DENVER’S COLLECTIVE IMPACT GROUP
City and County of Denver
Department of Public Health and Environment (DDPHE)

OPIOID RESPONSE STRATEGIC PLAN
2018 – 2023
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The Opioid Epidemic

Across the United States, communities are reckoning with the rising (mis)use of opioids and the resulting increase in substance overdoses. In 2016, opioids were involved in 42,249 deaths. The overprescription and (mis)use of opioids is taking a toll on the country, resulting in death, visits to the emergency room, hospital stays, and unmeasurable pain felt by those who have become addicted to these drugs as well as their families and communities. The opioid epidemic is one of the largest public health issues we face.

As a response to this growing crisis, Denver conducted a needs assessment to gather information from people who are directly impacted, and the City brought together a group of leaders from across government agencies and community organizations to address the issue. Together, the Collective Impact Group established a 5-year plan to address opioid (mis)use in Denver.

GOALS

The three primary goals of the plan are:

• Preventing Substance (Mis)use
• Improving Treatment Access and Retention
• Reducing Harm

Call to Action

Through a series of aligned goals, strategies, and activities, Denver’s Opioid Response Strategic Plan aims to reduce stigma surrounding substance (mis)use, eliminate barriers to accessing treatment, ensure equity, create opportunity, and build resiliency. This plan is a roadmap to improving the quality of life in our community, and it is also a call to action. We must all work together – government agencies, community organizations, health care providers, law enforcement, citizens – to effectively address this widespread, complex epidemic.
Dear Denver Residents,

I present to you the Opioid Response Strategic Plan, the result of a collaborative effort among more than 100 government agencies and community organizations to address the opioid crisis in Denver. The work here represents a truly united effort by the Collective Impact Group, which was formed to combat opioid and other substance (mis)use in the city. Civic engagement is the cornerstone of our democracy, and hearing the voices from people experiencing addiction as well as those representing so many distinct departments and organizations is crucial to the success of these initiatives.

Addiction touches every community, every demographic, every one of us in some way. There is no discrimination or protection from a problem like this. Whether you live in the largest mansion or you don’t have a place to call home, rich or poor, young or old; we are all vulnerable to addiction.

Thank you for taking the time to read this; knowing more about this issue is the first step to addressing it in an impactful way. This strategic plan is a living document. We will update it as new information arises and the landscape changes. We are committed to doing everything we can to support the people of Denver.

Respectfully,

Michael B. Hancock
Mayor
Denver is not alone in dealing with the impacts of opioids. Cities across the country are seeing increases in emergency room visits, hospitalizations, and the ripple effect of communities with family members facing addiction.

According to the Centers for Disease Control, approximately three out of every five overdoses involved an opioid in 2016. Two years later, the number of overdoses continues to increase, as does the urgency and the need to take action. While the challenges each community faces may differ, we all share the call to identify how we work together and find a solution.

For this reason, the Denver Department of Public Health & Environment conducted the city's needs assessment with people who use opioids to collect information from those directly impacted, then analyzed the findings. Simultaneously, we brought together the Collective Impact Group, a collaborative of law enforcement agencies, behavioral health, public health, and community organizations to help guide the city's approach to tackling this crisis.

By focusing on prevention, removing barriers to essential support services, and making treatment more readily available, we can reduce unnecessary deaths and the impacts of opioid addiction on our community.

Bob McDonald
Executive Director
Denver Department of Public Health & Environment
ABOUT THE COLLECTIVE IMPACT GROUP

VISION

The vision of the Collective Impact Group is that the quality of life of the Denver community will be improved by increasing awareness and understanding of the root causes of substance misuse (including trauma), decreasing the stigma associated with substance use, reducing systemic barriers to accessing services, and ensuring that funding and capacity are sufficient to meet the needs of those facing this experience.

