

**Boulder County
Opioid Advisory Group
Annual Report for 2017**

Abstract of the Program

Since 1989, Boulder County Public Health (BCPH) has operated a syringe access program aimed at reducing transmission of bloodborne pathogens (HIV and hepatitis C) among people who inject drugs. In 2017, over 1,700 clients were served and 325,000 needles were distributed. Between 2001 and 2016, there were a total of 374 opioid-related overdose deaths in the County (278 from prescription opioids and 96 from heroin).

In 2016, Public Health assessed the burden of opioids misuse and partner response to the issue. Findings resulted in the need for a more coordinated, community-based response. In December 2016, the Boulder County Opioid Advisory Group (OAG) was formed involving diverse stakeholders from prevention, community, harm reduction, law enforcement, criminal justice, clinical providers, businesses, faith organizations, and treatment and recovery organizations.

In less than two years substantive changes have been made at the policy and infrastructure levels. There's been a 36% decrease in opioid prescribing at our largest local hospital emergency department, 191 reports lives saved through naloxone by community members and law enforcement, and a 27% increase in opioid treatment admissions. Opioid-related fatal overdoses decreased 48% between 2015 and 2017.

The Problem/Need for the Program

Boulder County, Colorado is not immune from the opioid epidemic. Between 2001 and 2016, there were a total of 374 opioid-related overdose deaths in Boulder County (278 from prescription opioids and 96 from heroin). Responding to this crisis is a priority for Boulder County Public Health, County senior leaders, agency heads, and the community.

Since 1989, Boulder County Public Health (BCPH) has operated “The Works” Program, a syringe access program aimed at reducing transmission of blood-borne pathogens (HIV and Hepatitis C) among people who inject drugs (PWID). The Works Program was the third nationally established program that focused on reducing transmission of bloodborne pathogens by providing PWID with free injection supplies. As a result, Boulder County has historically held one of the lowest rates of HIV and hepatitis C in Colorado. Between 2010 and 2017 “The Works” Program observed a 1000 percent increase in the number of unique PWID clients.

In 2017, BCPH served more than 1,700 clients and over 325,000 needles were distributed. It is established that 2.5 additional clients are served for every unique client coming into the “Works” Program, that’s an estimated 4,250 people or approximately 1.3% of the overall county population identified as PWID in 2017. Unfortunately, many opioid dependent clients served by BCPH also intersect with the criminal justice system. Each year, the Boulder County Jail reports over 1,200 individuals entering into the system with opioid substance use issues.

In spring 2016, the Works Program reported a significant increase in the number of unique clients seeking supplies. In response, BCPH “Works” Program staff performed a Landscape Analysis to identify what other partners (law enforcement, criminal justice, health care, and education) were experiencing and assessed the response to the opioid crisis. Results from 36 qualitative interviews identified strengths, gaps, and the need for a coordinated approach for responding to the epidemic. Findings were presented to Boulder County agency heads, and a recommendation to create a cross-sector, community-based collaboration to address the opioid epidemic was supported and approved. Among agency heads (including the District Attorney, Sheriff, and Commissioners), there was strong political will for BCPH to be the lead agency.

Description of the Program

The Boulder County Opioid Advisory Group (OAG) was formed in fall 2016 through the Boulder County [Healthy Futures Coalition \(HFC\)](#), a BCPH-facilitated coalition whose mission focuses on primary prevention efforts to reduce youth substance use. The OAG was formed to specifically address the complexity of the opioid crisis across the prevention spectrum (promotion, prevention, treatment, and recovery). Working together, the OAG and HFC are able to maximize alignment and collaboration across local agencies and communities.

The Vision of the OAG is that ***Boulder County is a thriving and safe community of individuals with positive health outcomes.***

The Mission of the OAG is that ***Boulder County Opioid Advisory Group engages in shared leadership and collective action to advance a comprehensive response to opioid and other drug use and the***

harmful impacts on the community by prioritizing and removing barriers to proven prevention, treatment, and harm reduction strategies, mobilizing existing resources, and encouraging informed and healthy community attitudes.

The OAG operates under a *Collective Impact* framework, a conceptual framework which recognizes that adaptive problems, such as the opioid crisis, require broad-sector coordination in order to bring about systems change. As seen in **Appendix A**, BCPH serves as the backbone agency, and one county-funded individual is tasked with coordinating all efforts. The OAG uses a shared leadership model in which decisions are made by consensus, and a collaborative approach is used to engage a broad array of key stakeholders, including affected community members. The shared leadership approach is vital for identifying innovative solutions during the planning process and ensuring that a broad array of evidenced-based strategies are implemented for system reforms.

