**Boulder County Substance Use Advisory Group**

**Wednesday, February 16, 2022**

**9:30-11:30 am**

**Zoom Meeting:** [**https://www.zoomgov.com/j/1606655089**](https://www.zoomgov.com/j/1606655089)

**9:30 Introductions and Community Updates**

**Community Updates:**

* [Recovery Cafe, Longmont](https://recoverycafelongmont.org/) is going to be starting some recovery classes that happen once a week
	+ Phoenix multisport will also be providing classes in the next two weeks
	+ Community garden coming soon!
	+ Starting first Open Mic Night on March 4th at 4pm
	+ In need of [volunteers for Cafe cooks](https://recoverycafelongmont.org/volunteer/), please email Becky Milanski (becky@recoverycafelongmont.org) if interested!
* The Outreach and Engagement workgroup has another co-lead, Alex Grizzell!
* If you are interested in learning more about [the Root/A la Raiz](https://www.bouldercounty.org/families/lgbtiq/a-la-raiz-2/) project, visit the website and/or connect with Audrey Schroer (aschroer@bouldercounty.org) about this work
* To get involved, learn more about Youth Substance Use Prevention, or get connected to this type of work, please reach out to Beth Lavely (blavely@bouldercounty.org) to discuss all the initiatives the Healthy Futures Coalition (HFC) is conducting
* The Works Program is developing a Peer Ally Program to train participants that look after people in the community who don’t go into services, training them on harm reduction, overdose prevention, wound care.
* Together the Sources’ Drop in Center is open 7 days a week now!
* Israel Alverado, AOS Coordinator working with young latinx groups has a youth led clinic for vaccines coming up on March 4th - interns will be leading that
	+ To hear more about this, please email Israel@elcentroamistad.org
* Harmony Foundation’s Intensive Outpatient Program is fully virtual; They have started a 12 step meeting on wednesdays at noon for all those in the recovery community
	+ Lunch & Learnings are soon to come! Email Karen Rodrigues (krodriguez@harmonyfoundationinc.com) to hear more about their services offered
* The BHAP program is hiring a Mental Health Clinician for jail re-entry, please reach out to Kristen Compston (kcompston@bouldercounty.org) to apply!
* New Coordinator for the Collegiate Recovery Center at CU Boulder
* Reach out to Seth Gottlieb (sethg@adventurerecovery.com) to hear more about [Adventure Recovery](http://www.adventurerecovery.com) and the services they provide to our community members
* [TRU Care](https://www.trucare.org/) has a Substance Use Loss Support Group for family and friends whose loved one’s death occurred from alcohol or substance use, addiction, or overdose - this group meets on the 2nd Thursday from 6-8pm, so please join or send this to those who would benefit from becoming a part of this group!

**10:00 Co-Responder Presentations: Louisville Police Department, Boulder City**

**Police Department and Boulder County Co Responder Program**

*Chief of Police David Hayes, Louisville Police Department (**Dhayes@Louisvilleco.gov* *or 303-859-1209)*

**Louisville Co-Responder Program:**

* When Louisville started looking at co-responder models, Mental Health Partners was helping in the beginning
	+ This model did not satisfy the work that would need to be done…with adaptations made, Louisville got an in-house mental health clinician (hybrid co-responder model) to go out into the community when needed or when available. This clinician is embedded within the police department.
	+ Contracted with Community Reach
* Just before Christmas, Louisville reached out to Avista and Centennial Peaks to figure out how to help with holds, such that by stepping in and responding to mental health calls, getting people hotels, food, and starting referrals
	+ This has helped alleviate pressure off of hospitals!
* Lousiville has also partnered with the jails in order to provide more support to those going in and out of the system. They have pre-printed cards for individuals who may need assistance and to get them on a better track depending on their court date
	+ They have printed cards on how to get a new court date (in the scenario that they have missed them).
* Louisville also partners with the Foodbank (which is open every Tuesday) and can get people a week worth of food if they need or want it.
* In-house clinician works with BVSD since we are still seeing a higher number of students struggling
* In process of making fireside chats to provide a safe space for people to talk about how they were impacted by the fires; Here, they can call in and have a group discussion and if they need a referral to MHP, the co-responder team can do that for them
* Louisville is still working to ensure that they understand more where police should be using their authority. Historically, in the country, there have been horrible incidents where police have used force in a very negative manner; Louisville is trying to reduce these incidents and have not done such in the past 8 years.
	+ Looking into using the Bowler App which enables an officer to fire a “lasso” that can help take a person safely into custody (no firearm or taster involved), should they be trying to harm themselves.
	+ Investigating ways that legislation can be used to define what police involvement needs to be
		- Since there has been a severe shortage of case workers, police involvement has increased but the best course of action is managed among different entities in hospitals in order to provide individuals the help they need.

