

Boulder County Substance Use Advisory Group

Wednesday, October 19, 2022

9:30-11:30 am

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

9:30 Introduction and Community Announcements

Community Announcements:

- Public Space Recomaction - City of Boulder (harm reduction with unhoused population);
- Hector Gonzales - Peer support specialist with MHP
- Colorado Consortium of Prescription Drug Abuse Prevention is hosting their Annual Meeting on October 27th via ZOOM - <https://corxconsortium.org/events/2021-annual-meeting/>
- Rocky Mountain Crisis Partners has started their 988 initiative where you can dial this number and get connected to mental health and substance use support/services and resources: <https://rmcrisispartners.org/>
- Community Medical Services will be opening a location in Aurora, Colorado (MOUD program), please reach out to Michele Ryan (michele.ryan@msgiveshope.com) if you have any questions!
- SmartRecovery will begin hosting meetings at Recovery Cafe in Longmont starting on November 9th (weekly meeting for people in recovery). This will be on the [Recovery Cafe website](#) soon.
 - In the future, SmartRecovery hopes to start a family and friends meeting.
- Reach out to Amanda Wroblewski (awroblewski@bch.org) and Taylor Bister (tbister@bch.org) if you need help navigating folks through treatment and support service needs

10:00 Peer Specialist Panel

Chris Ray, Peer Recovery Specialist, The Health Partnership in Steamboat Springs
(cray@ncchealthpartnership.org)

The Health Partnership: Why hospitals?

- The connection that you can have with doctors, nurses, administration, etc. is very important for individuals who are in recovery and who spend a lot of time in hospitals
- The Health Partnership started their Peer Recovery Team during COVID, and their first challenge was having clients to work with as well as ensuring there was awareness of

this program (passing out fliers, talking out in the community, meeting connections at the hospital to spread the information of this growing program).

- Since the pandemic has slowed down, there has been more in-person connections with the clients that the coaches meet with. Their goal is to go in there, sit with the individual, and listen to them. They do not try to fix/solve their problems, just listen to what they NEED and WANT to do.
- The power of connection has brought all of these events and outreach into full circle - being able to do barbeques, yoga, hikes with community members allows their team to connect to a greater circle of individuals who are in recovery (enhancing their REACH).
- Additionally, THP will be working to start a Recovery Friendly Workplace Initiative, representing Northwest Colorado

Questions:

- Are you seeing those with Cannabis Addiction/Use Disorder receiving Peer Recovery Coaching/treatment?
 - I have only had one person that has dealt with this type of condition, but have not seen anything outside of that. Please feel free to reach out to Chris (email above) if you have relevant questions or visit the [Health Partnership website](#) or their socials: SoBoat Steamboat (on Facebook and Instagram).

James Gannon, Director of Programs, Advocates for Recovery
(JamesGannon@advocatesforrecovery.org)

Laura Allem, Peer Coach, Swedish Medical Center (lauraallem@advocatesforrecovery.org)

The Importance of Peer Recovery/Advocates for Recovery Approach:

- In the hospital setting, individuals in recovery are oftentimes disregarded and not provided the same level of care. The main obstacle is finding a peer that is dedicated to their recovery as well as an organization that is consistently providing support and follow-up to these people.
- AFR's first approach was to take data from the ED/Hospital and figure out what were the days of the week that had the highest volume of discharges for SUD, OUD, or alcohol discharges. Discharge data was crucial for them to know where needs were.
- AFR works on the vision that the individual gets to define what recovery is: We see the human, not the patient.
 - This entails asking them what they want in their engagement with the coach, building trust, and allowing the person to choose their pathway.

- Over time, their team has learned to provide consistent reminders to head nurses and doctors that the coaches are there so that they can stay connected to those in recovery and sustain a long-term relationship with the hospital staff.
- AFR works to follow-up with patients once they leave the ED. This means showing them support outside of the hospital so that they know they have a community to lean on.
- Additionally, the team has provided a referral website to doctors, nurses, and providers that can add people who are in recovery/want coaches within the portal and have someone come visit them within 24 hours.

Questions:

- Are there chances for peer connection in other areas of the hospital? Like moms who identify with substance use prior to giving birth?
 - We have done work with the NICU, hospital wide, and other departments. Given the fact that we are known throughout the entire hospital, we have become a part of family medicine where MAT is hosted in. So we have the opportunity to connect such individuals to these services earlier on.