As seen in **Appendix B**, the OAG is comprised of an inclusive group of individuals, organizations, and community members who are dedicated to preventing and responding to the opioid issue in Boulder County. Meetings are open for attendance and participation, and members continuously contribute to implementing strategies across varying areas of focus. The OAG is continuing its work to identify strategies that strengthen systems and policies to meet its goals. This approach requires participation from many different partners, with BCPH playing a central convening role. Another key focus is to reduce stigma by elevating the voice of individuals who are directly affected, including family members, individuals in recovery, individuals in treatment, chronic pain patients, and individuals who are currently using.

Responding to the Crisis: April - December 2016

- From April to May 2016, Boulder County Public Health completed an opioid landscape analysis, wherein we interviewed individuals from a variety of sectors in Boulder County. Based on these interviews of 36 stakeholders, a need was identified for a term-limited task force.
- In August 2016, Boulder County Public Health led an awareness raising event for International Overdose Awareness Day. On this date, Longmont Public Safety launched its [Angel Initiative](#), a forward-thinking initiative to divert individuals with substance use issues out of the criminal justice systems and into treatment and recovery.
- In December 2016, the Boulder County Opioid Advisory Group (OAG) (OpioidAdvisoryGroup.org) met for a kick-off meeting to create a countywide response to address the negative consequences of opioid misuse. Sixty-seven partners attended, including several local police chiefs and the District Attorney.

Strategic Planning and Implementation: January - December 2017

- In mid-January 2017, the OAG held a sold-out continuing medical education (CME) prescriber dinner which was attended by 104 medical providers.
- In February and March 2017, [action planning](#) was initiated with community partners to identify desired strategies and areas for action. We developed a common agenda and methods for continuous communication.
- In April 2017, a draft strategic plan was vetted with partners and finalized. The initial strategic plan was modeled after the statewide Colorado Consortium for Prescription Abuse and Prevention.
- In May 2017, the OAG led an Opioid Leadership Summit, inviting local legislators, departmental heads and community leaders to further political support for the issue.

- In July 2017, the OAG compiled a comprehensive action plan and identified key priorities and formed the OAG Steering Committee in August 2017.
- In October 2017, a systems mapping activity occurred to address coordinated diversion activities with the District Attorney's Office, local behavioral health resources, early intervention services, probation, community justice services, and the County Commissioners Office to identify system resources and gaps to reduce criminal justice involvement of individuals with substance use disorder. See **Appendix E** for Systems Mapping Activity.

Collective Impact and Systems Change: January – March 2018

- From January 2018- March 2018, the OAG helped influence legislation at the state capitol, participating in the [Interim Study Committee for Opioids and other Substance Use Disorders](#), providing testimony, and having legislators speak to the group.
- From December 2017 to March 2018, the OAG gathered, developed, and prioritized indicators for tracking both the burden and success of the group. As seen in the attached Logic Model was developed to track strategies with data measures. See **Appendix F**.

See **Appendix C** for Development of the Opioid Advisory Group.

Focus Area Activities

As seen in **Appendix D**, results of strategic planning identified key focus areas and related strategic efforts. Participating agencies committed to supporting and leading efforts. The focus areas include the prevention continuum (from initiation to harm reduction to treatment and recovery to mortality) as well as specific strategies (law enforcement, criminal justice, and community engagement). Efforts accomplished since the development of the group are highlighted below.

Primary Prevention

- Twelve safe disposal sites in Boulder County to dispose of prescription drugs ([BoulderCountyMedDisposal.org](#)) – average of 11.5 visits per day.
- Campaign developed by BCPH Communications, [DrugsOutofReach.org](#), with input from parents of young children living in Boulder County to help parents understand the importance of safely storing alcohol, marijuana, and prescription drugs.
- Development of [Communities that Care \(CTC\)](#) substance abuse prevention in city with the highest rate for heroin overdoses in Boulder County.

Harm Reduction

- Overdose prevention and naloxone training to law enforcement, treatment providers and participants in syringe access ([BoulderCountyNarcan.org](#)).
- The [syringe access program](#) has expanded services to include not only safe injection materials, HIV and hepatitis C testing, wound care and overdose prevention, but also to provide motivational interviewing, early intervention and linkage to care.
- Naloxone kits to be available at all dormitories, fraternities and sororities at University of Colorado, Boulder (CU).

Clinical Providers

- All chief medical officers (CMOs) of the five large health systems in Boulder County received one-on-one info about safe opioid prescribing guidelines.

- Boulder Community Health, the largest health network in Boulder County, piloted an opioid safety pilot.

