

**Heroin Response Work Group
March 15, 2019
Meeting Minutes**

Call to Order, Introductions, & Approval of Previous Meeting Minutes:

Lindsey Myers called the meeting to order and requested a motion to approve the November 2018 meeting minutes. A motion was made, seconded, and carried to approve the meeting minutes.

Meeting Participants:

Phil Weiser, Attorney General
Jose Esquibel, Attorney General's Office
Tom Gorman, RMHIDTA
Lindsey Myers, CDPHE
Chief Troy Davenport, Pueblo
Rob Valuck, Consortium
Gina Olberding, Consortium
Tyler Payne, Consortium
Susanna Cooper, Consortium
Jen Place, Consortium
Jessica Eddy, Consortium
Michael Davidson, Consortium
Rachael McLaughlin, Rocky Mountain Crisis Partners
Allison Rosenthal, CDPHE
Rick Brandt, Association of Chiefs of Police
Christine Zeitvogel, Pueblo LEAD
Cindy Carter
Tracy Cruz, AmeriCorps
Shayna Micucci, CDPHE
Chief of Staff RMHIDTA
Boulder County Jail
Boulder County Sherriff's Office
Colorado National Guard

Prevention Association Update:

Tom Gorman provided an update on the formulation of a statewide association. Several meetings have been held with SAMHSA and public health officials. A survey will be distributed to approximately 3,000 community members. Helping Hands is assisting with crisis center calls.

Lindsey Myers announced that the second half of the meeting would consist of interviews facilitated by the Health Management Association. Meeting participants will separate into three groups: law enforcement, treatment/recovery, and other. The breakout sessions will involve tabletop exercises related to drug-related emergency preparedness.

Other Updates:

The Boulder County jail is getting ready to start a MAT program. The Consortium Treatment Work Group has also been focusing on MAT in jails. Rob Valuck reported that much progress is being made.

Thirty-five police departments in Colorado are now using OpiRescue in some form. In addition to reversals, OpiRescue tracks workforce capacity and naloxone supplies. The Attorney General's office is funding the program. Funding also covers licensing agreements. An OBH grant is funding naloxone kits.

Good data regarding overdoses is lacking. Different systems are used for tracking, which has contributed to the problem. The systems should be merged.

Attorney General's Office Update:

Attorney General Phil Weiser spoke about the necessity for a multi-disciplinary effort to combat the opioid crisis. Colorado is one of the highest states for Narcan use. The attorney general mentioned that his wife, a physician, has worked on a protocol adopted by two-thirds of all emergency room departments in the state. The protocol has resulted in a 61% decline in ER opioid prescribing.

He also spoke about his discussions with a number of people around the state who have been impacted by the opioid crisis. His office wants to support the opioid crisis effort through various programs, including pre-arrest diversion programs that provide individuals the opportunity for treatment rather than jail. He is also well aware of the shortage of substance abuse counselors.

Some of the plans to address the criminal justice system include:

- Public health awareness
- Management of the supply chain
- Pharma lawsuits against drug companies promoting opioids
- Use of lawsuit proceeds to fund drug treatment and recovery

He asked that work group members let him know if the AG's office should be addressing any other areas. The opioid crisis is a top priority for the AG's office; the HRWG can help coordinate AG office efforts.

Other issues the AG's office plans to address with the legislature include:

- The nursing shortage (a possible loan repayment assistance program for nurses who agree to work in a rural area for a period of time)
- Reciprocity (difficulties encountered by individuals transferring credentials from another state)
- Restrictive licensing requirements
- Improvement in facility licensing
- Including the methamphetamine issue along with the opioid crisis
- Parity issues

Rob Valuck commented that methamphetamine addiction is one of the most difficult to treat. MAT works well for opioid addiction, but not for methamphetamines and cocaine.

Judy, with Denver Health, spoke about the necessity of referring individuals to support services. Denver Health has referral programs. She will share this information with meeting participants.

Boulder County just received grant funding that will be used to develop a “warm handoff” program within community justice services.

A brief discussion was held regarding improving data collection with the use of OpiRescue.

A question was raised regarding the targeting of higher-level drug traffickers. This type of project requires federal and local-level collaboration and resources. Chief Davenport felt that communication is key and that can be accomplished by assigning local task force officers. He also mentioned that federal forfeiture funding is important to local agencies.

Future Work Group Projects:

Tom Gorman asked work group members to identify future work group projects that will have an impact. He suggested the work group meet quarterly rather than every other month. After a brief discussion, it was agreed meetings will be held on a quarterly basis. This meeting schedule will allow more time for members to work on projects in between meetings. Sub-committees can be formed to work on assigned projects. Rob said projects could also be delegated to Consortium staff.

Jose Esquibel suggested the work group prepare for the upcoming session of the Interim Study Committee, which will be held in July. Ideas put forth could potentially inform policy.

Focus Group Sessions: Community Response to Opioid Issue

Meeting participants divided into three separate focus groups: law enforcement, treatment/recovery, and other. Only one focus group remained in the main meeting room.

The focus group leader explained that a “table-top” exercise is a discussion-based disaster preparedness activity that takes participants through the process of managing a simulated crisis scenario. Once all of the participant input is evaluated, a tool kit will be assembled and disseminated to local communities throughout the state.

The following questions and comments were noted:

1. What are your perspectives in addressing the opioid crisis?
2. There are issues with the crisis line.
3. Parents do not fully grasp the issues and do not ask questions.
4. Parents assume that if a doctor prescribes a medication, it must be okay.
5. Individuals in crisis are totally lost.

6. Individuals exiting jails who have been on MAT may not be able to access services or are not followed properly through treatment and recovery.
7. Harmony Centers provide a good communication venue.
8. One member mentioned that Sober Living facilities housing women with children are a problem.
9. How can individuals be helped to taper their prescription medications?
10. Mental health must be considered.
11. There is still a stigma attached to MAT.
12. There are cultural differences within different communities and also between urban and rural communities; example: incarceration vs. treatment; some view addiction as a moral failing.
13. There is a disparity in availability of resources; the success of a diversion program depends on the availability of resources.
14. Local politics have an effect on a community's response; local government support is required.
15. Key partners in the community should be identified; influential individuals in the community can help change perceptions.
16. It is important to have "action-oriented" people at the table.
17. All sectors of the healthcare community should participate; however, this is rare – even at the state level.
18. Peer recovery coaches are important connections within the community.
19. What insight can public defenders (especially those in juvenile court) bring to the issue?
20. It is important to make the public aware of the addition of fentanyl in drugs.
21. What can happen if a "pill mill" is suddenly shut down? Some patients are legitimately obtaining their medications. How can the community handle this situation? Rob Valuck mentioned that the State of Maryland has established a plan for this type of situation (a community response team involving public health strategies and crisis services).
22. Does local public health have a way to identify secondary vulnerable populations impacted when there is a larger crisis (i.e., elderly population during Hurricane Katrina, Spanish-speaking population, grandparents raising children who have been affected by SUD, those living in poverty, etc.).
23. Stigma related to harm reduction and needle exchange is still a major issue.

The meeting adjourned at 2:43 p.m. The next meeting will be held on Friday, June 21, 2019.