



Collective Impact Case Study:
Colorado Consortium for Prescription
Drug Abuse Prevention



The Collective Impact Forum, an initiative of FSG and the Aspen Institute Forum for Community Solutions, is a resource for people and organizations using the collective impact approach to address large-scale social and environmental problems. We aim to increase the effectiveness and adoption of collective impact by providing practitioners with access to the tools, training opportunities, and peer networks they need to be successful in their work. The Collective Impact Forum includes communities of practice, in-person convenings, and an online community and resource center launched in early 2014.

Learn more at www.collectiveimpactforum.org



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Our teams work across all sectors by partnering with leading foundations, businesses, nonprofits, and governments in every region of the globe. We seek to reimagine social change by identifying ways to maximize the impact of existing resources, amplifying the work of others to help advance knowledge and practice, and inspiring change agents around the world to achieve greater impact.

As part of our nonprofit mission, FSG also directly supports learning communities, such as the Collective Impact Forum, the Shared Value Initiative, and Talent Rewire to provide the tools and relationships that change agents need to be successful.

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The Aspen Institute Forum for Community Solutions’ mission is to support community collaboration, including collective impact, that enables communities to effectively address their most pressing challenges.

The Aspen Forum seeks to serve as a platform for sharing best practices across community collaborations by documenting community success stories, mobilizing stakeholders, advocating for effective policies, and catalyzing investments.

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This data from this study draws primarily on the research study "[When Collective Impact Has an Impact](#)," conducted through collaborative effort between Spark Policy Institute of Denver, CO and ORS Impact of Seattle, WA.

Spark Policy Institute is dedicated to helping companies focus on social impact and develop approaches to solve complex challenges. We help the public and social sectors do good, even better through research, consulting, and evaluation. For more information, visit [sparkpolicy.com](#).

ORS Impact helps foundations, non-profits, and government agencies clarify, measure, and align around their social impact outcomes, stay accountable to success, and learn along the way. By making social change measurable, we help clients make meaningful social change possible. For more information, visit [orsimpact.com](#).

Summary

The Colorado Consortium for Prescription Drug Abuse Prevention coordinates Colorado's response to the misuse of medications such as opioids, stimulants, and sedatives.¹

Problem

According to survey data released in 2013 from the National Survey on Drug Use and Health (SAMHSA), Colorado ranked second worst among all states for prescription drug misuse. More than 255,000 Coloradans misused prescription drugs, and deaths involving the use of opioids nearly quadrupled between 2000 and 2011.

Key Facts

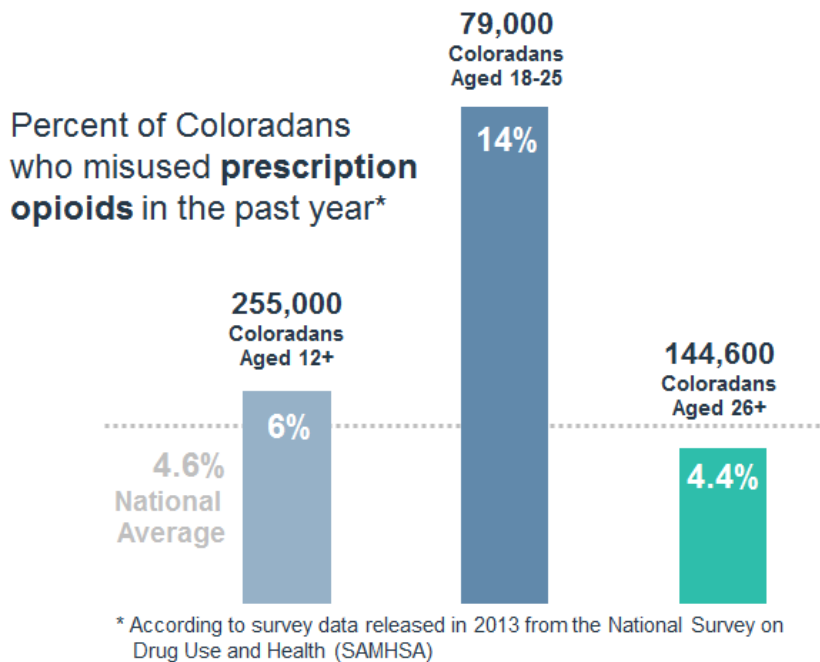
Initiative/backbone name: Colorado Consortium for Prescription Drug Abuse Prevention

Year initiative was formed: 2013

Mission: The Consortium's mission is to reduce prescription drug misuse and abuse in Colorado by developing policies, programs, and partnerships with the many Colorado agencies, organizations, and community coalitions addressing one of the state's major public health crises.

