

Boulder County Opioid Advisory Steering Group Meeting

Wednesday, January 9th, 2018
1:00-2:30 pm
Norton Rooms, 3842 Broadway

Introductions, Identify Note-taker and Review Agenda

Attendees: Garry Sanfacon, Jamie Feld, Jackie Blachman-Forshay, Scot Williams, Heather Ponicsan, Doree Newberry, Kristen Daly, Michele Ryan, Carol Helwig, Arielle Gross, Trina Faatz, Bill Hodson, Chris White, Marco Prospero, Allison Bayley

Update on Staffing (Trina/Arielle)

- Trina has been hired as the hourly facilitator for the OAG
- BCPH is in the process of interviewing for an “Opioid Specialist Lead” position; this hiring process should be completed in January
- Funding for RFP is approved, proposals submission period has begun

Legislative Update (Jamie)

[SB19-008](#)

Substance Use Disorder Treatment In Criminal Justice System

Sponsors: K. Priola | B. Pettersen / C. Kennedy | J. Singer

Summary: **Opioid and Other Substance Use Disorders Study Committee. Section 1** of the bill requires the Colorado commission on criminal and juvenile justice to study and make recommendations concerning:

- Alternatives to filing criminal charges against individuals with substance use disorders who have been arrested for drug-related offenses;
- Best practices for investigating unlawful opioid distribution in Colorado; and
- A process for automatically sealing criminal records for drug offense convictions.

Section 2 of the bill requires the department of corrections (DOC) to allow medication-assisted treatment to be provided to persons who were receiving treatment in a local jail prior to being transferred to the custody of the DOC. The DOC may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

Section 3 of the bill contains a legislative declaration that the substance abuse trend and response task force should formulate a response to current and emerging substance abuse problems from the criminal justice, prevention, and treatment sectors that includes the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs as an alternative to entry into the criminal justice system for offenders of low-level drug offenses.

Section 4 of the bill directs the department of health care policy and financing to seek federal authorization under the Medicaid program for treatment of substance use disorders for persons confined in jails.

Section 5 of the bill creates a simplified process for sealing convictions for level 4 drug felonies, all drug misdemeanors, and any offense committed prior to October 1, 2013, that would have been a level 4 drug felony or drug misdemeanor if committed on or after October 1, 2013. A defendant may file a motion to seal records 3 years or more after final disposition of the criminal proceedings. Conviction records may be sealed only after a hearing and upon court order.

Section 6 of the bill requires jails that receive funding through the jail-based behavioral health services program to allow medication-assisted treatment to be provided to individuals in the jail. The jail may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

Section 7 of the bill provides an appropriation, including for the following programs funded through the annual long appropriations act:

- Increasing from 4 to 10 the number of the law-enforcement-assisted diversion pilot programs; and
- Increasing cosponder funding for criminal justice diversion pilot programs in the office of behavioral health in the department of human services.

(Note: This summary applies to this bill as introduced.)

[HB19-1009](#)

Substance Use Disorders Recovery

Sponsors: C. Kennedy | J. Singer / K. Priola | B. Pettersen

Summary: **Opioid and Other Substance Use Disorders Study Committee.** The bill:

Expands the housing voucher program currently within the department of local affairs to include individuals with a substance use disorder and appropriates \$4.3 million each of the next 5 fiscal years to support the program (**section 1**);

~~Requires each recovery residence operating in Colorado to be licensed by the department of public health and environment (**section 2**); and~~

Creates the opioid crisis recovery fund for money the state receives as settlement or damage awards resulting from opioid-related litigation (**section 3**).

(Note: This summary applies to this bill as introduced.)

[SB19-001](#)

Expand Medication-assisted Treatment Pilot Program

Sponsors: L. Garcia

Summary: In 2017, the general assembly enacted Senate Bill 17-074, which created a 2-year medication-assisted treatment (MAT) expansion pilot program, administered by the university of Colorado college of nursing, to expand access to medication-assisted treatment to opioid-dependent patients in Pueblo and Routt counties. The 2017 act directs the general assembly to appropriate \$500,000 per year for the 2017-18 and 2018-19 fiscal years from the marijuana tax cash fund to the university of Colorado board of regents, for allocation to the college of nursing to implement the pilot program. The pilot program repeals on June 30, 2020.

The bill:

Expands the pilot program to the counties in the San Luis valley and 2 additional counties in which a need is demonstrated;

Shifts responsibility to administer the pilot program from the college of nursing to the center for research into substance use disorder prevention, treatment, and recovery support strategies;

Adds representatives from the San Luis valley and any other counties selected to participate in the pilot program to the advisory board that assists in administering the program;

Increases the annual appropriation for the pilot program to \$5 million for the 2019-20 and 2020-21 fiscal years; and

Extends the program an additional 2 years.

