Legislative Solutions to the Opioid Crisis:  
*Colorado’s Collective Impact Model*

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Objectives

• Describe and discuss how policy can drive and support multi-system collaboration and public-private partnership in responding to the opioid crisis.

• Provide examples of collaborative solutions being applied in Colorado.
What are the current data?

Drug Overdose Mortality in Colorado

Colorado Data: Some Unique Wrinkles

• Relative to other states, Colorado has:
  – Low rates of obesity, heart disease, tobacco smoking
  – Moderate rates of opioid prescribing (35th-40th)
  – High rates of substance misuse (of all kinds)
  – Low risk perception

• Medical and Recreational Marijuana access

• Urban, suburban, rural, frontier geographies

• Problems with access to evidence based treatment

Substance Abuse Treatment Gap: 90%

Number of People Needing Treatment for Substance Abuse Problems: 21.6 million

Number of People Who Received Treatment at a Substance Abuse Facility: 2.3 million

SAMHSA/NSDUH 2011 survey
Access to Medication Assisted Treatment (MAT) in Colorado: April 2017

The Response: A Brief History of Time

- 1986: Colorado Prescription Drug Abuse Task Force
- 1990 - 2010: Growth of opioid use, problems
- 2010 - 2011: Colorado ranked #2 in U.S. in self reported nonmedical use of opioids (NSDUH, 2012)
- Governor Hickenlooper: NGA Policy Academy, facilitated strategic planning Fall 2012 – Spring 2013
- 2013: Colorado Plan to Reduce Rx Abuse
- Formation of Colorado Consortium for Prescription Drug Abuse Prevention (independent 501c3)
- Launched September 2013, now five years old
The Governor’s Goal: Reduce SRNMU

2016 GOAL: PREVENT 92,000 Coloradans from misusing opioids

255,000 COLORADANS AGED 12 +

6%

163,000 COLORADANS AGED 12 +

3.5%

92,000 COLORADANS AGED 12 + PREVENTED FROM MISUSING OPIOIDS

Colorado Substance Abuse Trend and Response Task Force

• State Methamphetamine Task Force, 2006-2013
• Substance Abuse Trend and Response Task Force, 2013 – present

Current Authorization

Colorado Revised Statute §18-18.5-103(6)(l-III)
Task Force Leadership

• Chair: State Attorney General

• Vice Chair for Treatment

• Vice Chair for Criminal Justice

• Vice Chair for Prevention

Task Force Members

Membership of the Colorado Substance Abuse Trend and Response Task Force is set forth in statute:

• Chair, three vice-chairs, and twenty-eight members, including 3 members of the General Assembly
Task Force Committees

• Substance Exposed Newborns Steering Committee, with 6 Work Groups
  – Hospital Learning Collaborative
  – Fetal Alcohol Spectrum Disorder
  – Data and Research
  – Provider Education
  – Plan for Safe Care
  – Policy

Task Force Committees

• Data Committee: State Epidemiological and Outcomes Workgroup
  – Multidisciplinary working group of data stewards
  – Increasing access to data and data products that address substance use and health issues to inform promotion, prevention, intervention, treatment, recovery, enforcement, and broader policy.
Consortium Organization

Task Force Duties

Monitor Colorado Substance Abuse Data and Trends

Marijuana Use Among High School Students, 2015
Task Force Duties

Assist Local Communities and Identify Best Practice Approaches

Rural Law Enforcement Meth Initiative
Colorado Substance Exposed Newborns Hospital Learning Collaborative

Task Force Duties

Annual Report and Recommendations to the Legislature

Submitted by
January 1st to the
House and Senate
Judiciary Committees
The Collective Impact Model

Figure 3 | Five Collective Impact Conditions

- COMMON AGENDA
- SHARED MEASUREMENT
- MUTUALLY REINFORCING ACTIVITIES
- CONTINUOUS COMMUNICATION
- BACKBONE SUPPORT


The Collective Impact Model

Figure 4 | Eight Principles of Practice

- Design and implement the initiative with priority on equity.
- Include community members in the collaborative.
- Recruit and co-create with cross-sector partners.
- Use data to continuously learn, adapt, and improve.
- Cultivate leaders with unique system leadership skills.
- Focus on program and system strategies.
- Build a culture that fosters relationships, trust, and respect across participants.
- Customize for local context.