Geographic scope: Colorado statewide

¹ About the Consortium. Accessed Sept. 2018. <http://www.corrconsortium.org/about-the-consortium/>



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Getting Started

For many years, the Consortium’s predecessor, the Colorado Prescription Drug Abuse Task Force, worked to educate providers about the problems of opioid abuse, diversion, and doctor shopping. In 2012, as the opioid crisis grew in scope and impact, Governor John Hickenlooper convened experts from across the state to create the Colorado Plan to Reduce Prescription Drug Abuse.

To promote a collaborative, interagency, and inter-professional response to the crisis, Gov. Hickenlooper established the Colorado Consortium for Prescription Drug Abuse Prevention, an innovative model based on the collective impact approach. The Consortium was initially funded by \$1 million from former Attorney General John Suthers and launched in the summer of 2013 to implement the [state’s strategic plan to reduce prescription drug abuse](#).³

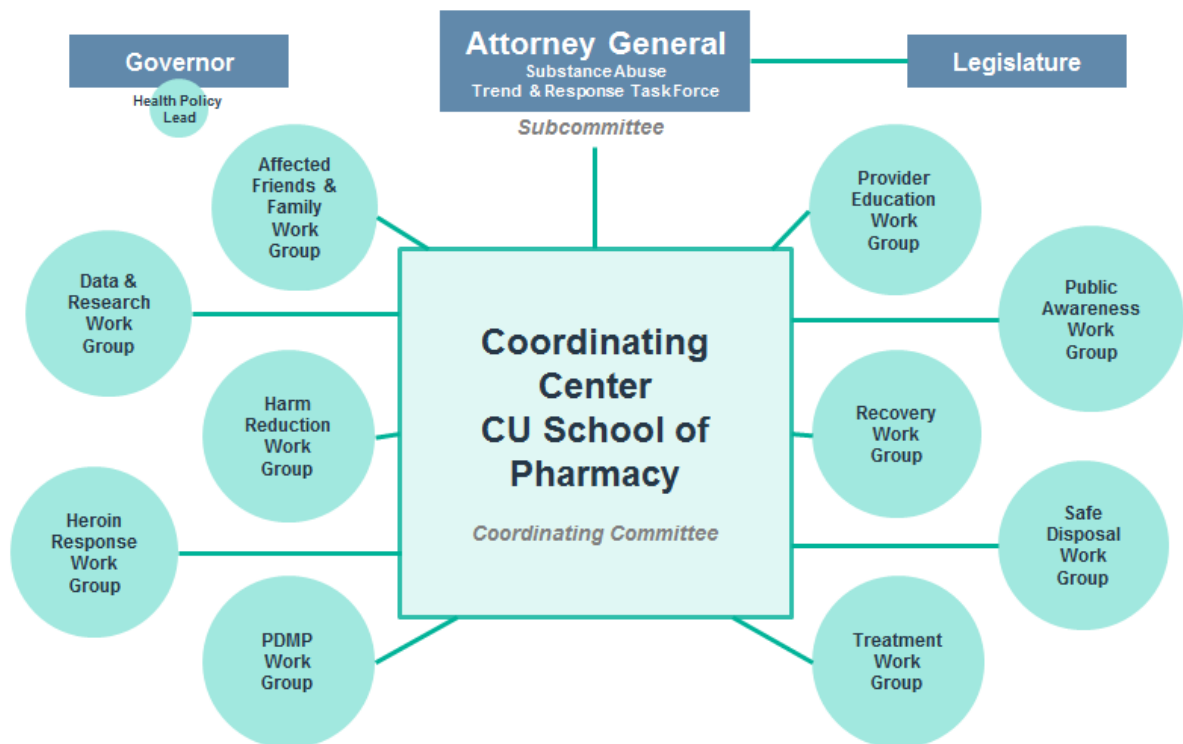
² Perez, Kelly. *Colorado Plan to Reduce Prescription Drug Abuse*. Printed Sept., 2013, Viewed Sept., 2018. <http://www.corxconsortium.org/wp-content/uploads/CO-Rx-Plan-FINAL-091113rev0214.pdf>

