

**Southwest Colorado Opioid Overdose Prevention (SCOOP)  
Strategic Plan & Action Plan  
FINAL a/o July 1, 2021**

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| <b>Vision</b>             | La Plata County will be a place where people of all walks of life will maintain the ability to thrive without the use of substances.   |
| <b>Mission</b>            | We exist simply to collectively understand and remove the conditions in our community that contribute to the use of substances for coping and increase the conditions that allow all of us to thrive.  |
| <b>Assessment Summary</b> | <p><i>"We acknowledge that the ground beneath our feet is historically the home of indigenous peoples. It is the ancestral lands of the Puebloan, Ute tribes and Dine, who have occupied this land before colonization. The Weenuchiu band are now recognized as Ute Mountain Utes who are located in Towaoc and the Mouache and Caputa bands make up the Southern Ute Indian Tribe of Ignacio. Hesperus Peak, located just west of Durango, is the tallest peak in the La Plata mountain range and also one of the four sacred mountains identified by the Dine people, also known as the Navajo. The history of these lands have been told from a western perspective for many years, without fully acknowledging the indigenous people who occupied this land before it was La Plata County and Montezuma County. It is imperative to know that we are living and working on stolen lands. We are here to create a peaceful environment for all and to be inclusive of history, culture, and humanity. Thank you for acknowledging the history of lands with me today." - Offered by Imo Succo, Member of the Navajo Nation</i></p> <p><i>Today, according to the American Community Survey 5-year (2014-2019) estimates, approximately 3,600 American Indian and Alaska Native Peoples live in La Plata County. Of those, almost 1,500 are Navajo, almost 1,000 are Ute (anecdotally, the Southern Ute Tribe has approximately 1,400 members with many living out of the area), and at least 17 other Tribes are represented. This representation may be due to local Fort Lewis College (FLC) having a Native American Tuition Waiver. According to the FLC website, a full 41% of the student body is Native American or Alaska Native and 177 Native American tribes and Alaska Native villages are represented. This is all significant for many reasons, among them this means many graduates likely stay or would stay in the area. It also means many are here and disconnected from their tribal community.</i></p> <p><i>La Plata County, Colorado sits 330 miles southwest of Denver on the southern border of Colorado, bordering New Mexico. It is a six-hour drive over several mountain passes from the nearest metropolitan areas of Denver and Colorado Springs. Durango, a Qualified Opportunity Zone in a Health Professional Shortage Area, serves as the county seat. Mercy Regional Medical Center (MRMC) in Durango receives patients from a 5-county area including the Southern Ute Indian Reservation, the Ute Mountain Reservation, Navajo Nation, and Jicarilla Apache Reservation.</i></p> <p><i>Durango, Colorado is home to 14,000-foot snowcapped peaks, the Weminuche Wilderness area, world-class skiing, and a historic narrow gauge railroad. For many residents and thousands of tourists, Durango, located in La Plata County, is an idyllic outdoor paradise. However, for some residents, the realities of substance use and overdose lurk in close proximity to the beauty and remoteness of La Plata's many quiet mountain towns. The remote nature of La Plata County also means there are few substance use resources and places to turn for help for those who need it. This is especially true for the more remote communities in the county.</i></p> <p><i>Rural communities in general face many challenges compared to urban areas of Colorado. Rural Colorado has 32% higher rates of public insurance than urban Colorado. According to Robert Wood Johnson Foundation's 2018 County Health Rankings, La Plata County has twice the rate of uninsured residents as the statewide average. In addition, health outcomes in rural areas of Colorado are worse than urban areas. For example, the premature death rate for residents under the age of 75 whose deaths are attributed to causes such as heart disease, accidents, and intentional self-harm, is also higher than the state average. Unfortunately, rural areas such as La Plata County also face the scourge of the opioid crisis and our community has not escaped its wrath.</i></p> <p><i>La Plata's challenges with OUD were magnified between 2006 and 2012, when nine million prescription opiates were distributed in our rural community of just 50,000 residents. In La Plata County, that's enough pills for each resident to take about 30 pain pills per year. In 2014, the Durango area was rocked by the overdose deaths of two men within just 10 days of each other.