Boulder County Substance Use Advisory Group

Wednesday, June 15, 2022 9:30-11:30 am

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

9:35 Introductions & Community Announcements

Community Announcements:

- Centura Health has created a new workforce and is looking to hire a full time associate to fill the new <u>Behavioral Health Specialist (BHS) Level 1 position</u> at Avista Adventist Hospital (Louisville, CO).
 - Reach out to Amber Quartier (<u>AmberQuartier@Centura.Org</u>) if you have any questions on this position and/or the application process!
- BCPH is partnering with the Works Program and Healthy Futures Coalition (HFC) to offer some Narcan trainings "Narcan Train the Trainers" in the month of June!
 - <u>Thursday, June 23rd from 9-11am at 1333 Iris in North Boulder.</u> This free training for Boulder County community members will give participants information about harm reduction and Narcan administration and will get individuals prepared to train others in their organization or community on Narcan administration. Spanish interpretation will be available and breakfast will be provided. Click the <u>link</u> to register!
 - <u>Narcan Train the Trainer for youth 25 and under only</u> <u>Monday June 27th from 5-7pm</u> <u>at 1333 Iris in North Boulder.</u> To register, please follow the <u>link!</u>
- Later this summer, the To the Root/A la Raiz qualitative data on substance use and mental health needs for Latinx and LGBTQ+ youth will be available! Please connect with Audrey Schroer
 <u>aschroer@bouldercounty.org</u> or Janice Stiglich <u>istiglich@bouldercounty.org</u> if you are interested in being a part of this conversation.
- As of July 1st, Recovery Cafe in Longmont is switching their Friday/evening hours to 4pm-7pm in order to better accommodate for individuals who work during their typical hours
- Free virtual 'Turn Anxiety into Your Superpower' training with facilitator, Avani Dilger, and HFC Facilitator Beth Lavely on June 22, 2022 from 3-5pm,
 - If you have any questions, reach out to Beth (<u>blavely@bouldercounty.org</u>) or join the <u>zoom</u> for this free training!
- A Way Forward in Longmont offers free services to people recovering from SUDs, open 7 days a week from 8am-8pm. AWF provides intensive outpatient, aftercare programs, various 12 step programs, and support groups. Please view their <u>website</u> for more information.
- The Works Program has gotten funding to hire a Latin X Outreach Harm Reduction Education Educator. If anyone is interested in this position, please reach out to Georgia Babatsikos (gbabatsikos@bouldercounty.org)

- The AG Office has released COST, an opportunity for local entities to decide whether they are going to retain their local settlement funds or release it to their region. Deadline to make this decision is July 31st (all local entities are currently working on this).
 - AG's Office will also have a conference on August 15th and 16th for the First Annual Opioid Abatement. <u>Registration</u> is now available! There are limited slots for Regional Council (ROC) members and a waitlist for non ROC members. Sign up quickly so you can be early on the waitlist!
 - Sign up for the AG's Office Opioid Response Unit <u>newsletter</u> to get the info as it continues getting released
- Jen Marnowski/Wellness PR & Media Specialist 404-309-1137 -- works with many substance use, mental health, and gov groups to help get services/treatment in this behavioral health area marketed through social media to increase program REACH.
- Rocky Mountain Crisis Partners --- July 16th they will be changing their number to 988 and will allow individuals to call in to crisis/peer specialists across the nation.
- Adventure Recovery has an Outdoor Adventure Recovery Coach Training on July 8th-12th in the Leadville area. Please contact Seth Gottlieb (<u>sethg@adventurerecovery.com</u>) to sign up for this event and/or visit their <u>website</u>!
- Herren Project is a national nonprofit organization providing free resources and support for the treatment, recovery and prevention of substance use disorder. Treatment and recovery services include treatment placement assistance, long-term recovery support for individuals and families, online support groups, as well as scholarships for treatment programs, recovery housing and recovery coaching. For more information and to get involved with their services, to partner with this project, and any other outreach... please view their <u>website</u>.

