**Boulder County Substance Use Advisory Group**

**Wednesday, March 16, 2022**

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

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

**9:30 Overdose Update from Commander Nico Goldberger**

*Commander Nico Goldberger, Boulder County Drug Task Force*

Drug Task Force Update:

* They’ve been tracking overdose numbers since March of 2020. Since then there have been 19 overdose cases (some of which have passed and others have lived)
	+ Of those 19 cases, there are 9 open cases for investigation
	+ 2 of the 9 cases, 1 is going to court statewide (DEA will be taking over)
* Reminder: Drug Task Force is composed of Boulder County Sheriff’s Office, Boulder Police Dept, DA’s Office, Eerie and Lafayette Police
* Last night, City of Boulder had an overdose - person did live and there will be an investigation for this
	+ On the 11th, a person also passed away from overdose with Fentanyl being present
* Fentanyl is in almost everything; unless you get a prescription from a pharmacy, do not trust it!
* Meeting with stakeholders from BVSD and St. Vrain and are working on communication to students, teachers, staff on the messaging of fentanyl being within everything. For example, some points of discussion:
	+ Safety precautions our community members should take besides not using substances
	+ Resources for schools and making emergency medical staff known to this
	+ Working on getting narcan with teachers/staff
	+ BVSD is open to putting PSA’s and press releases out into the community as to what is happening and within schools

Questions:

* Will that PSA be in elementary through high school students? And will non-Boulder County schools be included?
* This PSA will be for highschools in the district, including for St. Vrain. Some of the messaging will include telling students where they can get narcan for free - such as resources in the community and what the dangers are to substance use that we are seeing. These PSA’s will be created in collaboration with the Works Program, Trina, Drug Task Force, and the school districts. Down the line, we want to expand this to more schools, such that of elementary (depending on how the schools feel in this)
* St. Vrain has agreed to carry and have narcan in the schools with emergency personnel which is a huge win!
* Nico, can you speak to what the harm reduction model you need mentioned looks like?
* This harm reduction model is in the works. If we are talking about schools, our priority is to get the message out about dangerous drugs, raising awareness of narcan resources, training on administration of narcan,etc.
* What did the 27 overdoses of last year entail?
* The 27 overdose deaths in 2021 are ONLY the OD deaths that had positive toxicology indicating fentanyl was associated. Those come from jurisdictions in the county from the HUB. Being said, we want to come up with a system to better track and communicate on what is going on (where people are getting substances). Currently, we are in the developmental phase of creating this so that we can have more situational awareness on what is happening in the entire area.

**9:35 Attorney General’s Office Update: Opioid Settlement Litigation**

*Jamie Feld, Deputy Director of Opioid Response Unit at the Colorado Attorney General's Office (**Opioids@coag.gov* *or* *Jamie.Feld@coag.gov**)*

Attorney General’s Office Update:

* There were 803 deaths in the state of Colorado in 2021, which has quadrupled since 2019 where there were 222 overdose deaths.
	+ 803 deaths due to fentanyl!
* At the end of February, the $26 billion dollars of funding were announced
	+ These funds will go to a national administration to begin and then trickle down to regional and local levels
	+ 90% will go to local entities
	+ Hoping money/funds will start flowing by late fall
* Colorado will receive 385 million over the course of 8 years and there's possibilities for more settlements such as Purdue and others
* 19 regions in the state
* Boulder County is its own region. Therefore, Boulder County will have a regional council that will develop a two-year plan to discuss where to allocate these funds.
* Local governments will also receive their own funds (Ex: City of Boulder/Longmont\_
	+ They can choose between April and June if they want to opt out of small funds and if they want to give it to the larger region.
* General abatement council (Colorado Abatement Council) will meet for the first time March 31st to finalize multiple processes for the opioid settlement funds, such as:
	+ Finalizing two-year plan and what that will look like for regional councils, how local governments can opt out if they want to roll their money up to the regional council, oversight of the funds (approval on the two-year plans and ensure that funds will be used for opioid abatement / other opioid work)
	+ There is a list of approved items for fund use; the two-year plan will look across the continuum of prevention, harm reduction, criminal justice, treatment, and recovery
* Recommend that people take their time to figure out how to use these funds (can be carried over from year to year) and carefully plan
	+ When analyzing funds, key partners should be looking at national best-practices, what is going on at the state, how to use the money most effectively
	+ AG’s Office is a resource for people during this stage
* Please visit the [AG’s Office website](https://coag.gov/opioids/) for more information
	+ [Register for AG Office newsletter](https://lp.constantcontactpages.com/su/YzawsyY) to keep up to date on opioid settlement news
* After March 31st, stay tuned with details like how local govs can opt out if they want to pool their money towards their region (April and June for decision making), more on two-year plan and what that looks like for planning purposes,
* [Colorado Opioid Framework](https://coag.gov/app/uploads/2021/08/Opioid-Joint-Framework.pdf): how distribution settlement purpose will work
* The Behavioral Health Planning Team will play an integral role in coming up with ideas for use of the opioid settlement funds, that will involve extensive community outreach (SUAG will play an important role for giving us information and strategically planning)

