

Boulder County Substance Use Advisory Group

Wednesday, October 20, 2021

9:30-11:30 am

Zoom Meeting

**9:30 Introductions**

**9:50 Peer Recovery Coach, CCAR certification courses through Mental Health Partners**

Victor King, State Opioid Grant-Peer Navigator Supervisor, Mental Health Partners

([vking@mhpcolorado.org](mailto:vking@mhpcolorado.org))

Peer Support Credential Standards:

1. Lived experience
  - a. Personal history of drug or alcohol addiction and are engaged in recovery, and/or
  - b. The applicant has a personal diagnosis (experience) of a mental health condition and is engaged in recovery, or
  - c. Applicant has provided care to a child, youth, or adolescent with a drug or alcohol addiction or mental health condition
2. High school diploma or GED
3. 60 training hours specific to the following IC&RC domains
  - a. 30 peer specific hours
4. 500 hours of volunteer or paid work experience specific to the IC&RC domains over at least 6 months
5. 25 hours of supervision specific to the IC&RC domains which may include group and/or individual supervision
6. Sign a code of ethics statement
7. During the grandparenting period of 90 days, peers currently working will not need to pass an exam. After the grandparenting period, all new candidates must pass an exam
  - a. Once you pass this test, you are certified for two years
  - b. Cost of certification in Colorado is \$295 dollars
  - c. Recertification costs \$200 dollars every two years

★ Why do I want this credential?

- Recognition that peers are key for delivery of behavioral health services
- Ability for peers to achieve and maintain a professional credential
- Opportunity for skill and career development
- Ensures employed peers meet certain standards for experience and training
- Potential implications for Medicaid
- Ensures competency standards for the profession
- Requires adherences to an ethical code

★ CCAR Recovery Coach Academy Program Overview:

- 5-day intensive training academy focusing on providing individuals with the skills needed to guide, mentor, and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs
- Coverage of multiple topics including:
  - Stages of change, stages of recovery,

- Motivational Interviewing
- Reconnections and Journaling
- Culture and Cultural Competence
- Building Recovery Capital
- Researching Additional Resources

### Questions:

- With the specialist certification, that has a lot more time and commitment to maintain this certification...are the jobs that this opens up a much higher pay scale / where are you finding that individuals are getting placed in employment from this certification?
  - There are a lot more jobs in the Denver area - most employers will ask individuals to be certified within a year of being employed for a peer support position since it can get costly to be certified. The certification should be desirable for folks...so asking questions like "Now that I am certified, will there be a pay-raise?" can help initiate the increase in value for folks.
- Do you have any data about the demographics of people who are already certified Peer Specialists in Boulder County or statewide?
  - Over the past 2 years, numbers have increased from 130 specialists. Currently there are 330 peer coaches statewide.
- Would the Peer and Family Specialist be put on the same tier as those who have a CAC I and CAC 2?
  - Peer support specialist would be like just any other behavioral health / mental health specialist that uses their experiential knowledge instead of their educational degree - still doing the same case management, crisis services, de-escalation techniques. If you were to compare an LCSW to a Peer Support Specialist, oftentimes, those modalities are the same but with different approaches (different rapport), such as meeting people in the community vs. an office space.
- Do you know of any situations where a person who wants to be a Peer Specialist and has a way to cover costs of the certification, would still have a barrier re: taking time from work to do so? If so, are there any best practices for helping overcome that barrier?
  - Sometimes, the division of vocational rehab will cover the cost of Peer classes. There is some scholarship at Springs Recovery Connection (online courses), Colorado Mental Health and Wellness
  - There is not a steady source of funds that you can dip into to pay for these certification costs
- How do we define recovery?
  - The person should be engaged in recovery for at least a year. Our definition of recovery is "You are in recovery when you say you are."
- Fundamentals of being a peer support specialist?
  - Treating people as resources, actively listening, and discovering/managing your own perspectives
- Are there specific training and designations of Peer Specialists for adolescents?
  - Not that I am aware of. There is currently only Youth Mental Health Aid for teens.
- How frequent do these courses happen?
  - There is the Recovery Coach Academy that happens every month, as well as the Ethics course (2-day) happening every month
    - [Registration](#)
- Can an agency get certified to do their own peer specialist training?