</i></p> <p><i>While prescription rates have dropped in recent years, the county is still battling the aftermath. In 2018, Mercy Regional Medical Center (MRMC) implemented the Alternative to Opioids (ALTO) program to limit the number of opioids prescribed in our community. Although ALTO has succeeded in decreasing opioid use in MRMC's facilities by 11%, opioid overdose rates in the community have risen by 33.33% since program onset.</i></p> <p><i>Most recently, a January 21, 2021 article in the Durango Herald headlined "COVID-19 pandemic may be driving rise in opioid deaths." In this article Dan Caplin, Medical Director with Durango-based Colorado Addiction Treatment Services was quoted as saying "What my patients are reporting to me is a very high increase in overdose deaths," He went on to say "I had two patients, each lost four friends over the holidays from overdoses. I've had plenty of patients who've lost 10 friends in 10 years. Four in a week is devastating." Finally, he shared "We've had a number of our formerly stable patients also relapse, and they're really struggling to get back on track."</i></p> <p><i>Specific to Medication Assisted Treatment (MAT), MAT services are offered at La Plata Integrated Health Clinic, Front Range Clinic (MAT available to youth who are 'emancipated' (homeless / pregnant) or come with parental consent), and Colorado Addiction Services (which also does Methadone maintenance). Axis also has an Integrated Dual Diagnosis Treatment program that focuses on harm reduction for those with co-occurring disorders, and the Axis general SUD treatment program does not require complete abstinence, taking a harm reduction approach when appropriate. Interviews suggest that there are people who have interest in seeking services but are either unaware that they exist, where they exist, or the offering of the service isn't at the ready when they are ready. Interviews also suggest that providers have a really really hard job and huge hearts. Oftentimes policies are necessary and get in the way of recovery paths. Having a group where the system impacts can be reviewed and where peer professionals have a strong voice will be important as will strengthening the peer professional workforce to both support people in navigating these challenges and advocate for ongoing system improvements.</i></p> <p><i>The Colorado Behavioral Health Assessment recently summarized their findings in this way. There is strong alignment to what we have found locally:<br/>The need for more community based and co-located services<br/>"The middle is missing": Subacute services, or those that fall between traditional outpatient and more intensive inpatient services<br/>Acute care in rural communities<br/>Recovery and sober housing – including for individuals with criminal justice involvement.<br/>Crisis services – concerns or confusion over shifts to the ASO system<br/>More complete and standardized SUD continuum of care including MAT.<br/>Robust outpatient care management programs and expanded high intensity treatment programs such as outlined in SB19-222.</i></p> <p>Opioids are not the only substance affecting La Plata County residents. There is a 29% higher rate of motor vehicle crashes in rural Colorado involving alcohol, and 18% of adult rural Coloradans report drinking excessively. Further compounding the problem, La Plata County lacks any inpatient residential treatment facilities for drugs or alcohol, yet 20.8% of La Plata residents drink excessively, compared to 19.1% of Coloradans. Mental and behavioral health services in rural Colorado are also particularly difficult to access. La Plata County is one of 11 Colorado counties with no mental health treatment beds.</p> <p>We have:</p> <ul style="list-style-type: none"> <li>- Incredible peer support models</li> <li>- Committed and capable organizations</li> <li>- People in recovery ready and willing to share their stories</li> </ul> <p>We need more:</p> <ul style="list-style-type: none"> <li>- Affordable Housing</li> <li>- Living Wage Jobs</li> <li>- Relationships/Connection/Sense of Belonging</li> <li>- Access to treatment services and access to recovery services for diverse populations</li> </ul> <p>We need to reduce:</p> <ul style="list-style-type: none"> <li>- Social and self-perceived stigma</li> <li>- Disparities</li> </ul> <p>Overall, the long-term news is good. We know what works. We are doing what works. It is working. We just need to make sure people are connected to existing services and supports; and, in some cases, find a way to do more of it.