**9:45 Embark Peer Coach Academy (PCA), Recovery Services: Overview of CHOICES Trainings and other Peer Recovery Coach Programming**

*Rod Rushing, CAC III, RCP, CFPS, Manager Director of Embark*

Embark Organization Updates:

* The recovery center (RCO) in Colorado Springs is now open
	+ This center serves as a safety net for people in the community
	+ For ex: some people are not treatment ready but still need support so these recovery centers provide them the guidance and help they need for the time being
* The Volunteer program is an opportunity for people to get support for their recovery, get educated, and also help out others in the community
* If you go to to [“training”](https://www.embarkpca.net/classes) on the [Embark website](https://www.embarkpca.net/), you can see the different training tracks such as CCAR
	+ Virtual [calendar](https://www.embarkpca.net/calendar) for events are available!

Questions:

* How often are trainings offered?
* The training page has a widget that offers a calendar for training events / when they occur. We offer a CCAR training every month, ethical training every other month, professional training every opposite month, spirituality training every 3 months. Choices and suicide prevention training happens every 2 months.
* All trainings will be loaded through December 2022
* Do you pair folks with opportunities to volunteer?
* We don't take charge of the recovery coaches' trajectory. We provide the training and will offer volunteer opportunities if it is convenient and if it works out.

 **10:05 Overview from Mental Health Partners, Boulder County Managing Services Organization (MSO) on its contributions within our community.** Gaps/disparities of services to be discussed.

*Kate Parker LCSW, Vice President of Clinical Care, COO at Mental Health Partners (kparker@mhpcolorado.org)*

*Christine O’Neill, General Manager of Acute Services, Mental Health Partners (**coneill@mhpcolorado.org**)*

Mental Health Partners:

* MHP is the MSO for Boulder but also serves Broomfield
* In 2013, MHP partnered with public health and addiction/recovery center in order to start increasing substance services for the community and the need there is
* We are not for profit, not a government agency (funded through federal, state, and county dollars)

Community Q&A:

What is the ability for MHP to address the needs of the community, how are they able to meet these needs, where does it need support?

* Currently, detox and crisis services are offered in the same center/area - Belmont
	+ What is beneficial about this is that most people who are coming in typically need crisis and detox at the same time
* Another contribution to MHP work has been the help that peer support specialists have offered - we receive dollars for these specialists who can work with anyone and help individuals/clients go through their addiction (opioid dollars now includes stimulants)
	+ Specialists have also helped pair individuals with providers in their region to help them find the resources they need
* Substance is one population MHP serves. MHP’s mission is to serve the whole person not the diagnosis; oftentimes, there are dual diagnosis between substance use and mental health conditions
* MHP serves about 40,000 clients a year
	+ There are 4 different levels of care:
		- Acute (crisis services)
		- Residential
		- Intensive outpatient, such as intensive outpatient program for anxiety
			* Traditional outpatient and support for social determinants of health: which offers housing, employment, and education support
		- Preventative level of care (we have workers going out to homeless shelters, jails, schools, hospitals)
* Challenges:
	+ The system was created to serve the diagnosis and not the person. With regulations and requirements, the substance and mental health realms inherently do not expect the same thing and the tools being used often conflict.
		- This challenge leads to a massive administrative burden (we have to ask over 45 questions when someone walks in the door - these questions can be intrusive and frightening when an individual just wants help
	+ Workforce shortage (MHP is down 80 positions which is about 20% of their workforce)
		- Lack in behavioral health therapists (shortage of LCSWs which is required for Medicare and other populations MHP serves)
			* Workforce initiative upcoming for greater retention rates
		- 70% of budget goes to staff hours; therefore, there is competition with schools and others where they are paying 30,000 more
			* 40% of funding comes from Medicaid

Questions:

* What are the wait times for admission to programs like TRT?
* Wait time is probably 2 weeks
* Is the substance use program the only residential option?
* That is the only residential option that MHP offers. There are residential options; since medicaid started residential benefit, it is extremely hard to get people into inpatient treatment
* When do you think the crisis center will be back to 24/7
* Do not have an answer. We need more staff in order to open back up to these hours. There are currently 6 clinicians and MHP needs 21 clinicians to operate 24/7.
* Does MHP have a sense yet or do other agencies on the call about the impact of the crisis center weekend hours reduction on other agencies in the county or regionally? That is, where people are going who are not currently able to access the crisis center on the weekends.
* There doesn’t seem to be a high volume of clients that are coming in… but that doesn’t mean people aren’t in crisis. We are also starting to monitor ER visits (if they are going up and down). We made this crisis center hour change in the beginning of February so we are attempting to gather this data to see if there is a change and/or impact on the community.
* ER visits are definitely going up - it differentiates day by day but with the shortage of clinicians, there is a wait time for assessments and these people are staying in the ED for a long time.
* What would it look like to pivot into some fee for service with higher income bracket’s recovery programs to generate income internally?
* Fee for service doesn’t really benefit anyone because there's a lot that is not covered under this. Funders can’t afford the fee for service as well. We are trying to move to a value based model so that we can provide the care that is needed at that time regardless of payer. We want to have a bucket that we can take from so we can provide these services / resources when needed, truly benefiting the client and community members as a whole.
* Have there been more pregnant women with SA coming into the ED?
* We do not get that data.
* Are we seeing an increase in that age group with psychosis? Possibly from high THC.
* Yes there is an increasing number of adolescents joining that program - statistics will be sent out from Kate.

**10:35 Legislative Updates from Judy Amabile and Behavioral Health Task Force**

*Judy Amabile, Colorado House of Representative, District 13, SUAG Steering Committee and Aide Robin Noble (**robin@judyamabile.com**)*

Bills of Interest for SUAG:

* BEDS BILL (introduced today) - “Increase Behavioral Health Residential Beds”
	+ This bill allocates $65 million to do two things:
		- Establish 16 new beds at Fort Logan (the state hospital for civil commitments); these beds will be used intuitively for competency restoration and then, as competency backlog is relieved, these beds will be converted to civil commitment beds for residential behavioral health treatment
		- Creation of 125 new beds for adult residential behavioral health treatment that will be in 10-bed facilities located throughout the state that will be serving people with the most severe illnesses who are in need of residential care.
* Competency Backlog (introduced soon, maybe in the next couple of weeks)
	+ This bill is intended to reduce the backlog of people waiting for competency restoration. This bill will allow people who are accused of low level offenses to have their competency restored on an outpatient basis.
* [SB22-010:](https://leg.colorado.gov/bills/sb22-010) Pretrial Diversion For Person with Behavioral Health
	+ The bill expands the existing pretrial diversion program to include diversion programs that are intended to identify eligible individuals with behavioral health disorders and divert such individuals out of the criminal justice system and into community treatment programs.
* [HB22-1256:](https://leg.colorado.gov/bills/hb22-1256) Modifications To Civil Involuntary Commitment
	+ This bill will strengthen and streamline the state’s involuntary civil commitment system to protect patients and providers, reduce recidivism, and improve mental health care and outcomes.
* [SB22-021:](https://leg.colorado.gov/bills/SB22-021) Treatment Behavioral Health Disorders Justice System
	+ This bill reauthorizes the committee that considers the treatment of persons with behavioral health disorders in the justice system, which has been integral to much of the progress on this issue and will continue to be.
* [HB22-1063:](https://leg.colorado.gov/bills/hb22-1063) Jail Standards Commission
	+ This bill will create a diverse jail standards commission (including people with lived experience) to recommend standards for the operation of Colorado jails. We expect this to result in legislation that improves our jail operational standards and makes them more consistent.
* [HB22-1061:](https://leg.colorado.gov/bills/hb22-1061) Modifications To Not Guilty By Reason Of Insanity
	+ This bill makes important updates to Colorado's laws related to people found not guilty by reason of insanity (NGRI) to ensure we are prioritizing our inpatient mental health resources and funding for people who need them, while at the same time protecting patient's rights and public safety.

Bills of interest to Behavioral Health Care Providers:

* [SB22-156:](https://leg.colorado.gov/bills/sb22-156) Medicaid Prior Authorization And Recovery Of Payment
	+ Concerning placing limitations on prepaid inpatient health plans, and, in connection therewith, removing prior authorization for outpatient psychotherapy and limiting when a prepaid inpatient health plan can retroactively recover provider payments.The bill prohibits a prepaid inpatient health plan from:
		- Requiring prior authorization for outpatient psychotherapy services;
		- Recovering provider payments if a recipient was initially determined to be eligible for medical benefits; and
		- Retroactively recovering provider payments after 12 months from the date a claim was paid, except in certain circumstances
* [HB22-1268:](https://leg.colorado.gov/bills/hb22-1268) Medicaid Mental Health Reimbursement Rates Report
	+ Concerning a reporting of medicaid reimbursement rates paid to mental health providers.