9:55 Behavioral Health HUB Update

Kelly Veit, Strategic Implementation Manager, Boulder County Community Services McKenzie LeTendre, Project Manager, Boulder County Healthy Youth Alliance, Boulder County Community Services

Boulder County Behavioral Health Hub - Leveraging our Pilot Period

Background:

- Coordinated, single point of entry to BH services via a central system
- Facilitating timely and centralized service navigation; anchored and supported through an IT platform

• Started in criminal justice system, currently expanding to community (two way implementation) <u>Bi-directional Implementation and Growth:</u>

- Internal operalization:CJ Navigator
 - Goal: workflows, supportive resources, optimal caseload and client success indicators for HUB model
- External public launch: Behavioral Health Access Solutions (BHAS)
 - Goal: provider directory, closed loop providers, investigating navigation in public space

- Model expansion: American Rescue Plan Act (ARPA)
 - Goal: monitor, evaluate, adjust, leverage, design scale up to community

Hub Navigator Role

• Aimed at how to operationalize Hub Navigation including: program handoff criteria, referral processes, supportive documentation and workflows

ARPA and the HUB:

- Both Hub projects inform elements of ARPA proposal:
 - Diagnostics of service gaps for priority populations
 - Navigator of navigator vision:
 - (Internal partnership CJ space) Inter-program collaboration, community of practice, and shared training for navigating CJ clients
 - (External partnership BHAS): contracting, incentivizing, training of community providers and "community connectors"

Behavioral Health Access Solutions: CDPHE Health Disparities Grant Project Update

Objectives: leveraging CDPHE health disparities Grant to Pilot BHAS Implementation

- 1. Increase the number of orgs serving historically excluded populations that are represented in BHAS
- 2. Identify and recruit cultural brokers to become BHAS community connectors
- 3. Built utilization of BHAS within the Latinx population in Boulder County through multi-sector partnership development with an emphasis on informing continued access improvements

How can SUAG engage in this work?

- Please view the <u>BHAS website</u>!
- Utilize <u>online form</u> to submit resources that are currently missing, what pain points exist (difficulties in navigation), and any other suggestions to make this external resource more effective for community members.
 - Any added service must be tagged according to NowPow's service category taxonomy

Questions:

- Can we add orgs on NowPow that we know of on their behalf?
 - YES, absolutely! You will need to fill-out the name/email of the person submitting the form, and the main information of the program/service type. Please use the <u>online</u> <u>form</u>.
- Can we enter our org under multiple fields, ex: we offer both SUD & mental health services?
 - Yes, you add it within the secondary services, any additional info (link program URL within agency)
- What is the expected timeline for having a contractor doing the community outreach work?
 - Within the next 2 months hopefully
- What happens if the org/clinic falls in different services (medical, dental, mental health, substance use, etc) and different locations. Should we resubmit all the info for diff locations?

- Add/specify multiple locations & addresses for those locations on the form (add this within the note).
- ★ Please email Kelly or Mckenzie if you have anymore questions (<u>kveit@bouldercounty.org</u> / <u>mletendre@bouldercounty.org</u>)

10:15 Report from the Behavioral Health Planning Team: Overview of Committee Progress and Discussion of Funding Proposals

Marcy Campbell, Behavioral Health System Project Manager, BH Planning Team Lisa Moreno, Behavioral Health Strategic Planner, BH Planning Team Tucker Eurman, Behavioral Health Systems Program Support, BH Planning Team

Boulder County Litigation:

Update from the Colorado Opioid Abatement Council (COAC):

- Municipalities have the choice to either pool their opioid \$\$ with the County or spend these themselves (opt-out)
- If all municipalities pool their \$\$ with the county, the OCAC expects Boulde4r County will receive about \$17 million dollars over 18 years (and likely more as additional settlements are reached)
- 1st payment, in the 3rd for 4th Quarter, '22 could b e around \$2.27 million with an additional allocation in 3rd quarter '23 of up to another \$1 million (all numbers are subject to change)

• The COAC expects to review 2-year plan sometime in September...we have until then to submit Colorado Opioids MOU:

- Establishes the framework for distributing and sharing these settlement proceeds throughout Colorado
- Each region must have a regional council, with elected officials and senior regional leadership to create a 2-year plan for the litigation funds
- On August 26th, 2021, the Colorado Attorney General Phil Weiser signed the Colorado Opioids Settlement MOU

Regional Council and Opioid Operations Group:

- ★ Regional Council (ROC):
 - o Elected officials
 - Decision making body
 - o Submission of 2 year plan and subsequent amendments
- ★ Operations group (Ops)
 - Subject matter experts
 - Programming expertise
 - Advisory to ROC
 - Recommendations for funding
- Approved Funding Purposes:
 - Prevention/Education:
 - PDMP, Px Drug Takeback, Screening Brief Intervention to Treatment, Provider Education, Community Development, Primary Prevention

- Harm Reduction:
 - OD Surveillance, HIV and Hep Treatment, OD reversal, Drug checking, syringe exchange, family support
- Criminal Justice:
 - Law enforcement, community corrections, jail-based addiction treatment, postincarceration social programs
- Treatment:
 - SUD treatment expansion, rural and frontier underserved treatment programs, research and evaluation
- Recovery:
 - Recovery supports
- Examples of approved purposes <u>https://coag.gov/app/uploads/2021/10/Colorado-</u> Department-of-Law-Opioid-Crisis-Response-Plan.pdf