Treatment

- Education regarding medication-assisted treatment (MAT) to help community, patients, and policy makers understand the evidence base around this treatment option.
- Four opioid treatment providers (OTP) in Boulder County.
- Partners have advocated at the state for policy changes around a waiver for Medicaid coverage of inpatient residential treatment, as well as changes to eliminate insurance barriers to MAT.

Law Enforcement

- All law enforcement agencies in Boulder County trained to administer naloxone and overdose prevention.
- Longmont Safety has developed the [Longmont Angel Initiative](#) to link individuals to treatment.
- Longmont Safety has since received funding to support both co-responder services and Law Enforcement Assisted Diversion (LEAD) to link individuals with both mental health and substance use disorders to integrated case management and care.

Criminal Justice Initiatives

- Medication-assisted treatment initiated at the jail for individuals with opioid-use disorder.
- A full-time case manager funded at the jail to support opioid navigation services for individuals leaving jail and on work.
- Naloxone kits have been provided in the property of individuals leaving the jail for opioid-use disorder.

Community Engagement

- [Overdose Awareness Day](#) with 350 community members attending events organized at 4 geographic locations.
- Testimony by affected individuals in five state legislative items. Policy addition of naloxone to schools included in one bill, SB1070.

Business and Faith Communities

- Overdose prevention education for churches, inter-faith organizations, Rotary, and businesses (grocery store, theater, rental units) with concerns around overdose in their communities.
- Crafting of substance use education and resources to over 6,000 university students and their families through a private university rental agency.

The Cost of the Program

The OAG is a low-cost program that operates using a blend of funding from the county and state grants. As seen below, the costs focus on FTE and operational costs for food during meetings.

| Personnel | Funding Source | Amount |
|---|------------------------|-----------------|
| Co-facilitator; epidemiologist with fringe (0.6 FTE per year) | County Funding | Employee salary |
| Co-facilitator; regional health connector (0.33 FTE per year) | State Innovation Model | In-Kind |
| Steering Committee facilitator (0.01 FTE per year) | County Funding | In-Kind |
| Contractor for collective impact and system mapping efforts | State Grant | \$15,000 |

| | | |
|------------------|--|---------|
| Operating | | |
| Food (per year) | | \$2,200 |
| Room space | | In Kind |

The Results/Success of the Program

The Boulder County Opioid Advisory Group has had the following measurable successes since its launch in December 2016. Through an activity in December 2017, partner agencies shared quotes as to why the group was a success. See **Appendix G**.

Identifying indicators for success has been another area of development for the group. Since the group's establishment, the following measurable successes have been identified.

Successes:

- City of Boulder Police Department was the first law enforcement in the state to carry naloxone in June 2015, leading to early adoption and acceptance by law enforcement around the state.
- All 8 law enforcement jurisdictions in Boulder County have been trained to administer naloxone; 375 kits have been distributed and are carried; at least 13 lives have been reported as saved by law enforcement by naloxone since this distribution.
- Public Health has provided overdose prevention education and distributed 246 naloxone kits to syringe access participants.
- Boulder County Public Health has received reports of 178 lives saved by naloxone by syringe access participants and community members.
- Since the Longmont Public Safety Angel Initiative's initiation in January 2017, 60 individuals have been linked by law enforcement to treatment. Prior to treatment, these individuals led to 975 contacts with police; after linkage, there was a 73% reduction in contact with police as a result of the program.
- Boulder Community Health, the largest health network in Boulder County, has piloted an opioid safety pilot with Colorado Hospital Association (CHA) and Colorado American College of Emergency Physicians (CO-ACEP). While the goal was to reduce opioid prescribing by 15%, the participating hospitals reduced prescribing by 36% and increased alternatives to opioids by 31.4%.
- Decrease in stigma has led to an increase in opioid treatment admissions. Between 2015 and 2017, treatment admissions for heroin and prescription opioids have increased of 27% (from 305 individuals admitted in 2015 to 387 admitted in 2017).
- The group has garnered 31 earned media articles addressing stigma and resources for our community. See **Appendix H**.