Questions:

* Would you be willing to talk to other police chiefs about some of these initiatives?
* Absolutely. These matters are spoken at the County Chief level, as well as within the legislative committee who continues to find the best ways to assess mental health issues.
* Is there a one-pager to share an overview of these efforts?
* I will try to summarize the efforts that have been done in Louisville - may not have time to write a narrative but policy explanations with our hospitals and the progress we have made can be sent to Trina and Ken.

*Wendy Schwartz, Human Services Policy Manager, Reimagine Policing Project Manager, City of Boulder Housing and Human Services* (schwartzw@bouldercolorado.gov)

**City of Boulder Crisis Intervention Team (CIRT)**

* CIRT Basics:
* Builds on prior contracted program (with EDGE), in-house program
* $587k in City of Boulder general fund
* HHS employees embedded with PD; PD converted 3 FTEs for this program
* 4 Clinicians including supervisor - masters level, licensed
* Assigned through dispatch, self dispatch or requested by officer
* Data from first 6 months
* 523 calls during first six months
	+ Approx 1% involved arrests
	+ Of 523 calls, two involved use of force
	+ 29% facilitated police return to service
	+ 5% initiatives involuntary-holds
		- Team is trying to be cognizant of the individual assessments and how to maintain autonomy for the person, while still being safe and making sure holds are appropriate
* Clientele:
* About ⅓ are already in care
* Approx 1 in 4 calls are in unhoused community
* 25% repeat clients
* Most referrals were for ongoing treatment
* Next Steps:
* Grants: evaluation, CIT Training, Dedicated officer hours
* Increased service demand/complexity
* Reviewing options to add 2 clinicians + 1 case manager
* Assessing non-PD options

Questions:

* What’s the number of clients/participants served?
* There were 309 unique clients during the first 6 month period; 1/4 had more than 1 encounter in the 6 month period.
* What are the key words?
* More than happy to send you those key-words that are used during crisis intervention but it is to note that the way we as clinicians think of behavioral health and the people experiencing behavioral health crisis is different than members of the community who may call in to 911.
* What walk-in crisis clinics are you able to utilize? Emergency dept, walk-in clinic, or detox? Are there problems getting people into a crisis-clinic?
* Primary clinic being utilized is Mental Health Partners (MHP). With the change in the weekend hours at MHP (which has only been in place for a week or so), the group is still adjusting. MHP has a list of other places that are available and you can also call the Rocky Mountain Training Center for this list.

**10:35 2021 Data Share Out from the Works Program**

*Madeleine Evanoff, Harm Reduction Specialist at the Works Program (**mevanoff@bouldercounty.org**)*

The Works Program - Data from 2021:

* Participation up 12-fold since 2010 (up to the year 2017), since 2017, there has been a leveling out of participants accessing the Works Program have seen a leveling out
	+ In 2021, there were 1,658 unique participants
	+ 2017 was the highest year breaking 1,700 individuals who came to the Works Program
* For the most commonly injected substances: meth and heroin were noted by participants - both separately and in combination of one another
	+ Substances that are smoked, snorted or ingested were found to be highest in tobacco, alcohol, marijuana, cocaine, and crack
* People served by the Works Program:
	+ 68% participants reside in Boulder County; 32% coming from other counties
	+ 65% are male identifying, 32% are female identifying, 1% trans or nonbinary
	+ For 2020-2021, there were 16 individuals who visited from out of state
* Most participants that access Works Program are housed or sheltered
	+ Most participants are also insured as well (about ⅔ have Medicaid).
* Preventing overdose deaths:
	+ 1,402 Narcan kits distributed to participants
	+ 36 overdose reversals reported by Works participants
	+ 1,263 fentanyl test strips (FTS) distributed to participants from 9.1.
* Syringe distribution and collection:
	+ 370,334 syringes were collected
	+ 647,751 syringe were distributed
* Options for Safe Disposal:
	+ Works Program has 4 Disposal Sites, 2 are 24 hours (one in Boulder, one in Longmont)
	+ 24/7 disposals collect up to 76 gal/week
		- Syringe access at MHP continues to be 24/7
	+ Public wall mounted disposals
		- Libraries and grocery stores
		- Municipal buildings and recreation centers

Questions:

* Is the Works Program distributing glassware (pipes)? And if so, have you received any pushback for this?
* Yes, we are distributing bubble pipes and straight pipes for participants. As of now, we have not received any pushback for this.
* Have you been hearing that people are transitioning to smoking instead of injecting?
* Yes, we have encountered that trend. We hear this almost everyday - they credited the Works Program by saying that if they did not provide them with glass, they would still be injecting. By providing pipes, people are opting to smoke more which means less injecting and reduces the overall risk of overdose.