VALUES

REDUCE STIGMA

ELIMINATE BARRIERS

ENSURE EQUITY

CREATE OPPORTUNITY

BUILD RESILIENCY

Like many cities across the nation, Denver has faced the myriad challenges associated with the rapid escalation of the opioid crisis first-hand. In response to these challenges, Mayor Michael Hancock devoted one full-time employee to explore wrap-around service provision at Denver’s syringe access programs through the Department of Public Health and the Environment’s (DDPHE) Community Health division in late 2016. DDPHE staff initiated a collective impact process in April of 2017, and formed the Collective Impact Group to coordinate the cross-disciplinary efforts underway to address the opioid epidemic.

The power of this approach lies in multiple organizations working through a common lens, the use of continuous feedback loops to facilitate rapid learning, and the immediacy of action stemming from all participants responding simultaneously in a unified way. Each of the members in this collaborative has agreed to the five essential conditions for a successful collective impact initiative: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and dedicated agency staff and resources provided through the DDPHE.

The Collective Impact Group is also working closely with leadership at the state level and in various other areas in Colorado, Washington and Canada to benefit from lessons learned and common approaches to reducing the (mis)use of opioids.
In just 8 months, more than 100 organizations and agencies came together to begin articulating a vision, developing strategies, and setting priorities for action in response to the opioid crisis in Denver. Stakeholders have a wide range of experiences and expertise, representing nonprofit, government, and private agencies with a focus on everything from law enforcement and health care, to human services and youth development. The diversity of the group has ensured that a broad range of perspectives and ideas are part of every step of the process.

Much of the strategic planning process took place during multiple days of intensive work between June of 2017 and March of 2018.

- In June 2017, stakeholders came together for an initial visioning exercise, in which they began to broadly define what success looks like and articulate shared aspirations for the opioid response. The group also generated a list of core values to serve as an anchor for the ongoing collaboration.

- In September 2017, stakeholders reconvened and, using the vision as a guide, identified areas of work – such as criminal justice, data and policy, education and treatment - to further explore in smaller teams.

- In February 2018, a smaller group of stakeholders, which make up the Leadership Committee for the Collective Impact (LCCI), focused on coming to agreement on the overarching goals for the collective impact effort and articulated strategies (or “what change looks like”) in each goal area. They also identified activities that could lead to positive change. Participants identified 3 overarching goals, 8 strategies, and more than 30 potential activities.

- In March 2018, the group prioritized activities for short-term action over 12 months and developed detailed plans that include tasks, timelines, roles, and estimated costs.

The 2018-2023 Opioid Response Strategic Plan is the culmination of these many months of work. This plan includes broad goals to guide the response; strategies that support the achievement of each goal; and specific actions to be implemented in the next 1-5 years by a range of organizations and agencies.

Recognizing that much learning which will inform these efforts is taking place across the state of Colorado, nationally and internationally, and that the operating environment is dynamic, this strategic plan is very much a living document; the metrics accompanying each goal will continue to be developed as we work through each proven process and strategy, and this progress will be reflected in the project pages of the plan as it occurs. While it articulates clear goals and priorities around which the coordinated response should remain true, the plan will be updated regularly to ensure that it is responsive to changing trends and continues to remain relevant.
## GOALS, STRATEGIES, AND METRICS

### GOAL 1
**PREVENT SUBSTANCE (MIS)USE**

**STRATEGY A:** Enhance capacity for effective prevention programming

**STRATEGY B:** Promote medication safety

**STRATEGY C:** Provide peer recovery support services

### METRICS
- Increase the number of providers delivering evidence-based programs on adverse childhood events and trauma
- Increase the percentage of youth who report having a parent or adult they can talk to or go to for help
- Reduce the percentage of people who self-report experiencing stigma within the past month
- Reduce the percentage of people who report misusing substances in past year/past 30 days
- Reduce the percentage of patients receiving opioids in emergency departments
- Reduce the number of patients receiving overlapping opioid prescriptions
- Reduce the number of patients with overlapping opioid & benzodiazepine prescriptions
- Increase the number of agencies/providers that provide peer recovery services

### GOAL 2
**IMPROVE TREATMENT ACCESS AND RETENTION**

**STRATEGY A:** Increase participation/enrollment of people with substance use disorders (SUD) in treatment services

**STRATEGY B:** Increase retention of people with substance use disorders in treatment services

### METRICS
- Increase the number of people enrolled in treatment for SUD
- Increase the number of people seeking SUD treatment enrolled within 24 hours
- Decrease the number of repeat treatment admissions over calendar year

