

Reducing Criminal Justice Involvement of Persons Who Use Opioids and Other Drugs System Mapping Activity, October 13, 2017, 10:00 a.m.-3:00 p.m.

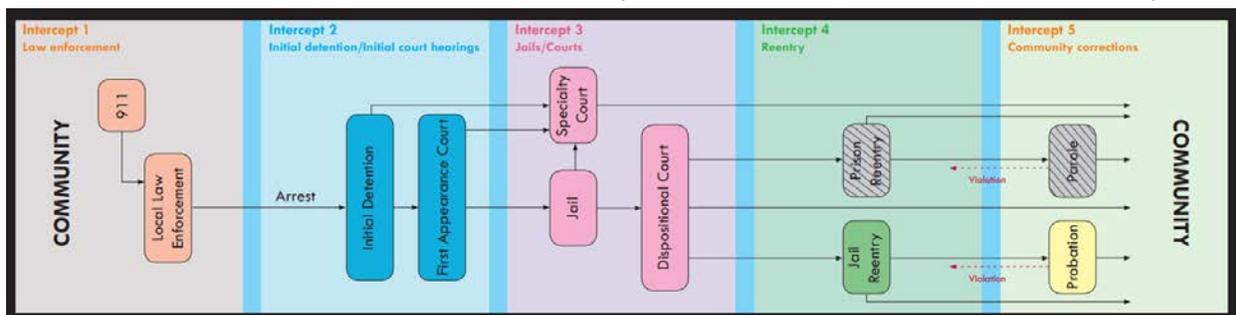
Introduction

The Boulder County Opioid Advisory Group (OAG) was formed in October 2016 with the approval of the Community Justice Management Board (CJMB). The group engages representatives from various agencies, including prevention, law enforcement and criminal justice, treatment and recovery, clinical and pharmacy, business and nonprofit, and community representatives. Boulder County Public Health (BCPH) provides backbone support for the OAG. Through collective process, law enforcement and criminal justice services priority was identified as the need for a “funnel” to link people who use opioids and other drugs to needed support in order to reduce criminal justice system involvement. Several partners met to plan for a systems mapping activity on October 13, 2017.

Attendees: Christine O’Neill (Mental Health Partners), Matt Jaeckel (Mental Health Partners), Jeff Goetz (Boulder County Sherriff – Jail), Melanie Dreiling (Boulder County Sherriff – Jail), Joe Creel (Probation), Marco Prospero (Community Justice Services), Sarah Boylan (Housing and Human Services), Ken Kupfner (District Attorney), Elaina Shively (District Attorney), Jennifer Biess (Community Services), Whit Oyler (Colorado Consortium for Prescription Drug Abuse), Alison Harvey (Regional Health Connector), Michelle Krezek (Boulder County Commissioners), Chris Lord (Boulder County Public Health), and Carol Helwig (Boulder County Public Health).

Facilitator: Jodi Hardin (The Civic Canopy)

Desired Outcome: A countywide system map that identifies diversion, linkage to mental health and substance use disorder treatment, and wraparound services, with a focus on intercept 1.



Goals for Activity:

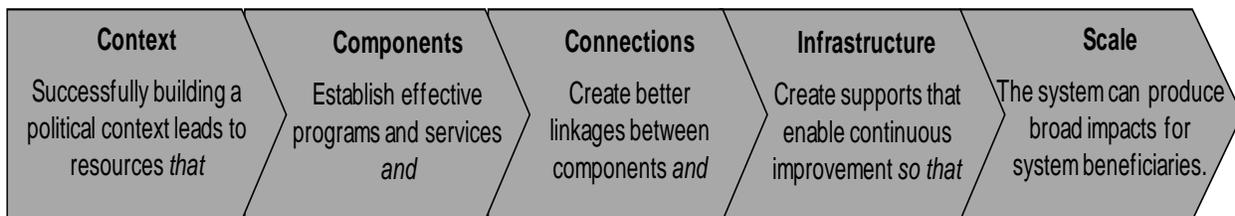
- Confirm existing components of the system.
- Identify connections and/or needs for improved connections across the system.
- Determine systems infrastructure needs.

- Review first working draft of systems map and clarify next steps.

Confirmation of Goals During Activity: The group clarified collective goals, including the items listed below. It was noted that the focus for the day was on intercept 1, but many components of the system could be utilized along other [sequential intercepts](#).

- Consistent collaboration across all stakeholders.
- Reduction in jail placement (already seeing a decrease, need to sustain).
- Address mental health and substance use disorder needs with support and linkages to treatment and other wraparound services.
- Assessment of mental health or substance use disorder needs in order to match individuals to appropriate services.
- Understanding of available services in the community and how individuals can be linked to services.

System Mapping Components:



Activity participants discussed the current context and needs.

Context:

- Progressive political environment:
 - Public support for diversion, including law enforcement support.
 - High level of support from department heads and other leadership.
 - High level of support from people working on the ground.
- Shared agreement, established programs, positive outcomes.

