

Reducing Criminal Justice Involvement of Persons Who Use Opioids and Other Drugs -System Mapping Activity

Boulder County Opioid Advisory Group
October 13, 2017

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 map-ping activity on October 13, 2017.

ATTENDEES

Christine O’Neill (Mental Health Partners), Matt Jaekel (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 (Boulder County Connect), 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.

ACTIVITY GOALS

- Confirm existing components of the system.
- Identify connections and/or needs for improved connections across the system.
- Determine systems infrastructure needs.
- Review first draft of systems map & clarify next steps.
- Consistent collaboration across all stakeholders.
- Reduction in jail placement (sustain current reduction).
- 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 & CONNECTIONS



Relevant convened groups to dovetail & share information consistently

- CJMB
- Mental Health Task Force
- Opioid Advisory Group
- Law Enforcement Chiefs
- IMPACT
- Assessment Center Expansion Work (JAC)

Data and communication resources, needs, and gaps

- Countywide data dashboard in progress with CJMB (similar to Adams County)
- Compile and communicate work, progress, plans
- Consistent definitions, understanding
- Consistent data-sharing agreements and mechanisms
- Information sharing across programs, shared release of information
- Clearinghouse for facility/area

Need for systems navigation and case management

- Deep wraparound services and navigation (i.e. detox programming and case management and intensive support)
- Central 24/7 phone/dispatch for assessment and linkage to correct level of services
- Immediate dispatch, physical place, ongoing case management

Scale and equity in services

- Grant application group for collaboration and a county vs. jurisdiction approach
- Summit with all stakeholders to discuss systems maps, needs, and gaps
- Communications strategist
- Leverage coordinated entry for people experiencing homelessness
- Consistent training for law enforcement on Edge or new infrastructure/systems
- Countywide equity while understanding local needs and uniqueness

GROUP PROCESS



GAPS AND OPPORTUNITIES

- Improved referrals from all municipal courts and law enforcement to early intervention services such as SAIP.
- Comprehensive and consistent assessments that link to the appropriate level of service.
- Centralized navigation and coordination of comprehensive wraparound services/supports.
- 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).
- 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 .
- Include existing family members or supporting family members to stay engaged.

NEXT STEPS

- Share with various stakeholder groups (elected officials and department heads at CJMB, OAG, MH Task Force).
- Identify shepherd to champion this work/funding support.
- Consider creating an ongoing subcommittee of OAG or merging with Mental Health Task Force, (now Behavioral 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.

ACKNOWLEDGEMENTS

Activity participants, members of the Opioid Advisory Group, and MH Task Force partners contributed to planning for this activity .