### GOAL 3
**REDUCE HARM**

**STRATEGY A:** Reduce rate of overdose deaths

**STRATEGY B:** Improve health outcomes among people who use drugs

**STRATEGY C:** Implement innovative service facilities

### METRICS
- Increase the number of sharps collected at public kiosks
- Decrease the number of improperly discarded sharps in the community
- Decrease the number of fatal overdoses
- Decrease the number of nonfatal overdoses
- Decrease the number of new HIV cases attributable to drug use
- Decrease the number of HCV cases
- Increase the number of people who use substances who are retained in health care
- Increase the number of people utilizing innovative facilities
- Increase the number of facilities offering new or innovative services
- Reduce the number of emergency department visits and hospital discharges related to substance use
GOAL 1: PREVENT SUBSTANCE (MIS)USE

Strategies were chosen to address issues surrounding prevention of (mis)use of substances. One of the most important approaches is to address youth prior to initiation of substance use. To do so, it is necessary to (1) create a resilient community that understands behavioral health issues, including the influence of trauma on mental health and substance use disorders; (2) address the current prescribing landscape; (3) create a more robust recovery community in Denver.

STRATEGY A: Enhance capacity for effective prevention programming

This strategy focuses on deepening the general public's understanding of the factors that are likely to protect someone from or put them at risk for substance (mis)use. Raising awareness of these factors is critical in preventing substance (mis)use. By reducing the stigma associated with reaching out for support and encouraging more interactions with people in recovery, fewer people will move along the continuum of substance (mis)use that end up requiring a higher level of treatment and more involved interventions.

YEAR 1 ACTIVITIES

- Design and launch an educational campaign to address stigma and risk, resiliency, and protective factors influencing health outcomes.
- Provide education on adverse childhood experiences, trauma, mental health, and substance use to decision makers and community leaders, including police departments, courts, human services, etc.

STRATEGY B: Promote medication safety

This strategy emphasizes the use of alternatives to opioids (ALTOs) when possible, and consumer education to ensure safe consumption of prescriptions. One of the activities will expand a successful pilot study done by the Colorado Hospital Association (CHA) to reduce the number of opioids used in 10 emergency departments across the state. Centura Health, as the largest health system in the state, will be one of the first to implement it within all of their emergency departments. CHA and the LCCI will work together to implement ALTOs in additional emergency departments in the city.

YEAR 1 ACTIVITIES

- Provide training and support to area hospitals on prescribing alternatives to opioids for pain management.
- Educate consumers on safe consumption of prescription medications.

STRATEGY C: Provide peer recovery support services

The opioid response is enhanced by the involvement of people with lived experience in program implementation. This strategy ensures that peer support programs that focus on recovery are directly tied to the efforts of treatment agencies.

YEAR 1 ACTIVITIES

- Develop infrastructure to expand and connect peer recovery organizations with substance use treatment.
GOAL 2: IMPROVE TREATMENT ACCESS AND RETENTION

An essential piece to address the opioid crisis involves ensuring treatment is available and accessible. A 2017 value stream analysis of the Denver substance (mis)use treatment system identified that a major gap is the intake and admissions process, which regularly can take four hours for a patient to complete. It was determined that most treatment agencies were not at capacity, and there was an access issue occurring.

Through previous work completed over the past year, it was determined that infrastructure and a network already existed in Denver to address these areas. Based on this work, the LCCI identified (1) increasing participation and enrollment in treatment; and (2) increasing retention in treatment services as the primary strategies.

**STRATEGY A: Increase participation/enrollment of people with substance use disorders (SUD) in treatment services**

This strategy emphasizes the importance of simplifying access to services for people with substance use disorders. With the idea that there is “no wrong door” to access services, this strategy supports the development of an efficient and effective system to help connect people to the services they need. The need for treatment on demand was mentioned both by respondents to DDPHE’s opioid needs assessment and value stream participants, and is identified in peer reviewed literature as a mechanism to improve uptake in substance (mis)use treatment.

