



BOULDER COUNTY OPIOID ABATEMENT

Regional Council
September 22, 2022

MEETING AGENDA

- Virtual Meeting Guidelines
 - This is not a public hearing (no public comment or interaction with the public)
 - For stakeholders and members of the public (who are not Regional Council members or presenting staff) please mute your microphones and turn your cameras off
 - While you may choose to make comments in the chat, your comments will not be part of the public record and will not be followed up on by staff.
- Welcome and Introductions
- Listening to personal experience
- IGA Required Ratifications
- Boulder County Region Opioid Council (BCROC) Presentation
- Opioid Background Information: Landscape Analysis of Efforts and Opioid Data
- Progress to Date: Work of the Operations Board
- BCROC Next Steps – Review of Proposed Projects and Allocation Amounts
- Administrative Matters



A PERSONAL OPIOID STORY

RATIFICATIONS — PER OUR LOCAL IGA

1. Appointing the BCROC Chair – Proposal that Commissioner Claire Levy serve in this role
2. Appointing a Fiscal Agent – Proposal that Boulder County serve in this capacity

BACKGROUND

- Colorado state litigation against opioid manufacturers, seeking damages for harm caused to the State of Colorado for deceptive marketing of opioids.
- Boulder County is its own recipient “region.”
- Each region must have a Regional Council, with elected officials and senior regional leadership.
- Each Regional Council must submit a two-year plan to the Abatement Council that identifies the “Approved Purposes” for which the requested funds will be used.





APPROVED PURPOSES FOR FUNDING



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

Post Incarceration Social
Programs



Treatment

SUD Treatment Expansion

Rural and Frontier and
Underserved Treatment
Programs

Research and Evaluation



Recovery

Recovery Supports



GOVERNANCE BODIES

Opioid Operations Board

- The Operations Board makes funding and policy recommendations to the BCROC.
- Membership of non-profits, government reps, persons with lived experience
- Developed recommendations for the 2-year plan based starting with “shovel ready” projects that reflect the five primary areas of the plan: Prevention/Education, Harm Reduction, Treatment, Recovery and Criminal Justice.

Boulder County Region Opioid Council (BCROC)

- Oversees the procedures by which the Boulder County Region may request Opioid Funds from the Abatement Council and the procedures by which the allocation of its Region’s Share of Opioid Funds is administered.



REGION ENTITIES, ALLOCATIONS, AND ESTIMATED FUNDING

- The Region Share is 60%.
- The remaining 40% is divided as:

Unit of Govt	Allocation	Unit of Govt	Allocation
Boulder County	47.63%	Louisville	1.45%
Boulder	31.76%	Lyons	0.59%
Erie	0.36%	Nederland	0.17%
Jamestown	0.0086%	Superior	0.026%
Lafayette	3.32%	Ward	0.003%
Longmont	14.68%		

Funding Total	Year 1 (Expected First Year Payment)	Year 2 Funding	Anticipated Funding over 18 Years
All Dollars	\$ 2,269,824	\$1,010,058	\$ 17,078,153*

**Note, this amount will increase as other settlements are reached*

OPIOID OPERATIONS BOARD — PLANNING \$ NUMBER

- The Operations Board developed program recommendations using a figure of \$1,818,753
- Later, it was determined that this amount was only the Region share and did not account for opt-out/In decisions
- As all local governments opted out of keeping their share, their combined total (\$451,071) was moved to the Region
- Since recommendations are based on the \$1.8 million figure, a discussion regarding the remaining balance will be taken up later in the meeting



COMMUNITY RESPONSE

Landscape Analysis



PREVENTION AND EDUCATION

Strengths

Overdose reversal resources (**Narcan**) and training on use of said resources, are available.

Boulder County has strongly established venues (community coalitions, school-based programs, etc.) **that host education**, resource sharing, and educational campaign.

Weaknesses

Early intervention is lacking and not coordinated with harm reduction efforts.

Not enough targeted education, or reach to specialty public populations; parents, youth (schools), siblings/ friends.

Same for clinical community, pediatricians, prescribers, pharmacists, perinatal providers.

Equity issues; **education and resources not as available to some community members** or specific populations.



HARM REDUCTION

Strengths

MAT/ Naloxone are available in more settings (jail, primary care/Boulder Valley School District respectively).

There is more **programming to increase awareness and understanding/ decrease stigma within different stakeholder groups** like Law enforcement, first responders, healthcare professionals.

There is historical support for syringe exchange programs.

Weaknesses

No safe injection sites.

Not enough safe syringe disposal sites.

Remaining stigma around harm reduction philosophy, especially with HR programming for youth or neonatal populations.

Naloxone needs to be accessible via more organizations.



CRIMINAL JUSTICE

Strengths

Strong **partner coordination within CJ space**, and shared philosophy around decriminalization.

Ability to initiate necessary care while incarcerated; assessments, intake, treatment (MAT), case management, and community reentry planning.

New programming **focused on Juvenile Justice clients with co-occurring** needs.

Weaknesses

Workforce shortages and lack of sustainable funding for MAT in jail.

Create more diversion opportunities to provide upstream intervention and avoid system entry.

Inability to carry services/ treatment through community reentry due to lack of providers, not enough treatment available, and few community-based services for justice involved individuals.

Lack of testing, treatment, and peer supports for juveniles specifically with SUD.



TREATMENT

Strengths

MAT is becoming more available in primary care and other less stigmatized treatment settings.

Increasing **use of peer support specialists** in treatment-based programming.

More treatment services/ resources are being offered **via quicker access** channels and some are covered through Medicaid.

Navigation services for those with treatment needs, and to address their needs at the time.

Weaknesses

Services aren't equitable; not culturally appropriate, language barriers.

Lacking Intensive Outpatient and other treatment **for specific populations;** pregnant women, youth, LGBTQ+, uninsured, non-English speakers, co-occurring disorders.

Access is difficult for uninsured and other populations, navigation assistance with access is also lacking.

Full treatment care continuum is broken; initial outreach/ assessment, detox, coordinated entry, ongoing case management.



RECOVERY

Strengths

Increasing use of **peer support specialist** and recovery coaches as an evidence-based practice.

Some **recovery-based programs** are very **low barrier to engage** in.

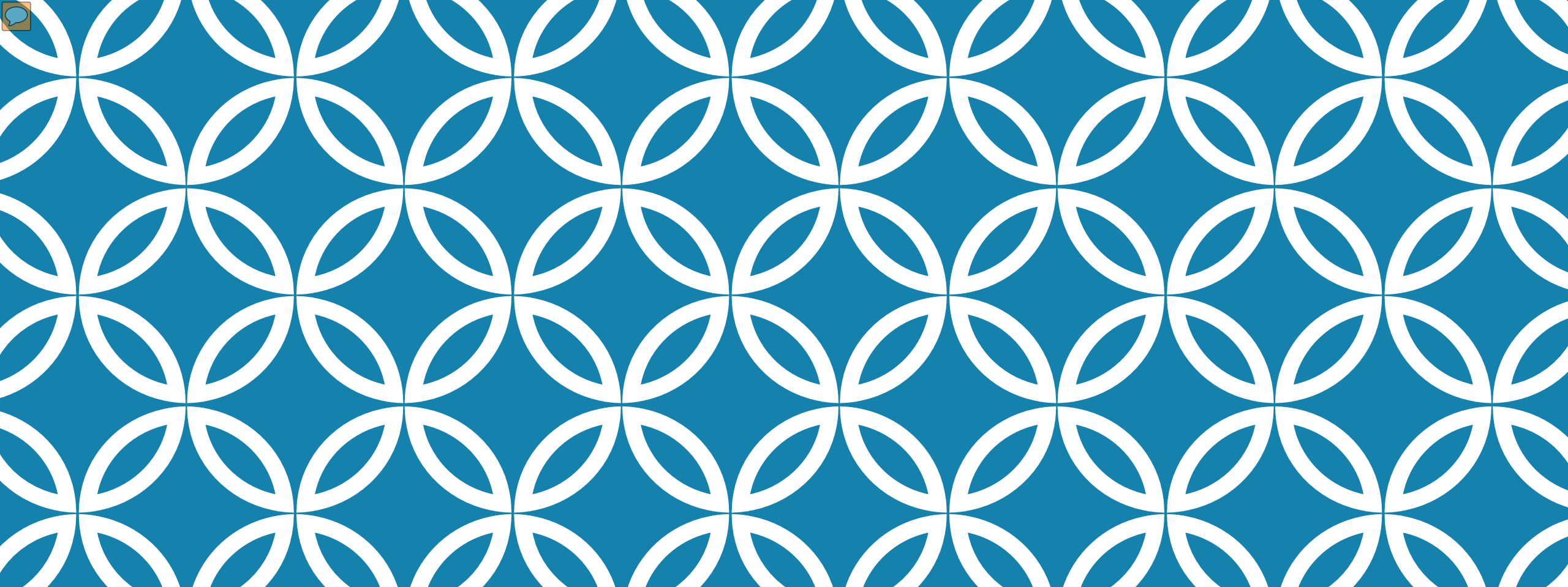
Weaknesses

Lack of sober living options due to zoning and funding barriers.

