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.

Join the Discussion
#OpioidResponseCO
Welcome

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

Join the Discussion
#OpioidResponseCO
Please meet some of our team!

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
Encouraging Regional Collaboration

On behalf of Colorado Opioid Abatement Council

Andy Kerr, Commissioner
Jefferson County

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Join the Discussion
#OpioidResponseCO
Incorporating a Diversity, Equity and Inclusion Lens

Karen McNeil-Miller, President & CEO
Colorado Health Foundation

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Join the Discussion
#OpioidResponseCO
Setting the Stage: Colorado Data & National Best Practices

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

Join the Discussion
#OpioidResponseCO
SETTING THE STAGE: COLORADO DATA & NATIONAL BEST PRACTICES

KRISTEN PENDERGRASS
Vice President, State Policy
Shatterproof

KYLIE YOCUM
Drug Epidemiologist
Colorado Department of Public Health and Environment (CDPHE)

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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

1. Spend Money to Save Lives
2. Use Evidence to Guide Spending
3. Invest in Youth Prevention
4. Focus on Racial Equity
5. Develop a Fair and Transparent Process
Process

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

Diagram:
- Needs Assessment
  - Diverse Input
  - Strategic Prioritization
  - Transparent Reporting
  - Tracking Outcomes
Resources: State & Local

• Organizations:
  • Coalition
  • NACo

• Types:
  • Technical Assistance
  • Research
  • Tracking
Resources: Evidence

**Prevention**
- Youth Education
- Resiliency
- Support for parents who use drugs

**Harm Reduction**
- Overdose Reversal
- Education
- Safe Use Supplies

**Recovery**
- Warm hand-offs
- Wrap around services

**Treatment**
- MOUD
- Low Threshold Options
- Linkage to Care
Evidence vs. Reality

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

Source: CADCA
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

Source: CDC
In 2016, just 36% of substance use treatment facilities offered any form of medication treatment for opioid use disorder.
Resources: Evidence

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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

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

Primer on Spending Funds from the Opioid Litigation
A Guide for State and Local Decision Makers

https://opioidprinciples.jhsph.edu/implementatio
Resources: Metrics

• Working Group
• Aligned with Core Strategies
Resources: Financing

• Existing Resources
• Coming soon
Questions?

Kristen Pendergrass:
kpendergrass@shatterproof.org
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.
Drug overdose deaths by category of specific drug involvement: Colorado residents, 2000-2021

Total Drug Overdose Deaths

- **Total opioids**: Any opioid analgesic, fentanyl, or heroin
- Fentanyl
- Prescription opioid analgesic (excluding fentanyl)

Where to access data?

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

Data sources used:

- Death certificates
- Hospitalizations & ED billing
- PDMP
- Treatment admissions for SUD
- National Survey on Drug Use and Health
Local Data Dashboards

- Pueblo County Substance Use Data
- Boulder County Opioid Data
- TCHD Substance Use Dashboard
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.
Drug Overdose Deaths

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

Average annual crude rate of drug overdose deaths per 100,000 residents:

7.1

Sex

Female: 5.4
Male: 9.9

Age group

Less than 1 year: 0.3
1 through 4 years: 0.2
5 through 14 years: 0.5
15 through 19 years: 1.3
20 through 24 years: 1.1
25 through 34 years: 1.2
25 through 44 years: 1.3
45 through 54 years: 1.1
55 through 64 years: 0.8
65 through 74 years: 0.7
75 and above: 0.4

Race and ethnicity

Non-Hispanic White: 7.0
White Hispanic: 5.6
Black or African American: 7.7
American Indian or Alaskan: 4.5
Asian or Pacific Islander: 0.5

Annual crude rate of drug overdose deaths

Learn more about the data and its sources.
Hospitalizations and ED Visits

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

Average annual age-adjusted rate of hospital admissions for overdose involving any opioid per 100,000 residents:

18.4

Gender

Female

Male

Age-adjusted rate of hospital admissions per year for overdose involving any opioid

[Graph showing age-adjusted rate of hospital admissions per year for overdose involving any opioid from 2015 to 2022]
Counts of opioid analgesic prescriptions dispensed to Colorado residents, 2014-2019

PDMP Data

Total number of opioid analgesic prescriptions dispensed to residents:
23,114,475

Gender of prescription recipient:
- Female: 12,192,376
- Male: 9,922,099

Age of prescription recipient:
- Less than 1 year: 2,175
- 1 through 4 years: 16,510
- 5 through 14 years: 132,118
- 15 through 24 years: 1,011,338
- 25 through 34 years: 2,579,515
- 35 through 44 years: 3,199,363
- 45 through 54 years: 4,320,786
- 55 through 64 years: 5,461,711
- 65 through 74 years: 3,833,645
- 75 through 84 years: 1,994,793
- 85 and above: 1,078,679
- Missing or unknown: 1,763

Total number of opioid analgesic prescriptions dispensed per year

Learn more about the data and its sources.

Want to provide feedback or report an error?
### 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

**19.0% of High School Students**

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<tr>
<th>Age Group</th>
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<td>20.1%</td>
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<td>11th Grade</td>
<td>19.2%</td>
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### Region 21 Estimates

**16.1% of High School Students**

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**Percentage of students who have taken prescription pain medicine without a doctor's prescription one or more times during their lifetime**

**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**
For technical assistance with data
kylie.yocum@state.co.us
POTENTIAL OPIOID ABATEMENT APPROVED PURPOSES

1. TREATMENT

A. TREATMENT OF OPIOID USE DISORDER AND ITS EFFECTS

1. Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any co-occurring substance use or mental health issues.

2. 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
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 co-create 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

**TRUTH**
Being transparent and accurate when addressing the people of Colorado
In 2019, 33.8% of high school students in Colorado felt sad or hopeless; 7% attempted suicide.

Even before the pandemic, Colorado residents had higher rates of mental illness than the rest of the country.

In 2020, 24.8 Coloradans died for every 100K residents from drug poisoning or overdose deaths.

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

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

Most Likely to Be Treated Incarcerated

- African Americans
- Mental Health
- Substance Use Disorder
Equity

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.
Generational Impact

Meaningful and thoughtful action to create a new legacy
Can funding be used to create benevolence from adversity?

Opioid Response Unit
Prevention & Education
Treatment and Recovery
Intervention
Criminal Justice
To heal and recover, we must believe that our communities have **strengths**.
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
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.
Creating Sustainable Models

Assess the Need
- Review existing services
- Identify gaps in the care continuum
- Don’t forget prevention and harm reduction

Build and Expand
- Grants and flexible funds to grow existing programs or start new ones
- Build workforce skills

Evaluate and Sustain
- Track utilization and cost
- Ensure program meets standards for ongoing reimbursement like Medicaid
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

Fee for Service
- Physical Health benefits are paid Fee For Service
- Volume based system, limited flexibility
- Bill HCPF directly

Managed Care
- Most Behavioral Health care is paid through the ACC
- Includes set (aka capitated) budget, allows for flexibility
- Providers contract with and bill the RAES

Moving BOTH programs toward more value-based programs
Coverage Across Care Continuum

**Prevention, Harm Reduction**
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Overdose reversal (Narcan), Rx and hospital
- Outreach, case management
- Wound care, medical care for SUD-related conditions

**Outpatient Treatment and Supports**
- Medication-Assisted Treatment (MAT)
- Outpatient; individual, family & group
- Intensive outpatient
- Care coordination and navigation from RAE
- Care management, peer services
- Transportation for appointments (NEMT)

**Inpatient and Residential**
- Withdrawal management
- Inpatient care
- Residential
- All must follow ASAM Criteria
- 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 supports available 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 PEAK app/website
  ➢ 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

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

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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Join the Discussion
#OpioidResponseCO
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 Targeted Response (STR)**
  - Awarded for 2017 - 2019
  - $20,159,758

- **State Opioid Response (SOR)**
  - Awarded for 2018 - 2020
  - $38,064,939

- **Stimulant & Opioid Response (SOR II)**
  - Awarded for 2020 - 2022
  - $41,685,544

- **State Opioid Response (SOR3)**
  - Anticipated Award Amount
  - $42,147,666
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 low-threshold 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
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
  - CARR
    - 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.gov
@BHAConnect

Facebook Instagram LinkedIn Twitter
Stay Connected with the BHA
2-Year Plan - Colorado Opioid Settlement Tracker

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

Join the Discussion
#OpioidResponseCO
Plan Information - REGION 33 | TEST 2022-2024

Status: IN PROGRESS
Due Date: SEP 15, 2022
Date Plan Submitted: Date Plan Submitted
Funding (Current + Available Balance): $1,526,346.87
Projected Spending on Approved Uses: $312,000.00
Administrative Costs: $102,000.00

Funding Requested: $1,010,000.00

Planned Expenditures Summary

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Approved Uses

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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 MOL.