³ About the Consortium. Accessed Sept. 2018. <http://www.corxconsortium.org/about-the-consortium/>

Structure

The Consortium is housed administratively in the [Skaggs School of Pharmacy and Pharmaceutical Sciences](#) at the [University of Colorado Anschutz Medical Campus](#).

Ten work groups determine and execute the Consortium's strategy. Each work group is co-chaired by volunteers from partner organizations, which include the [Colorado Attorney General's Office](#), the [University of Colorado School of Medicine](#), the [Colorado Department of Regulatory Agencies](#), the [Colorado Department of Public Health and Environment](#), and the Colorado Department of Human Services' [Office of Behavioral Health](#).⁴



⁴ Work Groups. Accessed Sept. 2018. <http://www.coxconsortium.org/work-groups/>

Results

The initiative fostered a range of early and systems changes, which resulted in the **population level change** of decreased overdose deaths from prescription opioids. The most important **early changes** cited by the initiative include increased trust among partners; a continued a high level of political will; increased awareness among the public; and the development of local coalitions and relationships. The initiative achieved many **systems changes** including implementing provider education; establishing permanent medication take-back locations; and increasing access to and education around naloxone. Naloxone is a medication that helps prevent respiratory and central nervous system depression after an opioid overdose. While policy changes allowed for increased access to naloxone, the policy changes also prompted both programmatic and practice changes. Partners came together to increase the distribution of naloxone and education about its use, effecting a **population level change** on the lives of those who were previously at risk for death by opioid overdose. The Attorney General’s Naloxone for Life program in 2016 resulted in the distribution of 2,500 Narcan (naloxone) Rescue kits to law enforcement officers and first responders in the 17 Colorado counties with high rate of drug overdose. Ten trainings were also conducted in six regions on how to administer Narcan and associated protocols for its use.

Five Conditions of Collective Impact

Common Agenda

The initiative established a shared mission—to reduce prescription drug misuse and abuse in Colorado.

A formal strategic planning process, conducted in 2012, outlined a three-pronged approach to address the nonmedical use of opioids—safe use, safe storage, and safe disposal. This led to the development of the initiative. As the opioid crisis has continued to expand and evolve, the initiative has expanded its focus beyond this three-pronged approach to address the opioid epidemic at large, including heroin, as well as addiction more generally, including treatment. To date, the core group of state-level partners is heavily aligned along this common agenda, and going forward may seek opportunities to further foster awareness, engagement, and alignment among local-level partners.

Shared Measurement

The Consortium developed a shared measurement system to track long-term progress and help inform decision-making.

The Consortium has a [public dashboard](#) that compiles secondary data for each of its five outcome indicators: opioid overdose deaths, hospital admissions/discharges, emergency department visits, treatment admissions, and self-reported nonmedical use of prescription opioids. Most indicators can be broken down by region, age, and gender. The initiative uses data to inform strategic planning and measure progress. For example, data have been used to support and promote legislation to expand medication-assisted treatment (MAT) and to identify where to send naloxone and target health care provider education.

