receive care (either for pain, for overdose, or for addiction)

Simply Inhaling or Touching Fentanyl Can Make You High or Cause Overdose

All Fentanyl is the Same

(and the corollary: all Fentanyl overdoses are "poisonings")

Standard precautions for dealing with suspicious substances DO NOT APPLY to Fentanyl

"Feeling sick" after encountering a powdered substance is a symptom of a Fentanyl overdose

Naloxone doesn't work for Fentanyl overdoses



Thank You!

ALLOWABLE USES DISCUSSED

Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma. Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Educating first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Reaching Those Most Impacted: Risk Reduction Panel



Moderator: José Esquibel, Director Colorado Consortium for Rx Drug Abuse Prevention

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REACHING THOSE MOST IMPACTED: RISK REDUCTION PANEL



MAGGIE SELDEEN

Founder & Director High Rockies Harm Reduction



SAM BOURDON

Harm Reduction Grant Coordinator

Colorado Department of Public Health and Environment



SOPHIE FEFFER

Drug User Health Coordinator Colorado Department of Public Health and Environment



DR. DON STADER

Founder and Chair

Colorado Naloxone Project

Medical Director Compass Opioid Stewardship Program

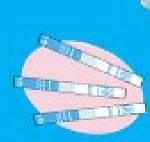
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Harm Reduction Across Colorado



Established 11.10.2020 Serving western rural Colorado www.highrockiesharmreduction.com @highrockiesharmreduction







Maggie Seldeen

Founder and Director Certified Colorado Peer and Family Specialist Maggie@highrockiesharmreduction.com

(970) 618 4194



CDPHE Risk Reduction Services

Sophie Feffer, Drug User Health Coordinator

Sam Bourdon, Harm Reduction Grant Fund Coordinator

Prevention Services: Overdose **Prevention Unit**





Coroner Mini-grant Opportunity

- Mini grants to support coroners as they deal with the overdose crisis
- Funds support costs of toxicology testing
- Supports CDPHE counts of OD deaths in order to allocate services and funding to areas with the highest need





- Bureau of Justice Assistance grant aimed at improving health outcomes in rural communities struggling with substance use
 - Recovery Support Services
 - Reentry case management
 - Naloxone proliferation to law enforcement & other entities
 - Provider education



Naloxone Bulk Purchase Fund

Allows eligible entities to access naloxone at no cost, expanded to include:

- Institutions of higher education
- Libraries
- Community service organizations
- Religious organizations
- Local Jails
- Multijurisdictional jails
- Municipal jails

- Correctional facilities
- Private contract prisons
- Community Corrections Programs
- Pretrial Services Programs
- Probation departments
- Local public health agencies
- mental health professionals

Healthcare settings and pharmacies are <u>ineligible</u> for the fund.



Overdose Data to Action (CDC)

- State Unintentional Drug Overdose Reporting System (SUDORS)
 - Drug Overdose Data Dashboard
- Surveillance & data
- OD prevention
- Linkage to care support
- Provider support
- Peer support & peer learning
- Public safety & law enforcement coalition building



Harm Reduction Grant Program

- Funding from State statute to support coordination between stakeholders
- Focus on reducing the harms associated with drug use and expanding public health approaches to substance use rather than the criminal legal system

Eligible entities expanded to include:

- Law Enforcement Agencies
- Local Public Health Agencies (LPHA), and
- Community-Based Non-Profit Organizations that demonstrate knowledge and use of harm reduction principles.
- Tribal Agency or Program
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics
- Behavioral Health Entities



Sam Bourdon

Sam.bourdon@state.co.us



STI/HIV/VH: *Biomedical Intervention Unit*

Technical support & capacity building



- Rapid & confirmatory testing support for infectious diseases
 - HIV
 - Hepatitis
 - o STIs
- Best practices for syringe access programs (SAPs)
- Training through STI/HIV/VH Training Unit
- Presentations by subject matter experts



State Opioid Response

- Funding partnership with the Behavioral Health Administration (formerly CDHS)
 - Prevention
 - Treatment
 - Recovery
 - Criminal Justice
 - Harm Reduction
 - Distribution of fentanyl testing strips through SAPs
 - Will expand access to LPHAs soon!

Colorado HIV/AIDS Prevention Grant Program (CHAPP)



- Funding from State statute to support HIV prevention among priority populations vulnerable to acquiring HIV.
 - Sterile syringe procurement
 - Some contracts are funded for the following activities:
 - PWID Outreach
 - PWID Education
 - PWID Marketing
 - PWID Case Management
 - Syringe Access Program



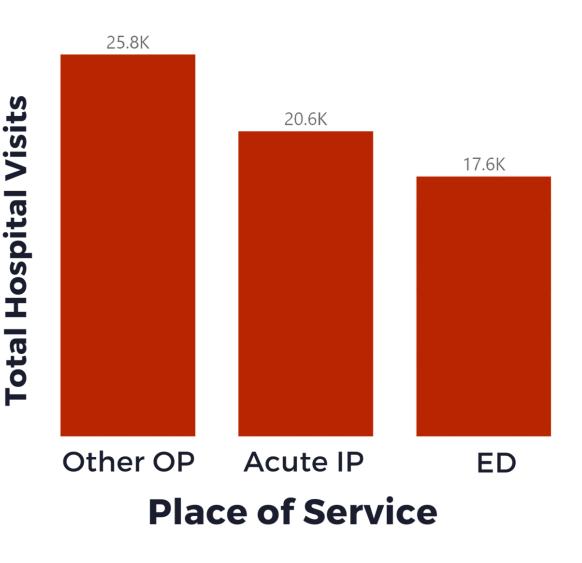
Sophie Feffer

Sophie.feffer@state.co.us

Goal: All CO hospitals and emergency departments distribute naloxone to at-risk patients, placing naloxone - a lifesaving medication - in patients' hands prior to their departure from the hospital.