» Click to Finalize and Submit Approved Uses

Projected Spending

Add Approved Uses in the Accordion Below

› TREATMENT - $10,000
› PREVENTION - $1,000,000
› ADDITIONAL AREAS - $102,000

72.84% Allocated

Please contact opioida@coac.gov or 720-508-6904 during business hours for questions.
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.

<table>
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<tr>
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<tr>
<td>3 Pre-Trial Services</td>
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Add New Approved Use for TREATMENT - CRIMINAL-JUSTICE-INVOLVED PERSONS
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<td>7</td>
<td>Critical Time Interventions</td>
<td>Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>NEW APPROVED USE MAT</td>
<td>$10,000.00</td>
<td></td>
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INTERNETION - $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

Please contact opioidstrategy.ev@ev 720-508-6004 during business hours for questions.
Funding Requested
$1,010,000.00

Planned Expenditures Summary

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

[Click to Finalize and Submit Approved Uses]

Projected Spending 73.50% Allocated

Add Approved Uses in the Accordion Below

- TREATMENT - $20,000
- PREVENTION - $1,000,000
- ADDITIONAL AREAS - $102,000

Please contact <contact_email> or <contact_phone> during business hours for questions.
Plan Information - REGION 33 | TEST 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: $1,222,000.00
Administrative Costs: $102,000.00
Funding Requested: $1,010,000.00

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Status: IN PROGRESS
Due Date: SEP 15, 2022
Date Plan Submitted

Funding Requested
$1,010,000.00

Funding (Current + Available Balance)
$1,526,546.87

Projected Spending on Approved Uses
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Administrative Costs
$102,000.00

Planned Expenditures Summary

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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.
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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

[View Administrative Costs Instructions]

**Adminstrative Costs**

*Please enter a short description of planned expenditures related to Administrative Costs.*
Funding Requested
$1,010,000.00

Planned Expenditures Summary

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+ Click to Submit Administrative Costs

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

Please contact opioids@coag.gov or 720-308-6904 during business hours for questions.
Plan Information - REGION 33 | TEST 2022-2024

Status: IN PROGRESS
Due Date: SEPT 15, 2022
Date Plan Submitted: 
Funding (Current + Available Balance): $1,526,546.87
Projected Spending on Approved Uses: $1,025,000.00
Administrative Costs: $5,000.00

Funding Requested: $1,010,000.00

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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.
Plan Information - REGION 33 | TEST 2022-2024

Status: IN PROGRESS  
Due Date: SEP 15, 2022  
Date Plan Submitted:  
Funding (Current + Available Balance): $1,326,546.87  
Projected Spending on Approved Uses: $1,025,000.00  
Administrative Costs: $5,000.00

Funding Requested: $1,070,000.00

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---

Submit Plan

Click to Submit Plan

---

Please contact coaic@dcoaic.gov or 720-508-6904 during business hours for questions.
Plan Information - REGION 33 | TEST 2022-2024

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Plan Submitted

- Plan Submitted - Click to Unsubmit

Please contact opioids@coag.gov or 720-569-6904 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)

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

PANEL PRESENTERS

Lesley Brooks, M.D.
Assistant Medical Director
North Colorado Health Alliance
&
Chief Medical 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
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WHAT IS NOCO CARES?

Northern Colorado Collaborative for Addiction & Recovery Supports

**PREVENT**
Prevent misuse and optimize use of opioids

**IDENTIFY**
Identify misuse of opioids and provide early intervention

**IMPROVE**
Improve treatment and enable recovery for people with opioid use disorders

**REDUCE**
Reduce harm caused by opioid use and misuse
WHAT IS NOCO CARES?

Fiscal Supporter of Programming & Steering Committee

Steering Committee
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.
WHAT ARE OPIOIDS?

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

- **the limbic system** 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.

---

Opioids

Examples of Opioids

- **Hydrocodone**
  - Vicodine, Lorcet, Lortab, Norco, Zohydro

- **Oxycodone**
  - Percocet, OxyContin, Roxicodone, Percodan

- **Morphine**
  - MSContin, Kadian, Embeda, Avinza

- **Codeine**
  - Tylenol w/ Codeine, TyCo, Tylenol #3

- **Heroin**

- **Methadone**
  - Dolophine, Methadose

- **Fentanyl**
  - Duragesic, Antiq

- **Meperidine**
  - Demerol

- **Hydromorphone**
  - Dilaudid

- **Oxymorphone**
  - Opana

- **Buprenorphine**
  - Suboxone, Subutex, Zubsolv, Bunavail, Butrans

- **Methadone**
  - Dolophine, Methadose

- **Meperidine**
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  - Dilaudid

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WHAT is MAT?
MAT = Medication Assisted Treatment or Medication for Addiction Treatment

FDA-approved medication + behavioral therapy à “whole-patient” approach to the treatment of substance use disorders.