- Yes they can, but it is a process that reinvents the wheel for your agency. Rocky Mountain Crisis Partners has their own proprietary training (80 hours). There is a lot more training that goes outside of Peer Specialists training - such that, the 5 day academy would not be enough. Individuals need skills on suicide prevention, motivational interviewing, mental health / co-occurring disorders, professionalism, documentation/reporting, working within a clinical environment - other support is needed to build these skills (ex: follow-up and supervision).
- Other questions regarding training and Peer Specialist roles can be directed to [vking@mhpcolorado.org](mailto:vking@mhpcolorado.org)

### **10:05 Updates on Opioid Settlement Funds: Keller Rohrback LLP.**

Lynn Sarko, Keller Rohrback LLP

Gabe Verdugo, Keller Rohrback LLP

- ★ Opioid Settlement Funds:
  - Government entities (gatekeepers) will be disseminating this money to their counties
  - This is not a one shot deal, the money from this settlement will be paid out over a couple of years
  - We have only settled with a small group of defendants

### National Opioid Multi-District Litigation (MDL 2804):

- Includes nearly 3,000 cases filed by cities, counties, and other plaintiffs nationwide to hold defendants accountable for the devastating effects of the opioid epidemic.
- Defendants sued by local governments include:
  - Drug Manufacturers (Purdue, Johnson & Johnson, Endo)
  - Distributors (McKesson, Cardinal Health, AmerisourceBergen)
  - Pharmacies (Walmart, Walgreens, CVS)

### Settlement Funds:

- Nationwide settlements have been reached by the “Big 3” opioid distributors (McKesson, Cardinal Health, and AmerisourceBergen) which account for 85-90% of drug distribution / presence in the market
  - The Big 3 will pay a maximum of \$21 billion over 18 years
  - Johnson & Johnson will pay a maximum of \$5 billion over no more than 9 years
- Colorado’s maximum share from these settlements will likely be more than \$300 million
  - Colorado will receive its maximum share of settlement payments only if enough local governments sign on to the deal
  - Settling defendants have the option to ‘walk away’ from the deals if there’s not enough participation

### Colorado Opioids MOU:

- The MOU establishes the framework for distributing and sharing these settlement proceeds throughout Colorado
  - Prioritizes regionalis, collaboration, and abatement
- Settlement proceeds will be distributed as follows:
  - 20% directly to participating Local Governments (LG Share)

- If a local gov chooses not to participate or sign onto the MOU will not receive funds from the LG share and the portion of their share will instead be relocated to the Regional Share for the region where the local government is located
    - 60% directly to the regions (Regional Share)
      - Allocations to regions will be calculated according to the percentages in Exhibit F to the MOU
      - 9.9-13 million dollars could be given to the Boulder County Region
    - 10% directly to the state (State Share)
    - 10% to specific abatement infrastructure projects (Statewide infrastructure Share)
  - All funds must be used only for approved purposes stated in the deal
  - It is projected that settlement funds from the “Big 3” and Johnson & Johnson could be made available as soon as July 2022 and will be distributed according to the MOU
    - Additional information: <https://coag.gov/opioids/>

#### Local Government Share (20%):

- A list of the percentage of settlement funds that will be allocated to each County Area
- The allocations to each County area are based on three factors that address the relative severity of the opioid crisis:
  - 1. Number of persons suffering from Opioid Use Disorder in the county
  - 2. Number of opioid overdose deaths in the county; and
  - 3. Amount of opioids distributed within the county

#### Regional Governance:

- Each region will formulate its own Regional Council governance structure
- Regional Governance models are attached to the Colorado MOU as Exhibit G
  - Each voting member of a Regional Council must be an employee or elected official of a participating local government in the region