(Note: This summary applies to this bill as introduced.)

- 3 other bills killed last session (treatment, harm reduction, prevention)
 - o Attempt to reformulate into single bill through Pettersen

- Could have some cuts in costs
- Rep. Singer will present legislative update of these bills at large group meeting

Review 2019 Meeting Schedule/Frequency

- Large group
 - Going to every other month?
 - Want to keep with momentum of group (going every other month could become too stagnant)
 - Good idea for working meetings every other month (to still have set meeting/work time)
 - Announcements in first half, then giving work groups meeting time
 - Schedule out topics and presenters for several months (so that people are aware of the topics ahead of time)
- Keeping meeting speakers every monthly meeting?
 - Every other month “traditional” OAG meeting
 - Every other month expert/topic speaker at work group meeting
- How do we determine pre-set topics?
 - Sending out survey to poll topics?
 - Topic area suggestions from group
 - Give large group umbrella of a topic and have members submit specific questions/ideas
 - Potential topics:
 - Chris Lord for Early Intervention
 - Carol/Jackie, Harm Reduction 101
 - Welcoming current user/harm reduction voice to this group
 - Data work group data dashboard (make this interactive somehow?)
 - Have everyone bring in computers and navigate website activities as they are being instructed
- Steering group
 - Steering meeting every other month

Review draft agenda for January large group meeting (Arielle/Trina)

- How to integrate new members (specifically community members) within the group
 - Creating an onboarding process that Arielle will walk new members through (either at meetings, or beforehand)
 - Have an announcement at meetings to connect with Arielle about group involvement
 - Using ‘Group Norms’ document as an onboarding tool
- Discuss how and when to engage large group about possible name/scope of work change to be broader than opioids
 - Bring in other initiatives happening around the county as examples of current work being done
 - What does the landscape look like?
 - Where are our communities being impacted?
 - Having steering group making a recommendation, and large group vote on whether or not they agree with the steering group’s recommendation/wish to proceed with recommendations

- Weighing pros and cons
- Define ourselves by being “timely and responsive to our community”
- Theme it for full year?
 - i.e. focus on maybe one additional illicit substance per year (“with a focus on meth for 2019”)
- “Overdose” Advisory Group; making title more broad
- Use data to inform work
 - Have Jackie share data; coroner share data; use data collected from Data Work Group dashboard
- Heads up that conversation is coming before it happens

Review Proposed Social Contract (Trina/Arielle)

- Add clause about confidentiality; inclusiveness
- Edit to fit the group
- Language: non-stigmatizing, person-first language
 - Helps reframe labeling/wording within the community itself
- Changing name of document to “Group Norms”
- Could possibly read Group Norms document at beginning of every meeting
 - Then posing “Would anyone like to add anything else? “; will be a living document
- Use in member onboarding
- Values different than group norms
 - Way we are going to be effective working together
- Trina and Arielle will create a draft to present to steering group
 - Have steering members submit input for “group norms” document by 30th (end of month)

Updates

Marco:

- Diversion, creating services to support folks
- 2 full-time, one part-time position
- 2 supervising projects:
 - One opioids; one mental health diversion
 - Creating action plan
 - One through state at jail; will be doing screening and assessment for folks
 - Term limited, grant funded

Michele:

- Approved for hub and spoke implementation (BHG is hub)
 - Connecting with urgent care centers around Longmont (finding spokes)
- Suboxone prescribers—not offering counseling (BHG identified this gap)
 - BHG starting suboxone (buprenorphine) counseling groups
 - 26 week groups, \$50 per group session
 - Groups weekly (accept Medicaid); groups monthly

Carol:

- LEAD panel at Longmont library
 - Harm reduction presentation

- Partnering with DA office
- Grant signed for CDC Crisis Funding
 - Bid posted
 - Will be assisting several initiatives such as :
 - Effort to respond to outbreak clusters
 - Law enforcement education
- Opioid Specialist Lead position interviewed for; yet to be hired

Bill, Boulder Integrated Health:

- Medical detox to open hopefully this summer; located at 2429 Broadway St.
- Works with wife to offer medical services, MAT
 - Use Buprenorphine, vivitrol
 - Outpatient detox; maintenance suboxone; private pay methodone
- Heading up PHP, IOP integrated services
- Not yet accepting Medicaid

Allison:

- Communities That Care (CTC) in Lafayette designated 5 strategies they'll be focusing on for this year
- Healthy Futures Coalition (HFC)
 - 2019 strategies
 - Coalition collaboration
 - Youth leadership and engagement
 - Membership
 - Evidence-based programs