Agenda and Common Metrics

• Develop programs, partnerships, policies to reduce prescription (opioid) abuse in Colorado

• Five trailing indicators:
  – Self reported nonmedical use of opioids
  – Emergency Department visits
  – Hospitalizations
  – Treatment admissions
  – Overdose deaths

• Work groups: Key Performance Indicators
  – Examples: raise awareness level by 10% in two years; one drop box per county by 12/31/17
Consortium Funding / Staff

• Braided Funding Model
  – Attorney General’s Office (initial $1M for PA)
  – Governor’s Office (seed funding)
  – Federal grants (SAMHSA, CDC, DOJ) w/partners
  – State Legislature (Safe Disposal, New Center)
  – Foundations and major donors

• Staff (8.5 FTE)
  – Director, Operations Manager, 3 program managers,
    2 community outreach staff, 1 MarComm person,
    1 coordinator (logistical support)

Public Awareness Work Group

• Began in 2015 with $1M in funding from former AG
• Focuses on Safe Use, Safe Storage, Safe Disposal
• Bilingual (English/Spanish)
• Campaign showed significant improvement in knowledge
  and behavioral intent (to use safe disposal program)
• Collateral materials available free for physicians/practices
Safe Disposal Work Group

TakeMedsBack.org

- Created TakeMedsBack: statewide, permanent drug dropbox/collection program
- Received $300K annual allocation in state funds
- 2017 goal: at least one permanent drop box in every county in CO
- 57 counties / 99 boxes as of June 1, 2018

Medication Take Back locations map
Provider Education Work Group

- Created live CE program for physicians, other providers
- Focused initially on Safe Opioid Prescribing and Monitoring
- Delivered 15 times (5 more planned), to >800 providers
- Next topics: MAT in Primary Care; Alternatives to Opioids; Telemedicine for Pain Management, Addiction Treatment

Heroin Response Work Group

- Collaboration with Rocky Mountain HIDTA, DEA, US Attorney
- Prevention, Public Health, Treatment, Recovery, Law Enforcement partnership
- Report: Heroin in Colorado
  - Data on scope of problem
  - Survey of OTP clients re: demographics, experiences
  - Will inform future efforts of the work groups re: heroin strategy
**Affected Families & Friends Work Group**

- Forum for affected family members and friends to engage, inform, advocate
- Developed and offer public facing program: “These Numbers Have Names”
- Speakers bureau of those willing to speak with media, share their personal stories to help educate others

**Colorado AG: Naloxone for Life program**

- Launched September 2016
- AG Coffman purchased Narcan Nasal Spray for first responders in 17 counties with highest opioid overdose death rates
- On site training (9 sites), online version available
- OpiRescue app/system for collecting reversal reports (soon for Treatment referrals, product/inventory mgmt)
  - 366 reversals reported in 2017
Regional Coalitions and Initiatives

- San Luis Valley AHEC (1980’s)
- North Colorado Health Alliance
- Boulder Opioid Advisory Group
- Pueblo Heroin Task Force
- Yampa Valley Rx Task Force
- Tri-County Opioid Overdose Partnership
- El Paso County Opioid Coalition (CPAR)
- Mountain Areas Drug Awareness Partnership
- AHEC system: AmeriCorps/VISTA CORP program
• Consortium and SATF named in legislative request to advise ISC
• Committee met between July and October 2017, drafted 6 bills (5 passed/signed):
  - Prevention/Education
  - Clinical Practice Improvement
  - Harm Reduction
  - Workforce Development
  - Treatment (Inpatient/Residential)
  - Payment Reform (coverage, prior auth)

Measures of Success to Date

• Relative to neighboring states / US averages:
  – Increased awareness of issue, intent to safely dispose
  – One of few state funded safe disposal programs
  – Higher per capita drug takeback rates (lbs/capita)
  – Access to naloxone is high (>500 pharmacies have standing orders, Medicaid covers; >50% of law enforcement agencies carry; reversal data coming in)
  – Decreased SRNMU from 6.0% (2013) to 5.1% (2015)

• Still seeing similar problems as many other states:
  – Increased opioid overdose deaths (~5% per year)
  – Increases in heroin, fentanyl, meth, cocaine
Study of Collective Impact Approach

- Newly published (Mar 2018)
- Studied 25 initiatives in U.S., 8 site visits (we were one)
- Theory of Systems Change model was applied
- Key findings:
  - Backbone and Common Agenda are key first steps
  - Long term process (takes time)
  - Evolving process (iterative, intentional, but flexible)
  - Focus on key priorities
  - Lay foundation for sustainment

Resources

- Colorado Consortium for Prescription Drug Abuse Prevention:  [www.corxconsortium.org](http://www.corxconsortium.org)
- TakeMedsSeriously PA campaign (English/Spanish)
  - [www.takemedsseriously.org](http://www.takemedsseriously.org)
  - [www.tomesusmedicinasenserio.org](http://www.tomesusmedicinasenserio.org)
- TakeMedsBack takeback program (statewide)
  - [www.takemedsback.org](http://www.takemedsback.org)
- Collective Impact:  [www.collectiveimpactforum.org](http://www.collectiveimpactforum.org)
Thank You!

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