

Boulder County Substance Use Advisory Group

Wednesday, February 17th, 2021

9:30-11:30 am

Zoom Meeting

9:30 Welcome

Behavioral Health Hub Implementation Update

Kelly Veit, Strategic Implementation Manager

- Ingredients of Hub
 - Access: coordinated, single point of entry to behavioral health services
 - Staff: Collection of processes and procedures to facilitate timely and “closed loop” referral and centralized service navigation
 - Software: anchored and supported through IT platform
- Timeline since November SUAG
 - December: county co-responder program went live; start of Hub Implementation Group (comprised of representation from across county agencies)
 - January: Developing scope of work for first phase of hub implementation; grounding implementation in the criminal justice system in alignment with co-response program
 - February: finalize action plan and timeline for year one of Hub implementation
 - March: first co-responder evaluation (Hub growth will be informed by these results before scaling up to community interfacing model); branding and implementation of public interfacing Hub site
- Phased implementation
 - Starting in criminal justice space, then expanding to community-wide interfacing service
 - Taking info from each phase to inform subsequent phases of work
- Role of Hub Implementation Group (HIG)
 - Work products: implementation timeline; quality improvement and evaluation approach
 - Delegation: identify subject matter experts and opportunities for new workgroups
 - Interaction with Oversight Group: key decisions, updates, barriers to work products to bring in front of Hub Oversight Committee (senior leaders in County that will inform strategic decision-making)

- Tasks Ahead for HIG:
 - Function/Process Development
 - tracked referral
 - universal ROI, consent, assessment
 - Resource Allocation
 - Staffing model
 - Sustainability and policy
 - Partner Engagement
 - Closed loop providers and other users
 - Communication loops
 - Community/Consumer Engagement
 - Marketing and public awareness building
 - End user experience
 - Quality Improvement and Evaluation
 - Rapid cycle improvements
 - Data driven decision making/aggregate referral reports
- Hub in pilot phase
 - Started with Co-responder grant
 - Looking at staffing implications, avenues of alignment, etc.
 - Grounded in the criminal justice system for now
 - How to build out from this point
 - Establishing communication loops through various county/community programmatic entities (co-response/mental health/behavioral health)
- Year One Goal Areas
 - Use Hub to focus on system improvements in criminal justice space
 - Build out other Hub functionality: Hub is more than just a referral tool; examining and piloting staffing/feasibility pieces to expanded community-accessible resource
 - Engagement of expanded community—clinical and public

- Maintain broader focus on policy and sustainability: monitoring state and federal policy changes; exploring use of Medicaid models to support payment opportunities

Questions:

- Will there be community education on NowPow when it goes live? Case management teams in hospital systems interested in potential to use database.

10:00 Health Advisory Update from Law Enforcement

Commander Nico Goldberger, Boulder County Sherriff's Office Drug Task Force

Commander Tom Trujillo, Boulder Police Department

- 3 individuals fatally overdosed about 3 weekends ago: one passed in Broomfield, one in Boulder, and one in Longmont. 4 non-fatal overdoses occurred the following weekend.
- Commander Trujillo pulled all agencies from these jurisdictions together, with representation from the county's Coroner's Office, District Attorney's office, and DEA; sharing info between agencies to look for patterns with common suspect, drugs, etc.
- Right now 3 separate active investigations open, due to each death occurring in a separate jurisdiction
- It takes 3-5 weeks to get toxicology results back on some cases, so cause of death for these most recent fatal overdoses is not yet confirmed
- Boulder County Sherriff's Office Drug Task Force is separate entity from each jurisdiction's detective unit
 - Works on locating drug supply, any ties between cases with leads on suspects
- Would like to strengthen relationship-building and trust between service providers/clients and Sherriff's Task Force
 - Clients who contribute any information to law enforcement investigations will not be at risk of being charged or tied to the investigation in any way
- Looking for any info that could tie relation of cases to each other; any leads would be helpful. Email DRUGTASKFORCEINFO@BOULDERCOUNTY.ORG
- Law enforcement officers do carry Narcan; officers do a lot of reversals on the scene. Many times, overdose reversal is noted as an incident-- note that they use Narcan, but that data doesn't always go further than that for interpretation.
- Unreported overdose and Narcan use: hoping those close to the recent fatalities will be motivation for someone to contact law enforcement about a bad supply.

Questions:

- Do you have any hopes for state legislative changes that might help with the fentanyl/overdose issues?
 - From Consortium: Sen. Petersen and Rep. Kennedy submitted a letter to the Joint Budget Committee requesting consideration for the restoration of \$0.8 million dollars related to services and programs for behavioral health and substance use

disorders, plus expressing support for the Governor’s budget request to restore approximately \$9.2 million.