Not enough **focus on recovery and transition planning** for those leaving more structured/ IOP services.

Not enough **support and remaining stigma** for parents, women, and families in recovery.

Workforce issues; **not enough staffing** creates lag time in service connectivity, **no recovery coach certification program**.



BOULDER COUNTY OPIOID IMPACTS

Happening in the Community
Coming into the Community



HAPPENING IN THE COMMUNITY

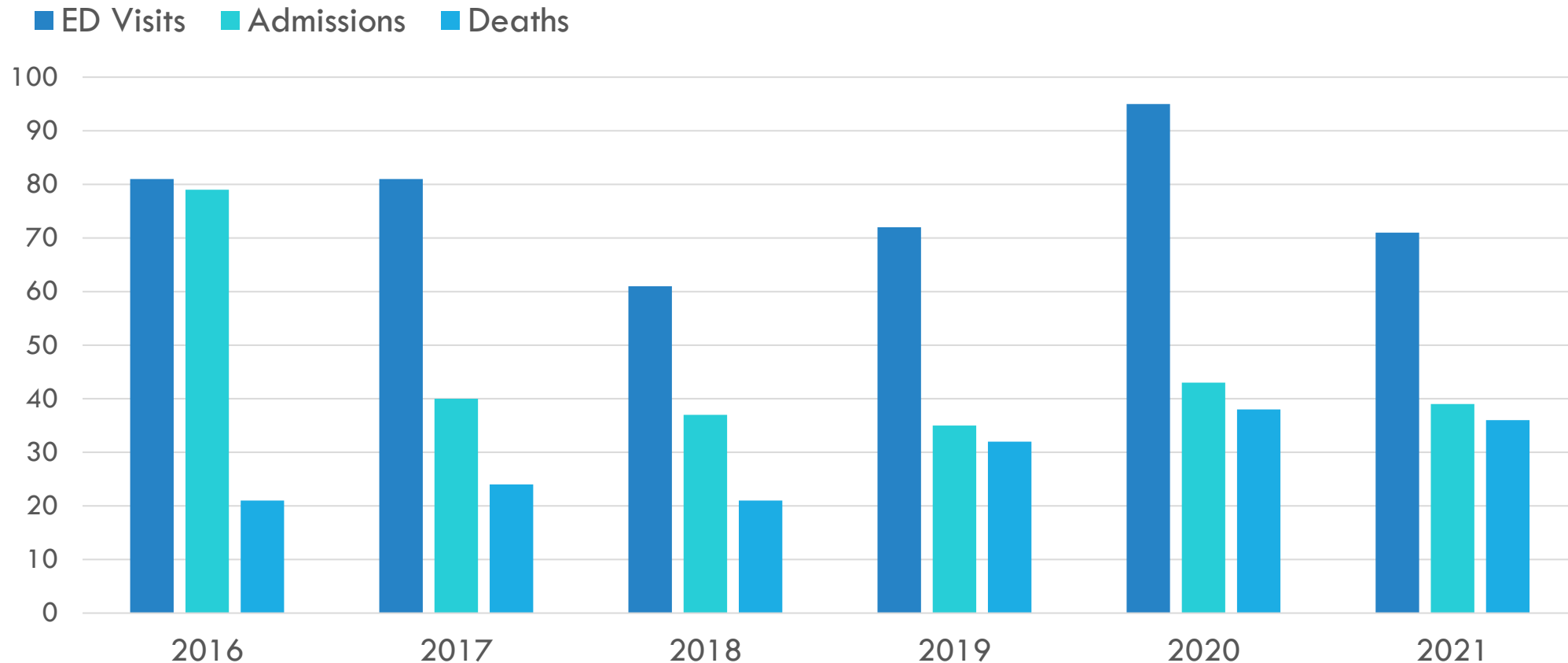
Emergency visits

Hospital admissions

Fatalities



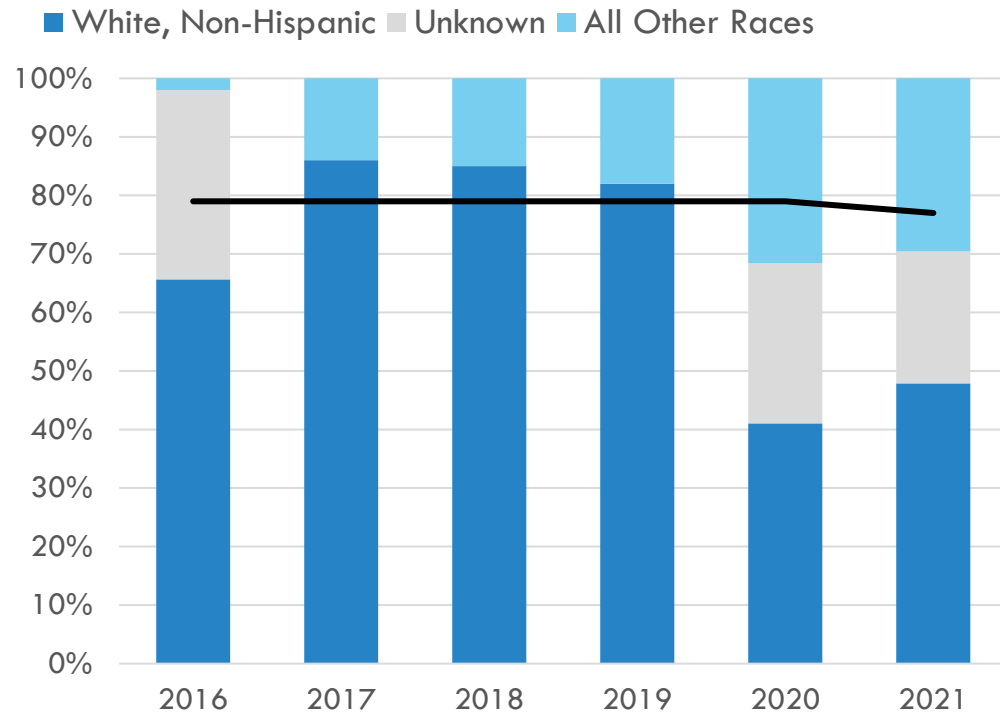
MORE EMERGENCY DEPARTMENT VISITS THAN EITHER HOSPITAL ADMISSIONS OR DEATHS



