

## Boulder County Opioid Advisory Group Meeting

January 16, 2019

Wednesday, 9:00 – 11:15 AM

1750 33<sup>rd</sup> St, Boulder CO 80304

Boulder Clerk and Recorder's Office, Houston Room

### Meeting Goals

- Support one another and network
- Be informed about current opioid-related legislation
- Identify possibility for new directions

### 9:00 Welcome

#### Legislative Update from State Representative Singer

- State Representative Singer will discuss the upcoming bills pertaining to the opioid epidemic, and answer any questions
- Legislature formed Opioid and other Substance Use Disorder (SUD) interim study committee
  - Purpose of this committee is to work during interim time where legislature is not meeting

#### 2018 session

- 2018 interim committee : 5 bills recommended to legislative council, 2 ultimately approved
  - A Treatment
  - **B Recovery**
  - C Harm Reduction
  - D Prevention
  - **E Criminal Justice System**

#### *Bill A: Treatment of Opioid Use Disorders (OUD)*

- Creates a system to track bed space use and availability at behavioral health, substance use disorder treatment, MAT (medically assisted treatment), and medical detoxification facilities.
- Establishes a care coordination system to assist individuals in accessing treatment.
- Develops a grant program to support substance use disorder treatment capacity building in underserved communities.
- Requires HCPF to complete an out-of-cycle review of provider rates that the department determines have an impact on access to substance use disorder treatment.
- Not approved by Legislative Council

#### *Bill B: Substance Use Disorders Recovery*

- Opioid Crisis Recovery Fund
- Consists of net settlement or damages awarded to the state as a result of opioid-related litigation, as well as any other money appropriated by the General Assembly.

- To fund efforts that aid in prevention, treatment, and recovery efforts related to the opioid crisis.
- Housing vouchers for persons with a substance use disorder
- Extends housing vouchers and other support provided by the Department of Local Affairs to individuals with a substance use disorder.
- Regulation of recovery residences
- Requires licensure by the Colorado Department of Public Health and Environment (CDPHE) and accreditation by the Colorado Association of Recovery Residences.
- Recovery residence owner, employee, or administrator may not solicit or accept a commission or fee from a treatment facility in exchange for the admission of a resident to the facility or a drug-testing laboratory.
  - Channel 4 interest; “buyer beware”
- **Approved by Legislative Council**

*Bill C: Support for Harm Reduction Efforts*

- Authorizes schools districts and private schools to create a policy allowing the maintenance and administration of opioid antagonists on school grounds.
- Authorizes additional syringe disposal sites and medication take-back programs, and created a state naloxone purchasing fund.
- Not approved by Legislative Council

*Bill D: Prevention of Substance Use Disorder*

- Requires continuing education for certain opioid prescribers.
- Requires outpatient opioid prescriptions to bear a warning label.
- Appropriates funds to the Department of Public Health and Environment for state and local substance use disorder prevention activities.
- Creates grants in the Department of Human Services to focus on youth substance use disorder prevention and recovery.
- Appropriates funds to the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to assist local governments in applying for grants and to study and screen for perinatal substance use disorders.
- Appropriates funds to the Office of Behavioral Health to administer a pilot program to integrate substance use disorder treatment with obstetric care.
- Not approved by Legislative Council

*Bill E: Substance Use Disorder Treatment in the Criminal Justice System*

- Requires the Colorado Commission on Criminal and Juvenile Justice to study criminal charges against persons with substance use disorder, best practices for investigating illegal opioid distribution, and sealing criminal records.
- Requires certain county jails and the Department of Corrections to offer MAT to inmates in their custody.
- Requires the Department of Health Care Policy and Financing to seek federal authorization to pay the costs of MAT for inmates in county jails using Medicaid funds.
- Creates a simplified process for sealing certain criminal convictions.
- Appropriates additional funds to LEAD programs and co-responder diversion programs.
- **Approved by Legislative Council**