FDA Approved Medications for MAT
Methadone – full agonist
Buprenorphine – partial agonist
Naltrexone – antagonist
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
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!
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
REDUCE HARM
CAUSED BY OPIOID USE

- Northern Colorado Harm Reduction Alliance

PEER SUPPORT & NETWORK DEVELOPMENT

EDUCATION AND COMMUNITY OUTREACH

INCREASED ACCESS TO HARM REDUCTION STRATEGIES

POLICY
PREVENT MISUSE
AND OPTIMIZE USE

Provider Education

Rethinking Addiction Conference 2.0
IDENTIFY MISUSE
AND PROVIDE EARLY & ACCESSABLE TREATMENT

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
IDENTIFY MISUSE
AND PROVIDE EARLY & ACCESSABLE TREATMENT

Who are the partners?
- Opiate Treatment Providers (OTPs)
- Federally Qualified Health Centers (FQHCs)
- Community Mental Health Centers (CMHCs)
- Residency program
- Addiction Treatment Providers

What are the pieces?
- Provider call number to ensure MAT care coordinator follow-up for treatment induction, continuation of treatment and care management
- Community call number for those interested in MAT
- Call directly to director then triaged to respective care coordinator
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:

1) 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

BUILDING TRANSITIONS OF CARE

MAT IN JAILS & CJ SETTINGS

MAT IN EMERGENCY DEPARTMENTS

ENGAGING A COMMUNITY NETWORK TO IMPROVE SUBSTANCE USE OUTCOMES IN NORTHERN COLORADO
Medication Assisted Treatment in Jails

- Induction
  - Buprenorphine
  - Naltrexone

- Maintenance
  - Buprenorphine
  - Naltrexone
  - Methadone

- Jail-Based Counseling
- Care Coordination

LCSO Comprehensive MAT program

Naloxone at release
Medication Assisted Treatment w/ Emergency Departments

**PATIENT WITH OUD**

- **Withdrawal**
  - Medical emergency
  - Requires treatment with bupe

- **No withdrawal**
  - Comfort meds
  - Referral to CO-SLAW

**EMERGENCY DEPARTMENT**

- **Treat OUD/Withdrawal**
  - Bupe 4-8mg Q30-45 min, max 16-24mg
  - Rx for Naloxone
  - Refer

**CO-SLAW MAT NETWORK**

- **Call:** 844-944-7529
- **Fax:** 970-350-4696

- **Within 24-48 hours:**
  - Continued treatment
  - Navigation assistance

**Critical action**

Provide patient name, contact info to CO-CLAW MAT Network

**Note:** 72-hour rule allows 3 days of dispensing, NOT a 3-day rx
No rx for bupe for OUD unless provider has X-weaver
WHAT DOES THE DATA SAY?
WHO AND HOW
ARE PEOPLE BEING SERVED BY CO-SLAW

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CO-SLAW TARGET</th>
<th>CO-SLAW COMPLETED</th>
<th>CO-SLAW RATE</th>
<th>ALL OTHER GRANTEE RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>351</td>
<td>335</td>
<td>95.4%</td>
<td>80.5%</td>
</tr>
<tr>
<td>3-Month Follow Up</td>
<td>334</td>
<td>273</td>
<td>81.7%</td>
<td>47.6%</td>
</tr>
<tr>
<td>6-Month Follow Up</td>
<td>334</td>
<td>245</td>
<td>73.4%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>
WHO AND HOW
ARE PEOPLE BEING SERVED BY CO-SLAW

Average Days Members Experienced Mental Health Symptoms n=245

- **Serious anxiety or tension**
  - Intake: 16.04
  - 6-months: 13.42

- **Trouble understanding, concentrating or remembering**
  - Intake: 6.84
  - 6-months: 5.21

- **Prescription for psychological problems**
  - Intake: 8
  - 6-months: 4.33
WHO AND HOW
ARE PEOPLE BEING SERVED BY CO-SLAW

<table>
<thead>
<tr>
<th></th>
<th>Satisfied or Very Satisfied at Intake</th>
<th>Satisfied or Very Satisfied at 6-months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Situation</td>
<td>50%</td>
<td>64%</td>
</tr>
<tr>
<td>Health</td>
<td>48%</td>
<td>60%</td>
</tr>
<tr>
<td>Ability to perform daily activities</td>
<td>54%</td>
<td>73%</td>
</tr>
<tr>
<td>Self</td>
<td>45%</td>
<td>72%</td>
</tr>
<tr>
<td>Personal Relationships</td>
<td>63%</td>
<td>79%</td>
</tr>
</tbody>
</table>
WHO AND HOW
ARE PEOPLE BEING SERVED BY CO-SLAW

![Graph showing percentage of members housed and employed part or full time.]