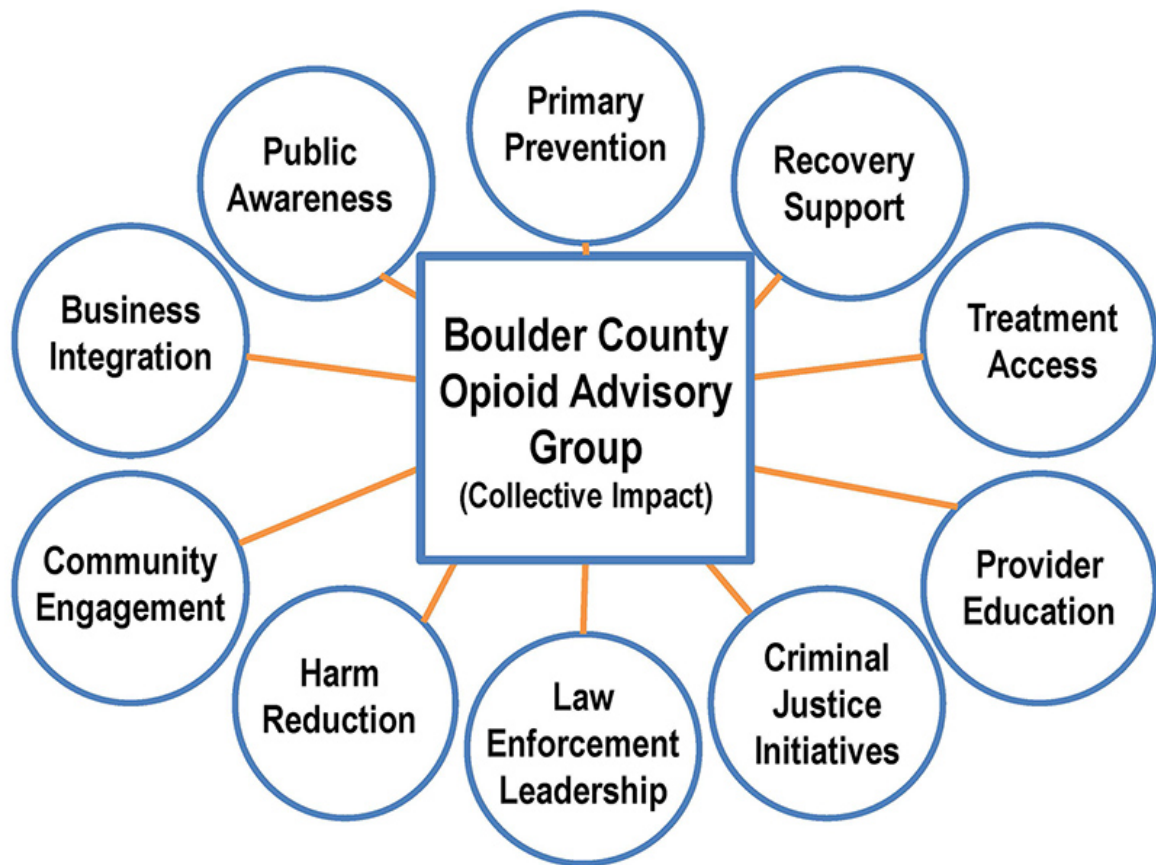
Supplemental Materials

PDF documents:

- Appendix A – Collective Impact Framework
- Appendix B – Partners
- Appendix C – Steps to Developing
- Appendix D – Collective Impact Strategies
- Appendix E – System Mapping Activity
- Appendix F – Logic Model

- Appendix G – Qualitative Report of Achievements
- Appendix H – Earned Media
- Appendix I – Boulder County Map of Opioid Overdose Fatalities
- Appendix J - PowerPoint with Photos

Appendix A: Boulder County Opioid Advisory Group Collective Impact Framework



Appendix B: Boulder County Opioid Advisory Group Community Partners

Prevention

- St. Vrain Valley School District
- Healthy Futures Coalition (HFC)
- Boulder Valley School District
- Students for Sensible Drug Policy (SSDP)
- Boulder County AIDS Project (BCAP)
- Colorado Consortium for Prescription Drug Abuse Prevention
- Communities that Care (CTC)
- Amistad
- University of Colorado (CU) Boulder
- iThrive
- Boulder County Public Health
- Boulder County Area Agency on Aging
- Boulder County Resource Conservation
- Boulder County Community Services

Clinical Partners

- CU Boulder Wardenburg Health Center
- Colorado Consortium for Prescription Drug Abuse Prevention
- Salud Family Health Centers
- Clinica Family Health
- American Medical Response
- Boulder Community Health
- Boulder County Medical Society

Treatment & Recovery

- Behavioral Health Group
- CU Collegiate Recovery Center
- Mental Health Partners
- Boulder Outreach for Homeless Overflow
- The Family Recovery Solution
- Denver Recovery Group
- Options Treatment
- Alkermes
- Northstar Transitions
- Bridge House