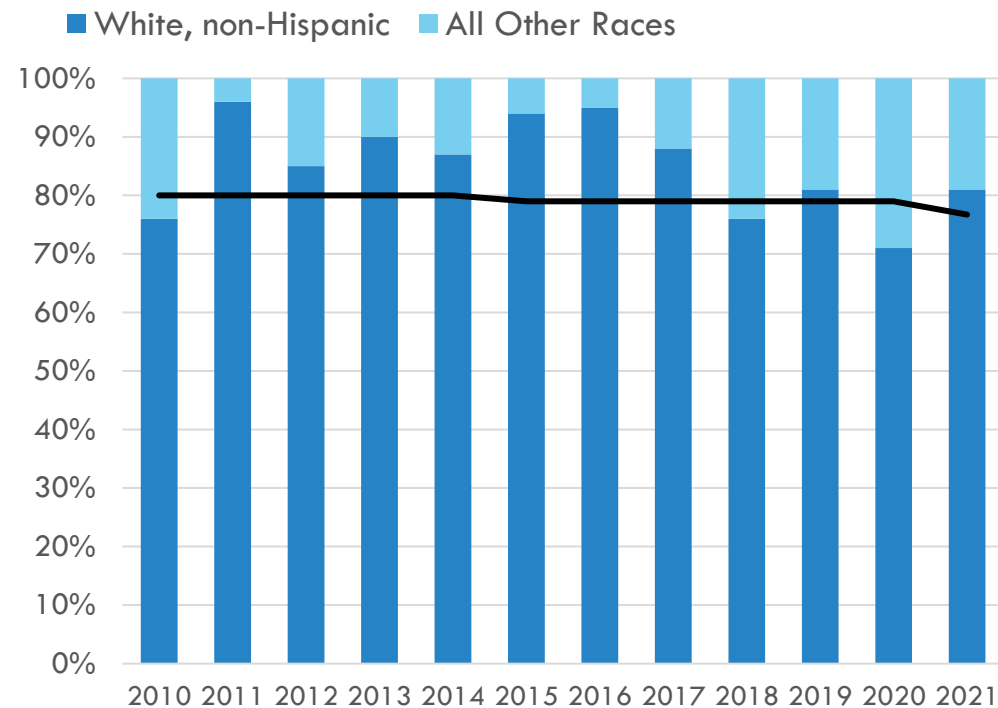


RECENT TRENDS INDICATE **SHIFT IN RACIALIZED IMPACTS**

Emergency Department Visits



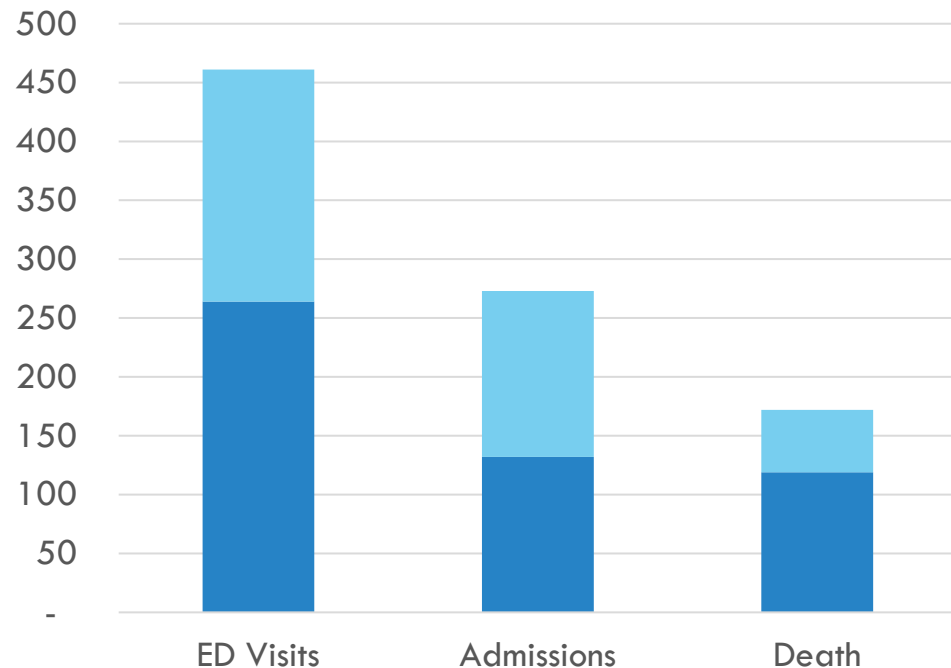
Deaths



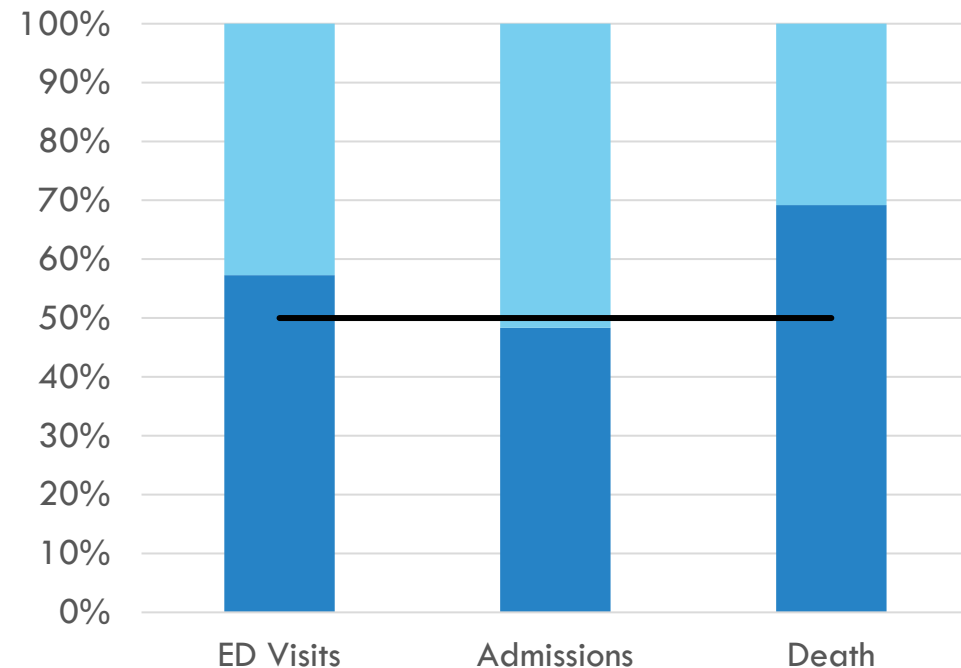


GENDER DISPARITY IS GREATEST IN OPIOID OVERDOSE DEATH

Number of **male** and **female** impacts
2016 – 2021

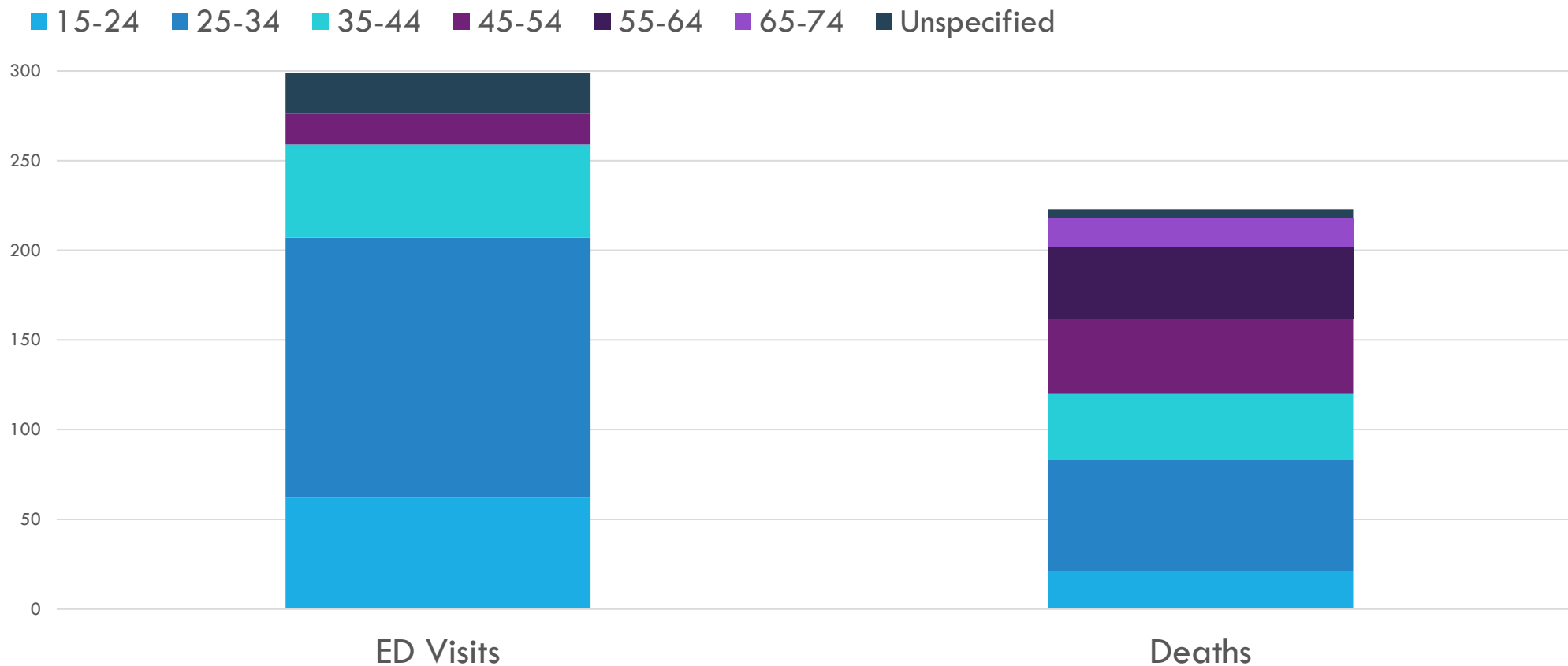


Rate of **male** and **female** impacts
2016 – 2021





GREATER AGE DIVERSITY IN DEATHS THAN EMERGENCY DEPARTMENT VISITS



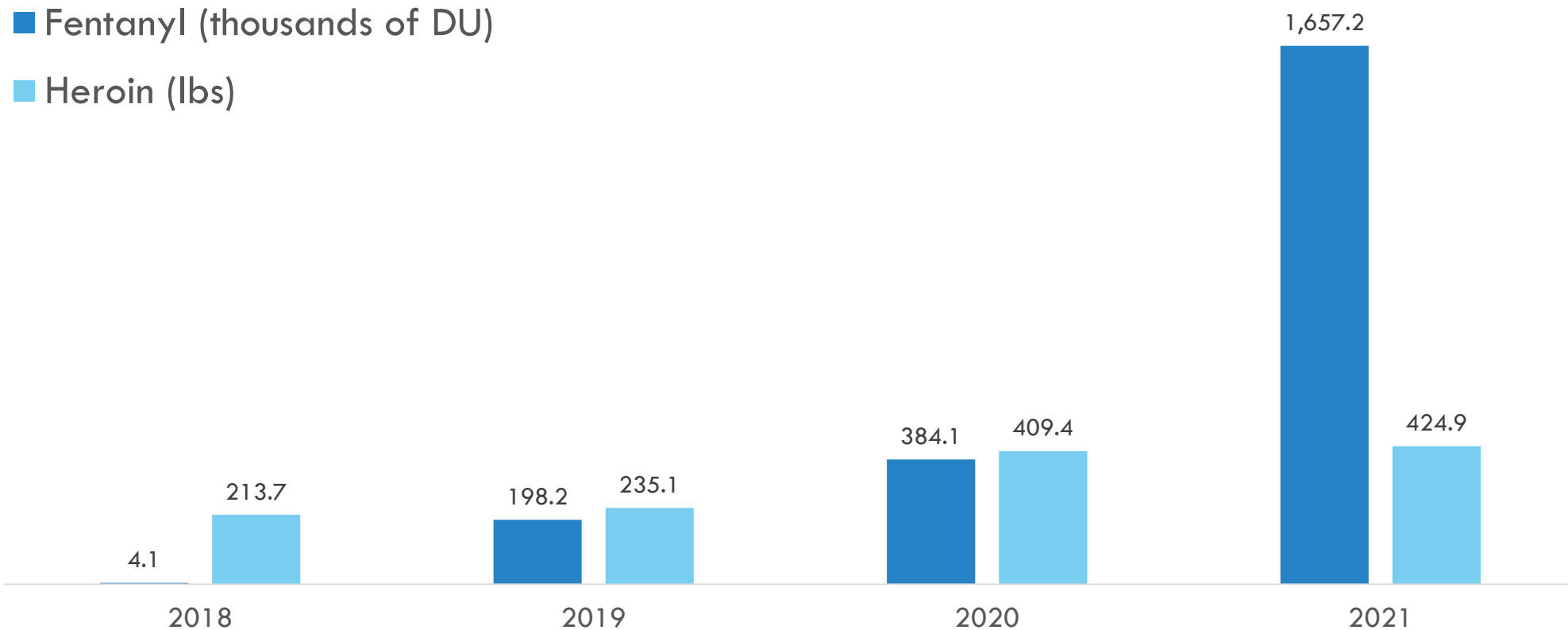


COMING INTO THE COMMUNITY

Criminal Justice
Fatalities



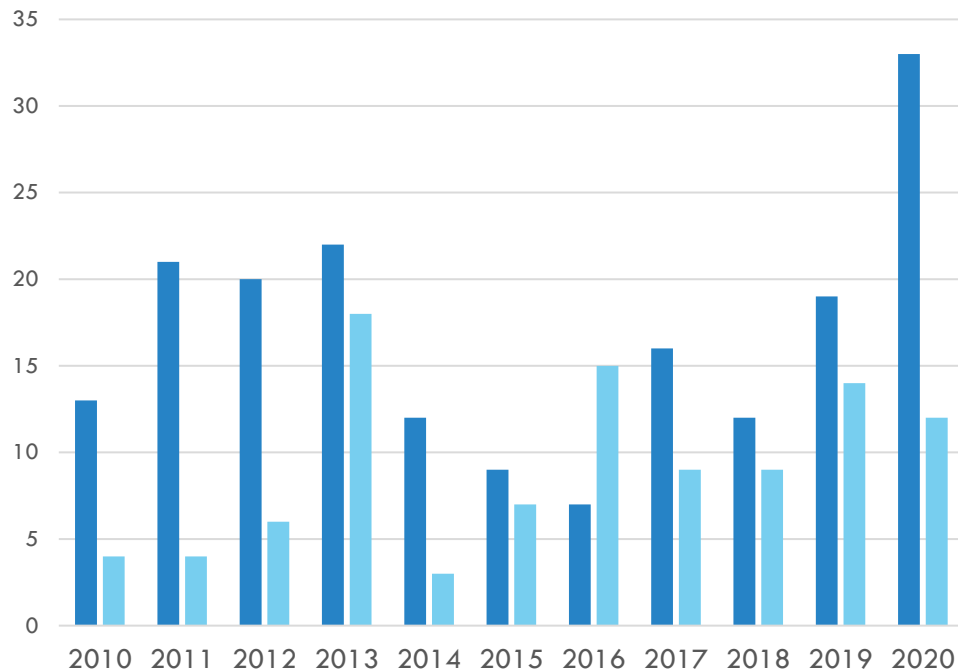
FENTANYL DRUG SEIZURES IN COLORADO INCREASING AT HIGHER RATES THAN HEROIN