**YEAR 1 ACTIVITIES**

Establish a regional intake induction center for rapid treatment admissions.

**STRATEGY B: Increase retention of people with substance use disorders in treatment services**

After getting people into relevant programs, it is important that they stay in those programs to fully reap the benefits. This strategy focuses on creating opportunities for people with substance use disorders to stay connected to vital services.

**YEAR 1 ACTIVITIES**

Provide co-located services for people in crisis from SUD and/or other behavioral health factors.

Scale up jail to community medication assisted treatment programs.
The following strategies were chosen to address harms that may occur throughout the continuum of substance (mis)use. While the group agreed that harm reduction concepts should be utilized within all strategies, reducing harm was identified as its own goal because of the importance of preventing fatalities. Due to the stigmatization of people who (mis)use drugs, many may be disinclined to access health care services before it becomes an emergency. The group decided to focus on three key areas in terms of harm reduction. These include (1) reducing overdose fatalities; (2) improving health outcomes; and (3) implementing innovative service facilities.

### STRATEGY A: Reduce rate of overdose deaths
This strategy relies on risk awareness for reducing overdose deaths due to opioid (mis)use. Tracking trends in the level of public access to fentanyl will provide key information to the agencies responsible for addressing the most critical factors in overdose deaths.

#### YEAR 1 ACTIVITIES
- Monitor presence of fentanyl in Denver and pilot a testing project.
- Provide people with SUD who are in the criminal justice system with medically sound treatment and treatment planning, including MAT.

### STRATEGY B: Improve health outcomes among people who use drugs
Focuses on minimizing the various additional health risks – especially infectious diseases – that may accompany people who use drugs and may have different health concerns and needs than the general public. To improve health outcomes among people who use substances, it is necessary to expand access to sterile injection equipment for people who inject drugs, provide referrals to health care providers trusted by the community and known to be nonjudgmental and nonstigmatizing, and encourage people to become educated on vein care.

#### YEAR 1 ACTIVITIES
- Reduce rates of SUD-related infectious diseases via syringe access programs and access to treatment.
- Explore integration of harm reduction practices in existing public shelters.
- Expand diversion of people with SUD who are nonviolent from the criminal justice system to substance (mis)use treatment.

### STRATEGY C: Implement innovative service facilities
There is a need to implement innovative service facilities that are open and welcoming to people who use drugs. These facilities should co-locate or integrate mental health services, substance (mis)use treatment, and health care. This includes preventative screenings, support services, educational programming, case management, safe places to “ride out” a high (or low) and receive essential drug-related health services (such as vein care), access to basic services (including showers, restrooms, communication devices, and food). This strategy prioritized creating safe places for people to use substances.

#### YEAR 1 ACTIVITIES
- Reduce barriers to a safe use site (SUS).*

*Note: One of the proposed activities under the “Implement innovative service facilities” strategy was to implement a supervised injection facility (SIF). The group did not come to consensus regarding the preferred language, and what agencies were able to support at this time. While there was some strong support for the implementation of a SIF, others felt that there was more research that needed to be done and/or that the current legal regulations prohibit the implementation, and therefore would not be something that could be supported by agencies at this time. Therefore, this activity is listed as “Reduce barriers to a safe use site” because this moves in the direction of implementation, but recognizes the multitude of barriers that must be overcome prior to possible implementation. Additionally, the language was changed from “SIF” to “SUS” to encompass people who (mis)use illicit substances but may not inject them, and to reflect the language change that was made to the state bill that would have allowed for this pilot site.
### Prevent Substance (Mis)use

**STRATEGY A**: Enhance capacity for effective prevention programming

**STRATEGY B**: Promote medication safety

### Improve Treatment Access and Retention

**STRATEGY A**: Increase participation/enrollment of people with substance use disorders (SUD) in treatment services

**STRATEGY B**: Increase retention of people with SUD in treatment services

### Goal 3: Reduce Harm

**STRATEGY A**: Reduce rate of overdose deaths

**STRATEGY B**: Improve health outcomes among people who use drugs

**STRATEGY C**: Implement innovative service facilities

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#### ACTIVITIES

- Design and launch an educational campaign to address stigma and risk, resiliency, and protective factors influencing health outcomes.
- Provide training and support to area hospitals on prescribing alternatives to opioids for pain management.
- Educate consumers on safe consumption of prescription medications.
- Develop infrastructure to expand and connect peer recovery organizations with substance use treatment.

