

Boulder County Substance Use Advisory Group

Wednesday, January 20th, 2021

9:30-11:30 am

Zoom Meeting

9:30 Introductions and Welcome

9:35 Drug Overdose/Mental Health Trends and the Impacts of COVID-19

Marcy Campbell, Special Initiatives Coordinator

Kristen Daly, Data Quality Assurance Specialist

Steffie Goodman, Surveillance Data Specialist

Boulder County Public Health

- Significant unmet mental health needs existed prior to the COVID-19 pandemic.
 - 1 in 5 adults in US reported having an unmet need
 - In 2018, Colorado ranked 40th for adult mental health and 48th for youth mental health. Suicide leading cause of death for 10-24 year olds.
- COVID-19 pandemic has emphasized the need for more robust mental health services.
- Youth and young adults experiencing the greatest increase in mental health morbidity.
- Complexity to mental health impacts during COVID-19 pandemic
 - Isolation, economic challenges/unemployment status
 - Young adults frequently noted as most impacted
 - Pressures of working on the front line (first responders, medical staff, frontline workers)
 - Emerging studies noting those with COVID-19 experiencing increase of mental health conditions following their recovery
- Data sources used:
 - Syndromic surveillance of emergency department visits in Boulder County
 - Vital statistics around death data (state resource)
- Emergency department visits
 - Indicators focused on: suicide attempt, alcohol overdose, opioid overdose, and sexual violence
 - These 4 indicators had the largest amount of change in 2020 as compared to other years
 - Information broken down into 9 different age groups, by binary sex, race/ethnicity
 - Indicators most concerning:
 - Suicide attempt
 - 8 of 9 age groups affected; not 10-17 (43-239% increase in 2020)
 - F > M
 - Alcohol overdose
 - 5 of 9 age groups affected (6-53% increase in 2020)
 - M > F
 - Opioid overdose
 - 4 of 9 age groups affected (67-267% increase in 2020)
 - M > F
 - Sexual violence

- 5 of 9 age groups affected (50-800% increase in 2020)
 - F > M
 - Race/ethnicity does not seem to be a driving force
 - Limitations of data
 - Emergency department data only
 - Gender binary only
- Death Data from Vital Statistics
 - Measures suicides and overdose poisoning deaths in Colorado and Boulder County
 - 4th quarter data for 2020 is not yet complete (predicted to have these numbers in April)
 - Vital statistics data lags, and 2020 has exacerbated timeliness due to influx of deaths experienced last year (both from COVID-19 as well as increases in fatal overdoses)
 - Very large increases in fentanyl-related deaths in both Boulder County and Colorado as a whole
 - 2020 is on track to be a record year for overdose deaths
- National Trends
 - CDC published report in May 2020 based on 12 months prior showing:
 - Synthetic opioid overdose deaths increased by 38.4%
 - 37/38 reporting jurisdictions saw increases in overdose death
 - 18 saw increases greater than 50%
 - 10 western states reported over 98% increase in synthetic opioid involved deaths, fentanyl cross-contamination seen as big driving factor
 - Overdose deaths from psychostimulants (i.e. methamphetamine) increased by 50% and now exceed cocaine-involved deaths
 - Increased substance use and documented barriers to treatment and services were notable effects on death outcomes
 - Colorado Health Information Dataset (COHID) is another worthwhile resource to look at: <https://cdphe.colorado.gov/cohid-colorado-health-information-dataset>
- Strengths and Limitations
 - Strengths: observe severe outcomes related to mental health and substance use, and analyze by demographics
 - Limitations:
 - Syndromic surveillance covers emergency department only and gender binary only. Taking into account LGBTQ+ groups can be most impacted by poor mental health and substance use outcomes because of non-affirming spaces and care.
 - Vital Statistics- 2020 is incomplete and small local numbers.
 - General limitations: Only capture most severe outcomes. Acknowledging that many SUAG partners are working on programming to try to intervene before outcomes get to this point.
- Implications- What can we do?
 - Communication around this data
 - Who else in our community could use this important data to help guide our approaches in how to respond?
 - Looking upstream before severe outcome occurs

- How can we intervene earlier? What are some things we can do to promote help-seeking behaviors, reduce stigma, promote access to care?
- Policy and Funding implications
 - Behavioral Health was highly impacted by budget cuts/reallocations due to COVID-19
 - Engage legislators around these topics, keeping the necessity of funding these sources on their radars
- Access- Telehealth
 - How do we make sure there are broader opportunities for folks to access care as we move through the pandemic and beyond?