- They are also asking for additional funds in the amount of \$6.1 million to be allocated to the Opioid and other SUD Interim Study Committee bills that were passed last year but were reduced in funding due to the budget shortfall.
- Effectiveness of getting fentanyl test strips out to into the community?
 - Composition of fentanyl in pill could not be consistent (could be in pockets and not evenly distributed, “chocolate chip cookie effect”)—you should test the amount you’re using every single time
 - Warning about test strips when handing out to clients (from Denver Recovery Group): we have seen that people test their drugs with the fentanyl test strips and can often get false negatives because the fentanyl is in a different part of the pill or drug than what they’ve tested, and then they don’t use as carefully as they need to be because they believe the strips were correct. This has in fact been the cause of overdose for some. Important disclaimer to give those using the test strips.
 - There's a good fact sheet on Fentanyl Test Strips based on a pilot study in San Fran: <https://harmreduction.org/issues/fentanyl/fentanyl-test-strip-pilot/>
 - Fentanyl Test Strips: <https://harmreduction.org/issues/fentanyl/fentanyl-test-strip-pilot/> They are useful but nuanced. This source is pretty general and will be helpful for most folks. If you’re interested in looking at exactly how they work, and the specificity/sensitivity of different brands, you should check out the Intro and Methods of the attached Review Article
- Important to promote other harm reduction measures (other than test strips)
 - Don’t use alone (if you have to, let someone else know to call/check up on you)
 - Don’t mix substances
 - Always carry Narcan
 - Start slow/with small amounts
 - Know about the Good Samaritan Law and to call 911

10:10 Naloxone Distribution in BVSD Update

Jordan Goto, Health and wellness Coordinator for Boulder Valley School District

- Motivated to work towards getting naloxone in our schools
- Naloxone in Schools Toolkit, has become a state-wide resource
<https://drive.google.com/drive/folders/1evyxe7eGFTlr3Dm4jLwB07Xy3GsTZAQS>
- BVSD has been able to secure standing orders to obtain naloxone

- Looking for recovery resources specifically geared towards youth. If there is a reversal on school grounds, staff would like to connect the student/family with these resources. Reach out to Jordan jordan.goto@bvsd.org to share these.
- NASPA (CADE is the CO Chapter of this) and CO Consortium Joint Statement on Naloxone: <https://naspa.org/cade> is their website, and they have posted our Joint Statement publicly here: <https://naspa.org/files/dmfile/Joint-Statement-2020---Naxolone.pdf>

10:25 Co-Responder Programs

City of Boulder Co-Responder Program

Wendy Schwartz, Human Services Policy Manager

Lucy Larbalestier, Co-Responder Clinician Supervisor

- Previous pilot with Mental Health Partners (called EDGE)
 - Police found it helpful to have mental health clinicians responding to calls
- City has created their own model since then
 - Hired licensed clinicians to strengthen mental health outcomes and boost referrals for community members
 - 5 staff will be working under program
 - New program for 2021; still in start up phase and went live 2 weeks ago
- Lucy and two other clinicians were previously on EDGE pilot project team and have now been hired to the City's co-response program
- Currently there is 7 day a week coverage from 10 am - 8 pm
 - Will be expanding to 8 am-10 pm on weekdays and 10 am-8 pm on weekends once additional staff is hired
 - Staff is made up of all licensed clinicians coming to the City's program with previous co-responder experience.
- Requests to deploy clinicians can come from front end, diverting a response to clinicians from the start as well as law enforcement requesting co-responder presence after officers report to the scene and identify that an individual could use this support. Follow up happens with folks 24 hours after contact to assist with any referrals or needs they may have.
- Contact Wendy schwartzw@bouldercolorado.gov / Lucy larbalestiere@bouldercolorado.gov with any questions.

East Boulder County Co-Responder Program

Jennine Hall, Co-Responder Program Manager

Veris Simms, Lead Case Manager

- Many different co-response programs going on in county:
 - Louisville contracts with Community Reach

- Longmont uses CORE and LEAD/Angel Initiative
- City of Boulder new co-response team
- “East Boulder County Co-response” program operates everywhere the Boulder County Sheriff’s Department covers. Program covers Lafayette, Erie, and the flats (Nederland, Ward, Jamestown, Lyons etc)
- Launched December 7th, 2020
- Team is structured slightly different than City’s model because of the area they cover
- Still relying on deputies and officers to do mental health holds (didn’t require clinicians to be certified). More of a case management focus (most similar to Longmont’s model)
- Can offer prolonged case management, with no time limit on working with a client
- Can bridge gap in funding for services for clients; co-response program can help assist people with these expenses
- Working with OMNI to publish the program’s first report—will be ready to share in March 2021. Mainly will consist of data from December 7th, 2020 when program was launched.
 - Collecting data on where people are being referred and gaps in service delivery through tracking in NOWPOW system
- NOWPOW has been a great resource in care coordination and prolonged case management. Ability to track interactions between case management and law enforcement—this helps officers see who has already been working with certain individuals.
- A big part of program is increasing visibility in community and establishing positive relationships.
- What you can do: Help educate the community about what co-response is
 - Let them know that there is this community resource
 - Individuals can request a co-responder come to the scene who is trained in responding to mental/behavioral health issues.
- Contact Jennine jhall@bouldercounty.org / Veris Vsimms@bouldercounty.org