\*Any follow-up questions can be sent to Madeleine (mevanoff@bouldercounty.org)

**10:45 Updates on the Behavioral Health Hub, Project Recovery, and our new**

**Strategic Planning Team**

*Jim Adams-Berger, Manager of Strategic Initiatives, Boulder County Community Services*

Behavioral Health Hub Update:

* There are two initiatives / missions for the Hub:
	+ Implementation of a system to support resource referral in county for behavioral health needs
	+ Examining a health navigator to support our closed loop referral work
* Our external facing system for community referrals and resource navigation has changed from NowPow to Unite Us
* In support of this work, multiple grants were submitted to obtain health navigators (2) - both of which will use Unite Us to execute resource referrals and increase opportunities for clients who need further access to behavioral health services and help navigating through our systems.
* McKenzie LeTendre submitted a grant to CDPHE to do outreach of Latinx populations in support of technical assistance through our community resource/referral system
	+ Goal of this work: to engage populations who have experienced significant health disparities in accessing [BHAS](https://resources.bouldercounty.org/findrx/BoulderCountyBHAS), with hopes to engage among cultural brokers and community workers to meet this populations’ needs and build awareness on these disparities

Project Recovery:

* 3 year, 900,000 dollar award from Federal Bureau to implement recovery homes
	+ This grant will support potentially 3 Recovery Homes to help support those leaving the jails who need support to make that transition, focus on homeless population so they get access into services that can get them into stable houses
* Collaboration with Tribe Recovery Services who have implemented homes throughout the Denver-Metro area

Behavioral Health Planning Team:

* Marcy Campbell, Tucker Eurman, Lisa Moreno
* This team was created because leadership was needed on Behavioral Health Services Strategic Planning such as:
	+ Development of recommendations for opioid settlement dollars
	+ Creating long-term strategic planning for our county to address gaps in services as well as further quality improvement on relevant services
		- This would serve as a guide to improve our behavioral health system
	+ Explore requesting a possible behavioral health tax in the community so we have the means to support behavioral health investments moving forward

**11:10 Behavioral Health Transformational Task Force Recommendation Report**

*Jessica Eaddy, Senior External Relations Strategist, Colorado Consortium of Prescription Drug Abuse Prevention* (jessica.eaddy@cuanschutz.edu)

**Opioid Response Related Recommendations:**

* Recommendation C: Adult Inpatient and Residential Care
	+ Investment is a variety of forms of residential and dual diagnosis services, including recovery services, which are specified as:
		- Sober living home, peer-run respite homes, club houses, recovery drop-in centers
* Recommendation E: Behavioral Health Continuum of Care Gap Grants
	+ Important for SUAG to keep an eye on given that this recommendation fulfills a lot of the work areas within the coalition
	+ Funding for evidence-based programs to local government or community-based organizations in the areas of:
		- Prevention, harm reduction, treatment, recovery, transitional and recovery housing (requires county or regional level assessment)
* Recommendation F: Criminal Justice Grants
	+ Create programs for co-responders, diversion, alternatives to incarceration, and resource centers
	+ Expansion of MAT for people who are incarcerated and leaving incarceration
	+ Funding for transition services, including:
		- Access to job placement services
		- Housing assistance
		- Peer support services
* Recommendation G: Expand and Support Colorado’s Workforce
	+ Expand the workforce by creating more levels of providers, including recruiting individuals in rural communities to train and practice in their own community
	+ Funding to increase capacity and training within the behavioral health safety net, inclusive of SUD treatment and harm reduction
	+ Funding for peer support professionals through training and a ladder for further professional development and advancement
	+ Training should also include how to best use the American Society of Addiction Medicine (ASAM) criteria and Medicaid benefits
* Recommendation H: Behavioral Health System Investments in Care Navigation Coordination, and Immediate Pandemic Relief
	+ Additional funds to the Naloxone Bulk Fund for an additional 5 years
	+ Fund harm reduction programs through the current program at CDPHE
	+ Fund care navigators and create safety net system

**Policy Discussion Items:** Ideas for policy moving forward but items that have not been agreed on across the board:

* Require MAT in jails and the Department of COrrections facilities with the provision of technical assistance
* Increase access to and eliminate restrictions (like prior authorization) for MAT medications like buprenorphine, Vivitrol, Methadone
* Other items related to behavioral health clinical care
	+ Improve reciprocity for clinicians across states, expand authority for judicial diversion, decrease administrative burden for providers, establish 988 Behavioral Health Line

**11:20 BVSD Update**

*Jordan Goto, MPH, Health and Wellness Coordinator, Boulder Valley School District*

Naloxone Initiatives at BVSD:

* BVSD received their Naloxone order from CDPHE in November
* All of BVSD nurses are currently trained on Narcan administration
	+ Each school has a designated emergency response team (composed of teachers, admin, coaches, nurses, etc..)
* All of BVSD buildings (ex: IT, transportation) have been trained on how to use Naloxone and have it on-hand, onsite
* Student support advocates have also been trained - they have their own doses to carry, in addition to the doses that are within the schools