

Boulder County Opioid Advisory Group

Collaborative Group Planning

The Boulder County Opioid Advisory Group is working on activities in the clinical, law enforcement, school, prevention, and treatment sectors. The following are some activities organized by each sector, to be finalized by the group and assessed on an ongoing basis.

Examining the Current Reality

What are our strengths that will lead us to victory?

What are the weaknesses that threaten the accomplishment of the victory?

What are the benefits of pursuing this course of action?

What are the dangers of succeeding in this task?

<p>Benefits: Ripple effect to family, physicians Increased diversity Decrease in crime (cost, relationships) Improved social determinants of health Interagency impact Longevity Fewer negative birth outcomes Decreased morbidity Strong, vibrant, resilient community Social and economic savings Improved quality of life Harm reduction normalized Saving lives Benefits are cross-cutting</p>	<p>Strengths: Collaboration, commitment, knowledge Broad-based participation Leadership support Access to affected population Decision-makers at the table Innovative practices encouraged Angel Program to learn from Mindful/thoughtful approach – using experiences of other agencies Availability of community resources for primary prevention Great connections Patience, empathy History of Works Program</p>
<p>Threats (if successful): Lose funding if we are successful (if have lower overdose deaths, not eligible for certain funding) Safety net resources may shift Succession training (based on individuals versus agencies) Challenge to change medical community Fear of unknown in political climate</p>	<p>Resources Needed: More staff for treatment – therapists/workforce Competing priorities Unknowns in political climate Treatment beds Affordable housing Policy change a national level for ACA and infrastructure</p>

Draft Commitment Statement:

The Boulder County Opioid Advisory Group is a group of individuals, organizations and community members dedicated to preventing and responding to the opioid epidemic in Boulder County.

Action Planning Activity:

Individual Brainstorm: What are the strategies required to accomplish this commitment? Include both current strategies and future desired strategies.

Small Group: Discuss your number 1 strategy and pick 3 to put up on the board

Write big, 3-5 words, use same color marker

Create Clusters and Name Them

The following strategies were identified by the group through a collaborative brainstorm process. Please edit/add strategies. We will come together at the next meeting to prioritize and synthesize these strategies.

Medical Community:

- 1) Improve provider prescribing practices around opioids
 - a. Expand use of Prescription Drug Monitoring Program (PDMP) to 100%
 - b. Expand knowledge of Medically Assisted Treatment
 - c. Promote use of alternatives to opioids for pain relief
- 2) Expand the use of SBIRT
- 3) Reduce stigma by offering provider trainings
- 4) Expand outreach to pharmacies
 - a. Safe disposal
 - b. Naloxone distribution
 - c. Additional resources
- 5) Outreach to dental providers
- 6) Outreach to occupational health

Law Enforcement:

- 1) Gain training on naloxone and overdose prevention
- 2) Address linkage to care for law enforcement to treatment and other resources
- 3) Shift from punishment to treatment approach
 - a. Reduced sentences for treatment
- 4) Support law enforcement capability to respond to emerging trends, including synthetic opioids
- 5) Identify high-users countywide and provided comprehensive resources
- 6) Address illegal opioid supply through enforcement

Treatment Agencies:

- 1) Advocate for expanding access to medication assisted therapies
 - a. Easier medication assisted treatment prescribing
 - b. Robust medication assisted treatment and outpatient treatment (combo) services available to all
 - c. Group forums for education about extended release naltrexone
- 2) Improve treatment of addicted people and enabling recovery
 - a. Immediate access to treatment
 - b. Identify mental health versus substance abuse (combo)
 - c. Support safe withdrawal when necessary
- 3) Hold private insurances accountable to behavioral health parity
- 4) Provide corporate resources – saving cards, patient material, patient assistance
- 5) Utilize family systems approach
- 6) Develop supportive housing options
- 7) Address stigma for people trying to access services

Prevention Organizations:

- 1) Improve alignment and teamwork among existing programs and opioid-related coalition
- 2) Ensure primary prevention strategies are known, disseminated and implemented
 - a. Create opportunities for young people to learn skills for success
- 3) Enhance access to naloxone in community, syringe exchange programs, law enforcement, and treatment centers

- 4) Maintain syringe access service availability
- 5) Improve access to timely epidemiological data and better surveillance
- 6) Provide school education and services
 - a. Educate school staff to assess student behavior with support of behavioral specialist
 - b. Share module in health class (elementary, middle, high school); toolbox with online module
 - c. Consider naloxone in schools
 - d. Consider Rise above Colorado curriculum
- 7) Promote safe disposal and take-back events

Community Members:

- 1) Increase awareness of the risks and crisis
- 2) Enhance community voice and capacity
 - a. Stories on Stage
 - b. Testimonials
 - c. Digital storytelling
 - d. Social media posts of success stories
 - e. Open discussions
- 3) Consult with past and current individuals with substance use disorder and include in the planning process
- 4) Publicize monetary benefit to community
- 5) Utilize peer support and community support
- 6) Utilize people in recovery for recovery support services
 - a. Yoga in the park
 - b. Free group therapy
- 7) Share resources in community
- 8) Involve individuals with chronic pain
- 9) Develop resource guide for accessing services

Policy:

- 1) Inform legislative decisions
- 2) Protect Affordable Care Act (ACA) – healthcare safety net resolved, comprehensive and inclusive

Infrastructure:

- 1) Set goals and objectives
- 2) Address issues that prevent success
- 3) Develop shared action planning addressing root causes
- 4) Provide more points of connection
- 5) Identify experts for linkage to care
- 6) Develop county mental health/substance use disorder system connecting all agencies
- 7) Continue education and buy-in of key stakeholders
- 8) Identify funding opportunities
- 9) Develop comprehensive assessment of all contributing factors