</p> <p>There are two important categorical exceptions to this:</p> <p>1) Services (Treatment and Recovery): Inpatient Residential Treatment and Recovery Housing. A positive change in substance use treatment is that as of January 1, 2021, Colorado is covering the cost of inpatient residential treatment services for Medicaid enrollees. While this is great news, for individuals living in La Plata county, they will still need to travel long distances to access it. Distance - even when transportation is provided - has been shown to be a major barrier to accessing treatment. To the end, these are two big gaps that need to be filled.</p> <p>2) Conditions (Prevention): The biggest gap is one that has been elusive for years: shortage of affordable housing and living wage jobs.</p> <p>Without addressing these two categories, our other efforts - no matter how heroic - will be constantly undermined. The ultimate question for the SCOOP consortium will be to figure out how to use what we have (peer support models, committed and capable organizations, people in recovery willing to share stories) to find more of what we need (housing, jobs, relationships, access) and reduce what we don't need (stigma, disparities).</p> |

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| <b>Problem Statement</b>    | Our community does not have conditions that ensure basic needs are met for all, it does not have mindsets that support avoidance and recovery from OUD / SUD, it does not have adequate programming to support treatment and recovery from OUD / SUD, and it does not have coordinated effort to understand how we are doing in preventing, treating, ensuring a safe experience while experiencing OUD / SUD, and recovering from OUD / SUD.   |
| <b>Priority Populations</b> | <p>LGBTQ+ youth and Native Americans.</p> <p>LGBTQ+ Youth Experience<br/> LGTBQ+ Youth. The data in this area are heart-breaking. A few examples from the Healthy Kids Colorado 2017 survey specific to the R9 School District exemplifies this disparities experienced by these youth.</p> <p>Seriously considered attempting suicide in the past 12 months:<br/> Heterosexual: 13.5%<br/> GLB: 40.3%</p> <p>Attempted suicide in past year:<br/> Heterosexual: 6.1%<br/> GLB: 25.1%</p> <p>Felt sad or hopeless almost every day or 2+ weeks<br/> Heterosexual: 26.5%<br/> GLB: 68.6%</p> <p>Prescription meds w/o prescription<br/> Heterosexual: 10.1%<br/> GLB: 21.4%</p> <p>Ever used heroin<br/> Heterosexual: 1.6%<br/> GLB: 4.3%</p> <p>Ever used cocaine<br/> Heterosexual: 5.5%<br/> GLB: 14.1%</p> <p>Alcohol use in past month<br/> Heterosexual: 31.3%<br/> GLB: 49%</p> <p>And also, there are many assets in the community. From an LGBTQ+ perspective, resources DO exist. Rainbow Youth Center of Durango, the Four Corners Diversity Alliance, Southwest Rainbow Youth, and Prism Flc (Queer / Straight Alliance at Fort Lewis College) are active both in person and through Facebook Groups and other virtual offerings. Additionally, the 4 Corners Support for Transgender people, Allies, and Relatives program (4STAR) is active and founded by the only trans provider in the area. Investment in the support and growth of these may be worth considering. Also, Resilient Colorado training for the community could have a significant impact on reducing stigma.</p> <p>Another asset is the LGBTQ+ community itself. Even though there are lots of sub-groups within this community, there is good support for one another. If we could weave this internal support and connection with community resources that are culturally responsive, positive things could happen to support the entire community at large.</p> <p>Resilient Colorado also has colleagues at Truman Medical Centers in Missouri who have opened a LGBTQ integrated healthcare clinic. It is culturally responsive and trauma-formed throughout the clinic. For example, Transgender people answer phones and do patient intakes. Imagine how much more comfortable one might feel when someone with a similar life experience is the very first person you interact with? We have the contacts and opportunity to learn from this model and possibly replicate it in La Plata county.</p> <p>Native American Experience<br/> Challenges: Native Americans are rarely if ever able to see a Native American clinician or a culturally informed clinician for any type of clinical care. Native Americans report feeling most comfortable at Tribal meetings where there are many Native people and least comfortable at meetings off reservation where they are often the only Native American at the table.</p> <p>It was universally shared that moving through the very white community was uncomfortable... palpably. This is more than notable and evidence shows that this kind of stress impacts the length of telomeres which impacts length of life.