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Coalition for Prevention, Addiction Education and Recovery  Denver Recovery Group
Colorado Access  Denver Sheriff’s Department
Colorado Coalition for the Homeless  The Empowerment Program
Colorado Consortium for Prescription Drug Abuse Prevention  Harm Reduction Action Center
Colorado Office of Behavioral Health  Jefferson County Public Health
Colorado Department of Public Health & Environment  Kaiser Permanente
Access Point/Denver Colorado AIDS Project  Mental Health Center of Denver
Colorado State University  Metro State University (MSU) Denver
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Denver County Court  Mile High Health Alliance
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Denver Health & Hospital Authority  Rise Above Colorado
Denver Human Services  Rocky Mountain CARES
Denver Office of Behavioral Health Strategies  Rocky Mountain Crisis Partners
Denver Police Department  The Denver HIV Planning Resource Council

ACKNOWLEDGMENTS
ACRONYMS

ARTS – ADDICTION RESEARCH AND TREATMENT SERVICES
CEDAR – CENTER FOR DEPENDENCY, ADDICTION AND REHABILITATION
CDC – CENTERS FOR DISEASE CONTROL AND PREVENTION
CDPHE – COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
CIG - COLLECTIVE IMPACT GROUP
CPCC – CRIME PREVENTION AND CONTROL COMMISSION
DCL – DENVER CENTRAL LIBRARY
DDPHE – DENVER DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
DHHA – DENVER HEALTH & HOSPITAL AUTHORITY
DHPRC – DENVER HIV PLANNING RESOURCE COUNCIL
HRAC – HARM REDUCTION ACTION CENTER
GELA – GOVERNMENTAL ENTREPRENEURIAL LEADERSHIP ACCELERATOR
LCCI - LEADERSHIP COMMITTEE FOR THE COLLECTIVE IMPACT
MHCD – MENTAL HEALTH CENTER OF DENVER
OBHS – DENVER OFFICE OF BEHAVIORAL HEALTH STRATEGIES
PWUO – PEOPLE WHO USE OPIOIDS
SAP – SYRINGE ACCESS PROGRAM
DENVER’S OPIOID EPIDEMIC

The rising opioid epidemic in Denver necessitates a coordinated and comprehensive response that draws on the expertise of service providers, policymakers and systems-level actors. The response must allocate sufficient resources for the delivery of individual services and for the alignment, coordination, and systems development that will ensure those services have the maximum impact. Denver’s Department of Public Health & Environment (DDPHE) initiated a collective impact process to coordinate the multi-sectoral efforts underway to address the opioid epidemic. The Collective Impact Group (CIG) is also working closely with leadership at the state level and in various other areas in Colorado, Seattle/King County, San Francisco, and Vancouver to benefit from lessons learned and common approaches to reducing opioid misuse.

PROGRESS TO DATE

There are six workgroups in the early stages of formation to implement the collective impact strategies: Treatment/Recovery, Youth, Data, Criminal Justice Initiatives, Syringe Disposal, and Lived Experiences. The Leadership Committee for the Collective Impact (LCCI) ensures the workgroups remain focused on shared goals, metrics and visions. The LCCI serves as a liaison between each workgroup and the Executive Opioid Task Force, which functions as the decision-making body of the CIG. Additionally, the Denver Central Library has multiple efforts underway to provide resources to people who misuse opioids within the city.

DDPHE staff completed a needs assessment to better understand the opioid crisis in Denver from the perspectives of people who use opioids (PWUO), specifically heroin. DDPHE identified that the voices of PWUO were missing from a number of assessments that have been completed in Colorado. DDPHE leadership has also visited Seattle and Vancouver to better understand the steps agencies in those cities have taken to address the opioid epidemic. Key findings from this research will continue to inform the approach of the City and County of Denver in responding to the opioid crisis locally.

ON THE HORIZON

The top priorities for the CIG in early 2018 are:

- In the first quarter, develop a strategic plan to specify shared goals, outcomes and metrics to measure collective efforts.
- Develop an organizational action plan for the LCCI.
- Prioritize and allocate the existing available funding to facilitate implementation of CIG activities.
- Acquire additional resources.
Drug overdose is now the leading cause of accidental death nationwide. With statistics showing that the epidemic is on the rise, two clear needs are emerging for government and nonprofit agencies.