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

**Legislative Update - Behavioral Health: Mental Health and Substance Use Disorders**

ARPA Behavioral Health Bills Introduced:

* SB22-147: Behavioral Health-care Services for Children
	+ Sen. Kolker/Rep. Young
		- Concerning behavioral health-care integration services for children
	+ Introduced in Senate on March 7th
		- Assigned to Health & Human Services: March 23, 1:30pm
* SB22-148: Colorado Land-based Tribe Behavioral Health Services Grant Program
	+ Sen. Donovan/Rep. McLachlan
		- Creates a grant program to provide a grant to a Colorado land-based tribe to support infrastructure improvements to tribal behavioral health facilities that serve indigenous individuals
	+ Introduced in Senate: March 7th
		- Assigned to State, Veterans, & Military Affairs: March 15th - passed to Sen. Appropriations
* HB22-1281: Behavioral Health-care Continuum Gap Grant Program
	+ Rep. Gonzalez-Gutierrez/Sen. Winter
		- Concerning a program to fund behavioral health-care services
	+ Introduction in House - March 7
		- Assigned to Public & Behavioral Health & Human Services
	+ Will be heard April 5th, 1:30pm
	+ Offer TESTIMONIES for this bill
* HB22-1283: Youth And Family Behavioral Health Care
	+ Rep. Michaelson Jenet/Rep. Bradfield
		- Concerning enhanced residential services for persons with behavioral health needs
	+ Creates in-home and residential respite care in 10-12 regions of the state for children and families
		- Introduced in House - March 7
		- Assigned to Public & Behavioral Health & Human Services
	+ Will be heard April 5, 1:30pm
* Substance Use Impact

APRA Behavioral Health Bills Being Drafted - not yet introduced:

* Beh Health Workforce: Rep. Cutter is legislative lead
* Adult Beds/Residential: Rep. Amabile is legislative lead
* Care Coordination and Care Navigation: Sen. Pettersen is legislative lead
* Criminal Justice: Sen. Pete Lee is the legislative lead
* Primary Care Integration w/Behavioral Health: Rep. Chris Kennedy is legislative lead
* Harm Reduction (Naloxone) and MAT in Jails, expected to be included in forthcoming fentanyl-related bill
* Substance Use Impact and Recovery Fee Enterprises
	+ Sen. Priola
	+ Drafted, but not yet introduced
	+ Proposes establishing State enterprises and imposes a small fee on opioids and other prescribed controlled substances, alcohol and marijuana

Questions:

* Is there any training for those who want to give testimonies, share their lived experience, and talk to media outlets?
* We are not sure of any formal training, but we can give you some examples (some on the legislature examples). Testimonies are around 3 minutes but they are extremely important to passing bills and in gaining support for legislation. We can offer resources and guidance - please reach out to Robin Noble for more details (robin@judyamabile.com)
* Reach out to Alejandro Prietoa for more information on the testimonies his work has done and the trainings they offer (prietoa@bouldercolorado.gov)

**11:00 Methamphetamine Workgroup and Boulder Jail Behavioral Health**

**Assistance Program (BHAP) Updates**

*Kristen Compston, LCSW, LAC, Grant Programs Coordinator, Boulder County Community Justice Services*

Workgroup Update:

* In 2022, the group is trying to focus on bridging the gap with folks that have poly substance use disorders and getting them the appropriate level of care
	+ Want to stay on top of bills that are being introduced for getting more inpatient beds, informing community members, those with lived experience, and key stakeholders
* Higher focus on provider education to reduce the stigma against methamphetamine use
	+ Also interested in providing services for those with opioid use disorder
* Still looking for members (second Friday of every month)
	+ Reach out to Joel Ricklefs if you would like to join (jricklefs008@gmail.com)

**11:10 Introductions and Community Updates**

Community Updates:

* Open positions at the Consortium and MHP - Reach out to Jessica Eaddy (jessica.eaddy@cuanschutz.edu) & Christine O’Neill (coneill@mhpcolorado.org)
* Recovery Cafe will be having open mic night on the first Friday of every month (poetry, music, comedy, etc) - the next open mic will be April 1st 4-7pm
* SUAG Outreach and Engagement workgroup is starting some Overdose Awareness day planning as well as continuing with the Business Recovery Project and Narcan in schools work
	+ Welcoming any new members if people are interested in joining us
	+ Email Alex (j.alex.grizzell@colorado.edu) & Athena (aburkard@bouldercounty.org) to join!
* State Opioid & Stimulant Response grant- Scholarship for peer classes: <https://forms.gle/Gd3N3VFcgBLNL1q4A>
* There is going to be community engagement meeting on april 11th - virtual meeting that will be both good samaritan and platte valley
	+ Peggy jarrett? All of the hospitals that are involved with HTP project ; talking about different programs we have,d ealing with health and wellness and upcoming projects
	+ Registration for this!
* February will be doing some additional targeted QPR for younger trans, nonbinary, and LGBTQ+ populations in the area if anybody is interested in engaging in that process! February@wearetheari.org