

## Boulder County Substance Use Advisory Group

Wednesday, May 18, 2022

9:30-11:30 am

Zoom Meeting: <https://www.zoomgov.com/j/1606655089>

### 9:35 Law Enforcement and Diversion (LEAD)/CORE Program Updates

Dan Eamon, Director of Community Health and Resilience Division for Longmont Public Safety ([dan.eamon@longmontcolorado.gov](mailto:dan.eamon@longmontcolorado.gov))

Emily Van Doren, Manager of the Community Health and Resilience Diversion Programs for Longmont Public Safety ([emily.vandoren@longmontcolorado.gov](mailto:emily.vandoren@longmontcolorado.gov))

#### Longmont Department of Safety

- Case management system supports all the programs in the same way, serving as a backbone for all the programs in the dept. This case management system serves to help build individual relationships.
  - The case management team consists of 7 peer case managers (who have shared experience with participants) and focus on meeting individuals where they are at.
  - Steps in case management include:
    - Warm hand off
    - Outreach
    - Initial paperwork
    - Assessment
    - Identifying goals
- Mission statement: “Through acceptance and partnership we emphasize, self-determination, and value the journey of meeting people where they are at, while caring enough to not stop there”
- Case management referral data:

113	LEAD referrals
37	Officers referred to LEAD in 2021
80	Officers referred since July 2018
48	Angel Initiative referrals
436	Total outgoing referrals to services
85	Referrals to housing services
94	Referrals to substance use treatment
53	Referrals to mental health services

- Case management engagement data:
  - 6,352 participant engagements by case managers
  - 3,884 outreaches to participants
  - 349 peer/support counseling engagements
  - 114 assessments conducted

- 241 on-call responses to Police Officers
- What continues to work well?
  - A cultural shift with Public Safety around how the team addresses substance use and mental health
  - Dedication to transparent and candid conversations with key community partners have resulted in significant service delivery improvements, particularly at the Walk-in crisis clinic
  - Using our position as a national best practice community to influence funding opportunities, legislative change and the continue evolution of diversion work
  - Dedication to building individual relationships
  - Reorganization within the dept lends to nurturing relationship building internally to continue the success of Patrol utilizing our services
  - Continued advocacy and voice, highlighting the inadequacies in the amount of treatment providers and other support services
    - Include but not limited to housing, individual counseling, residential treatment, a local crisis center including an acute treatment unit (ATU,) crisis stabilization unit (CSU,) etc. with more and more community members experiencing such needs, the scarcity of appropriate care options continues to have a significant detrimental impact

#### Questions:

- How does a person go through the process if they self-refer themselves to the Angel initiative? What is the process or follow through?
  - People do not have to walk into the Safety Dept anymore. They can call and refer themselves to Angel. Once connected we address what their top priority is. Most people who self-refer typically want to get into treatment. Individuals do not have to be committed to treatment as they enter Angel. We focus on meeting people where they are and what they want.
  - More information on the [Angel Initiative](#) and [addiction treatment providers/resources](#)
- If someone comes in to say they really want treatment, what do we do with referrals when people need help?
  - This is based on relationship building. We really try to engage with the clients and establish a longer relationship so that when treatment is available the individuals are ready and steps to get to treatment have been thoroughly executed.

## 10:20 Legislative Updates

*Judy Amabile, Colorado House of Representative, District 13, SUAG Steering Committee*

#### Transformational task force:

- The team has strategically allocated around 450 million dollars to various behavioral health needs
  - 100 million: children, youth, and families
  - 75 million: workforce development
  - 65 million: mental health beds (bill getting signed today)
  - 100 million: community based grants

- With specifications to address homelessness (sober living homes, group homes, standing respite centers, anything that can help them have a more humane and proactive way for those that are homeless)
    - 50 million: criminal justice grants
  - There is currently a bill around competency restoration (There are an estimated 400 people languishing in our state jails because they need a bed in state hospital to get competency restored - this bill is intended to make it easier for people to get out on their own and get a bed)
  - 200 million dollars into services for people who are unhoused and have substance use disorder including:
    - repurposing a facility in Watkins, Colorado and creating another facility in North Metro Denver (these facilities will include treatment and recovery services with 250 beds (people can also stay up to 2 years who have a primary substance use disorder).

