

Boulder County Opioid Advisory Group Meeting

Wednesday, February 21, 2017

9:30 AM – 11:30 AM

1333 Iris Ave, Boulder, Norton Rooms

Meeting Goals

- Celebrate successes
- Vote for recommended position on naloxone in schools
- Revisit working group strategies
- Brainstorm collective actions for 2018

9:30 Welcome, Introductions, Celebration of Successes

Introductions:

Jamie Feld, BCPH, Marco Prospero, Boulder County Community Services, Lily Sussman, BCPH, Susanna Cooper, Colorado Consortium, Jenny McClintok, District Attorney's Office, Sara Boylan, Boulder County Housing and Human Services, Ken Kupfner, District Attorney's Office, James Gould, SSDP, Carol Helwig, BCPH, Allison Bailey, BCPH, Kayla Hokanson, BHG, Taylor Wright, MHP, Colt Smith, iThrive, Tracy Lolio, Longmont United Hospital, Kasey Arrington, Jeff Hanley, Jefferson County Public Health, Tom Smith, Longmont Angel Initiative, Blaise Rastello, Boulder County Jail, Sophie Yager, SVVSD, JC Montanez, Susanna Cooper, Co. Consortium, Brody Montoya, CORP, Katie Lazar, CORP, Marcy Campbell, BCPH, Karen Elias, ALKERMES, Marion Rorke, DDPHE, Richele Mein, PEN, Indira Gujral, BCPH, Chris Urbina, Medical office, BCPH, Patty Brezovar, BCPH, Chris Lord, BCPH, Trina Faatz, PEN, Karla Guardado, Kristen Daily, Jeff Satur, Longmont Police Department, Carey Weinheimer, Boulder PD, Melanie Dreiling, Boulder County Jail

9:45 Legislative Update:

Round of applause for the community members who went to testify at the State Capitol.

SB-18-40 – Substance Abuse Harm Reduction Bill

- Bill SB-18-40 Substance abuse harm reduction bill was heard on February 14. The bill did not make it out of the committee.
- There is not coordinated opposition and there is a possibility that a new bill might come true in this legislative cycle.

SB-18-22 – Clinical Practice Opioid Prescribing

- The bill has some restrictions on prescribing by medical providers for people who never had opioids use in the past.
- On 2/22 passed third reading. It has bi-partisan support.

SB-18-24 – Expand Access Behavioral Health Care Providers

- Heard on January 25. Referred to the Appropriations Committee.
- Loan repayment for behavioral health care providers in high-need areas.

HB-18-1003 – Opioid Misuse Prevention

- To be heard in House at Public Health & Human Services Tues, 3/14, 1:30pm.
- Includes funding for school-based health centers.
- Could include naloxone in schools; needs advocacy.

HB-18-1007 – Substance Use Disorder Payment and Coverage

- To be heard in House at Public Health & Human Services Tues, 3/14, 1:30pm.

HB-18-1136 – Substance Use Disorder Treatment

- To be heard in House at Public Health & Human Services Tues, 3/14, 1:30pm.
- The cost will be \$34 million for the first year and will cover 17,000 people according to Colorado Health Institute [study](#).

If you're interested in testifying, Leslie Irwin, from the Boulder County Commissioner's Office can coach and help prepare your statement. Contact jfeld@bouldercounty.org to help coordinate. Community testimonies are impactful and educational for legislators.

Inspiring testimony of Kelli Reed - MAT/Integrated Health from Colorado Coalition for the Homeless.

After having grown at the suburbs in a 'normal' family, she had several diagnoses over many years. Her coping skills helped her to get through diagnoses of mental health that she wasn't certain she had. She shared her personal journey, challenges, confusion and struggles with mental health and addiction throughout her life from childhood until adulthood. Her staying in jail represents a turning point in her life. Now in recovery, she uses her story and her position as a specialist at the Colorado Coalition for the Homeless to help and empower others. Now, recovered, she shares her bravery and how she's able to tackle her mental health and wants to give back and with her expertise help others.

We want to continue to bring different speakers to share their stories; we want to share how these stories impact the policies and strategies we want to change.

9:55 Policy Issue: Naloxone in Schools

Proposal, evidence, arguments, discussion

- Currently, naloxone in schools is not in any bill. It was included in SB18-40, but was removed. If we want it to get passed, we will have to advocate for inclusion in HB18-1003. Representative Petterson would like to see Republican support for the bill before including it in HB18-1003.

- Community statement: The number of teens experimenting with prescription drugs illegally has increased. If schools have naloxone, schools will have a choice as to whether they want to train their staff. There is no financial burden to the school system. It will provide an antidote especially in the use of laced Xanax bars that have fentanyl. The most common conception is that naloxone is for drug users using needles, but there is an increase of young adults getting fentanyl in illicit prescription drugs.
- The bill does not require that schools carry naloxone, but rather allows them if a local jurisdiction is interested.
- There is support from National School Nurses Association.
- In 2013 it was 6% of Boulder Valley High school students who have used prescription drugs. In 2015 increased to 14%. In spring, 2017 data will be gathered to see if that trend increased or decreased.
- Oppositions: Those that oppose suggest that having naloxone in schools will promote drug use (similar to condoms and sex discussion).
- Support: It's much easier to use naloxone than do CPR.
- We'll include in the next agenda about naloxone at the university. Patty was asked to provide narcan training in future meetings

Vote: Majority vote to support inclusion of legislation that encourages would allow local jurisdictions to determine if they would like to carry naloxone.