- Establish a regional intake center for rapid treatment admissions.
- Scale up “jail to community” medication assisted treatment (MAT) programs.
- Provide co-located services for people in crisis from SUD and/or other behavioral health factors.

- Monitor presence of fentanyl in Denver and pilot a testing project.
- Reduce rates of SUD-related infectious disease via syringe services programs and access to treatment.
- Explore integration of harm reduction practices in existing public shelters.
- Reduce barriers to safe use site.
- Expand diversion of people with SUD, who are non-violent, from the criminal justice system to substance use treatment.
- Provide people with SUD who are in the criminal justice system with medically sound treatment and treatment planning, including MAT.
HOPE TO ACHIEVE

- Increase knowledge of risk, resiliency, and protective factors
- Increase competency in using strategies that promote resiliency
- Reduce initiation into substance use
- Reduce stigma associated with substance use disorder and mental illness
- Improve awareness of risks associated with prescription medications and other substances
- Enhance prescribers’ ability to manage pain with or without using opioids
- Build the capacity of recovery community to participate in public dialogue about addiction, treatment, and recovery

- Reduce the amount of time it takes to access treatment
- Increase the number of people maintained on MAT while in jail and community
- Increase the number of people maintained on MAT for 3 months after reentry into the community
- Reduce the number of people who require repeat admission to treatment after leaving jail
- Increase number of integrated service facilities serving people who have mental illness or use substances

- Improve safe or proper disposal of sharps and medications
- Deter/reduce new HIV/HCV infections
- Reduce fatal and non-fatal overdoses
- Increase the number of people who use substance who have had a primary care visit within the past year
- Increase number of integrated service facilities serving people who have mental illness or use substances

METRICS

- Increase the number of providers delivering evidence-based programs on adverse childhood events and trauma
- Increase the percentage of youth who report having a parent or adult they can talk to or go to for help
- Reduce the percentage of people who self-report experiencing stigma within the past month
- Reduce the percentage of people who report misusing substances in past year and past 30 days
- Reduce the percentage of patients receiving overlapping opioid prescriptions
- Reduce the percentage of patients with overlapping opioid and benzodiazepine prescriptions
- Increase the number of agencies/providers that provide peer recovery services

- Increase the number of people enrolled in SUD treatment
- Increase the number people seeking SUD treatment enrolled within 24 hours
- Decrease the number of repeat SUD treatment admissions over calendar year

- Increase the number of sharps collected at public kiosks
- Decrease the number of improperly discarded sharps in the community
- Decrease the number of fatal overdoses
- Decrease the number of nonfatal overdoses
- Decrease the number of new HIV cases attributable to drug use
- Decrease the number of HCV cases
- Increase the number of people who use substances who are retained in health care
- Increase the number of people utilizing innovative facilities
- Increase the number of facilities offering new or innovative services
- Reduce the number of emergency department visits and hospital discharges related to substance use
Project Description

Denver believes that the purpose of a community health improvement plan (CHIP) is to lay the foundation for successful work on emerging health issues. We believe that the CHIP can be used to elevate a health topic that is lacking adequate response or support in its current state. The hope is, after five years of collaborative, community engaged efforts on specific plan issue areas, enough force and synergy will exist for the work to carry on outside of the CHIP framework.

DDPHE and Denver Public Health engaged Denver’s youth community in the 2017 Denver Youth Health Assessment. Primary data collected from young people across Denver about the key issues affecting youth health point to mental health and substance use as crucial health issues impacting the lives of Denver’s youth. Using this justification, in 2018, key stakeholders and community representatives will be engaged in a process to determine specific strategies for addressing mental health issues faced by young people in Denver.