Phase One Funding:

- Rationale: while the overarching goal of the Opioid Operations group is to determine a framework and recommendation for fund border allocAtion have to be prepared to put forward initial plans within a short timeframe
- Method: examine current programming across the recommendation areas, highlighting programs which;
 - Fits into the approved purposes for the
 - Serve high acuity needs/populations
 - Is an existing program that is about to expire or needs to expand but has no funding
 - A new, ready to launch, program that requires additional funding
 - The dollar amount for the need is known

SUAG's Role in Phase One

- SUAG members can input any info of programs or projects that may need funding (provide information on these shovel ready projects)
- Review examples of programs for approved purposes
 - Please view the <u>full MOU</u> on Page 22 that explains all 5 approved purposes and activity examples
- Fill-out the <u>Shovel-Ready input form</u> by Friday, June 24th!

10:50 Xylazine Webinar Presentation

Michele Ryan, Community Programs and Integration Manager, Community Medical Services

Xylazine - What is this drug?

• It is a non-opiate sedative, analgesic, and muscle relaxant certified exclusively for veterinary practices (it comes in bulk by the gram, as a powder, used to compound drugs for animal use)

- It is manufactured as a liquid and comes inside a vial. It is available in strengths of 20, 100, and 300 milligrams per milliliter.
- Street names:

• Tranq dope, trashcan, Steph Curry, Collateral Damage, Cardi B, 550, Rampage, etc <u>Xylazine effects on human body:</u>

- Similar to its action in animals, Xylazine acts as a central nervous system depressant and sedative in humans
 - Little is known about the drug's addiction risks at this time (or how long the drug lasts in humans), and it is not currently classified as a controlled substance
 - Some individuals who abuse stimulants (ex: cocaine) use Xylazine as a component in speedball = mixing a depressant with a stimulant will increase a drug high and reduce the crash symptoms
- *Common side effects*: Blurred vision, confusion, sleepiness, problems walking, low blood pressure, small pupils, high blood pressure, slow breathing, slow heartbeat
 - Doctors have found these side effects in people who have a Xylazine blood concentration between 30 and 4,600 nanograms (one billionth of a gram) per milliliter.
- Withdrawal:
 - There is limited data on withdrawal from xylazine. Fatal overdoses from Xylazine are common, so there have been few opportunities to study the withdrawal symptoms of someone who used Xylazine long-term. Some experts theorize it would be relative to other sedatives such as benzodiazepine
- Overdose risks:
 - People may not even realize they are taking it: 22% of street drug users who test positive for xylazine had no idea they had taken it. This is likely because Xylazine is commonly added to drugs like cocaine, heroin, and fentanyl to increase their effects
 - Xylazine can cause an overdose whether you inject it, inhale it, or swallow it. The amount of xylazine in people who have had a fatal overdose ranges widely from a mere trace amount up to 16,000 nanograms per milliliter.
 - No amount of Xylazine is safe
- Overdose symptoms:
 - Small pupils, low body temperature, dry mouth, slow heartbeat, unconsciousness, slowed or stopped breathing (which is often fatal)
 - Although Xylazine can be found in blood and urine, it is not included in routine drug tests...so it may take time for a doctor to realize that a person is having a Xylazine overdose
- Chronic use:
 - Can lead to very painful open skin ulcers. This promotes further injections in the injection/ulcer site with Xylazine creating a cycle that heightens the need for medical attention and adequate treatment
- There is no reversal drug for Xylazine overdose at this time!! Because it is not an opioid, the opioid reversal agent naloxone will not work on it....however, an overdose can be treated in the hospital with supportive care, meaning that the person's symptoms are addressed.

11:05 Legislative Updates

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

Legislative Update:

- ARPA Behavioral Health Bills Passed
 - o <u>SB22-147</u>: Behavioral Health-case services for children
 - o SB22-148: Colorado Land-based Tribe Behavioral Health Services Grant Program
 - o <u>SB22-177</u>: Investments in Care Coordination Infrastructure
 - o <u>SB22-181</u>: Behavioral Health-care Workforce
 - o <u>SB22-183</u>: Crime Victims Services
 - o <u>SB22-196</u>: Health Needs of Persons in Criminal Justice System
 - o HB22-1243: School Security and School Behavioral Health Services
 - o HB22-1281: Behavioral Health-care Continuum Gap Grant Program
 - o HB22-1283: Youth and Family Behavioral Health Care
 - <u>HB22-1302:</u> Health-care Practice Transformation
 - o <u>HB22-1303:</u> Increase Residential Behavioral Health Beds
 - o <u>HB22-1326:</u> Fentanyl Accountability and Prevention
 - <u>HB22-1386:</u> Competency to Proceed and Restoration to Competency
- HB22-1326: Fentanyl Accountability and Prevention
 - Passed Governor Signed (5-25-22)
 - BH ARPA Funding: \$29 million
 - \$19.7 M for the Naloxone Bulk Fund
 - \$6 million for the Harm Reduction Grant Program
 - \$3M for jail-based for technical assistance to jails and for services
 - General Fund:
 - \$10 M for SUD treatment and detox services
 - \$7M to the Colorado Department of Public Safety
 - \$5M to CDPHE for fentanyl education campaign
 - \$300k for fentanyl test strips
 - \$360k to HCPF for Medical Services Premiums
 - Study of the effects of felonizing fentanyl possession (\$252,963 from the Correctional Treatment Cash Fund) to prevent potential 'War on Drugs' Implications
 - Independent Study of Judicial case filings and practices (\$300k)
 - \$150k to AG Office to study how the internet is used for trafficking fentanyl and other illicit drugs
 - Allows (not mandate) emergency medical service providers, emergency departments, 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

Questions:

- How are the laws around possession going to work together with other 'protective policies' such as the Good Samaritan Laws?
 - If you are in possession and someone is overdosing, the fear is that people are not going to call. The Harm Reduction field is going to have to work harder to communicate this information to the people they work with. A lot of power is going to rest on the DA to understand how they will pursue these charges. It would be beneficial to start having conversations with law enforcement/ DA to gain an understanding of the approaches they will take to handle such situations. Note: You are protected (by Good Samaritan) if the fentanyl does not weigh more than 4 grams...

11:15 Workgroup Updates

Youth Services - Audrey Schroer

- Goals:
 - Support sober safe spaces for youth to connect, to amplify public awareness campaigns for youth and their caregivers
 - o Identify opportunities to address youth stress, anxiety, and self-harm
- Progress:
 - Group has a large workgroup meeting to identify resources/events for youth under the age of 18 over the summer (given that summer is a high-risk time for substance use)
 - Upcoming: creating digests to highlight those events and resources acr5oss care continuum
 - Highlighting on HFC instagram page please follow this page!

Methamphetamine Use Group - Joel Ricklefs

- Goals:
 - Education of care providers to decrease stigma around Methamphetamine addiction so that individuals can get proper treatment
 - Stepping up/ increasing IOPs and access for Boulder County residents to get treatment
 - Getting a census of inpatient beds to medicaid holders
 - Work with Consortium more closely to access treatment and work with AG on their funds for increasing # of beds
- Still looking for more members!! If you are interested in joining, have lived experience, or want to learn more about this workgroup's initiatives, please reach out to Joel Ricklefs (jricklefs008@gmail.com)
- Workgroup meets on the 2nd Friday of every month at 10 AM

Grief Support - Trina Faatz

- In the past, TRUCare was providing the space and marketing for this group
- As the group moves forward, they felt that these meetings should be held at GRASP (National Grief Support Program)
 - Group has passed approval to be housed in GRASP but they just need another group cofacilitator that has been affected & has lost a family member from overdose

- They have a huge following and group in Aurora (group needs to be formed in Northern Colorado)
- Need another oc-facilitator from having lost a family member
- We would love support from all of you to keep that going
- Joel from Narupa will have a heartlight 4 week closed support group who have lost an
 - Will be run every other month

Community Outreach & Engagement - Athena Burkard

- The group is currently finalizing details on the OAD event such as: location, date, time, activities, etc.
 - If anyone is interested in helping to plan activities or volunteer for the event, please reach out to Meghan Razimoff (<u>mrazimoff@bouldercounty.org</u>), Athena Burkard (<u>aburkard@bouldercounty.org</u>), or Trina Faatz (<u>trinafaatz@gmail.com</u>)

Bridging the Gap - Mila Long and Jessica Zehm

- Goals:
 - Get more people into treatment while they are incarcerated (doing intake in jail for MAT and assisting people with transition from jail and back into the community)
 - Provide support with people who are being released and are on psych medication or MAT
 - Assisting the jail with case management and tracking some of the work with these individuals
 - Provide education around MAT and SUDs to inmates and jail staff
- Progress:
 - Intake process has started from DRG with people at the jail
- Could use new members!! Please reach out to Mila Long (<u>mila@denverrecoverygroup.com</u>)