Context Needs:

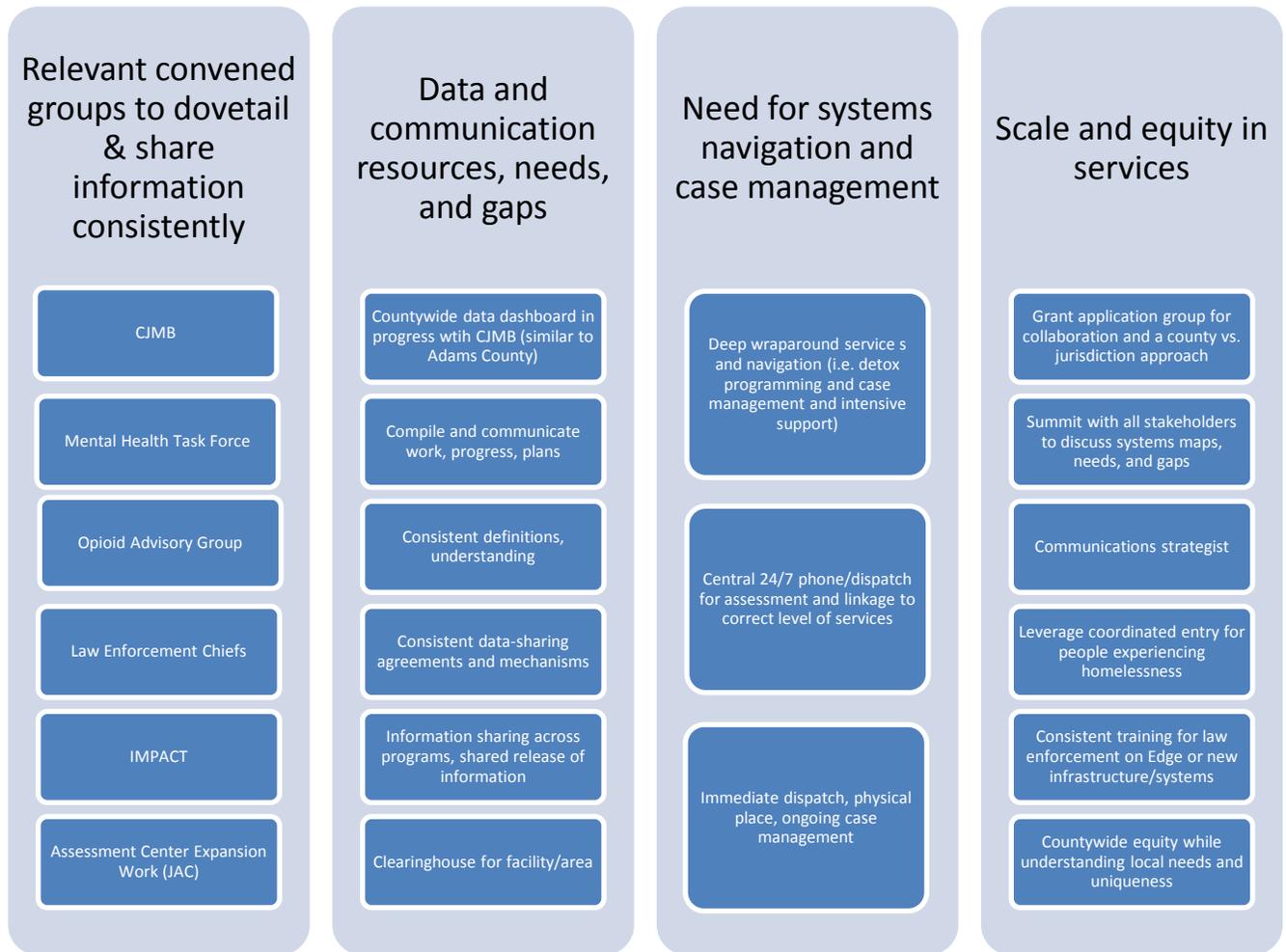
- Infrastructure needs, but no agreement yet on solutions or what to build.
- Resource needs:
 - Gaps in funding.
 - Need for additional funding.
 - Matching funding to programs.
- Current system is costly, but isn't working.

- The NIMBY (not in my back yard) issue associated with locating treatment facilities was noted.

Components: System components were discussed and written on pink notecards.



Connections: Connections and opportunities were noted on orange notecards.



Gaps and Opportunities:

- Expand the IMPACT model to include adults.
- Comprehensive and consistent assessments via a variety of doors.
- Improved linkages from jail to Mental Health Partners.
- Shift to harm reduction vs. abstinence only.
- Shift intercept 2 back to intercept 1.
- 24-hour access scaled to serve all (i.e. Edge, Angel Initiative, other MHP services).
- Include existing family members or supporting family members to stay engaged.
- Increased access to treatment options, including inpatient residential and other innovative models that cover the gap in inpatient, such as coordinating care across various outpatient services and sober living options.
- Navigation and coordination of comprehensive wraparound services/supports.

Next Steps:

- Identify shepherd to champion this work (identify funding support).
- Share with various stakeholder groups (elected officials and department heads at CJMB, OAG, Mental Health Task Force).
- Consider creating an ongoing subcommittee of OAG or merging with Mental Health Task Force, as well as having an ongoing subcommittee to move the work along more frequently than quarterly.
- Identify who else needs to be at the table, engage, bring up to speed (law enforcement, public defender, housing).
- Consider mapping via workflow style per organization/program then as a whole.
- Identify the concrete “ask.”

Group process:

