

Boulder County Opioid Advisory Group Meeting

Wednesday, September 20th, 2017

2:30 – 4:30 PM

1750 33rd Street, Boulder CO 80301

Boulder County Clerk and Recorder's Office

Meeting Goals

- Celebrate successes
- Review coalition structure
- Plan and document actionable strategies in groups
- Promote communication and connection across the network
- Support work between next meetings

Welcome and Introductions

- Welcome
- Celebration of success

Overdose Awareness Day, August 31, 2017 in Lafayette, Longmont, Boulder High and Fairview High School

Marcy Campbell, Lafayette Overdose Awareness Day

- Different location than in the past. Chose this community because of high heroin overdose rate in Lafayette and site for Communities that Care.
- Great opportunity to showcase prevention work of Healthy Futures and communities that care.
- Mix of professionals, community members, and partner organizations.
- Emphasis on compassion towards those struggling with loss.

Duke Rumely, Longmont Overdose Awareness Day

- Longmont Angels were represented at march, lots of involvement from community and those personally affected.
- Extensive social media outreach through Facebook by Longmont Matters, Tom Chenault.
- Politicians attending, including Representative Jonathan Singer.

Richele Mein, Parent Engagement Network (PEN) Boulder High School & Fairview High School

- Went to overdose awareness day because of personal loss, led her to current work with drug and alcohol prevention. Wanted to extend overdose awareness into schools.
- Set up information tables at schools, support from school board.
- Sent out letters to teachers, students, and parents. Reached 8,000 people through invite.
- Informational table also set up at Fairview. Had over 200 kids stop by table.
- Take away message is to never leave someone who may appear to be overdosing.
- 11/6 Opioid Awareness event with community speakers and parents @ Boulder High (6:30pm)

Mae Martin, Boulder Integrated Health

- Runs AIM house (transitional living for young adults)
- Starting a medical detox opening 10/9/2017
- Having an open house 9/28 from 3-6pm.

Ann Noonan, Mental Health Partners

- New funding available, 400k to use
- SB202 community engagement tour to find out needs of community
- Continue to start two programs and enhance vivitrol program. Add a full time therapist and full time case manager.
- Opiate Grant: 21st Century Cures. This is money for communities to address the heroin epidemic in the following 5 categories:
 - Pay for access to medication assisted treatment for indigent, noninsured clients.
 - Free kits of narcan to give out to clients, law enforcement and community members.
 - Funding to hire full time recovery coach. Experience working in detox and connecting people to an outpatient program.
 - Family groups: special family programs to offer support. Hoping to have one program in Longmont and one in Boulder.
 - 30 day program to stabilize people to get used to medication before going out into the community.

Kat Dailey, University of Colorado - Health Promotion

- Overdose Awareness Day exhibit on 10/10 late afternoon.
- All day installation for prevention, response, overdose education.
- 4-5 UMC fountain area, opportunity to connect with resources and share stories with community.
- Received small grant for some Narcan at health center.
- Trained 900 sorority girls on substance abuse education and Narcan.
- Have trainings on how to respond to alcohol and opioid overdose.

Marion Rorke, Denver Environmental Health

- City held event for overdose awareness day.
- Answered questions to community members
- The City of Denver Mayor and Rob Valuck spoke at event in regards to what is happening with opioids in Denver.

Policy Update:

Opioid and other Substance Use Disorder Interim Study Committee started by Rep Brittany Petterson. She wanted to understand why it is so difficult to access treatment in Colorado. Started 8/6, day long meetings to pull in experts. Hear about impact of opioid epidemic. The goal of the group is to draft 6 bills. They are currently finalizing the bills – see link [here](#).

Themes that were repeated were collected into individual groupings for bill:

- Prevention and education regarding opioid misuse
 - Expansion of funding for SBIRT

- Public awareness campaign (individuals including parents, teachers, and family members are aware of resources available)
- School based screening and treatment
- Clinical practice improvement for safer opioid prescription
- Harm reduction, law enforcement, and criminal justice reform.
 - Allow changes to a nuisance laws wherein a community can decide if there is a need for supervised injection facility.
 - Increase funding for naloxone.
 - Allow school districts to decide if want to carry naloxone.
- Workforce development
 - Reimbursements for education (people who decide to study addiction and behavioral health)
 - Treatment and recovery support services
 - Expanding funding for SB202
- Payment reform: barriers with Medicaid

Scot Williams, Heroin Task Force Update (via email)

- The group recently voted on what the next course of action should be. The top choices included: methadone in jails, targeting opioid/heroin sources, expanding offender re-entry program, incentivizing employers and an overdose bulletin to law enforcement.
- We agreed that Rourke Weaver, on behalf of our group, would submit a “stakeholder proposal” to the Opioid and Other Substance Use Disorders Interim Study Committee on Project 19: Incentivize Employers – “Encourage the state to allow tax incentives for businesses that employ people in recovery. Finding employment with a record can be incredibly difficult and major barrier to recovery. When employed, the person in recovery can find connection, meaning and purpose, reducing the desire to use. Incentives for businesses that will reduce their costs while also providing a public service and gaining a meaningful employee can have a tremendous impact on the community, the individual and the stigma surrounding addiction.”