First, the scale and rapid escalation of the opioid crisis clearly suggests a need for a highly coordinated and comprehensive response that draws on the expertise of service providers, policymakers and systems-level actors. Organizations engaged in response recognize the importance of working together to affect progress in this effort.

Second, the scale of the epidemic has increased the need for resources, not only for the delivery of individual services, but for the alignment, coordination, and systems development that will ensure that those services have the maximum impact.

In response to the needs described above, in late 2016, Mayor Michael B. Hancock allocated a position in DDPHE to explore wrap-around service provision at Denver’s syringe access programs. Subsequently, DDPHE staff initiated a collective impact process in April 2017 to coordinate the multi-sectoral efforts underway to address the opioid epidemic. In just eight months, more than 100 organizations and agencies have come together to begin articulating a vision, developing strategies, and setting priorities for action. 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 following draft organizational structure highlights the focal points of the collective impact model.
Of the six current workgroups, some are in the early stages of formation and others were developed out of longstanding programs in the city’s behavioral health system. Additionally, the CIG has identified that policy and harm reduction efforts are integral to and inform actions being planned and implemented across all the workgroups. Accomplishments to date for each workgroup are described in more detail in the next section. Workgroups are still in development and this structure should not be considered final.

THE LEADERSHIP COMMITTEE FOR THE COLLECTIVE IMPACT (LCCI)

The LCCI ensures that workgroups remain focused on shared goals, metrics and visions. Members are invited by the Mayor and include community leaders and representatives of various populations impacted by the epidemic. This committee is in a formative phase and currently meets monthly. The committee serves as a liaison between each workgroup and the Executive Opioid Task Force. The Executive Opioid Task Force functions as the decision-making body of the collective impact effort. Currently, the Executive Opioid Task Force meets bi-weekly and is facilitated by the Mayor’s Office.

COMMON LENS

The DDPHE Community Health division is leading efforts to establish an equity statement for all entities involved in the collective impact model. Denver’s CIG is committed to reducing the stigma of substance use disorders and facilitating treatment through an equity and social justice lens. This joint statement on an equitable approach to solving this complex social problem will be a work product of the LCCI in 2018.

EXISTING PROGRAMS AND ACTORS

The City and County of Denver has numerous existing programs to build upon in developing a response to the current opioid epidemic.

- A non-profit agency operates a facility where probation officers work out alongside their clients, and after a boxing or yoga session, people in recovery get additional support from their peers and clinicians in group treatment sessions.
- Special probation units with a focus on substance use disorders already exist to facilitate continuity of care.
- An agreement has been established between the City and local hospitals to continue appropriate levels of drug use treatments throughout the jail system.
- Teams of co-responders who have opioid-specific training and expertise are dispatched with police officers, and, in 2018, the City is increasing the number of these co-responders from six to 18.
- In the public health arena, the focus on the opioid epidemic will bolster existing harm reduction efforts at public libraries and expand the focus on safe syringe disposal sites.

The CIG is also working closely with leadership at the state and in various other areas in Colorado to benefit from lessons learned and common approaches to addressing the opioid epidemic. The following organizations serve as valuable resources:

- Colorado Consortium for Prescription Drug Abuse Prevention
- Boulder County Opioid Advisory Group
- Tri-County Overdose Prevention Partnership
- Yampa Valley Rx Task Force
- Coalition for Prevention, Addiction Education and Recovery
TREATMENT/RECOVERY WORKGROUP

The Treatment/Recovery workgroup is dedicated to the coordination of services along the treatment continuum, from intake and admissions into the system through community support upon re-entry. Members are working to coordinate the methadone and buprenorphine programs across city agencies and across various discipline areas, such as: detox services, probation departments, emergency departments, Medicaid programs, state substance use treatment service staff, and community support organizations. Harm reduction, continuity of care and building the capacity of service providers are all areas of focus for the Treatment/Recovery Workgroup.

In late 2017, members first agreed on a definition of treatment, e.g. that syringe access programs and a focus on harm reduction are both on the continuum of treatment. Members also discussed the reordering of existing services to create treatment on demand. Members have plans to introduce their identified resources and planned actions to the LCCI.