## 9:45 **Legislation Follow Up Discussion**

- Facilitated by Summer Laws, Policy Analyst with the Boulder County Commissioner's Office
- Services able to be provided as policy analysts:
  - Support in testifying at the Capitol
    - Tips for testifying; parking downtown
  - Communicating with legislators
    - Crafting messages; determining what's most impactful
- Limit testimony to maximum of 3 minutes
  - Tips to include in testimony:
    - Facts and figures
    - "Show you're an expert"
    - Appeal to values
  - Even showing up in person to support the selected individuals testifying is helpful; there is a message to be sent in numbers
- Representative Singer is gathering folks for testifying
  - Don't wait for a bill to get to committee to voice that you want to testify; make it known asap (important to gather interest early on)

## 10:00 **Community Justice Services Grants Update**

- Provided by Dr. Jim Adams-Berger, Manager of Strategic Initiatives for Community Services Department

### ***Bureau of Justice Assistance Grant: Comprehensive Opioid Abuse Site-Based Program (COAP)—System-Level Diversion***

- Background
  - Funded through the Bureau of Justice Assistance
  - \$861,569 in federal support, no in-kind match
  - Start date around Nov 15; 3 year duration
  - Includes Planning and Implementation Phases
  - Oversight Group: OIG Steering Committee and Opioid Advisory Group (OAG) with support from Criminal Justice Management Board (CJMB)
- Goal
  - The Comprehensive Opioid Abuse Site-based Program (COAP) is part of the federal Comprehensive Addiction and Recovery Act (CARA):
    - A comprehensive and coordinated strategy that encompass prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction
  - COAP aims to reduce opioid abuse and the number of overdose fatalities, and mitigate impacts on crime victims
  - Provide an alternative to traditional prosecution for offenders with low criminogenic risk who are facing opioid-related charges
- Activities/ Objectives

- Conduct an in-depth assessment of issues across justice intercept points to determine:
    - Opioid related needs
    - Review existing program and policy options
    - Explore service and policy gaps
  - Development of a strategic Action Plan outlining steps to implement responsive programs and policies
  - Key Components include:
    - Implement universal screenings to assess opioid dependency and risk for overdose
    - Support timely linkage to services and supervision including safe withdrawal, ongoing treatment, and recovery support services
  - Provide treatment and recovery-oriented services to those in the jail, and connect those reentering the community with case management, linkage to treatment and wrap-around services to reduce risk of relapse and subsequent return to jail
  - Target high-frequency utilizers of multiple systems to reduce unnecessary burden on these systems
- Staffing
  - The project will fund three positions:
    - Full time Project Coordinator to manage and oversee planning and implementation efforts
    - Pretrial Behavioral Health Opioid Navigator to assist with early diversion efforts
    - Behavioral Health Reentry Coordinator to assist individuals returning to the community access needed treatment and support services
  - Research Partner to help with the assessment and to implement a robust evaluation of the project (external)

***Justice and Mental Health Collaboration Program Collaborative: County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illness in Jails***

- Background
  - Grant funded through the Bureau of Justice Assistance
  - \$346,532 in federal support
  - Start Date January 1, 2019; Duration 2 years
  - Includes Planning and Implementation Phases
  - Requires a focus on opioid co-occurrence
  - Oversight: Justice Mental Health Diversion Advisory Board with support from CJMB
- Status
  - Hiring Project Coordinator
  - Small group meeting to complete pre-planning – contracts, etc.
  - Forming the cross-project planning group
  - Launch by end of January
- Possible Roles for OAG
  - Help ensure that efforts are well-integrated, complimentary and non-duplicative

- Provide high-level review of planning data and help inform conclusions
  - Provide input and feedback on implementation plan drafts
  - Provide feedback and guidance on implementation efforts
  - Help troubleshoot emerging issues
  - Participate in a more formal annual review of project efforts
  - \*\*if interested in getting involved the advisory process, contact [Jim](#)
- These grants are adding essentially 4 more pieces to already complicated programmatic happenings
    - CJS will be thinking deliberately about how to incorporate these new positions in the most effective and efficient way
  - Intercepts: anywhere you might interact with criminal justice or law enforcement
    - Looking at already existing intercept points