#### **Questions:**

- Does anyone know who is bringing this information to the commissioners?
  - This has been brought to the commissioners by Boulder County Community Services, Public Health, HHS, County Administrative group has been keeping in contact with the commissioners.
- Will any of these funds be used to increase medicaid/medicare in-patient residential?
  - It is up to you all. The funds have a list of permitted uses - that they cannot be used outside those boundaries. Then it is up to the regional and local governments to make the final decision on the allocation of funds and its uses. Money will start flowing in 2022. Target date would be July 1st, 2022.
- Has there been any discussion as to how SUAG input will be implemented
  - The design of advisory groups will include folks with life experience, county staff, implementation experts, local govts will maintain this group. Once this group is developed, more information on how community members, organizations (ex: SUAG), and others interested can get involved.

#### **10:45 Updates and announcements on SAFE Events**

Duke Rumely, Founder and Executive Director of SOBER AF Entertainment

Resources available:

1. Free masks and 2,500 drug deactivation kits available from Duke - [duke@soberafe.com](mailto:duke@soberafe.com)

★ SOBER AF Entertainment Background

- SAFE was created four years ago
  - Since starting, SAFE has hosted 82 events over those four years
  - SAFE has begun adding educational components to help others learn about other recovery support options available to them across the state
  - Intention: Creating a secondary culture at music festivals, social gatherings, and other events to promote sober living and safe/fun spaces.
- Hashtag/Motto: “Safe places in fun places”
- Partnerships with NBA, NHL, MLB, and 15 different universities
- [SAFE website](#) to stay up-to-date with upcoming events in Colorado

**10:50 Update on fentanyl status in community**

Commander Nick Goldberger, Boulder County Drug Task Force

([ngoldberger@bouldercounty.org](mailto:ngoldberger@bouldercounty.org))

★ Boulder County Community Updates:

- Currently, we have 14 confirmed cases where fentanyl is one of the substances in the people who have passed
  - Many of the cases have multiple drugs involved, but the presence of fentanyl has been confirmed
  - 6 additional cases are still waiting on toxicology reports
- Drug Task Force and DEA have been investigating thousands of M30 pills within a month period of time
  - Boulder County is not confirmed as the HUB for these pills, the Denver area has been more prominent - still an open case

**Questions:**

- Are we close to exceeding 2020 numbers for those who have passed from fentanyl?
  - In 2020, overdoses were in the low 20's, we are still getting very close this year to overdose rates from the past year. There are still two months left of the year, so law enforcement, as well as the Drug Task Force has continued investigating these occurrences.
- Are there other drug-related deaths that do not include fentanyl?
  - Since the focus has been on fentanyl related overdoses, the update only includes those numbers. Emma Hall definitely would have the more specific numbers for other drug-related overdoses. Last number seen of drug-related components was 52 deaths for 2020. Check out the [2020 Coroner's Report](#) to understand if there are some measures you would like to see / have included for 2021.
- Can defendants wait until the last minute to pay?
  - No. There is a payment timeline where these payment periods need to stay aligned with - although this does not guarantee it being an 'even distribution' continuously over the years. With more settlements, there will be more of a flow of funds in the earlier years rather than the later years.