Questions:

- When will the 4th quarter data for the vital statistics be in? Can we see the revised presentation after that time?
 - Kirk Bol (CDPHE Vital Statistics program) expects them to be able to finalize officially by April. An updated set of slides will be shared out with SUAG then.
- Have you all started to dig into any other population trends/characteristics for the deaths among age groups in Boulder County?
 - Hard to determine trends with numbers being smaller
 - CoHID data source does have many data points broken down by race/ethnicity as well as age <https://cdphe.colorado.gov/cohid-colorado-health-information-dataset>
 - Harder to analyze trends with smaller numbers
 - Also the consideration of employment and occupation groups may have influence
- Does the Works Program track the amount of Narcan they've given out? Just thinking of this as a proxy for overdoses that don't end in the ED.
 - Yes, the Works Program does track Narcan distribution, as well as self-reported overdose reversals and deaths.
- Are you able to share those numbers with other agencies?
 - In regards to Law Enforcement, PD will have OD calls where officers and medical respond, administer Narcan but not sure if this information is captured and if they do not go to the ER/ED if they decline transport.
 - Narcan data would be available to those who would be interested in seeing Works-specific numbers for Boulder County.
- What is your definition of marijuana overdose? Does it take into account other drugs on board?
 - If marijuana overdose is mentioned in the surveillance system, then it's counted as such but this doesn't mean there weren't other drugs involved.

10:15 Governor's Behavioral Health Task Force Recommendations

Summer Gathercole, Senior Advisor for Behavioral Health Transformation
Colorado Department of Human Services

CO Dept of Human Services Behavioral Health Reform page:

<https://cdhs.colorado.gov/behavioral-health-reform>

Behavioral Health Task Force Blueprint: <https://drive.google.com/file/d/1BqUGh-OOrKbIR-MYJKn4Oth1hF95wjcs/view>

- Governor Polis established the Task Force in Spring 2019; Blueprint was presented in September of 2020; Received immediate endorsement and task force went into immediate implementation
- Governor's Office sees behavioral health reform work as a priority
- 3 subcommittees of Task Force: children's, long term competency, safety net; and additional COVID-19 special assignment committee
- 148 recommendations put forth to task force; 6 pillars were created from this pool of recommendations
 - Access: biggest to-do
 - Affordability: for those seeking services as well as for providers of these services
 - Workforce and Support: expanding workforce, increasing competency and representation of workforce
 - Accountability: being held accountable to positive outcomes, defining what a quality behavioral health system looks like as a state
 - Local and Consumer Guidance: hearing from users of the system, consumer conversations and geographic-specific needs are incorporated
 - Whole Person Care: making sure all other fundamental needs of a person are also addressed, not exclusive to their behavioral health care, how do we support other needs and connect consumers to appropriate resources, factoring in social determinants of health
- Priorities for Phase 1
 - Create a Behavioral Health Administration
 - This would be a new entity at the state level overseeing funding and programs over all state agencies
 - Task force conducted a financial analysis of spending on behavioral health in Colorado. This revealed that we're not using resources as efficiently as we can be between state agencies.
 - All state agencies collect data differently, overlap in providers having different reporting requirements; need to create a more streamlined reporting system to decrease time spent on administrative tasks
 - Want to remove burden from consumer to hunt for appropriate services; increasing coordination between agencies and providers
 - Goal is to have a plan in place by end of June 2021 that lays out how BHA is set up between July 2021 – June 2022, will be functional in June 2022
 - Analysis around Medicaid and private insurance and alignment/integration with behavioral health administration
 - Expand and Increase tele-behavioral health services
 - A lot of feedback from providers and consumers about benefits of tele-behavioral health services
 - Don't want this to be the only option for consumers

- Conduct statutory review and identify new funding sources
 - Analysis and review of current behavioral health legislation and what will have to change as a result of standing up the state-wide behavioral health administration
 - By standing up this system, hoping to direct funds more directly to consumer care
 - Additional ongoing work during Phase 1
 - Address workforce shortage
 - Identify and integrate recommendations to support the Intellectual Developmental Disability community (work group has formed and will deliver recommendations by early May 2021)
 - Proposal for expanding the safety net system (came out of SB 19-222 which will be integrated into the Blueprint)
 - Study adequate rates of reimbursement and value-based systems
 - Research and determine role of Medicaid and private insurance with the Behavioral Health Administration
 - Key Items for Phase 2
 - Implement care coordination: building off current care coordination, building care coordination in communities where it doesn't exist, cost of care coordination
 - Implement 19 prioritized recommendations
 - Phase 3, additional implementation
 - Behavioral health administration will review the remaining recommendations to determine the next set of recommendations to be implemented
 - The Blueprint will serve as a guide to reform Colorado's behavioral health system in future years
- Reach out to Summer Gathercole, summer.gathercole@state.co.us with any questions

Questions:

- Can you share more details about the deliverable of the contractor currently advancing phase 1?
 - Working with Health Management Associates (HMA), biggest deliverable there tasked with is the implementation of getting the Behavioral Health Administration up and running by July of 2022; putting together a change management plan- communication with stakeholders, being considerate of stakeholder input; medical and private insurance alignment; statutory review and identification of new funding sources
- Have models in other countries been looked at?
 - Alternate models were considered during task force discussions; if you have a model you'd like to suggest, connect with Summer to discuss it
- As a client/consumer how would I or anyone get assistance if the needs of what's to be provided is not getting met?
 - Thinking about this in terms of care coordination—what does this process look like from the standpoint of a consumer?