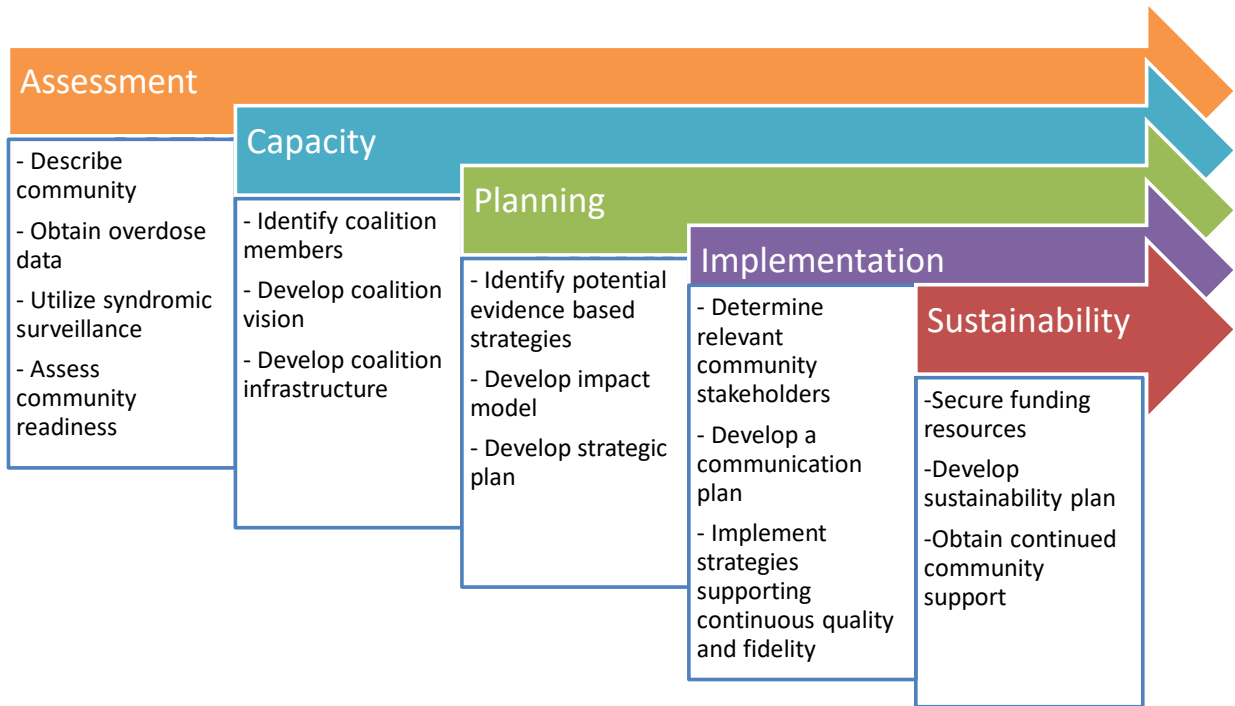
Law Enforcement & Criminal Justice

- Boulder Police Department
- Boulder County Sheriff
- Longmont Public Safety Department
- Boulder County Adult Integrated Treatment Court
- Louisville Police Department
- CU Police Department
- Rocky Mountain High Intensity Drug Trafficking Area
- Nederland Police Department
- Colorado Probation – 20th Judicial District
- Boulder County Community Services
- Boulder County Coroner
- Erie Police Department
- Boulder County District Attorney

Statewide Partners

- Colorado Consortium for Prescription Abuse & Prevention (the Consortium)
- Colorado Department of Public Health & Environment (CDPHE)
- Colorado Dept. of Human Services, Office of Behavioral Health
- Colorado Substance Abuse Trend & Response Task Force (Colorado Attorney General's Office)

Steps to Developing an Opioid Advisory Group



Appendix D: Boulder County Opioid Advisory Group Collective Impact Strategies

| Focus Area | Strategies | | | | | | Outcomes |
|------------------------------|--|--------------------------|--|-------------------------|---------------------------------------|-----------------|--|
| Primary Prevention | Adult influencer campaign ✓ | Safe disposal campaign ✓ | Coalitions ✓ | Pro-social activities ✓ | School education | | Resilient young individuals |
| Public Awareness | Statewide campaigns ✓ | | Safe use, safe storage, safe disposal ✓ | | Resources for family members | | Increased awareness Reduced access to opioids |
| Provider Education | Prescription monitoring ✓ | Screening | Stigma reduction | | Pharmacy outreach | | Reduced initiation Improved care Reduced healthcare costs |
| Community Involvement | Digital storytelling | | Incentivized participation | | Testimonials on stage | | Greater community empowerment Reduced stigma |
| Harm Reduction | Advocacy | Naloxone ✓ | Syringe Access ✓ | | Community health engagement locations | | Decreased overdose deaths and disease |
| Business Sector | Engage business leaders | | Naloxone training | | Linkage to resources | | Increased productivity |
| Criminal Justice Initiatives | Drug courts ✓ | Linkage to treatment | Naloxone ✓ | Diversion ✓ | Case management | | Reduced crime, recidivism and jailing |
| Treatment Access | Medication Assisted Treatment and counseling ✓ | Behavioral health parity | Range of options (detox, outpatient, transitional and inpatient) | | Root causes | System mapping | Impacted individuals reaching full potential Improved family structures |
| Recovery Support | Family systems approach | Job opportunities | Collegiate Recovery ✓ | | Housing | Peer mentorship | Empowered individuals and communities |

✓ Check marks indicate strategies that are currently being implemented.