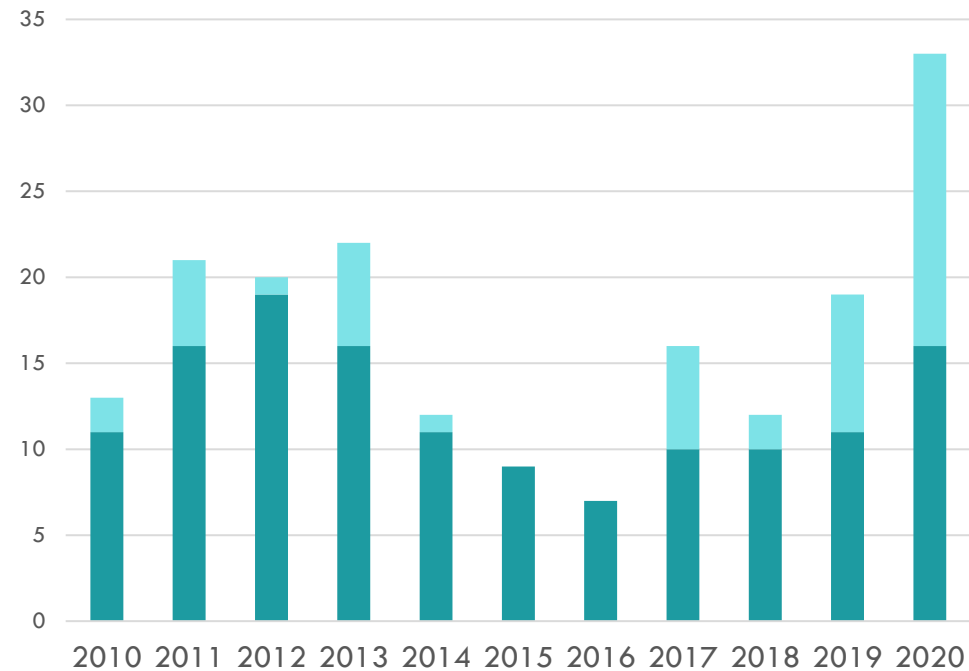


MORE DEATHS RELATED TO ANALGESICS THAN HEROIN

Deaths from opioid **analgesics** and **heroin**



Analgesic deaths **with** and **without** mentions of fentanyl





DATA SUMMARY

What's happening in the community?

- We need to keep an eye to shifting trends in gender and racial disparities

What's coming into the community?

- Fentanyl is on the rise in seizures and deaths



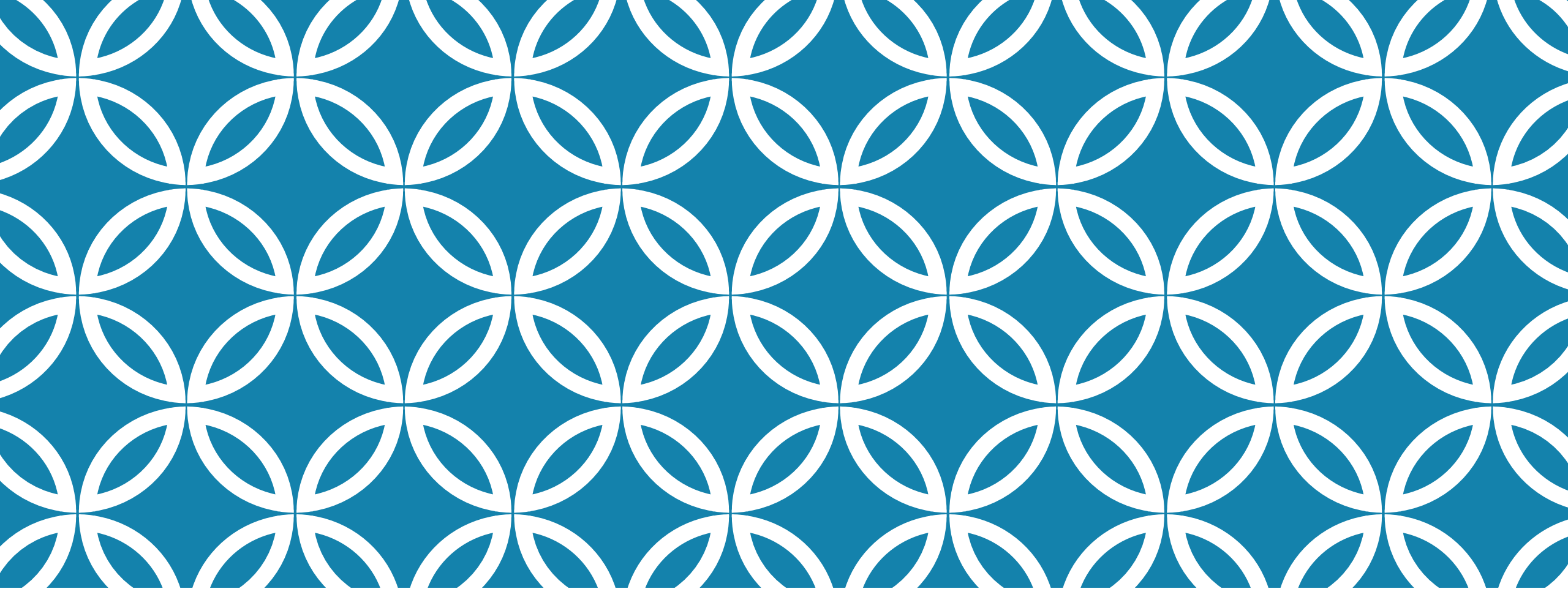
LANDSCAPE ANALYSIS SUMMARY

Strengths

- Collaboration and partnership

Weaknesses

- Workforce shortages
- Lacking services and remaining stigma
- Inequitable access channels