PREVENTION WORKGROUP

The prevention workgroup is still being formed and is currently focused primarily on youth. The prevention group is working to expand upon other focus areas, such as disconnected youth and criminal-justice involved. This has the potential to build upon and strengthen the Juvenile Services Center, which was opened in 2010 and houses 10 different agencies. The Juvenile Services Center is a centralized, cross-agency coordination effort that co-locates all organizations to provide full services for the youth clients. The services provided at the center address mental health, behavioral health and substance use disorders. If a client of the center has an opioid use disorder, the center programming will address it as a matter of standard protocol to meet the needs of the clients. These services were preexisting and not put in place as a result of the current response to the opioid crisis.

Some youth prevention work is already being done through the Denver Partnership for Youth Success (DPSY), a grant-funded coalition facilitated by DPH, a DDPHE partner. This work will help inform the work of the Prevention Workgroup.

DATA WORKGROUP

The Data workgroup is currently defining the shared metrics for the collective impact effort and considering indicators such as: number of overdoses, rates of overdose deaths, rates of non-medical opioid use, Emergency Medical Services calls, reduction of public use incidents, naloxone use, indicators around disease prevention, HIV/HEP C incidence, number of treatment admissions, number of relapses, crime data and drug seizures by type.

CRIMINAL JUSTICE INITIATIVES WORKGROUP

This workgroup will build upon some efforts of the CPCC and involve many of the same stakeholders. In 2005, the Crime Prevention and Control Commission (CPCC) was formed as a broad-based group aimed at reducing recidivism and the growth of Denver’s incarcerated population through a focus on diversionary programs and alternatives to sentencing. Following this initiative, the focus of the Criminal Justice workgroup is to create a diversion to services at the earliest identification of needs. This workgroup’s commitment is to continuity of care, i.e. that those in the criminal justice process are getting the full scope of their needs met through induction and maintenance programs in the system and that they are connected to services upon community reentry. The existing Sequential Intercept Model is informing the framework of this workgroup’s activities. This model provides a web for community providers, criminal justice professionals, and behavioral health providers to connect at various intercepts.
The CPCC has been very active since its inception, introducing new rapid assessment tools to expedite the assessment of levels of risk and need and submitting two funding applications to the state for diversion efforts which would strengthen the capacity of co-response teams. Additionally, an opioid specialist position was allocated in January from OBHS and is housed at Denver Health. The opioid specialist will liaise between different service providers and agencies and work directly with people who are suffering from opioid use disorder by directing them to services (e.g. syringe access programs, a contact in detox, etc.). Colorado Access, a behavioral and mental health care provider organization, is working on the opioid response by assisting with navigation as well.

**SYRINGE DISPOSAL WORKGROUP**

This workgroup was formed in response to an identified need to coordinate syringe disposal efforts and created best practices for sharps disposal. The main focus area of this workgroup is to establish the scope of the issue with regard to improperly disposed syringes and to inform where to put public disposal locations. Members of this workgroup include staff from the following City agencies:

- General Services Purchasing
- Environmental Quality
- Risk Management
- Human Services
- Finance
- Parks and Recreation
- Public Works
- Denver Public Library

This group completed the, “Sharps Collection, Best Management Practices Guide” for internal city agencies in February 2018.

**LIVED EXPERIENCES WORKGROUP**

This workgroup is still being formed and has not had any action items to date. The three target focus areas for this workgroup are:

- People in recovery
- People who use drugs
- Friends and family impacted by SUDs and overdoses

**DENVER CENTRAL LIBRARY**

Recognizing that the area around Denver's Civic Center park, including the Denver Central Library (DCL), is a hotspot of opioid misuse activity, DDPHE proposed addressing the problem to the Mayor's Governmental Entrepreneurial Leadership Accelerator (GELA) program. The project was accepted and in July 2017 the assigned task force published its recommendations in an Implementation Report. Concurrent to this effort, Channel 9 news released an undercover investigation report on the sharp rise of heroin overdoses and related crime at the DCL. This report served as an additional catalyst to focus attention on the opioid epidemic in this area of the city and helped to inform the DCL's efforts to reduce the incidents of opioid misuse in its vicinity in the following ways:

- In February 2017, security staff, social workers and peer navigators (people with lived experiences) at DCL, in addition to staff at the 26 branch libraries, comprising more than one-third of the approximately 600 Denver Public Library staff, began to carry and were trained in the use of Narcan to reverse overdoses. In 2017, 13 overdose incidents were reversed at the Central branch.
- Social workers hold office hours during which PWUO can meet with them and obtain information on treatment and other services.