Appendix E: Systems Mapping Activity

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 approval from 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 need support in order to reduce criminal justice system involvement. Several partners met to plan for a systems mapping activity on October 13, 2017.

ATTENDEES

Christine O'Neill (Mental Health Partners), Matt Jaeckel (Mental Health Partners), Jeff Goetz (Boulder County Sheriff – Jail), Melanie Dreiling (Boulder County Sheriff – Jail), Joe Creel (Probation), Marco Prospero (Community Justice Services), Sarah Boylan (Housing and Human Services), Ken Kupfer (District Attorney), Elaine Shively (District Attorney), Jennifer Biesch (Community Services), Whit Olyer (Colorado Consortium for Prescription Drug Abuse), Alison Harvey (Boulder County Council), 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 and 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 community 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



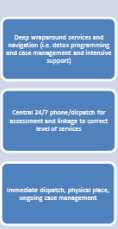
Relevant convened groups to dovetail & share information consistently



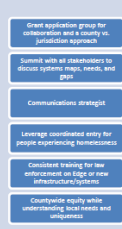
Data and communication resources, needs, and gaps



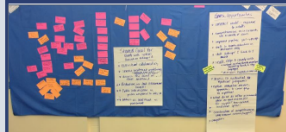
Need for systems navigation and case management



Scale and equity in services



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 (MHP).
- 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 patient, 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, Mental Health [MH] Task Force).
- Identify shepherd to champion this work/funding support.
- Consider creating an ongoing subcommittee of OAG or merging with MH Task Force (now Behavioral Health Task Force), or other ongoing subcommittee.
- 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.

Appendix F: Opioid Advisory Group – Collective Impact Logic Model

| Opioid Advisory Group Collective Impact Logic Model | | | | |
|---|--|---|--|--|
| Focus Areas | Activities | Process Outputs | Outcomes | Impact |
| Prevention | <ul style="list-style-type: none"> Adult influencer & Out of Reach campaigns Youth involvement in coalitions Education in schools/otherwise for youth Support/advocate for State's rx PDMP Pilot program to reduce opioid rx in ER Continuing ed on opioid rx guidelines Drug disposal sites/take back days | <ul style="list-style-type: none"> # of youth and adults reached # youth involved in coalitions # of MDs participating in edu # of disposal sites & lbs. disposed | <ul style="list-style-type: none"> Decrease in youth & adults reporting opioid use (HKCS, BRFS) Increase in youth who report they talk to an adult and/or parent about dangers of drug use. (HKSC) | Decreased rate of overdose death in Boulder County |
| Harm Reduction | <ul style="list-style-type: none"> WORKS Program (needle exchange, HIV/ hep C testing, etc.) Distribution of naloxone to opioid users, law enforcement, schools, businesses, etc. Diversion programs (LEAD, Angel Initiative, etc.) | <ul style="list-style-type: none"> # of PWID served #/% of sites with naloxone # of diversions completed by type | <ul style="list-style-type: none"> Decrease in percentage of patients with overlapping opioid and benzodiazepine prescriptions (PDMP) | Decreased rate of nonfatal overdose in Boulder County |
| Treatment | <ul style="list-style-type: none"> Development of directory of treatment providers in Boulder County Advocate for more providers accepting Medicaid Collaborate with regional health care connectors and w/in OAG to improve coordination for services | <ul style="list-style-type: none"> Directory publically available #/% of providers accepting Medicaid by type # of providers offering integrated health care (?) # of persons who complete treatment #/% of opioid users who start treatment in jail | <ul style="list-style-type: none"> Decrease in percentage of patients prescribed long-duration opioids who were opioid-naïve | Decrease in hospitalizations due to opioid use |
| Recovery | <ul style="list-style-type: none"> Increase awareness of MAT Ensure access to treatment in jails Peer educators in emergency room setting to offer support | <ul style="list-style-type: none"> # of support groups and # of former users reached # of former opioid users who have stable housing and employment | <ul style="list-style-type: none"> No increase in new HIV infections among people reporting injection drug use. Decrease in % of EMS calls that identify drug poisoning or ingestion event | Higher rate of recovery/reintegration for individuals who used opioids |
| Public Awareness | <ul style="list-style-type: none"> Provide opportunities for reintegration (i.e. employment, housing, collegiate resources) Create and promote public events Partner with businesses Develop community advisory board | <ul style="list-style-type: none"> # of people reached through outreach and events Advisory board established | <ul style="list-style-type: none"> Decrease in opioid-related arrests Increase in percentage of incidents involving opioids that are referred to diversion programs (rather than criminal) | |