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<th>Goal</th>
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<td>Prevent Substance (Mis)use</td>
<td>Enhance capacity for effective prevention programming</td>
<td>TBD</td>
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### Project Lead
- Denver Department of Public Health & Environment
- Prevention Workgroup of the Collective Impact Group

### Project Partners
- Denver Health and Hospital Authority
- Denver Public Health
- Youth facing community-based organizations across Denver

### Funding/Costs
- TBD

### Metrics
- TBD

### Expected Outcomes
- Specific youth behavioral health issues are identified and collective awareness of how to address them is raised
- Long-term prevention of youth behavioral health issues
- A greater number of youth identify using positive coping mechanisms for stress
**Goal**

Improve treatment access and retention

**Strategy**

Increase participation/enrollment of people with substance use disorders (SUDs) in treatment services

**Activity**

Establish a regional intake induction center for rapid treatment admissions.

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**Project Description**

Denver Health and Hospital Authority currently provides 24/7 access to detoxification and treatment linkage for other substance use disorders through Denver CARES (Comprehensive Addictions Rehabilitation and Evaluation Services), however, 24/7 access to Medication Assisted Treatment (MAT) is limited. Therefore, the program will focus on people in Denver with a DSM-V Opioid Use Disorder (OUD). The program is a collaborative partnership among opioid treatment service partners, that aims to transform Denver’s MAT system of care for community members, with OUD, by expanding MAT through induction on demand followed by community MAT.

Medical staff and Licensed Clinical Social Workers (LCSWs) will begin MAT services and treatment referral planning on-site 24-hours a day, 7 days a week. All MAT inductees will engage in bio-psycho-social evaluation based on an agreed upon and standardized evaluation of substance use and mental health disorders. Triage planning efforts will begin on-site during MAT initiation and will focus on the interventions and activities needed to prepare the person for access to their 'opioid treatment program OTP' while targeting level of care, community accessibility based on patient preference, and behavioral health needs.
### Project Lead
- Denver Health and Hospital Authority
- Denver Department of Public Health & Environment
- Treatment Workgroup of the Collective Impact Group

### Project Partners
- Addiction Research and Treatment Services (ARTS)
- Denver Recovery Group (DRG)
- Behavioral Health Group (BHG)
- Local Federally Qualified Health Centers (FQHCs)

### Funding/Costs
- $431,000 from DDPHE, Community Health, Public Health and Wellness Special Revenue Fund
- Staff support through a grant from the Colorado Department of Public Health & Environment (CDPHE) for Substance Use Navigators (SUNs)

### Expected Outcomes
- Create 24/7 access to MAT on demand
- Develop a standardized evaluation/transfer packet and referral system
- Increase capacity across the opioid treatment program (OTP) system
- Increase the volume of drug offenses to diversion
- Assess community need for 24/7 access to MAT on demand

### Metrics
- Number of individuals presenting for evaluation
- Number of MAT inductions
- Number of successful referrals, defined as full enrollment within 48 hours
- Percent of individuals retained in treatment at 90 days
SYRINGE ACCESS AND SHARPS DISPOSAL EXPANSION PROJECT

PROJECT PAGE

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<td>Strategy</td>
<td>Improve health outcome among people who use drugs</td>
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<td>Activity</td>
<td>Reduce rates of SUD-related infectious diseases via syringe access programs and access to treatment.</td>
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Project Description

This project aims to increase the number of places that people can discard used syringes in Denver, as well as increase the availability of sterile syringes and other injection-related equipment.

Access: There are currently two syringe access programs operating in Denver County, both of which receive some funding from the city. Since they became legal and operational in 2012, they have both seen increases in participants and the need for additional services, including personnel to staff the programs. Increased staffing allows for increased participant engagement and support regarding essential health services, including outreach with people who do not currently utilize the syringe access programs. This project will provide expanded hours for people to access syringes and other essential services for people who use drugs and increase the geographic availability of syringe access service. There is currently no access to syringes on nights and weekends, and it has also been found that the two current programs may not be reaching all the populations who inject drugs, specifically the Latinx and African American communities in Denver.