OPIOID OPERATIONS ADVISORY BOARD

Pathway to Recommendations

BOULDER COUNTY OPIOID OPERATIONS ADVISORY BOARD

BCROC Agency Representatives:

Jennine Hall, Boulder County Co-Responders

Trina Faatz, Boulder County, SUAG facilitator

Monica Rotner, Boulder County Criminal Justice Services

Elaina Shively, Boulder County District Attorney's Office

Nicholas Goldberger, Boulder County Drug Taskforce

Allison Bayley, Boulder County Public Health

Georgia Babatsikos, Boulder County Public Health

Shannon Bryan, Boulder County HHS, IMPACT

Wendy Schwartz, City of Boulder, HHS

Hilda Zamora Hursh, City of Longmont Children, Youth and Families

Community Representatives:

Ronnie Vasquez, Mental Health Partners

Becky Milanski, Recovery Café, PWLE

Mila Long, Denver Recovery Group, PWLE

Joel Ricklefs, student, PWLE

Janet Rasmussen, Clinica Family Health

Staff Support:

Lisa Moreno, Kelly Veit, Marcy Campbell,
Tucker Eurman, Jim Adams-Berger

OPIOID OPERATIONS ADVISORY BOARD MEMBER QUESTIONS

1. Do BCROC members support the current slate of representatives?
2. Is there a desire to explore adding participants or making changes to the current slate, including the addition of other non-governmental agency representatives?

Note, we recognize there is currently no representative from Nederland

Jennine Hall, Boulder County Co-Responders

Trina Faatz, Boulder County, SUAG facilitator

Monica Rotner, Boulder County Criminal Justice Services

Elaina Shively, Boulder County District Attorney's Office

Nicholas Goldberger, Boulder County Drug Taskforce

Allison Bayley, Boulder County Public Health

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Wendy Schwartz, City of Boulder, HHS

Hilda Zamora Hursh, City of Longmont Children, Youth and Families

WHY A SHOVEL READY STRATEGY?

Short timeline for Plan

Building on previous work

Shovel Ready Definition:

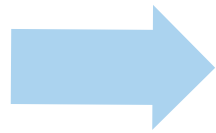
- Fits into the approved purposes
- Serves high acuity needs
- The dollar request is known
- Is an existing program about to expire or needs to expand, but has no funding; or
- Is a new, ready to launch, program that requires additional funding.

PATHWAY TO RECOMMENDATIONS

Landscape Analysis

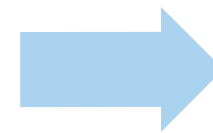
Strengths & Weaknesses

- Prevention/Education
- Harm Reduction
- Treatment
- Criminal Justice
- Recovery



How to Allocate the Funds?

- All Approved Purposes should receive some funds



Where Is the Biggest Need?

- Treatment (67%)
- Criminal Justice (17%)
- Prev/Educ (8%)
- Recovery (8%)

SCORING CRITERIA

Addresses a critical gap in services: The degree to which the program addresses a known service gap in the opioid service delivery continuum

Addresses Equity: Program approach addresses known barriers to service access or approach through language, approach to service delivery and/or population focus

Demonstrates Proximity to Opioid Use Disorder including other Substance Use Disorder that are impacted by or lead to OUD

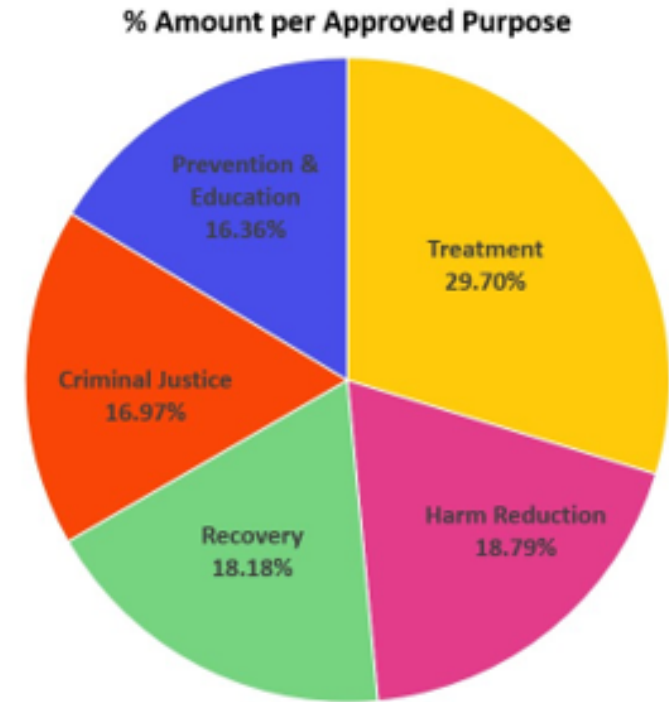
Geographic representation: The degree to which the effort reflects the specific needs of identified harder to serve geographic areas in the county and are locally accessible

Realistic financial request: The degree to which a program is realistic in scope relative to the amount of available funding

KEY OPERATIONS GROUP RECOMMENDATIONS

- **Seek to invest full \$1.8 in Yr-1**
- **Provided Ideas for Ways to Spend Any Unallocated Dollars**
- **Use the % from Approved Purpose Ranking to allocate**

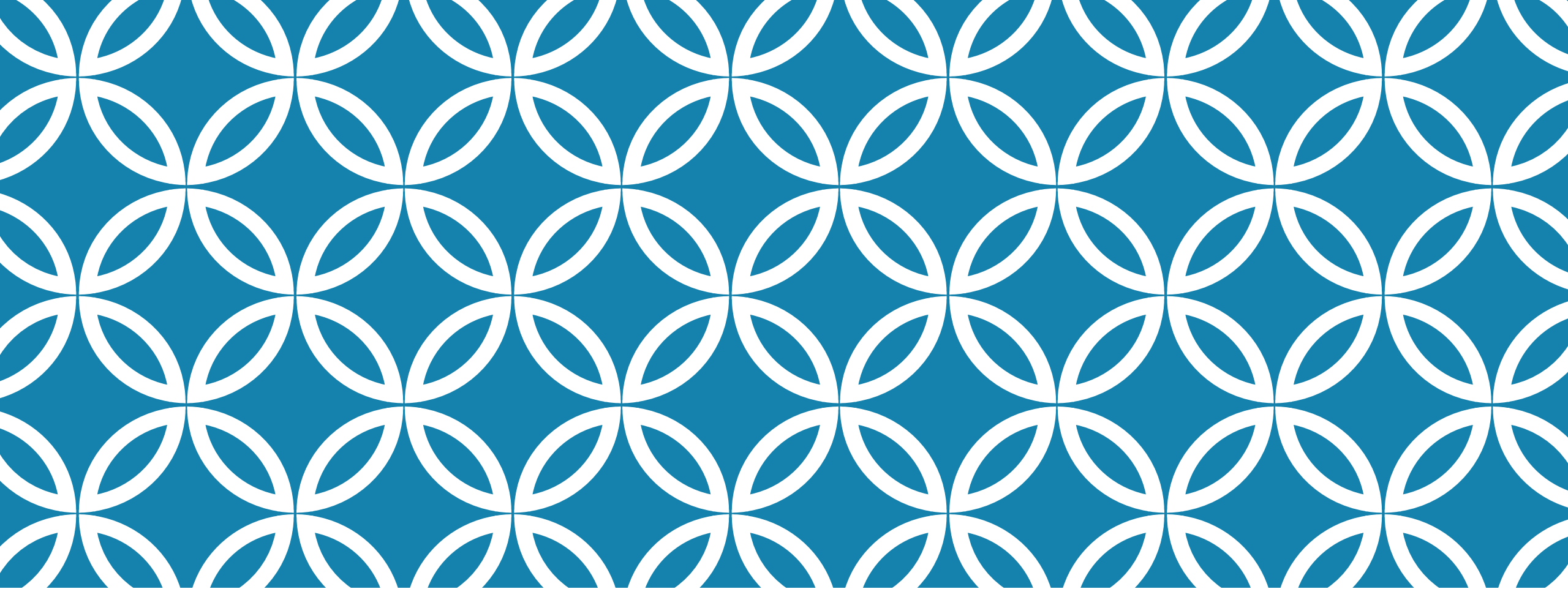
Do you agree with the previously determined ranking of Approved Purposes, or would you like to re-rank them?