Racquel Garcia, NCPRSS, YRC, CAC, CEO/Founder of Hard Beauty.Life (racquel@hardbeauty.life)

Hard Beauty Background:

- Entails two programs
 - [Discover Your Recovery](#) - a free LIVE virtual platform of recovery meetings, workshops, book studies, and recovery tools for individuals to try!
 - Stepping Stones Recovery - MAT supported
- There are 24 coaches all over the state of Colorado following a mission of advocating for justice, equity, diversity, and inclusion so that those of color can also feel supported in their recovery journey and to treat them with dignity and respect.
- They also prioritize the “power of peer” - it doesn’t matter what level you are, you advocate and show up for the people that you come in contact with.
- Ongoing programs: yoga 2-3 days a week, sister circles (for any woman / any color) starting soon, online reiki
- [Hard Beauty Website](#)

Mila Long, CAC, Peer Recovery Coach, Acupuncture-Detox Specialist, Denver Recovery Group (milalong14@gmail.com)

Peer Support Services Program (DRG):

- Funded by Mental Health Partners (1 year grant that is hoping to continue after the grant year).
- Will be an Opioid Treatment Program (specifically providing methadone and suboxone)
- Goals of this new position/grant:
 - To continue working on breaking the stigma with SUD and OUD and destigmatizing MAT services
 - Making sure people can find the right fit to their own recovery needs
 - Expanding recovery resources/services as well as reach more people and find the ways to meet others we may not be in contact with
 - Fill in missing gaps

11:10 [HB22: 1326](#) Fentanyl Bill Update

Jose Esquibel, Executive Director, Colorado Consortium of Prescription Drug Abuse Prevention
(jose.a.esquibel@cuanschutz.edu)

Fentanyl Bill & Updates from the Consortium:

- \$20 million dollars has been allocated to the Bulk Fund. If you are eligible to apply to the Bulk Fund, please do as there has been an increased eligibility to becoming a part of the fund/access to naran.
 - More Kloxxado has become available
- Opioid overdose deaths are slightly declining this year but are still higher than the past years. The provisional data for the first part of the year (from CDC) has shown a slight decrease...but this information is not substantial enough. All counties must keep tracking this data to see where the trends go.
- Starting July 2023, there will be a mandate that jails must provide MAT to clients that come through the system. If they have OUD, they must be provided this medication
- Bigger jails such as Boulder and Denver have ramped up their efforts to be able to do this because of funding from JBBS. Funding for technical assistance will be available to any jails. The County Sheriffs of Colorado is preparing for folks to implement MAT & ensure continuity of treatment.

Good Samaritan:

- There will be an official statement coming out about the Good Samaritan Law in early November.

- There was an oversight that neglected to link the law to a new law on penalties for possessing less than 4 grams of fentanyl (to good samaritan).
 - If people call 911 to report an overdose, they were supposed to be offered immunity. Now, there is no immunity if they possess 4 grams or less. This has to get fixed legislatively.
- There will also be a statement provided with guidance. All those that are working in Harm Reduction will need to provide support and guidance on how people can stay safe because they could be prosecuted if they are carrying any substance containing fentanyl.
- Recommendation: Harm Reduction will need to have a conversation with their local DA to understand how the DA is going to handle these situations. Every DA has their own discretion as to how they are going to arrest people. There is no blanket immunity at the state level, but DA's will have county control.
- Boulder County's DA will not utilize any loopholes or opportunities that may exist in order to prosecute people with fentanyl, but further conversations will need to be had.

11:20 Denver Fentanyl Summit Recap

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

Peggy Jarrett, Regional Director of Community Health Improvement, Intermountain Healthcare/ Good Samaritan Medical Center (peggy.jarrett@sclhealth.org)

Recap:

- All of the recorded Fentanyl Summit Sessions and presentation slides are available at this [link!](#)
- One of the most interesting presentations was from Ben Weshtoff, an investigative journalist who has studied the fentanyl epidemic.
 - China has been one of the biggest entities that led to the precursors of the fentanyl epidemic
 - They can mass produce all of these prescriptions (a lot of which are legal) and ship it to the US. IN order to learn more about the precursors to fentanyl, how it is manufactured, and what these operations are - please follow the link above.
- Modeling the Impact of increasing fentanyl possession presentation - was done by people from Yale School of Public Health and Colorado School of Medicine. This study/simulation was done in order to understand what could happen if fentanyl increases among our population (what the costs associated, arrests, and consequences could be).
 - <https://savinkina.shinyapps.io/FentanylPolicy/>