- Looking for consumer input on what would be most beneficial in navigating the system
 - Heard feedback that current grievance and appeals process is not helpful—who to point consumers to when complaints are raised and how to create a process that’s meaningful and receptive to individuals
- Boulder County’s Hub model has been flagged as a potential model the state can use to scale up to structure the state-wide Behavioral Health Administration

10:45 Updates and Announcements

Northpoint Recovery

- New medical detox and residential facility in Loveland, opened on February 9th
- Offering private tours to one treatment center/group at a time
- Contact Allee Braswell, abraswell@northpointrecovery.com (720) 305-2989

Sandstone Care

- Broomfield, Denver, Colorado Springs locations
- Marina Vidrine, Business Development and Aftercare planning team
marina.vidrine@sandstonecare.com
- Kelly Butzer, Alumni Coordinator 720-617-2304 Kelly.butzer@sandstonecare.com

Flatirons Recovery

- Located in Lafayette, CO
- Mindfulness based program
- Currently out of network with insurance, but can arrange for full or partial scholarships
- Rachael Uris, Ruris@flatironsrecovery.com 303-859-0919
- Visit www.flatironsrecovery.com

The Redpoint Center

- Outpatient services for substance abuse and co-occurring mental health
- Locations in Longmont and Fort Collins
- Currently serving adults, 18+; will be opening programming to adolescents in the spring
- Contact Shannon Beemer, Director of Outreach and Alumni Services 720-442-3080
shannon@theredpointcenter.com

Centura Health

- ED-initiated MAT: there is going to be an Epic (electronic health record system) update in April that will allow every hospital throughout the state (15) to have access to tools for administering suboxone
- Tracking data on naloxone distribution; started sending patients home with take home packs fall of last year (Sept 2020) which are given to patients identified with risk of overdose
- Boulder County hospitals under Centura are Longmont United and Avista Adventist

11:00 2021 Action Plan Share Out

Work Group Project Brainstorm

Bridging the Gap

- Contact Mila mila@denverrecoverygroup.com or Jessica jessica@denverrecoverygroup.com to join group
- Purpose: bridge gap between jail services and treatment providers; creating a more uniformed process and educate individuals on MAT
- Have developed virtual intake process for folks leaving the jail through DRG; wanting to expand this to be inclusive of additional treatment programs in the area
- Uber Health account (through BCH funding) to offer individuals transportation from jail to treatment center to complete their intake process
- Access to peer support, wanting more peer recovery coaches involved in work group
- Expand accessibility to MAT for those incarcerated, raising awareness about different treatment options; going to create a video on treatment options to be shown to individuals in the jail
- Running MAT groups in the jail to educate inmates about methadone, brain functioning on MAT, treatment options has been put on pause with COVID- hoping to get this programming going when in-person services can resume

Grief Support

- Contact Trina tfaat@bouldercounty.org or Jill Conner to join
- Bringing grief support group to Boulder County specific to those who have lost someone due to an overdose
- Being offered through TRU Community Care
- Group is free, facilitated by two group members who are professionally trained and come from a place of personal experience with overdose loss
- Wanting to expand participation and potentially offer the group more frequently if attendance increases
- Wanting to start a group for adolescents who have experienced loss due to overdose

Outreach and Engagement

- Contact Audrey aschroer@bouldercounty.org or Michele Michele.Ryan@bhgrecovery.com to join
- Provide overdose prevention education to local businesses and promote recovery-friendly employment opportunities in Boulder County; recognize businesses with sober-friendly environments
- Increase visibility of SUAG in the community, help garner new membership
- Promote overdose tools in schools, increasing availability of naloxone to youth-serving orgs.
- Naloxone Toolkit:
<https://drive.google.com/drive/folders/1evyxe7eGFTlr3Dm4jLwB07Xy3GsTZAQS>

Anti-Stigma Education

- Contact Amanda AWroblewski@bch.org to join
- Provide educational opportunities to combat stigma for individuals struggling with substance use and/or mental health concerns

- Wanted to start targeting education to groups who have the most boots on the ground interaction with this population
 - Starting with Law enforcement and clinical provider staff
 - Wrench was thrown in plans this past year due to COVID as bandwidth was not available for these groups to take in new educational programming
- Right now working on recording and crafting educational videos

Brainstorm

- Gap: supporting individuals leaving the jail pursuing sobriety outside of MAT
- Idea: opportunity to push for resource allocation to individuals experiencing homelessness with meth use disorder (either treatment and/or recovery support services); beneficial alternative to mandatory sentencing for violators of urban camping ban
- Idea: Creating methamphetamine focused group
 - Could address treatment strategies for folks with methamphetamine use disorder, specific supports like housing options for those with history of meth use

11:30 Wrap Up