Questions

- When folks want to call and have a co-responder report rather than a police officer, who do they call? Would they still call 911?
 - Long-term vision: hoping that co-response program will get to the point where they’re using Denver’s STAR model: calling co-response directly to triage call without having to involve law enforcement. Case manager and paramedic show up, no law enforcement
 - Want to pilot this with ‘Safe To Tell’ calls: contacts with youth experiencing or reporting bullying and mental health struggles
 - Currently a secondary response model: need to make initial contact through law enforcement

- Oversight group is having discussions about a possible alternative 3-digit number
 - Also looking at an alternate call-in number for community access point for Hub model later down the line
- Don't want the burden to be on a community member calling in to decide which officer/co-responder should report to the scene. What would be helpful is to give as much information as you can about the situation so that dispatch can determine the best approach to take.

11:00 High Schoolers Share Their Views and Advocacy Work

- Trying to make personal deliveries over to friends who have been asking for Narcan kits
- Problem in waiting until something happens to do anything about it. We need to focus more on early intervention/prevention rather than waiting to respond until after an overdose has happened. Emphasis should be placed on getting Narcan kits out to youth and having honest conversations about drug use risks before a catastrophic event happens.
- Concern among young people about police presence in responding to overdose situation. Most youth have reluctance to call the police even when knowing about the Good Samaritan Law.
 - Possibility of sending paramedics or co-responder instead? Something to encourage young people that they were not at risk of being charged.
- Some negative opinion among youth/the community about why harm reduction is important
 - Damaging opinions about substance use need to be changed. Destigmatizing the situation and having productive conversations with those who don't see why this is a need.
- Abby's contact info agrace910@gmail.com

Natural Highs Narcan Education to Empower Youth

Avani Dilger, Founder and Executive Director

- Met with over 30 youth yesterday: heard from teens that they are really interested in raising awareness about risk of drug use, receiving training about Narcan, and having a space to talk and receive support about mental health and substance use issue
- Natural Highs being run full-on outdoors at September school in Boulder every Tuesday, 4.15-5.30 pm at the September School, 96 Arapahoe Ave
 - High interest from students participating in this programming
 - High risk that friends of the young people who passed will act out their grief through increasing substance use. Natural Highs programming providing teens somewhere to grieve in healthy ways and be able to talk about their grief.
 - Narcan training is more powerful/has been very well-received when conducted by peers.
- There is definitely a big need to get Narcan out to students/young adults. Natural Highs gave out 59+ Narcan kits, will be ordering more.
- Contact Avani avani@naropa.edu / www.naturalhighs.org

- The Grief Support Network will be putting together 8 week group to share, journal, body movement to help with recent student losses (will be co-ed) <https://griefsupportnet.org/>

11:15 Updates and Announcements

Boulder County Works Program Hours (Syringe Access Services)

- Lafayette (720-564-2708) Tuesday/Thursday 10:30am-4:30 pm
- Longmont (720-864-6515) Monday-Friday 10:30am-4:30 pm

Representative Amabile's Office

- Cannabis Licensing and Advisory Board will be discussing expansion of marijuana delivery
- Meeting will be March 1st at 3:30 pm, www.optoutboulder.com | <https://bouldercolorado.gov/boards-commissions/marijuana-advisorylicensing-board>
- Dr. Libby Stuyt recently gave an excellent presentation to the OAG SATF on high potency THC: <https://coag.gov/app/uploads/2020/08/SATF-May-2020-Meeting-Minutes-and-Committee-Updates.pdf>
- Excellent article on the upcoming legislation: <https://www.denverpost.com/2021/02/15/bob-troyer-marijuana-potency-must-be-capped-or-a-safe-and-healthy-colorado/>

Overdose Loss Grief Support Group

- Group meets once a month and it is hosted by TRU Community Care <https://www.trucare.org/our-services/grief-services/>

Flatirons Recovery

- Now offering PHP and IOP services to women and all genders starting this week

Colorado Consortium Legislative Updates

- Sen. Petersen and Rep. Kennedy submitted a letter to the Joint Budget Committee requesting consideration for the restoration of \$.8 million dollars related to services and programs for behavioral health and substance use disorders, plus expressing support for the Governor's budget request to restore approximately \$9.2 million.
- They are also asking for additional funds in the amount of \$6.1 million to be allocated to the Interim Study Committee bills that were passed last year but were reduced in funding due to the budget shortfall.
- Sen Petersen and Rep Michaelson Jenet are working on a large Behavioral Health bill that includes items related to behavioral health and SUD services for pregnant and parenting women of newborn children, continuation of the Substance-exposed Newborns Data Linkage Project, for behavioral health services in rural and frontier communities, recovery support services grants, public health prevention services, early childhood consultation, and other items, including changing repeal dates for many items from previous bills of the Interim Study Committee to allow for continuity from year to the next.
- In addition, Mental Health Colorado is working with stakeholders on a bill to allow Medicaid payment for Peer Recovery Specialists and there is a bill to establish a behavioral health administrative entity (BHA).

11:30 Wrap Up