Disposal: The city currently owns a public sharps disposal kiosk that is located on the trail by 14th Avenue and Speer Boulevard. While it was initially utilized frequently, use has decreased since the addition of a police camera over the kiosk, and the addition of two sharps disposal bins in a business across the street. This, in combination with the fact that the kiosk on the trail is difficult for trucks to access for waste management, led to the decision to seek out other areas where this kiosk could be relocated to. City agencies have been finding increasing numbers of improperly discarded sharps in parks and other public properties. Therefore, there is a need to provide additional public sharps disposal kiosks that can be accessed 24/7 to facilitate proper disposal of sharps. The kiosks will be placed in areas that do not currently have easy access to sharps disposal, and will be informed by data and community input. Local harm reduction agencies are seeking to provide biohazard containers and disposal bins for communities and organizations interested in having them in their facilities. The Sharps Disposal Workgroup of the Collective Impact Group will continue to explore additional ways to facilitate proper disposal of sharps.

In 2016, there were 26 new HIV cases attributable to injection drug use in Denver, an increase of 18% from the previous year.

In 2016, there were 126 new hepatitis C virus cases among people under 30 in Denver, an increase of 66% from the previous year. The most common way of acquiring HCV is through injection-related drug use.
### Project Lead
- Denver Department of Public Health & Environment - Community Health
- Denver Department of Public Health & Environment - Environmental Quality

### Project Partners
- Denver Parks & Recreation
- Denver Public Library
- Harm Reduction Action Center
- Access Point/Denver Colorado AIDS Project

### Expected Outcomes
- Improve safe or proper disposal of sharps
- Deter/reduce new HIV and HCV infections
- Expand utilization of syringe access services

### Funding/Costs
- Syringe access expansion: Estimated costs - $250,000 to develop a third syringe access program in Denver
- Currently the two Denver SAPs receive funding from the city and other sources to assist in engaging and providing services to people who inject drugs
- Disposal expansion: Estimated costs - $25,112 to move the current kiosk and add two additional public disposal kiosks

### Metrics
- Increase the number of sharps collected at public kiosks
- Decrease the number of improperly discarded sharps in the community
- Decrease the number of new HIV cases attributable to drug use
While the activities identified elsewhere in this document were prioritized for the first year of implementation, the Collective Impact Group identified a range of additional activities that could be implemented in years 2-5. These activities are listed below.

**PREVENT (MIS)USE**
- Increase accountability for providers and support systems, (i.e., Prescription Drug Monitoring Program)
- Assess the existing knowledge and ability of service providers to provide alternative treatments to opioids
- Increase access to opioid alternatives for people seeking treatment for pain
- Expand peer coaching and recovery models
- Promote employment of people who have experienced life challenges

**IMPROVE TREATMENT ACCESS AND RETENTION**
- Improve the process (using Adverse Childhood Experiences and Screening, Brief Intervention, and Referral to Treatment) for identifying people with SUDs so that they can receive timely care (“no wrong door”)
- Improve community and health care provider awareness of evidence-based treatment options and their long-term success rates
- Develop ID system so that individuals with SUD can more easily access treatment
- Improve access of people with SUDs to mental health and primary care services
- Reduce regulations that are barriers to providing treatment
- Assess the existing capacity of service providers to provide different options for treatment
- Evaluate effectiveness of treatment on demand
- Create and/or expand treatment programs such as: school-based program for people with substance use disorders, employee assistance programs, social detox, medical detox, house calls, intensive residential, telehealth, mobile van services, and ambulatory detox
- Increase collaboration between methadone clinics and primary care providers
- Advocate for consistent paperwork/reporting requirements across all regulating bodies and payer sources to enhance the ability to utilize evidence-based practices and provide quality clinical care
- Strengthen systems so that service providers receive higher reimbursement rates for services, including reimbursement for recovery services