Next Steps in Moving Toward Collective Impact: Group Structure

Update on previous strategy work

Review of collective impact framework and governance structure

Steering Committee briefing

- Different representatives from treatment, law enforcement, community
- Met on 9/11. [Steering Committee Notes](#) posted on www.OpioidAdvisoryGroup.org
- Discussed roles, responsibility, and expectations for the steering committee
- See themselves as an enabling body providing structure for group
- Can be community champions for opioid advisory groups
- Bring as many people together from around the community
- Acknowledge that roles and responsibilities may need to be modified as group changes

- Discussed decision making for committee
- Importance of having a mission statement that defines the role of the opioid advisory group.

Action Teams

- Discuss moving from brainstorm to action
- Complete Action Team templates for each work group.

[All Action Planning Groups](#) – See attached

Report back

- Quick recap from each team
- Multi-disciplinary discussion

Meeting Wrap Up

- Final announcements
- Evaluation
- Reminder of upcoming meeting dates

October

October 19, 8:00 a.m.-4:00 p.m.

Colorado Consortium Annual Meeting

CU Anschutz Medical Campus

13001 E 17th Pl, Aurora, CO 80045

November

November 8, 9:30-11:30 a.m.

9:30-11:30am

Mental Health Partners

1333 Iris Ave, Boulder

Norton Rooms (East and West)

December

December 13, 9:30-11:30 a.m.

Mental Health Partners

1333 Iris Ave, Boulder

Norton Rooms (East and West)

Action Team Planning

Criminal Justice/1st Responder Group

Boulder County Opioid Advisory Group

1. **What is your Action Team's focus area?** LE in general needs to take a different approach. We can't keep incarcerating low-level drug offenders. Funneling people that need help into help. When folks encounter a non-treatment provider as the first entry, how do we link/channel folks to that support entry? Create more linkages from jail to supports. Funnel would be for LE, probation, DA, Hospitals, fire department, AMR.
2. **Write a summary statement of your team's purpose.** To work collaboratively with all partners to help reduce jail overcrowding, overdose death; return repeat offenders, and other negative impacts of SUD-related involvement in the criminal justice system.
3. What priority strategies were identified for this focus area in previous Opioid Advisory Group meetings?
 - Create a stakeholder group to identify barriers to MAT in jails, either induction or continuation.
 - Use existing data sources and previous work
 - Identify diversion opportunities
 - System mapping activity on October 13
 - Applying for the LEAD RFP
 - Dovetail with the state hotline for Crisis Stabilization - Officers should be able to call the hotline to link folks to resources. 24/7.
 - Explore either the MHP peer recovery person or the Edge folks to be the link to the crisis stabilization.
4. Does the team agree these are the right strategies for this time? If not, what strategy/strategies will the team go after?
5. What will you do as a team to pursue these strategies in the next 6 to 9 months? Use the table to help organize your response (*tip: think about what this group will contribute that is different from your work as individuals and organizations*).

Action (What will be done?)	Who (Who will do it?)	Timeline (By when?)	Collaboration (Who else is working on this?)
System Mapping		October 13	
Subcommittee for MAT in jails	Denise	October 4th.	Denise will put call out for various
Apply for the LEAD grant when it is released	Longmont PD	TBD	
Get chiefs on the same page	Scot W.		
Divert folks from DA to BCPH assessments	Chris Lord/Elaina Shively	Ongoing	

6. What other initiatives and programs does your Action Team need to coordinate with? How will you avoid duplication of work?

7. How will this group communicate and move the work forward between now and the next coalition meeting? (I.e. how often will you meet? Will you meet in person/by phone, etc.)?

8. Who will be point person/people to coordinate this team? Will these same people be the team's focal points for communication with the Opioid Advisory Group's Steering Committee?

9. Fill in the table below to make sure the group has contact information for each member.

Jeff Satur, Denise Vincioni, Carol Helwig, Courtney Kramer, Jeff Goetz, Scot Williams, Marco Prospero

10. Who else/what other perspectives should be part of this team?

11. Who will reach out to those people?

Notes: PD has to pay the hospital if PD takes someone there. LUH does not charge but BCH does. Pre-existing conditions are not covered in the jail. Jail has to pay for folks. The first 24 hours the jail pays for health care, after that, then the individual is charged.

Sheriff Pele says that his jail is the largest mental health facility

Action Team Planning

Community Group

Boulder County Opioid Advisory Group

1. What is your Action Team's focus area?

- How to have significant community partners to help mitigate the opioid epidemic?
- How to meaningfully connect with students and raise awareness surrounding substance abuse.
- Outreach to local businesses surrounding overdose, encouraging dialogue among business owners.