*Jose Esquibel, Executive Director for the Colorado Consortium of Prescription Drug Abuse Prevention*

#### 2022 Legislative UPDATE - Behavioral Health: Mental Health and Substance Use Disorders

- ARPA Behavioral Health Bills Passed -
  - [SB22-147](#): Behavioral Health-care services for children
    - BH ARPA Funds \$11.1 million
      - \$4.6 million for Pediatric Consultation and Access (School of Medicine)
      - \$5 million for the Beh Health Care Professional Matching Grant Program (CDE)
      - \$1.5 million for School-based Health Center Grant Program (CDPHE)
  - [SB22-148](#): Colorado Land-based Tribe Behavioral Health Services Grant Program
  - [SB22-177](#): Investments in Care Coordination Infrastructure
  - [SB22-181](#): Behavioral Health-care Workforce
    - \$36,806,984 to the Dept of Human Services for training and education of behavioral health workforce, including \$5.9 million for increasing peer support recovery workforce
    - \$20 million to the Dept of Public Health and Environment for the Health Services Corp Program
    - \$15,193,018 to the Dept of Higher Education for use by the Colorado Community College System
    - BH ARPA Funds \$72 million
  - [SB22-196](#): Health Needs of Persons in Criminal Justice System
  - [HB22-1281](#): **Behavioral Health-care Continuum Gap Grant Program**
    - This is an important bill for SUAG members to look at, figure out who is eligible, who can apply to what in order to meet your desires & strategic goals
    - BH ARPA Funding: \$90 million:
      - \$35 million for community investment grants
      - \$40 million for children, youth, and families services grants
      - \$15 million for substance use workforce stability grant program
  - [HB22-1283](#): Youth and Family Behavioral Health Care
    - BH ARPA Funding: \$54,099,599

- \$5.0 million to create and develop additional residential substance use treatment beds for youth
  - \$2.5 million for crisis response system services
  - \$539,926 for building maintenance costs associated with the neuro-psych facility at the Colorado Mental Health Institute at Fort Logan
  - \$35 million for capital construction of a neuro-psych facility at the Colorado Mental Health Institute at Fort Logan
- [HB22-1302](#): Health-care Practice Transformation
- [HB22-1303](#): Increase Residential Behavioral Health Beds
  - \$34.75 million to the Dept Human Services for residential facilities (contracts and renovation)
  - \$6,578,266 to CDHS for operations of additional beds at Ft. Logan
  - \$6,991,567 to CDHS for capital construction at Ft. Logan
  - \$3,692,111 to CDHS for capital construction of three existing facilities for residential beds
  - \$728,296 to CDHS for administration and finance
  - \$91,838 (General Fund) to HCPF
- [HB22-1326](#): Fentanyl Accountability and Prevention
  - \$19.7 M for the Naloxone Bulk Fund
    - \$6 million for the Harm Reduction Grant Program
    - \$300k for fentanyl test strips
    - \$3M for jails-based behavioral health services and TA
    - General Fund: \$10 M for SUD treatment and detox services; \$7M to CDPS
  - Allows emergency medical service providers, emergency depts, state and local law enforcement agencies, sheriffs' office, and coroners to participate in the web-based Overdose Detection Mapping Application Program (ODMAP) to report incidences of fatal and non-fatal drug overdoses and synthetic opiate poisonings. Data shall not be used for welfare checks or criminal investigations
  - Requires CDPHE to convene stakeholders for developing recommendations for establishing an overdose trend review committee
  - Study of the effects of felonizing fentanyl possession
  - Independent study of Judicial case filings and practices
  - Study of how the internet is used for trafficking fentanyl and other illicit drugs
- [HB22-1386](#): Competency to Proceed and Restoration to Competency

#### Questions:

- Does the consortium still offer support with applying for grants/RFPs/RFAs?
  - Yes they do: <https://corxconsortium.org/grant-assistance/>
- Does that school security component mean more cops in schools?
  - It may mean training for SROs
- What does enforcement look like in terms of jails providing MAT?
  - A majority of the jails participate in JBSP to set up protocols and policies (provide service themselves or to contract with outside providers). Key issue in front range area is that there may not be enough providers

**10:35 Harm Reduction Program of Denver County: Effects of [HB22-1326](#) on Clientele**

Lisa Raville, Executive Director, Harm Reduction Action Center  
([Lisa.harm.reduction@gmail.com](mailto:Lisa.harm.reduction@gmail.com))

Harm Reduction Action Center:

- Harm reduction is pragmatic, respects individuality, focuses on risks and prioritizes goals, recognizes that drug and alcohol consumption exists on a continuum
- People who inject drugs (PWID) characteristics:
  - Stigma and misinformation surrounding PWIDs also lead to healthcare disparities for this population
  - PWIDs represent one of society's most heavily stigmatized populations ; this population experiences disproportionately high morbidity and mortality from manageable infections, including viral hepatitis.
  - More than 11 million people inject drugs
- Fentanyl 101:
  - Fentanyl is a strong synthetic opioid that has been used in clinical settings for decades and is often described as 80-100 times stronger than morphine, or about 50 times stronger than heroin
  - Fentanyl is partly responsible for the current overdose crisis in the US combined with a lack of resources and the criminalization of people who use drugs
  - Heroin is harder to access due to climate change and lack of poppy cultivation. Fields and farmers are not necessary for fentanyl which is a synthetic opioid made in a lab. Much like 1920's alcohol prohibition
- Syringe access programming results at HRAC:
  - 12,210 unique clients to date! = largest SAP in CO
  - 167,179 + syringe access episodes (average # of ppl represented per exchange: 3.0)
  - Overdose prevention: 5,880 trained and 3,190 lives saved
  - 2,200 trained on fentanyl test strips
- 93,331 ppl died of drug overdoses in the US in 2020 (1,400 in the state)
  - Fentanyl has been in Colorado since 2018
- HB 1326 Concerning Fentanyl: why HRAC is opposed:
  - Drug induced homicides
  - Felonization of fentanyl in 1 gram (10 pills) or more - in any drug
  - Mandatory treatment
  - OD mapping
- Example of [Do Not Prosecute Orders](#)

#### Questions:

- How can we increase harm reduction within schools?
  - [Drug policy and education for teens](#)

#### 11:00 Boulder County Public Health, The Works Program Discussion

*The Works Program:*

Chris Benjamin, Harm Reduction Specialist  
Kelsey Weigman, Case Manager/Harm Reduction Specialist  
Joel Trawick, Harm Reduction Specialist

#### Local Perspective:

- While the proportion of overdose deaths testing positive fentanyl increased from 3.5% to 68%

- During this time, reported naloxone doses to reverse opioid overdoses did not change
- This manufactured demand by the pharmaceutical field is targeting individuals who do not know / do not have information on naloxone with a lot of unrecognized need for when narcan needs to be used
- British Columbia has a good drug checking program in their government system: <https://www.bccsu.ca/drug-checking/>
  - [North Carolina Program](#) for Drug Checking
- Uncomfortable withdrawal process with more doses which will make people use these substances more after their overdose
- Narcan resistant dope does not exist ; what is resistant to narcan is animal tranquilizers
- We are having big problems in Boulder with people going to pharmacies and them refusing, especially parents wanting it for their teens. We are going to be working on that. One parent this week also mentioned they are afraid to buy it using insurance because they fear they could be labeled/flagged by their insurance company. If parents are having such problems, imagine the fear of teens trying to access.
- [Xylazine information](#)
- Studies on Naloxone and Kloxxado:
  - <https://filtermag.org/naloxone-kloxxado-namalfene/>
  - <https://www.statnews.com/2021/12/15/naloxone-opioid-overdose-zimhi-kloxxado/>
  - <https://www.theatlantic.com/health/archive/2022/01/naloxone-stronger-form-opioid-overdose/621254/>
  - <https://www.sciencedirect.com/science/article/pii/S0955395921003625#bib0003>
- [Marijuana + Fentanyl Myth](#)

### 11:10 Medical Perspective

*Dr. Jim Shuler, DO, MS, FACOEP, FAWM, FASAM, Regional Medical Director, Front Range Clinic*

- A higher dosage of Narcan does not make it more effective.
- If the 4mg naloxone isn't working, it means that there may be other confounding factors
- It is important to make sure the individual overdosing has oxygen (clearing their airways first and then getting the narcan in them)

### 11:15 Community Announcements & Updates

#### Community Announcements:

- Johnstown Heights is a 92 bed acute behavioral health and substance use hospital. We have 16 beds for medical detox. MAT therapy can be continued and/or started. Ave length of stay 3-5 days. Accepting all insurances. Please reach out to Ellen Woolwich if you have any questions ([ewoolwich@johnstownheights.com](mailto:ewoolwich@johnstownheights.com)).
- We are piloting a training for parents (4 sessions, 2 virtual and live) in the next month. Please email Georgia if you are interested in info [gbabatsikos@bouldercounty.org](mailto:gbabatsikos@bouldercounty.org)