Mutually Reinforcing Activities

A strength of the Consortium is that partners work together on mutually reinforcing activities. The initiative has ten work groups which develop detailed action plans that align with Consortium-level goals such as increasing access to treatment options, educating the public about prescription drug abuse and misuse, and increasing provider education around opioid abuse issues and treatment options. Each work group is co-chaired by volunteers from partner organizations with support from the backbone, and actively identifies and implements strategies. All work groups regularly discuss progress and have a peer-to-peer accountability system. The Consortium has found that systems change can be achieved both informally and formally through mutually reinforcing activities. Some temporary strategies undertaken by many partner organizations collaboratively—for example, the [TakeMedsSeriously](#) campaign—fully engage multiple parts of the system in behaving in new and collaborative ways to achieve a shared goal. Other more formal systems changes have come about as partners in the system have implemented shared commitments to establish “take back” locations at both pharmacies (private sector) and law enforcement locations (local public sector) where safe disposal of drugs could occur.⁵

Continuous Communication

The Consortium core partners rated their internal communication as highly effective. The initiative uses a variety of strategies to foster internal communication, including regular work group meetings, monthly coordinating committee meetings, quarterly Task Force meetings, and email communications. In addition, the Consortium hosts an annual meeting of over 200 stakeholders.

Backbone Support

The Consortium’s backbone role is a strength of their CI approach. The backbone convenes stakeholders, facilitates communications and connections between work groups, acts as an advisor, facilitates external communication and community engagement, and manages data. The backbone organization (formerly the Colorado Prescription Drug Abuse Task Force chartered in the early 1980s and rebranded as the Consortium) is housed administratively at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.⁶ In May 2017, the State of Colorado approved the creation of a new center dedicated to substance abuse research and prevention at the University of Colorado Anschutz Medical Campus. The new center will be housed at the Skaggs School of Pharmacy and Pharmaceutical Sciences and will provide additional resources to the Consortium.⁷

⁵ Lynn et al., *When Collective Impact Has An Impact: A Cross-Site Study of 25 Collective Impact Initiatives*. Published May 2018. Accessed Sept. 2018.

⁶ Initiatives: Prescription Drug Abuse Prevention in Colorado. Accessed Sept. 2018. <http://collectiveimpactforum.org/initiatives/prescription-drug-abuse-prevention-colorado>

⁷ About the Consortium. Accessed Sept. 2018. <http://www.corxconsortium.org/about-the-consortium/>

Adoption of Principles of Collective Impact

Cross-Sector Collaboration

The initiative has created strong relationships within a variety of sectors and seeks to continue to build relationships using targeted outreach and communication.

The initiative built relationships with a wide range of stakeholders including state and local government agencies, universities, nonprofits, trade associations, service providers (including hospitals), and affected family members. This proved critical to bringing diverse perspectives, solutions, and resources to the table to address a multi-faceted problem. The Consortium supports many local coalitions to help advance their work as well. The Consortium has an open-door policy for anyone to get involved and is continuing to explore targeting communications to different audiences and identifying how new audiences can contribute.

Data Use

The initiative values using data to inform strategy and support accountability.

The initiative uses data in a variety of ways, including to develop approaches to its work, identify areas for strategy implementation, support legislation, and leverage funding. The initiative puts a strong focus on collaboration, problem-solving, and keeping data at the forefront of the work and has a well-developed data infrastructure (e.g., [data dashboard](#), Data and Research work group).

The Eight Principles of Collective Impact


- 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

Looking Ahead: Areas of Future Focus

Equity

The Consortium's approach to equity is nascent and emergent. The Consortium identified some geographic disparities in nonmedical use and overdose deaths and used this information to help target strategies, such as the distribution of naloxone, to rural areas. However, it is still working on regularly examining data by race/ethnicity or socioeconomic status and taking an explicit racial equity lens in its work.

The Consortium has engaged in some equity-focused actions—for example, building on local coalitions and local service provider infrastructure (e.g., pharmacy, law enforcement) and supporting community members (e.g., making naloxone accessible to community members at pharmacies so they can help each other). However, most strategies, like providing access to medication take-back drop boxes in every county, are more universally focused.



To date, the initiative has had limited opportunities for engagement of those directly impacted, though the Affected Families and Friends work group has started by collecting stories for media campaigns. State-level initiative partners see local government and nonprofits as key avenues to engage the community and plan to use a recently secured AmeriCorps grant to continue to build local capacity.

Leadership

The Consortium has a variety of strong leaders but recognizes some challenges to overcome in increasing effectiveness. Initiative partners recognized their leaders within work groups, the backbone, and state-level administrative and political champions as passionate and committed, credible and well-respected, and highly skilled in facilitating collaborative work. However, due to leadership turnover and a lack of funding for work group leaders, who are volunteers, there is room to focus on building further leadership capacity in the future by addressing leadership turnover and the lack of funding for work group leaders, and potential for increased effectiveness in work groups.