2. Write a summary statement of your team's purpose.

Provide resources and education to the community in order to provide support and direction for those struggling with substance abuse and mental health issues.

3. What priority strategies were identified for this focus area in previous Opioid Advisory Group meetings?

- Making communications to various business owners.
- Outreach and education to students about substance abuse
- Reentry into the workforce for people who have suffered from substance abuse
- Target to restaurants because a lot of people struggling with substance abuse work in restaurants.
- Housing: Partnering with police departments/ wellness groups to provide resources for people exhibiting concerning behavior.
- Mental health support for those struggling with substance abuse. Easier access to treatment.
- Outreach group that focuses on working with transient population
- How to help those who do not want help.
- Frequently keeping in touch with students who are struggling. Following up with them.

4. Does the team agree these are the right strategies for this time? If not, what strategy/strategies will the team go after?

6. What will you do as a team to pursue these strategies in the next 6 to 9 months? Use the table to help organize your response (*tip: think about what this group will contribute that is different from your work as individuals and organizations*).

Action (What will be done?)	Who (Who will do it?)	Timeline (By when?)	Collaboration (Who else is working on this?)
Reaching out to other business owners about overdose	Alfalfas		
Education to CU students surrounding substance abuse	Jennifer		Various CU groups
Inviting Greg Harms from Boulder County Homeless Shelter			

7. What other initiatives and programs does your Action Team need to coordinate with? How will you avoid duplication of work?

Should coordinate with prevention for help getting resources together to provide education.

8. How will this group communicate and move the work forward between now and the next coalition meeting? (*i.e. how often will you meet? Will you meet in person/by phone, etc.*)?
9. Who will be point person/people to coordinate this team? Will these same people be the team's focal points for communication with the Opioid Advisory Group's Steering Committee?
10. Fill in the table below to make sure the group has contact information for each member.

Name	Email	Phone Number
Aaron Mumford	aaron@fourstarrealty.com	720-390-0731
Sara Boylan	sboylan@bouldercounty.org	303-441-1477T
Ted Bradshaw	tedb@alfalfas.com	720 420 8400
Jennifer McDuffie	jennifer.mcduffie@colorado.edu	303-735-5447

10. Who else/what other perspectives should be part of this team?

11. Who will reach out to those people?

Action Team Planning Prevention

Boulder County Opioid Advisory Group

1. What is your Action Team's focus area?

Primary Prevention or Prevention

2. Write a summary statement of your team's purpose.

Education, support and skill building along a continuum of primary prevention to early intervention for youth and those connected to youth

- SBIRT
- Building community resiliency
- Education, support, skills

3. What priority strategies were identified for this focus area in previous Opioid Advisory Group meetings?

- Aligning messaging and how we share the messaging with the community
- Adult Influencer campaign
- Safe storage/safe disposal campaign
- Patient education: having some materials that medical providers/pharmacies provide to individuals when they prescribe opioids about safe storage/safe disposal

4. Does the team agree these are the right strategies for this time? If not, what strategy/strategies will the team go after?

Yes

5. What will you do as a team to pursue these strategies in the next 6 to 9 months? Use the table to help organize your response (*tip: think about what this group will contribute that is different from your work as individuals and organizations*).

Action (What will be done?)	Who (Who will do it?)	Timeline (By when?)	Collaboration (Who else is working on this?)
Connect with Lee Scriggins to align message about safe storage/safe disposal	Richele		Realtor education, etc; Colorado Consortium working on this- connect with them, Utah Opademic
Patient Education- look at materials from Utah Opademic			Utah Opademic
Add public comment to upcoming bills related to Topic 1: Public Awareness Campaign. Mention patient education	Richele, and all	October 4th	Richele has made comment

Add public comment as it relates to public schools and SBIRT	Sophia	October 4th	
Share information about early intervention	Chris		
Develop prevention education 101 materials to include primary prevention, early intervention, and possibly narcan			
Test run of Adult Influencer at Lafayette CTC meeting	Marcy	November meeting	Lee will present
Share Adult Influencer materials with faculty	Kat		Lee send or Marcy send?

6. What other initiatives and programs does your Action Team need to coordinate with? How will you avoid duplication of work?

School districts being connected to BCPH and to CU work; Patient education; Colorado Consortium

7. How will this group communicate and move the work forward between now and the next coalition meeting? (*i.e. how often will you meet? Will you meet in person/by phone, etc.*)

8. Who will be point person/people to coordinate this team? Will these same people be the team's focal points for communication with the Opioid Advisory Group's Steering Committee?

9. Fill in the table below to make sure the group has contact information for each member.

Richele, Chris Lord, Sophia, Kat Dailey, Alison, Marion, Marcy, Andres

10. Who else/what other perspectives should be part of this team?

11. Who will reach out to those people?