FOUR WORKGROUPS- FINAL RECOMMENDATIONS

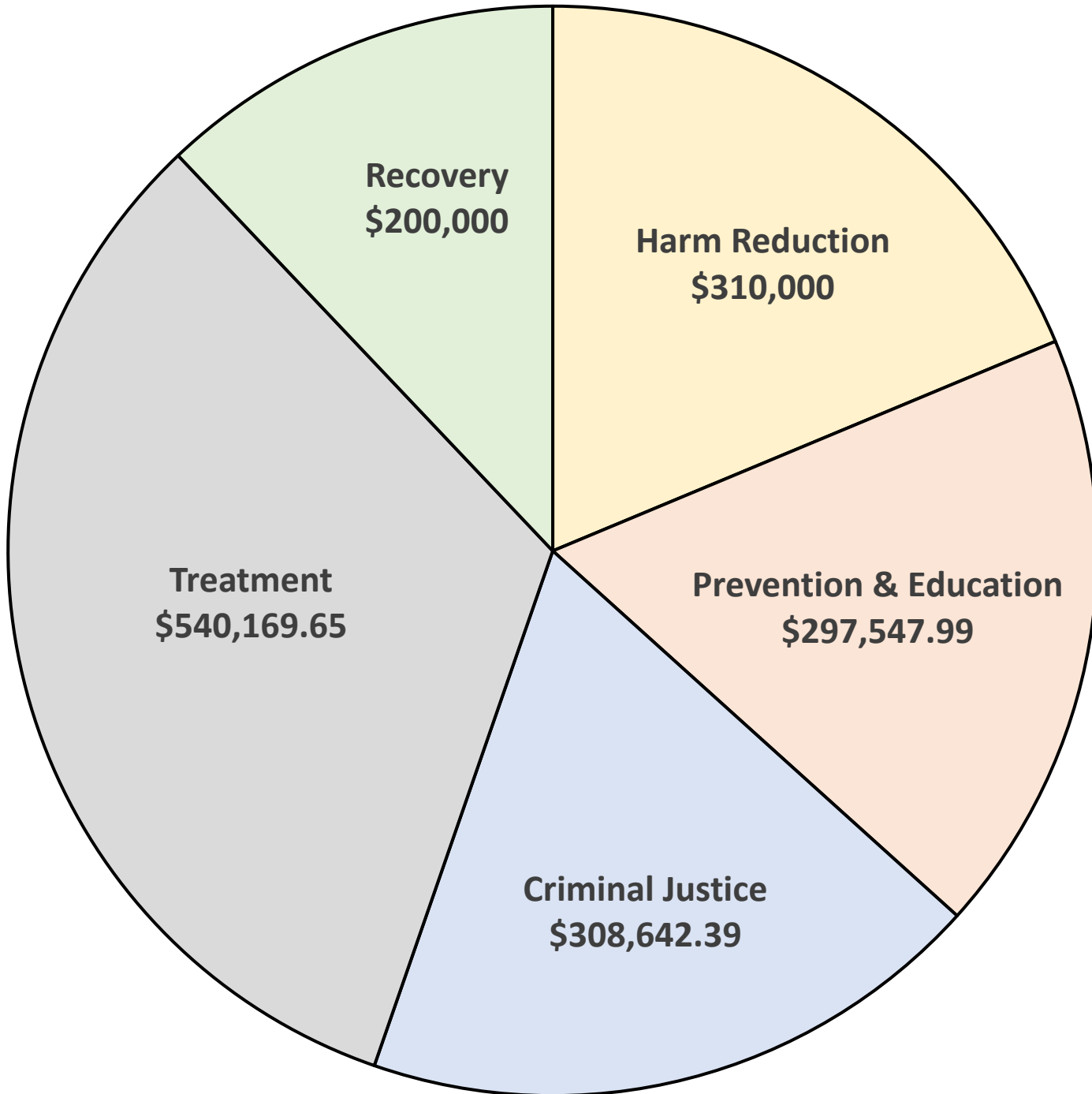
Original Funding Requested:	Final Funding Recommended:
\$3,212,186	\$1,656,360.03
Total Variance Between Requested and Available:	Total Variance Between Requested and Available:
(\$1,393,432.98)	\$162,392.99

- 25 Projects
- \$162,393 under total available



**BOULDER COUNTY OPIOID OPERATIONS BOARD
PROGRAM FUNDING RECOMMENDATIONS**

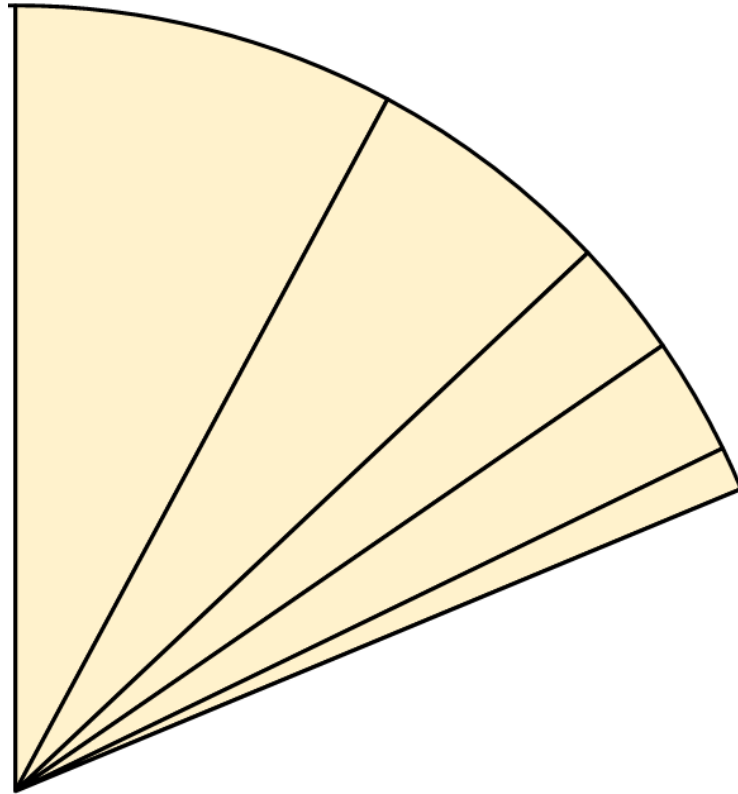
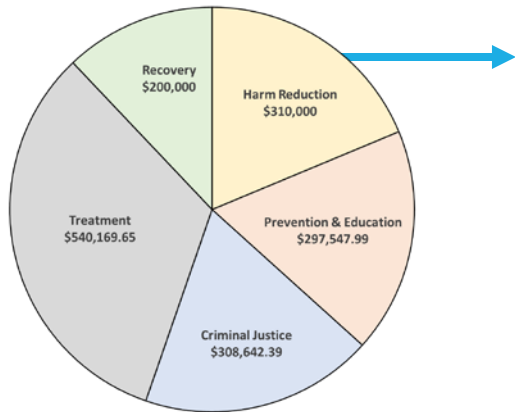
Shovel Ready Projects



**Total Year-1 Funding:
\$1,656,360.03**

**Unallocated:
\$162,392.99**

HARM REDUCTION

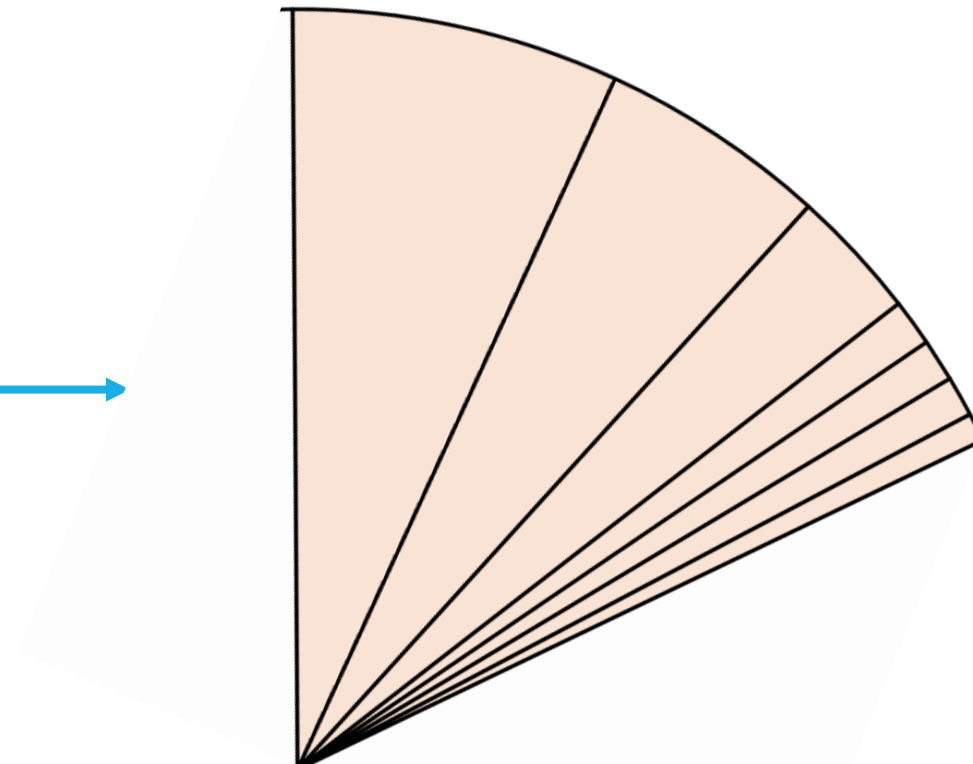
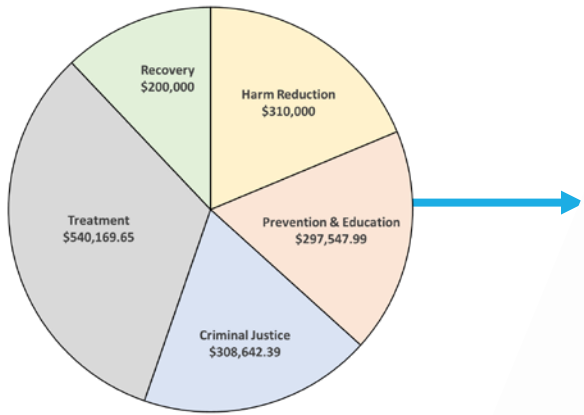