**REDUCE HARM**
- Improve diversion options from the criminal justice system for non-violent offenses related to substance (mis)use
- Strengthen relationships between different levels of care/treatment/services so that people do not fall between the cracks
- Improve access to affordable transportation for people seeking services
- Support regulations that promote the health and wellness of people who (mis)use substance
• Addiction Research and Treatment Services
• Boulder County Public Health
• Centers for Disease Control
• Centura Health
• Coalition for Prevention, Addiction Education and Recovery
• Colorado Access
• Colorado Coalition for the Homeless
• Colorado Consortium for Prescription Drug Abuse Prevention
• Colorado Office of Behavioral Health
• Colorado Department of Public Health & Environment
• Access Point/Denver Colorado AIDS Project
• Community Health Partnership
• CREA Results
• Denver County Court
• Denver Department of Public Health & Environment
• Denver District Attorney’s Office
• Denver Health & Hospital Authority
• Denver Human Services
• Denver Office of Behavioral Health Strategies
• Denver Parks & Recreation
• Denver Police Department
• Denver Public Health
• Denver Public Library
• Denver Public Safety
• Denver Recovery Group
• Denver Sheriff’s Department
• The Empowerment Program
• Harm Reduction Action Center
• Jefferson County Public Health
• Kaiser Permanente
• Mental Health Center of Denver
• Metro State University (MSU) Denver
• Mile High Behavioral Healthcare
• Mile High Health Alliance
• New Beginnings Recovery Center
• Policy Research Associates
• Rise Above Colorado
• Rocky Mountain CARES
• Rocky Mountain Crisis Partners
• Signal Behavioral Health Group
• The Denver HIV Planning Resource Council
• The Phoenix
• Tri-County Health Department
• University of Colorado Denver
• Urban Peak
• Young People in Recovery
Adverse Childhood Experiences (ACEs): Stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse. (SAMSHA)

Medication Assisted Treatment (MAT): The use of medications as a component of treatment for opioid use disorders that reduces cravings and decreases the effects of withdrawal. Current FDA-approved medications include methadone, buprenorphine, and naltrexone.

(Mis)use: This term applies to a variety of potential uses of drugs. We use the term use, rather than abuse to decrease stigma around the use of substances. However, we are also aware that not all substances may be harmful, and some are prescribed by doctors for health conditions. Therefore, we use the term (mis)use to encompass both substance use in general, as well as using drugs for reasons other than their intended purpose.

Naloxone: An opioid antagonist medication that is used to reverse opioid overdoses by binding to opioid receptors and blocking the effects of other opioids. Forms are available that can be injected intramuscularly or sprayed into the nostrils.

Opioid: A chemical or drug that interacts with opioid receptors in the brain, impacting pain signals and other brain functions. These can be licit, such as Oxycontin, Vicodin, et al; and illicit, such as heroin and most fentanyl analogues.

Opioid Use Disorder: A substance use disorder in which the primary drug of misuse is an opioid.

Overdose: When a drug is taken in excessive amounts, injuring the body and potentially causing death. While some overdoses are intentional, most are unintentional. Opioid overdoses are typically characterized by stopped or limited breathing, unresponsiveness, and bluish fingertips and lips.

Safe Use Site (SUS): These are places where people can go with their previously purchased drugs to use them under the supervision of staff that are able to reverse overdoses and provide other drug-use related care, such as wound care and linkage to treatment and other services. They are also known as supervised injection facilities, supervised consumption sites, community health engagement locations, and overdose prevention sites, depending on the jurisdiction and specific services available.

Screening, Brief Intervention and Referral to Treatment (SBIRT): This is an assessment tool that is used nationally and locally to identify potential drug (mis)use and provide referrals to care for individuals found to need services.

Substance Use disorder (SUD): The continued use of a substance despite negative consequences. SUDs can range from mild to severe and are characterized by impaired control, social impairment, risky use, tolerance and withdrawal.

Syringe Access Program (SAP): Legally sanctioned programs that provide new, sterile syringes in exchange for used syringes. SAPs also offer other safer injection supplies such as water, alcohol pads and cottons to ensure that the injection process does not facilitate the transmission of diseases, such as HIV and HCV.

Trauma: Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (SAMSHA). This includes Adverse Life Experiences (ACEs).