In 2020, CO hospitals Saw >60,000 at-risk visits for opioid use, misuse, or poisoning. <**20%** of Hospitals had take home program. Many suboptimally run.



participating hospital facilities, trained in overdose recognition and naloxone provision.



These facilities received **1.9** M emergency department visits in the last year,

which is **97%** of all ED visits for the state of Colorado.

CNP has

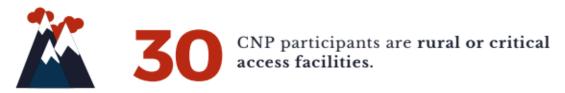
government, nonprofit, and other partners supporting its work.



labor and delivery units (L&D) are participating in pilot programs that dispense naloxone to mothers affected by substance use.

naloxone "leave-behind" program with emergency medical services and the police department in rural northwest Colorado.





LEGISLATIVE UPDATE

Moving Toward Sustainability

On May 25, 2022, HB-22-1326 was signed into law by Governor Polis. This sweeping and complex legislation has several provisions that directly support our hospitals and their ability to dispense naloxone. Following HB-20-1065, passed in 2020, Colorado now has multiple statutes that support the vision and mission of the Colorado Naloxone Project.



HB-22-1326 stipulates:

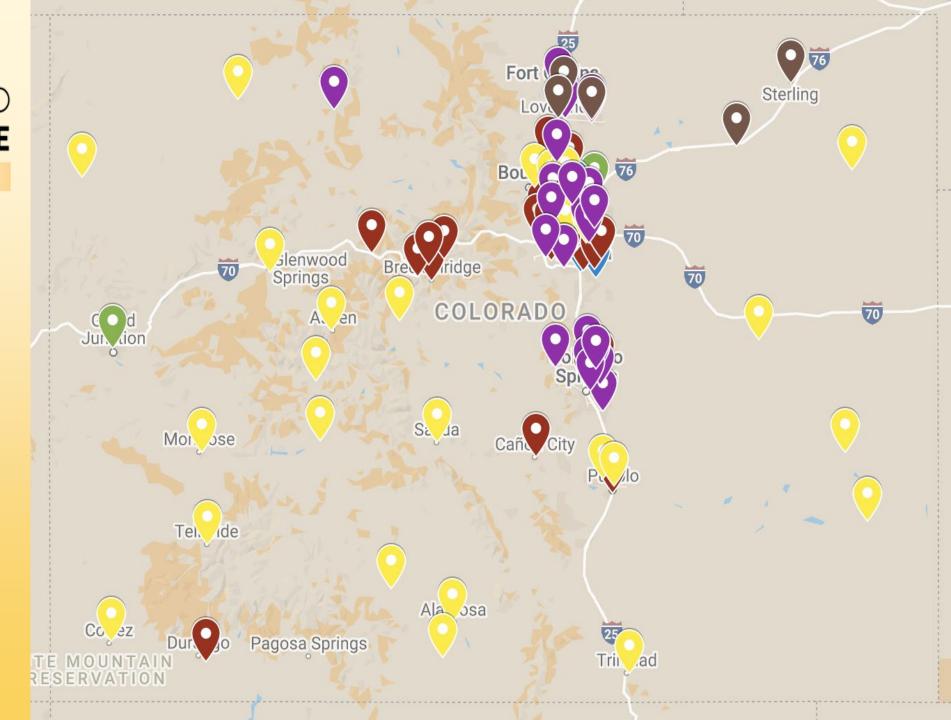
- Colorado hospitals or emergency departments shall receive reimbursement under the medical assistance program (Medicaid) for the cost of dispensing an opioid antagonist upon discharge.
- Colorado Prescribers, Hospitals, and Medical settings, other than an outpatient pharmacy, are not required to comply with laws relating to labeling, storage, or record keeping for opioid antagonists.

HB-20-1065 stipulates:

 A carrier that provides coverage for opiate antagonists must reimburse a hospital if the hospital provides a covered person with an opiate antagonist upon discharge.



Map of 106 Participating Hospitals



Thank you!

Contact Information

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Website: <u>http://naloxoneproject.com/</u>



ALLOWABLE USES DISCUSSED

Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public. Free naloxone for anyone in the community. Support research for novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

Public education relating to immunity and Good Samaritan laws.

Syringe service programs, including supplies, staffing, space, peer support services, and the full range of harm reduction and treatment services provided by these programs.

Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

How We Work Together: Regional Council Panel



Moderator: Heidi Williams, Director Opioid Response Unit Colorado Attorney General's Office



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HOW WE WORK TOGETHER: REGIONAL COUNCIL PANEL



MARSHA PORTER-NORTON

Commissioner La Plata County

Region 17

MARCY CAMPBELL

Behavioral Health System Program Manager Boulder County

Region 6



JARID ROLLINS

Director of Behavioral Health Services MidValley Family Practice

Region 5



GEORGE MARLIN

Commissioner Clear Creek County

Region 10



STEVE D'ORISIO

Commissioner Adams County

Region 8

Closing Remarks



Jessie Garcia Opioid Crisis Recovery Funds Advisory Committee Member

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Thank you for your contributions -From Attorney General Phil Weiser