### **10:15 Work Group Breakout Sessions to Set 2019 Goals**

- Individual Work group goals
- Overarching goal for OAG
- Incorporation of wider range of illicit substances in group scope of work
- Reformatting of work groups

### **Primary Prevention**

Goal: Infuse community into all work groups for community perspective

1. Continue Priority One, education at schools and with the public, adding evidence-based practice (EBP) research into best practices for primary prevention that consider other substances
  - Healthy Futures Coalition collecting information; partner with HFC
  - Add focus on EBPs
2. Priority Two, reduce access to initial prescription drug misuse, and boost outreach and connection with the community

Overarching stigma reduction: yes

- Eliminating stigma from the start in these conversations with young people

Incorporating meth/other illicit substances: yes

- Keep an ear open to other workgroups/coalitions focusing on marijuana, vaping, alcohol, etc (maybe we wouldn't touch on those)
- Survey of what kind of substances to incorporate (illicit substances)

### **Harm Reduction**

Goals

1. Using/mirroring person-centered language with the goal of reducing stigma
2. Developing resources for individuals to learn about what services are available
  - Work with law enforcement to make these resources not be a red flag for arrest, etc.
  - How can we work with law enforcement to develop HR materials?

- Prepared documentation at all the service organizations in Boulder County, so that regardless of where you go for services, you are getting harm reduction information
3. Train homeless shelters/ staff in other service areas to use naloxone, and have naloxone kit on site
  4. Inform community about supervised use sites and what harm reduction is/why it's good

Should this group have a space in other groups? – Yes, we think that would be helpful.

Should we incorporate more substances? – Yes, definitely. We should create a document about the risks of combining substances, etc.

### **Early Intervention**

#### Goals

1. Agree on definition of Early Intervention among providers
2. Continuum of care for EI
3. Increased access to voluntary EI services
4. Reducing stigma around EI
5. Incentivizing voluntary EI services

Want to separate EI into its own work group

### **Provider Education/ Treatment**

#### Goals

1. Provider and community education
  - Reduce stigma; early intervention surrounding substances
  - Resource education (establishing those contacts within the community)
2. Establish a community continuum of care
  - Create a group to identify gaps/how we can come together
    - Sarah Boylan, Michele, Denise, Christine, Karen (Alkermes), Randy (Indivior), peers will be part of this group
  - Addressing topics like housing, unemployment
  - How do we close the gaps/work together?
3. OAG contact list (J.K. Costello has a template, base off of this)
  - Name
  - Company
  - What they do?

Provider Ed and Treatment combining into one work group

### **Law Enforcement/ Criminal Justice Systems**

#### Goals

1. Support stigma reduction
  - Training on harm reduction + destigmatizing language/actions for LE/CJS
    - Brandon Cox training? Share costs?
    - Multiple sessions
  - Community events

2. Support MAT/harm reduction efforts at capital with LE/CJS supportive lens
  - Having someone from law enforcement share on why MAT is important to them
3. Support grants and implementation of criminal justice diversion at multiple intercepts countywide
  - Multiple drugs and equity (location, drug equity); treating different drugs differently
4. Separate meeting(s), consistent members, and coordination with other CJS groups

## **Community**

### Goals

1. Create a community resource list/resource website for treatment, recovery, prevention and harm reduction options
2. Getting out first hand stories to community; increasing community awareness

## **Recovery**

### Goals

1. Mobile MAT (expand MAT services to people; MAT in sober living homes)
  - Promoting awareness in regards to evidence base in relation to MAT
2. Address stigma to providers
3. Public relations campaign
4. Get more peer recovery coaches trained and working in the community
  - Having peer s involved would expand awareness of MAT

Combining Community and Recovery into one work group

**11:00 Final Updates and Announcements**

**11:15 Optional Networking Time**

### **Next meeting:**

- Discussion on inclusion of addressing methamphetamines, and possibly other illicit substances, in strategies
- Agreement on Group Norms