Qualitative Report of Achievements of Boulder County Opioid Advisory Group in 2017

December 15, 2017

Overview

On December 13, 2017, the Opioid Advisory Group met for its regularly scheduled monthly meeting. Participants ranged from prevention, treatment, law enforcement, harm reduction, criminal justice, business, and community members. The goal was to celebrate successes for the year 2017 due to the Opioid Advisory Group. Successes were collected on Post-it notes that were distributed to all members. Following are the qualitative results of all responses grouped by themes.

Increased coordination between partners and agencies

- “A stronger understanding of how opioid addiction and treatment crosses many community partners.”
- “New partnerships and program development.”
- “Coordinating at a high level.”
- “Awareness developed around the need for improved communication and coordination in the justice system.”
- “Leadership and backbone support that Boulder County Public Health has shown in enriching on the ambitious endeavors of the diverse, inclusive, collective of Opioid Advisory Group.”
- “More connectivity throughout the county.”
- “Movement towards developing collective measures.”

High level of engagement and motivation for personal and professional reasons

- “This is the most important work I have been involved in.”
- “Have been in awe of talent in this group since start.”
- “A group that continues to be engaged.”
- “Just learning that a group like this is in place and that their work is in support of my work.”
- “High energy.”
- “A bright start of hope from darkness.”
- “Grateful for the amazing passion and engagement of Healthy Futures Coalition.”
- “Feel more hopeful knowing how many amazing people are working to improve our community.”

- “I am not alone.”
- “Recovery for my child.”
- “Empowerment”
- “Helped me to feel hopeful that the stigma is being addressed.”
- “Excitement and hope participating in such a strong collaborative group to address substance use disorder.”
- “People from all over coming together to take action in the midst of crisis.”
- “The members of this community are enthusiastic about me volunteering. I have several projects for next year. I am thrilled!”

Making connections and learning about new resources

- “Had the chance to meet the members of the Opioid Advisory Group.”
- “Met friends, met resources.”
- “Got word out about new business.”
- “Connections with variety of providers and service agencies.”
- “Beginning community involvement.”
- “Met several great resources and people.”
- “Connecting with others who want to prevent and address substance abuse.”
- “New partners and collaborations.”
- “Community.”
- “Everyone from so many different arenas being here together!”
- “I have learned about a variety of resources that I use to refer clients.”
- “I have made several new connections with people that feel the way I do.”

The group has been impactful at influencing state level policies

- “Policy change on HCV and Medicaid access.”
- “Policy recommendations for NARCAN in schools.”
- “Boulder County organizations are now more involved with SIF and other upcoming legislation because of Opioid Advisory Group.”
- “Policy recommended for schools to be able to carry NARCAN.”

Tangible outcomes from this group from a range of focus areas

Criminal Justice

- “New part-time position awarded to jail for an opioid case manager to assist inmates with options.”
- “New process in jail to continue medication assisted treatment during incarceration.”
- “The jail giving VIVITROL shots before inmates are released to reduce overdose deaths.”
- “VIVITROL now being offered to inmates in the jail prior to release.”
- “NARCAN now available in the jail, which has been credited with saving a life.”

- “The jail provides NARCAN to folks on opioid withdrawal protocols – and Melanie saved a life with NARCAN.”
- “Substance Abuse Intervention Program reaching out to increase referrals from more courts and municipalities.”
- “System mapping of criminal justice and diversion efforts.”

Prevention

- “Trained medical staff at CU in naloxone.”
- “Trained over 1,500 students in naloxone use and overdose recognition.”
- “Parent Engagement Network, Boulder High panel.”
- “Grateful for the Healthy Futures collaboration with opioid work.”
- “St. Vrain School District at the table.”

Law Enforcement

- “375 naloxone kits provided to police officers in Boulder County; many lives saved!”
- “NARCAN in every police department in Boulder County.”
- “All the Boulder County police departments have NARCAN.”
- “Got naloxone in the hands of all cops in the county.”
- “Law enforcement access to naloxone.”
- “Started working on a Law Enforcement Assisted Diversion (LEAD) model for Boulder County.”
- “Angel Initiative launch.”