- Housed:
  - Intake: 74%
  - 6 months: 85%

- Employed Part or Full Time:
  - Intake: 33%
  - 6 months: 46%
<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>AVERAGE DAYS OF USE AT INTAKE</th>
<th>AVERAGE DAYS OF USE AT 6 MONTHS</th>
<th>TREND IN USE</th>
<th>STATISTICALLY SIGNIFICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
<td>2.12</td>
<td>1.24</td>
<td>↓ Decrease</td>
<td>Yes</td>
</tr>
<tr>
<td>ALCOHOL AND ILLEGAL DRUGS</td>
<td>1.02</td>
<td>.43</td>
<td>↓ Decrease</td>
<td>Yes</td>
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<tr>
<td>ILLEGAL DRUGS</td>
<td>9.61</td>
<td>7.47</td>
<td>↓ Decrease</td>
<td>Yes</td>
</tr>
<tr>
<td>HEROIN</td>
<td>4.25</td>
<td>2.01</td>
<td>↓ Decrease</td>
<td>Yes</td>
</tr>
<tr>
<td>METHAMPHETAMINE</td>
<td>3.79</td>
<td>3.18</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>COCAINE</td>
<td>.35</td>
<td>.08</td>
<td>↓ Decrease</td>
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<tr>
<td>MARIJUANA</td>
<td>3.87</td>
<td>3.91</td>
<td>↑ Increase</td>
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<tr>
<td>BENZODIAZEPINES</td>
<td>.50</td>
<td>.20</td>
<td>↓ Decrease</td>
<td>X No</td>
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<tr>
<td>MORPHINE</td>
<td>.07</td>
<td>.00</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>PERCOCET</td>
<td>.04</td>
<td>.03</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>CODEINE</td>
<td>.24</td>
<td>.00</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>OXYCONTIN/OXycodone</td>
<td>.25</td>
<td>.13</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>TYLENOL</td>
<td>.06</td>
<td>.01</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>METHADONE</td>
<td>.02</td>
<td>.00</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
<tr>
<td>HALLUCINOGEN</td>
<td>.02</td>
<td>.01</td>
<td>↓ Decrease</td>
<td>X No</td>
</tr>
</tbody>
</table>
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

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
ALLOWABLE USES DISCUSSED

- 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.

- Training for emergency room personnel treating opioid overdose patients on post-discharge 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 cross-systems 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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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
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.gov
@BHACconnect
MEDICATION 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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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 evidence-informed 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 re-entry 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

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Fentanyl

MYTHBUSTERS

5 Fallacies that are Fueling the Crisis

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)
Myth #1

Simply Inhaling or Touching Fentanyl Can Make You High or Cause Overdose
Myth #2

All Fentanyl is the Same

(and the corollary: all Fentanyl overdoses are “poisonings”)

Myth #3

Standard precautions for dealing with suspicious substances DO NOT APPLY to Fentanyl
Myth #4

“Feeling sick” after encountering a powdered substance is a symptom of a Fentanyl overdose.
Myth #5

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
COSSAP

- 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 ineligible 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
  - 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 sub-optimally run.
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
Contact Information

Don Stader, MD, FACEP, Founder
don@staderopioidconsultants.com
Ryan Tsipis, MPH, Project Manager
nikki@staderopioidconsultants.com

Website: http://naloxoneproject.com/
### 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

Join the Discussion #OpioidResponseCO
HOW WE WORK TOGETHER: REGIONAL COUNCIL PANEL

MAJITA JORGENSEN QUEEN
HOW WE WORK TOGETHER: REGIONAL COUNCIL PANEL

MARSHA PORTER-NORTON
Commissioner
La Plata County
Region 17

GEORGE MARLIN
Commissioner
Clear Creek County
Region 10

MARCY CAMPBELL
Behavioral Health System
Program Manager
Boulder County
Region 6

JARID ROLLINS
Director of Behavioral Health Services
MidValley Family Practice
Region 5

STEVE D’ORISIO
Commissioner
Adams County
Region 8
Closing Remarks

Jessie Garcia
Opioid Crisis Recovery Funds Advisory Committee Member

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Join the Discussion #OpioidResponseCO
Thank you for your contributions -
From Attorney General
Phil Weiser