**11:00 Jamie Feld presents update from Colorado Consortium for Prescription Drug**

## Abuse Prevention

- ★ Fentanyl related statistics:
  - In the state of Colorado in 2018, fentanyl caused 10% of overdose deaths
  - In the first half of 2021, fentanyl caused 44% of overdose deaths demonstrating the focus that organizations have taken in understanding causes of overdose deaths
- ★ Announcement:
  - October 28th: [2021 Annual Meeting](#) that will focus on best practices in trauma informed care, benzodiazepine, evidence based interventions, etc. (virtual event)
  - October 29th: [Education Symposium with a focus on Fentanyl](#)
  - Behavioral Health Transformational Task Force: Legislative body at state level
    - 450 Million dollars in the next 4 years
    - Local communities should think about these sources of funding (residential beds for substance use / mental health needs)
    - Public meetings for those to intend, including information on [workgroups](#):
      - Integrated and coordinated care (HUB): how to get people into care
      - Gaps and continuum care: inpatient and residential focus
      - Affordability and sustainable payers: how to get money into community-based organizations that may not have a direct line to the state legislature
      - Criminal Justice: co-responders and diversion systems
      - Children youth and families
      - Work Force: staffing and retainment for this field
- Feel free to email Jamie Feld for more information on these workgroups: [Jamie.feld@cuanschutz.edu](mailto:Jamie.feld@cuanschutz.edu) or Rep. Amabile at [ja@judyamabile.com](mailto:ja@judyamabile.com) on the Task Force

## 11:05 Announcements from Stakeholders

- [Works Program](#) is offering testing in Longmont again (HIV/HEP C testing in-person)
  - For those who need testing done, contact Chris Benjamin ([cbenjamin@bouldercounty.org](mailto:cbenjamin@bouldercounty.org))
  - Rapid testing can be done from 10:30-4:30PM on MWF. Contact Longmont office at: 720-864-6515
- [Flatirons Recovery](#) is starting weekly community events (free or donation based)
  - On Monday, Flatirons Recovery will be collaborating with the [Pillar Program](#) / [Natural Highs](#) to bring recovery wellness hour: a space where they will be providing acudetox for free, place to recover and connect, meet others in recovery
  - Thursdays: virtual craft group to support family / friends and those suffering from addictions
  - Friday evening: Yoga for recovery class (donation-based) involving time to share, meditation, and restorative yoga
  - Sober living is now open to the community and you do not need to be in the treatment program to stay in sober living.
  - For more information on these events, contact Rachael Uris: [uris@flatironsrecovery.com](mailto:uris@flatironsrecovery.com) or 303-859-0919
- Grief Support Group related to substance use disorders happening on every 2nd Thursday of the month from 6-8PM. Must register at: [Truecare.org](http://Truecare.org)

## 11:10 Behavioral Health HUB Discussion

Kelly Veit, Strategic Implementation Manager, Boulder County Community Justice Center ([kveit@bouldercounty.org](mailto:kveit@bouldercounty.org))

### ★ Background of Hub

- Coordinated, single point of entry to behavioral health services
- Anchored and supported through an IT platform - NowPow
- SUAG members can help us understand potential uses of the Hub's referral system, design of accompanying navigation roles, and ways to communicate this new resource to the community

### ★ Hub's Referral Platform (NowPow):

- Hub Functions:
  - Universal ROI/Consent/Screening
  - Closed loop referrals: external stakeholders that will receive referrals and close the navigation on the status of the referral (updating information)
  - Provider directory
  - Partner/staff training and support
  - Integration capability
- How it will be used in the County:
  - Increasing ease of service connectivity
  - Community needs diagnostic
  - Centralized place to locate services/providers and self-refer based on individual's needs via the system

### ★ SUAG involvement with NowPow:

- How to scale up?
- Which providers should be included?
- How do we loop providers in the design of navigation roles?
- How should the product be marketed?

### ★ System Analytics:

- Site Utilization (site activity, number of searches, webpage traffic)
- Key community resources (top service categories, keyword searches, top organization views)
- Service referrals and shares (top referrals shared, most freq. Referrals by service type, avg distance to travel)

### ★ Using NowPow:

- [DEMO Site](#)

## Questions:

- What is the purpose of this site that Google doesn't have?
  - You can refer yourself to services from the website. As we continue to work, we will be securing a lot more closed loop providers, meaning we will stay in close-contact with the provider on the other end asking questions like: did the individual make it to their apt,

why or why not. This information will give us aggregate data that we can use to compile reports on barriers and gaps of service facilitation and community needs. Currently, we have found that the biggest gaps are knowing whether the resource is actually accurate (hours, insurance, language barriers, etc.). All of these factors are maintained through the system to ensure the provider directories are current and up-to-date.