Treatment

- “Suboxone at Salud.”
- “Naloxone.”
- “Provider education grant.”
- “Naloxone training at Alfalfa’s Market, Boulder Theater.”

Public Awareness

- “Launching the Out of Reach campaign, www.DrugsOutOfReach.org.”
- “Advisory Group website with maps and resources.”
- “Increased openness to talk about substance use disorder and overdose and hold public events to raise awareness.”
- “Raised awareness in Boulder County Public Health and in the community.”
- “Parent Engagement Network (PEN) opioid presentation.”
- “Raising my personal awareness around the issue.”
- “Change in language about substance use disorder.”
- “Increased awareness of medication-assisted treatment.”
- “Getting more involved in planning Overdose Awareness Day.”
- “Overdose Awareness Day in Longmont, Lafayette, and Boulder Valley School District.”

Clinical

- ## Boulder County a leader in community opioid response

- [illegible]

Appendix H: Boulder County Earned Media (through May 2017)

August 31, 2015 – Daily Camera – ['International Overdose Awareness Day in Boulder, Colorado'](#)

May 27, 2016 – Longmont Times Call – ['Boulder doctor who overprescribed pain meds gets probation'](#)

June 26, 2016 – Daily Camera – ['Boulder police begin carrying Narcan to fight opiate overdoses'](#)

November 19, 2015 – The Denver Post – ['Report: Colorado youth drug overdose rate on the rise'](#)

August 22, 2016 – Longmont Times Call – ['Longmont, Boulder events to raise awareness of drug overdoses'](#)

August 30, 2016 – KGNU – ['International Overdose Awareness Day'](#)

August 31, 2016 – Longmont Times Call – ['Former drug user shares story of recovery at Longmont event'](#)

August 31, 2016 – Longmont Times Call – ['Longmont police seek 'angels' to partner with drug addicts'](#)

August 31, 2016 – Longmont Times Call/Daily Camera – ['Photos: Longmont Overdose Awareness Day'](#)

September 1, 2016 – The Denver Post – ['Longmont police seek 'angels' to partner with drug addicts'](#)

September 2, 2016 – The Denver Channel – ['Longmont police look at new alternative to deal with drug addiction'](#)

September 5, 2016 – CBS Denver – ['Angel Initiative' A New Approach to Help Those Struggling With Addiction](#)

November 9, 2016 – Fox31 Denver – ['Drug more powerful than heroin being sold legally in Colorado'](#)

December 20, 2016 – Longmont Times Call – ['Longmont public safety, treatment providers talk opioid abuse epidemic'](#)

December 31, 2016 – Daily Camera – ['With Angel Initiative, Longmont police hope to help put addicts on path to recovery'](#)

Winter 2016 – Boulder Magazine – ['Bad Medicine: Opioid Addiction in Boulder County'](#)

January 10, 2017 – Longmont Times Call – ['Boulder County law enforcement attend opioid overdose training'](#)

January 15, 2017 – Denver Post – ['Brother's death leads Colorado software engineer to connect victims of opioid abuse through maps'](#)

April 11, 2017 – PR Newswire – ['Behavioral Health Group Launches Opioid Addiction Treatment Center in Centennial, CO'](#)

April 27, 2017 – Coloradoan – [‘Anti-overdose drug saves lives, so why don’t all cops carry it?’](#)

April 29, 2017 – Daily Camera – [‘Dozens of Boulder County businesses hiring recovering addicts’](#)

April 30, 2017 – Daily Camera/EMS World – [‘Colorado Police Officers Fighting Overdoses with Narcan’](#)

April 30, 2017 – Fox31 Denver – [‘Colorado man’s opioid addiction was hiding in plain sight’](#)

May 28, 2017 – Daily Camera – [‘Boulder DA signs letter over Jeff Sessions wanting max sentences for low-level offenses’](#)

June 20, 2017 – Westword – [Inside Two CU student’s Struggle with Heroin Addiction](#)

October 7, 2017 –Daily Camera – [The Image of an Addict has Changed: Inside Boulder’s Opioid epidemic](#)

October 27, 2017 –Daily Camera – [What is Fentanyl? Powerful opioid worries Boulder County Law enforcement](#)

November 5th, 2017 – Daily Camera – [Boulder High holding panel on opiate awareness](#)

January 26, 2018 – The Denver Post – [Boulder County Will Consider Safe injection Site for Drug Addicts If Colorado bill passes](#)

January 31, 2018 –Daily Camera – [Increase In Number Of Boulder County Law Enforcement Carrying Naloxone To Battle Opioid Overdoses](#)

Appendix I: Boulder County Opioid Overdose Death Rates by City in Boulder, CO (2011-2015)