Snapshot of Change

Collective Impact Conditions	Strategies	Early Changes	Systems Changes	Population Changes
<p><i>Common Agenda</i></p> <ul style="list-style-type: none"> - Overarching goal/vision - Common understanding of the problem - Three-pronged approach 	<p>a. Inform and educate the public about prescription drug abuse and misuse</p>	<p>a. The Consortium became a subcommittee of the legislatively mandated Substance Abuse Trend and Response Task Force</p>	<p>a. The Public Awareness work group led the work to implement the Take Meds Seriously campaign, including creating patient education materials and other social media efforts</p>	<p>Decreased overdose deaths from prescription opioids</p>
<p><i>Mutually Reinforcing Activities</i></p> <ul style="list-style-type: none"> - Strategic action plan - Ten work groups with strategic objectives - Partners work together to implement the action plans and align work with the initiative’s overarching goals/objectives 	<p>b. Promote safe and appropriate disposal of prescription drugs</p>	<p>b. Increased trust among partners</p>	<p>b. The Provider Education work group provided CME accredited education events to health care providers</p>	
<p><i>Continuous Communication</i></p> <ul style="list-style-type: none"> - Monthly coordinating council meetings to facilitate cross-work group collaboration - Email communications - Website - Annual meeting (roughly 150 stakeholders) - Quarterly task force meetings 	<p>c. Increase provider education around opioid abuse issues and treatment options</p>	<p>c. Maintained high level of political will</p>	<p>c. The Safe Disposal work group established permanent medication take back locations at pharmacies and law enforcement locations</p>	
<p><i>Shared Measurement System</i></p> <ul style="list-style-type: none"> - Five agreed-upon indicators collected through state/national sources annually - Public data dashboard with data disaggregated by age, gender, and region 	<p>d. Improve and increase the access and utilization of the Colorado Prescription Drug Abuse Monitoring Program</p>	<p>d. Positioned the Consortium as the “go to” on the topic</p>	<p>d. Passed a secondary prescription law, which increases access to naloxone</p>	
	<p>e. Increase access to treatment options</p>	<p>e. Increased awareness about the issue among the general public</p>	<p>e. Passed a standing orders law, which increases access to naloxone</p>	
	<p>f. Engage key stakeholders</p>	<p>f. Increased awareness about</p>	<p>f. Naloxone work group provided education for pharmacy staff</p>	

<ul style="list-style-type: none"> - Data used to define the problem and determine progress/goals 	<ul style="list-style-type: none"> g. Use state infrastructure to advance local implementation 	<ul style="list-style-type: none"> the issue among law enforcement and health care providers 	<ul style="list-style-type: none"> on naloxone, including giving patients information 	
<p><i>Backbone Infrastructure</i></p> <ul style="list-style-type: none"> - The Consortium is the backbone with 5.5 dedicated FTEs - Backbone is housed in the Skaggs School of Pharmacy and Pharmaceutical Sciences (fiscal agent) - The backbone convenes stakeholders, facilitates communications and connections between work groups, acts as an advisor, facilitates external communication and community engagement, and manages data - The coordinating committee serves as the leadership structure and has responsibility/ authority for governance and decision-making 		<ul style="list-style-type: none"> g. Changed culture among agencies (more collaborative work and collaborative problem solving) h. Increased ability to act quickly i. Developed local work (coalitions and relationships) 	<ul style="list-style-type: none"> g. Naloxone work group provided naloxone to first responders and trained them on use— these efforts included distribution of naloxone kits to law enforcement in 17 high-risk counties h. Naloxone worked to get Naloxone out of jails 	

*This snapshot of change represents the work of the coalition through 2018

Join the Collective Impact Forum

The Collective Impact Forum exists to meet the demands of those who are practicing collective impact in the field. While the rewards of collective impact can be great, the work is often demanding. Those who practice it must keep themselves and their teams motivated and moving forward.

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