• Four peer navigators serve the library population by distributing clean socks and hand warmers to engage persons who use opioids and discuss available treatment services. This program was in place prior to the current response to the opioid epidemic, but with these positions in place, social workers at DCL are more available to address opioid-related issues.

• Two additional social workers are being hired in 2018 to service the library branches. This is anticipated to alleviate the demand on the DCL social workers, making them more available to respond to opioid-related issues at DCL.

• Security officers provide more frequent monitoring of the library’s public restrooms. Additionally, two floors of restrooms have been closed and a signage campaign encouraging staff and customers to say something if they see something has been implemented.

The lead social worker at DCL is also co-chairing the LCCI with a DDPHE staff member.

NEEDS ASSESSMENT ON OPIOID USE

Also in 2017, DDPHE undertook a needs assessment to better understand the opioid crisis in Denver from the point of view of people who use opioids (PWUO), specifically heroin. The two key themes of the study were:

• Understanding the lived experiences of people who use heroin in relation to accessing treatment

• The availability and accessibility of supportive services to prevent overdose and initiate treatment

The department maintains a focus on working to achieve health equity in Denver, meaning all residents have a fair and just opportunity to be healthier. Due to the importance of equity and the history of criminalization of people who use substances, the researchers prioritized interviewing populations most stigmatized and disenfranchised in the community, people who inject drugs (PWID) and are experiencing homelessness.

The final report and associated recommendations are due to be published in May 2018.

REVIEW OF BEST PRACTICES

DDPHE staff visited Seattle in fall 2017 to better understand the steps agencies there have taken to address the opioid epidemic. This visit was undertaken through a public health lens to learn how Seattle agencies are managing syringe access programs, supervised use facilities, and the administration of buprenorphine to stem opioid use disorder (as an alternative to methadone treatment). The model at the Seattle facility is promising because it houses all services in the same center. The CIG is looking at what a similar colocation of services would look like in Denver.

Based on recommendations from colleagues in Seattle, the DDPHE staff traveled to Vancouver in early 2018 to observe the community’s highly regarded supervised consumption site, including wrap-around services and other diverse models of treatment and harm reduction to prevent overdose and opioid misuse.

Denver’s CIG is relatively new and still researching best practices — including the systems and protocols to comprehensively meet the needs of PWUO — across the country. Key findings from this research will continue to inform the approach of the City and County of Denver in responding to the opioid crisis locally.
The following key findings have shaped activities to date.

- **Stigma** - The LCCI is committed to maintaining an equity and social justice lens as it leads efforts to address the opioid epidemic across agencies and sectors. The harm reduction perspective requires that resources are provided regardless of where people are on the continuum of opioid use. Proposed activities will be centered around zero/low-barrier services for PWUO. The LCCI continues to encourage all members of the collective to acknowledge and explore biases and value-based statements to ensure that solutions are as neutral as possible.

- **Comprehensive care facilities** - DDPHE staff are exploring additional models for low-barrier access to treatment and engagement. Best practices in other countries and across the nation include meeting people where they are and providing comprehensive services.

With the solid foundation of the collective impact model in place, the CIG will use the following elements to guide efforts moving forward:

- The LCCI will **lead this effort through a social justice and equity lens**. Individual agency commitments and value-based positions create barriers and restrictions to developing the most equitable approach to addressing the opioid epidemic. It is imperative that the collective impact effort be led by organizations with a neutral position towards all members of the public.

- Continue **strong coordination with the state consortium and other counties’ efforts**. Members of these agencies are participating in the CIG activities. It is anticipated that lessons and best practices will continue to be exchanged to develop an informed model in Denver.

- Identify and **dedicate resources** to the collective impact coordination effort. This model requires a focused person(s) to lead the task of coordination and to ensure that the benefits of this approach are realized through a continual commitment to the five requirements of initiation: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and dedicated agency staff and resources.

The top priorities for the CIG in early 2018 are:

- In the first quarter, develop the strategic plan to specify shared goals, outcomes, and metrics to measure collective efforts. Develop the organizational action plan for the LCCI.

- Prioritize and allocate the existing available funding to facilitate implementation of collective impact activities.

- Acquisition of additional resources.

The LCCI is enthusiastic about this coordinated effort to address Denver’s opioid epidemic. The voice of each stakeholder and organization involved will contribute to a balanced and more informed approach to preventing substance misuse, providing treatment options for those who seek them, and keeping people alive.