10:15 Review road map and priority strategies from 2017

10:25 Working Group Time

After the workgroups, the following meeting will come back to decide what are the things that we want to do all together. What is there that we can all bring our efforts together on that collaborative reflexive impact approach?

Prevention:

- Adult Influencer and Aligned Messaging can be areas that Boulder County Public Health roll out and want to measure.
- Rise Above Colorado – PEN and Colorado Consortium are interested in getting this BVSD approved curriculum into schools; not yet happening.
- Until Rise Above Colorado curriculum included, getting young adults to share stories in a panel at Fairview/ Boulder High. Gathering resources for educators.
- PEN started Parent Partnership Group as part of Healthy Futures Coalition (HFC); targeting parents to carry over education related to work of HFC.
- Adult Influencer Campaign – easy to roll out; train-the-trainer model. Good for OAG to support.
- Regarding the naloxone in schools bill, think that education first may be helpful.

Community:

- There is still denial in communities and need for awareness and education. How can we reach out and look for support? There are communities that haven't been represented here.
- Awareness events: this Saturday with Longmont Angel; Overdose Awareness Day, 8/31
- How disseminate info? –Join [Facebook Group](#).
- Support Angel Initiative community group.
- Building communication with business.
- CU – How to Save a Life campaign – trained thousands of people.

Law Enforcement/Jail/First Responders:

- Angel Initiative: 62-65 people linked to treatment within last year since implemented; reduced calls for police response by 73%.
- Longmont received Co-Responder and LEAD grant so now they are hiring 11 positions; implementing in April.
- Narcan for first responders status update:
 - Boulder PD has 60-70% of PD are carrying narcan (voluntary). Boulder PD voluntary is increasing.
 - Longmont PD at 100% (mandatory).
- Jail-based strategies – completed all goals for the year.
 - 1) New policy to continue MAT when people enter jail.
 - 2) Vivitrol now available for inmates leaving jail; follow-up visit scheduled.
 - 3) Hired new case manager in jail, Blaise Rastello.
 - 4) New jail tracking measurements:
 - Anyone on opioid protocol will be tracked
 - Transportation to treatment (warm-hand-offs after jail)
 - # narcan kits and training
 - Vivitrol provided

Future Aim: Expand program to all with substance use disorder regardless of time in jail. Working on methadone in jails for pregnant women.

Treatment:

- Best thing to work on – partner with Rocky Mountain Crisis Line or develop whole new program to hold resources for treatment resources.
- Medicaid resources are few and far between.
- We need statewide a place to hold all the information about treatment; eligibility requirements and insurance, Medicaid resources.
- Call one centralized place and they figure out where to place you.
- Type in United Health Care, type in zip code, getting to right level of care.
- Rather than a list of 50 providers – treatment burn-out.
- Increased awareness of medication assisted treatment
 - Who provides, what available, what it means.
- Family systems approach

- Provide more resources for adolescents whose parents are substance users as well as for adolescents who are substance users.
- RAE bid – increasing payment for substance use treatment.
 - Get money for TRT. All self-pay. Not funded by Medicaid. We need more services.
- PDMP not utilized very well
 - Medical professionals are reluctant to work together to coordinate care with pain medications and benzos.
- Want a van
 - Transportation to MHP from law enforcement.

Healthcare:

- Initiation of pilot program in ED – expansion to other hospitals – talk about successes and bring to other providers.
- Provider education – going to Chief Medical Officers to assess need
 - Use the Colorado Consortium resources
 - Best practices from other counties
- Increase knowledge and awareness of providers of MAT
- Increase # of buprenorphine prescribers
 - Have been trained, but not yet doing
- Look at expanding access to MAT in ED

Harm Reduction/Early Intervention:

- Syringe access program/HIV testing – ongoing service
 - 3 HIV positive individuals since December; all were PWID (people who inject drugs), two were MSM (men who have sex with men)
 - Continuing HIV testing efforts and linking individuals to HIV treatment
- Naloxone could be a collective impact strategy since identified in multiple work groups
- Early Intervention – space between primary prevention and treatment. This is for people early in drug-use
 - Have a few early intervention providers: CU Health Promotion, iThrive, Boulder County Public Health
 - Need to find a spectrum for early intervention so that community can understand how to refer and what level is most appropriate
 - Increase access points – university, court systems etc. Not necessarily coordinated.
 - Unify systems in referrals to early interventions

11:25 Meeting Summary

11:30 Meeting Closes

Updates:

- Longmont Angel Event – Anonymous People + booths of treatment providers/ support groups, panel with Angel graduate
- CU Event : The Opioid Epidemic: A Community Forum

Successes:

- Longmont Safety - 6 lives saved! Boulder PD has had 8 lives saved!
- Longmont Safety - Narcan success, this person overdosed, took four doses of Narcan and CPR to get her out. She lived and the hospital called after a week to get her into treatment. Now she's doing well and she is in treatment. Now hospitals refer clients to Angel Program. Not only was her life saved, but also helped her with other areas.
- Community Reach Center in Adams County has purchased Arapahoe House and will be re-opening the 28-day residential units at 8801 Lipan Street in Thornton.

Next Meeting:

Wednesday, March 20

9:30-11:30am

1333 Iris Ave. Boulder, CO, Norton Rooms