</p> <p>Further, outside of the Reservations, there are no treatment or recovery options specific to this population. A recent stakeholder meeting by Health First Colorado, the state Medicaid agency, found that there are no culturally-sensitive residential treatment centers for Native Americans in this area. While there is a Cultural Center(s?) on Tribal land, there is no place like this in Durango for people who live there.</p> <p>On the Southern Ute Reservation, it was shared that for some time a structure to support healing didn't exist. Now the Southern Ute Health Center has such a structure. The tools available for community input are new to the Tribes and it takes time. Time is needed to build trust and get community input before jumping to solutions. Often, the funding requirements don't allow for this investment of time. Dominant culture values of moving quickly to action are missing the beauty and strength of Native culture that values relationship, trust, and responsibility.</p> <p>Native Americans expressed feeling unseen or excluded in almost every non-Tribal setting. Providing a center off tribal lands, could be used as a gathering place for Native Americans, while offering a sense of belonging, and would provide opportunities for healing and resilience. Using this space to create and offer education / training / experiences for non-Natives to learn about cultural sensitivity could be an important contribution to fighting stigma in a meaningful and lasting way.</p> <p><u>Assets:</u> The Native American community here is strong and resilient having survived the many and generational traumas inflicted through colonization. One of our consortium members already has a program plan for a Cultural Center which would create more spaces for self-determined approaches to healing.</p> <p>Structures exist. Southern Ute Tribe does have a Native Connections Coalition but it stopped because of COVID-19. The plan was to build the advisory group for strategic planning using the SPF framework or Communities that Care Framework. This work intends to get as many people as possible to discuss the issues and lay out the foundation of how to start resolving it and put in the work to build those strategies which include the readiness survey and other things. But, the Tribes need time, space and resources to do the necessary educating around trauma and historical oppression and to build trust to get authentic input about what to do.</p> <p>Models exist. In one interview, someone shared an experience participating in a Navajo Nation Behavioral and Mental Health weeklong summit where clients shared their experiences as losing a sense of self, where they came from and who their Native American relatives were, also loss of language and cultural teachings. Some of the treatments for SUDs were sweat lodges, talking circles and even gaining cultural awareness to establish cultural identity that was not felt by clients who struggled with addiction. Learning or relearning their language, cultural teachings and getting connected with the Native American traditional counselors helped them establish cultural identity. This was the beginning of their pathway to sobriety. Maintaining sobriety was difficult and it took guidance and attending Native American influenced SUDs treatment to assist them in their addictions and recovery.</p> <p>Resilient Colorado's training, when offered collaboratively with the Tribes, have shown they can support healing, pride and self-determination. When offered to non-Native community members and providers can improve the understanding of the impact of colonization and thus contribute to reducing stigma experienced by this demographic. All of this could lead to more awareness of, and actions taken on, the barriers that need to be removed for prevention, treatment and recovery.</p> |
| <b>SMART GOAL:</b>          | We will see year over year reduced ED visits and hospitalizations due to OUD and alcohol use and have no deaths from OUD in La Plata County, Colorado each year for three years July 1, 2021 - June 30, 2024.<br>(Risk: ability to get MAT in ED may increase visits)   |
| <b>SMART Objective 1</b>    | Within 3 years, create community agreements and decision-making processes that lead to a reduction of people living with OUD / SUD, and decrease in priority population inequities  |
| <b>SMART Objective 2</b>    | Within 3 years improve community conditions related to housing and food security and reduce inequities in these areas.  |
| <b>SMART Objective 3</b>    | Within 3 years, improve community connectedness and social support  |
| <b>SMART Objective 4</b>    | Within 3 years, improve current system to better meet the access, cultural, and trauma-informed needs of OUD / SUD impacted individuals and families  |