**Funding Amount:
\$310,000**

5 Programs

Program Name	Jurisdiction / Owner	Funding Amount
Harm Reduction Coordinator	Boulder County Public Health	\$130,000
BCPH Harm Reduction Staff at MHP Crisis Center	Boulder County Public Health	\$85,000
Overdose Prevention Vending Machines	Boulder County Public Health	\$40,000
City of Longmont Parenting Support	City of Longmont Children, Youth, and Families	\$40,000
Harm Reduction Supplies and Servicing	Boulder County Public Health	\$15,000

PREVENTION & EDUCATION

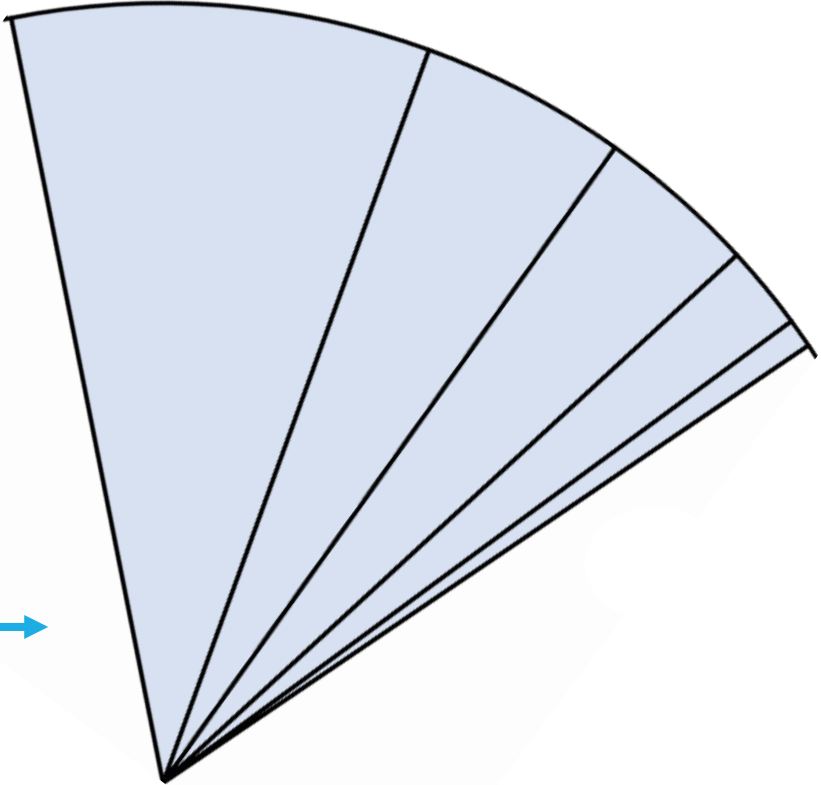
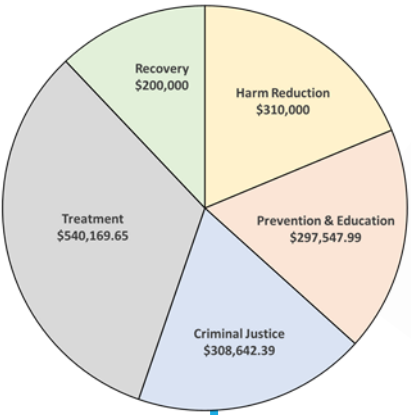


Funding Amount:
\$297,547.99

7 Programs

Program Name	Jurisdiction / Owner	Funding Amount
Community Narcan Web	Boulder County Public Health	\$115,247.99
MHP Community Health Workers	Mental Health Partners	\$80,600.00
Expand Youth in Recovery Program	Youth in Recovery	\$46,000.00
Community AcuDetox / AcuWellness	Natural Highs	\$16,500.00
MHP Community Health Worker Training	Mental Health Partners	\$15,000.00
Substance Use Advisory Group: SUAG	Boulder County Community Services	\$14,200.00
PSA and Social Media Campaign	Boulder County Public Health	\$10,000.00

CRIMINAL JUSTICE

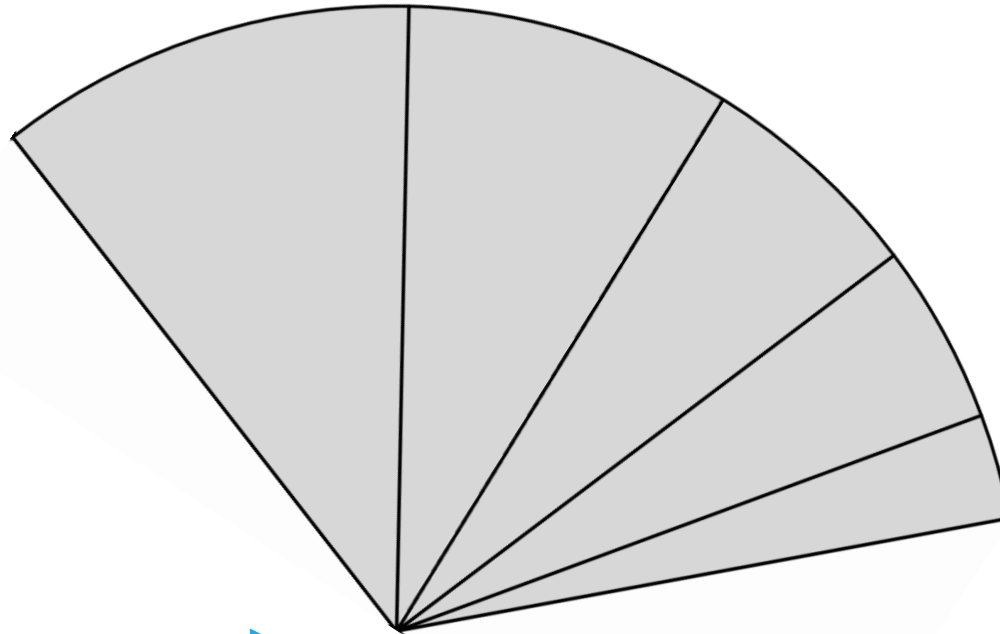
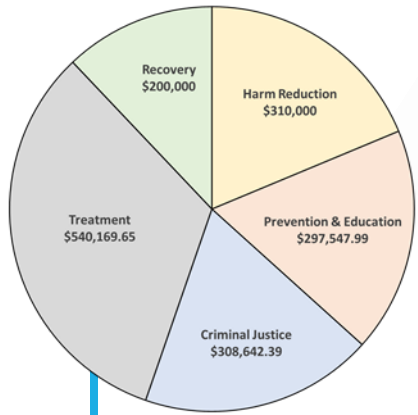


**Funding Amount:
\$308,642.39**

5 Programs

Program Name	Jurisdiction / Owner	Funding Amount
JMAT	Boulder County Sheriff's Office	\$143,392.39
Investigation Equipment: Cellebrite Premium	Boulder County Sheriff's Office	\$71,250.00
Opioid Case Manager	Boulder County Sheriff's Office	\$55,000.00
Investigation Equipment: TruNarc	Boulder County Sheriff's Office	\$29,000.00
Investigation Equipment: Graykey	Boulder County Sheriff's Office	\$10,000.00

TREATMENT

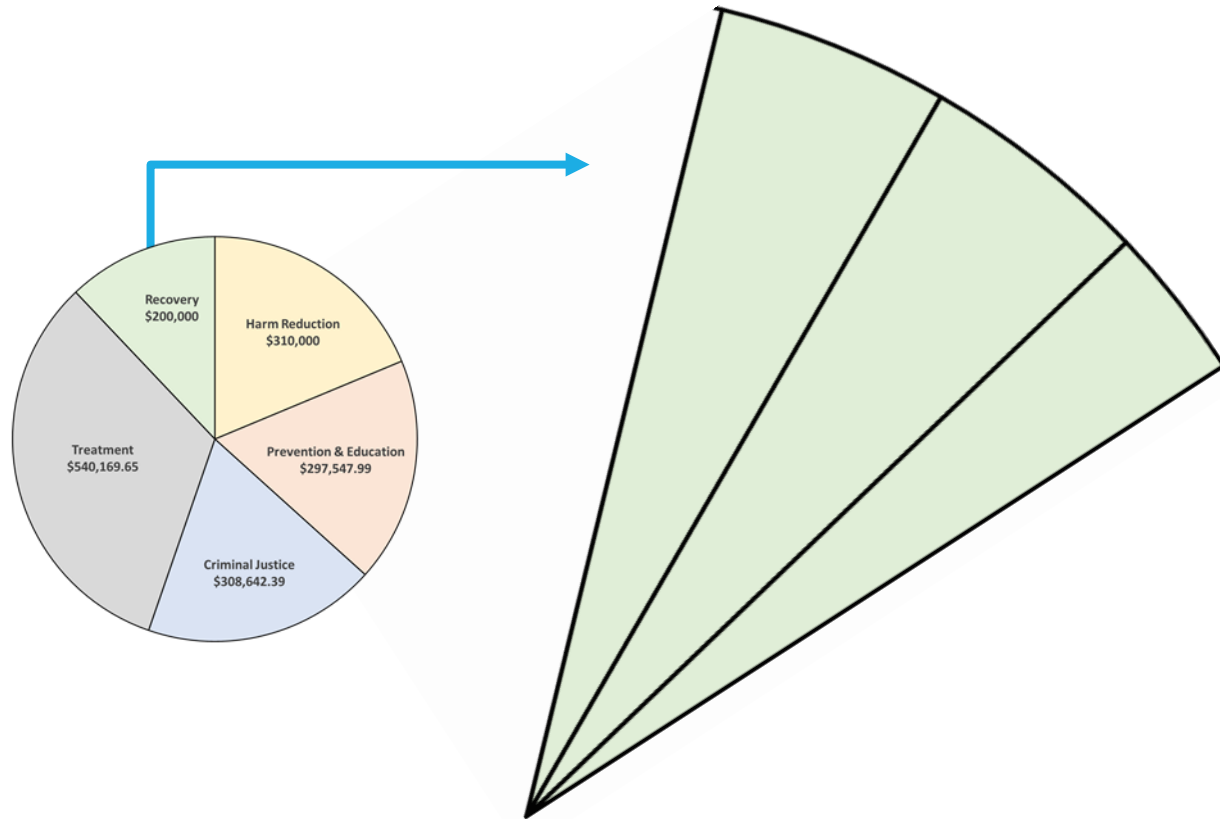


**Funding Amount:
\$540,169.65**

5 Programs

Program Name	Jurisdiction / Owner	Funding Amount
MHP MAT Expansion Project	Mental Health Partners	\$180,000.00
COAP / MAT Support	Boulder County Community Justice Services	\$140,000.00
REWiND	City of Longmont Children, Youth, and Families	\$98,052.00
LEAF Mental Wellness & Addiction Recovery	LEAF Lyons	\$77,177.65
Restart Studio	Restart Studio	\$45,000.00

RECOVERY



**Funding Amount:
\$200,000**

3 Programs

Program Name	Jurisdiction / Owner	Funding Amount
City of Longmont LEAD Program	City of Longmont Public Safety Case Management Department	\$75,000.00
Pride in Recovery	Out Boulder County	\$75,000.00
Adventure Recovery	Adventure Recovery	\$50,000.00

RECOMMENDATIONS FOR REMAINING UNALLOCATED FUNDS

OPIOID OPERATIONS BOARD

Funding should remain
in the Recovery
Approved Purpose

Create an RFP for
programs not already on
the Shovel-Ready List

Reserve some funding
for administrative costs

Distribute between
programs chosen to
receive partial funding

Distribute to programs
hiring staff to ensure
salary range attracts
bilingual/bicultural
applicants

Reserve funding to
supplement any
programs if needed

Fund programs on the
Aspirational List

Fund evaluation of
investments



BCROC PROJECT REVIEW

Next Steps



APPROVED PURPOSES – COST CROSSWALK

Colorado Opioid Settlement Tracker (COST) - Colorado Opioid Abatement Council's online database for tracking regional and local opioid settlement funds, inputting required plans and funding requests, and submitting materials such as annual expenditure reports.

Original Approved Purpose Areas

- Prevention / Education
- Harm Reduction
- Criminal Justice
- Treatment
- Recovery



COST Categories

- Treatment
- Prevention
- Other

- Multiple nested sub-categories

PLAN DATES / PROCESSES

- Year 1 Plan Submission Dates: 9/15/22; 11/1/22; 12/15/22 (annual submissions thereafter on 9/15)
- Amendment of First plan: 3/15/23
- Expenditure amounts by sub-category — roll up to three areas
- Up to 10% can be used for administration
- Money may be re-allocated between different categories so long as the funding request doesn't change
- Amounts may be adjusted during the amendment periods

PROGRAM INFORMATION PACKET

SUMMARY OF PROGRAMS

Approved Use Section			Section Total
Approved Use Area	Program Name	Owner / Jurisdiction	Funding Amount
Additional Areas			Approved Use Total: \$125,250.00
First Responders	Investigation Equipment: Cellebrite Premium	Boulder County Sheriff's Office	\$71,250.00
	Investigation Equipment: TruNarc	Boulder County Sheriff's Office	\$29,000.00
	Investigation Equipment: Graykey	Boulder County Sheriff's Office	\$10,000.00
Staffing and Training	Community Health Worker Training	Mental Health Partners	\$15,000.00

Approved Use Area

Program Name

Program Administrator

Funding Amounts

PROGRAM INFORMATION PACKET

SUPPLEMENTAL PROGRAM INFORMATION

Treatment	
Program Name	Program Description
Jail MAT	Sustain the delivery of MAT services in the Jail. Currently, MAT is provided to all people in custody who have been assessed by the jail to have an Opioid Use Disorder. There is not sufficient funding to continue the injections for the full year. The Jail Medication Assisted Treatment Program is comprehensive and offers individualized assessment, planning, individual and group therapy, as well as FDA approved medications for the treatment of OUD.
Comprehensive Opioid Abuse Program/MAT Support	Sustain the Boulder County Comprehensive Opioid Abuse Program (COAP). Funding for MAT in the jail and COAP is the highest priority for the criminal justice stakeholders in the county. There is no new funding currently identified for the COAP program. Boulder County Community Justice Services and the Boulder County Jail partner to provide Medication Assisted Treatment (MAT) in the Boulder County Jail. The jail provides the medication component while CJS supports the treatment side of the program. This is an existing program to provide therapeutic and case management support to opioid users.
REWIND	Expand the City of Longmont's REWiND Program by adding one FTE Bilingual Licensed Addiction Counselor. The REWiND program is a program for youth who have been or may be charged with violating a Longmont Municipal Ordinance. The main goal is to address delinquent behavior informally in the community to prevent subsequent offending. REWiND has specialized programs to better meet the needs of youth with mental health and/or substance abuse concerns. Youth are referred to the REWiND program for strengths and needs assessment and receive and evidence-based intervention, case management and parent support.
LEAD Program	Expand the City of Longmont's LEAD Program by adding one FTE Community Outreach Interventionist position. This position would connect community members to community-based resources. This initiative would support ongoing work by building infrastructure to support linking people to community partners, sharing information about access points to care, removing a community member from a stressful environment when appropriate, and building non-emergency response to other City Departments.
Opioid Case Manager	Expand the current half-time Opioid Case Manager position located in the Jail to be full time.
RestART Studio	Sustain the RestART Studio Program. RestART Studio offers free of charge substance use art therapy and recovery support for youth who have drug related police contact. Licensed art therapists and addictions counselors provide counseling, free of charge, to youth who have had police contact. The program is only half-funded for 2023.

Program Information



EXERCISE FOR NEXT MEETING

Goal: Determine if we can submit the first opioid plan based on the recommended projects / funding levels

Review Steps:

- Review projects by approved area
 - Determine if you have concerns about any specific projects
 - Determine if there are critical projects missing that you want to propose
- Review general allocation of dollars by approved areas
 - Determine if you would recommend changes in the general allocation process
- Identify where you have blocking concerns – what would have to change for you to approve funding amounts (note, we are not committing to the identified projects at this point)
- Despite there being \$451,071 more than what was anticipated, it is recommended that we start with the \$1.8 million in projects, which then allows us to bring forward \$1.4 million next year to sustain existing and fund new projects.

NEXT STEPS

- Setting the BCROC meeting
- Lingering Questions
- Comments for the Good of the Order