

Status of Signatures on Statewide Opioid MOU/Settlement Documents (for Distributor and J&J Settlements)

All counties have signed!!!!!!!!!!

Many cities have signed!!!!!!!!!!

Anticipate that will reach required 95% threshold for
Colorado entities soon!!!!!!!!!!

Anticipate that will reach a critical mass of states joining
in settlement soon!!!!!!!!!!

Opioid Settlement Funds – How Distributed Per MOU

10% - to state

10% - to statewide infrastructure fund

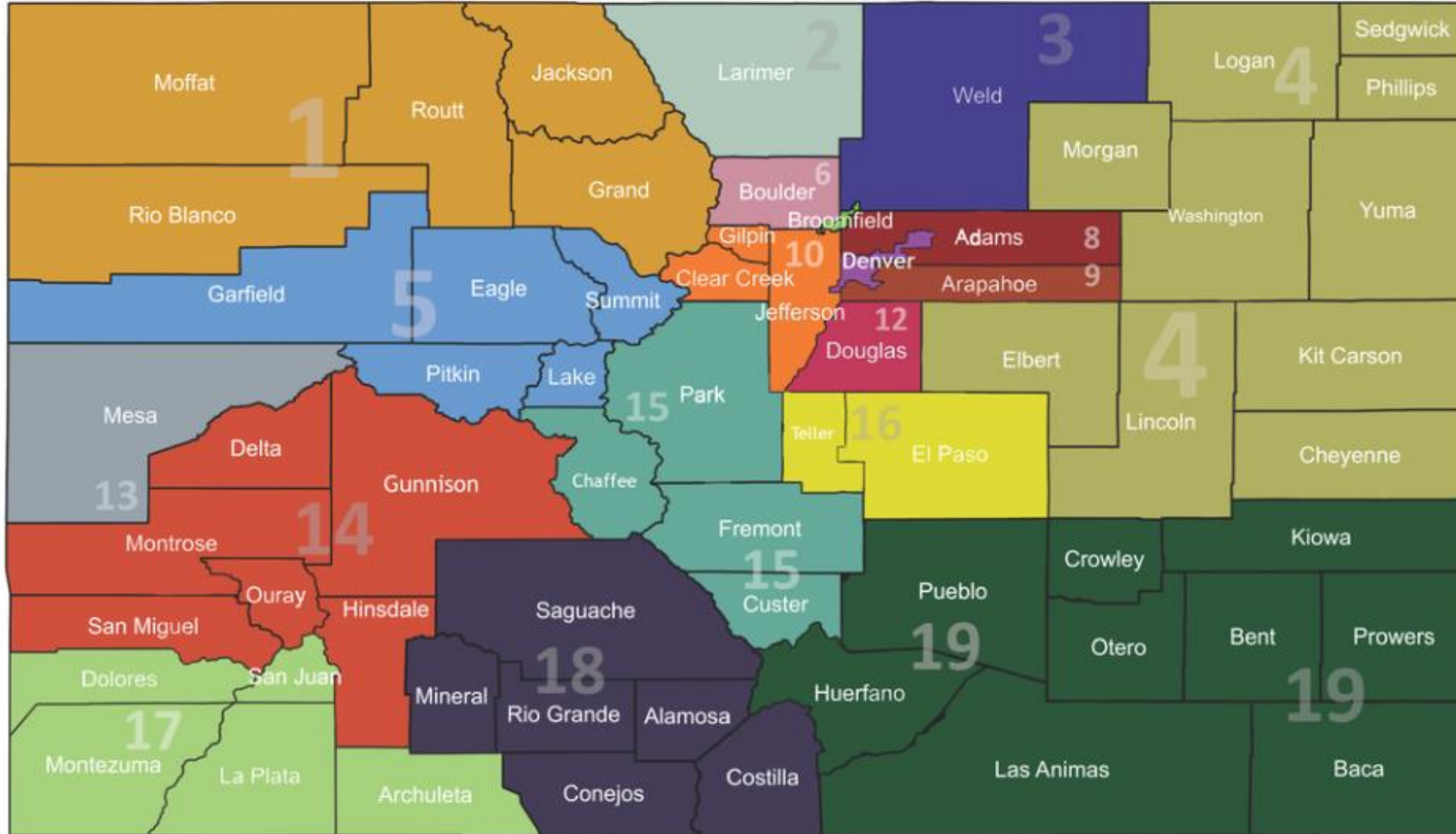
20% - directly to local governments

60% - to regions of local governments

NOTE: ALL MONEY TO BE USED ONLY FOR APPROVED ABATEMENT PURPOSES AS SPECIFIED IN THE EXHIBIT A TO THE MOU (for example, programs for education, prevention, intervention, treatment, recovery, etc.)

Exception: up to 10% for actual administrative expenses

Regions for the distribution of opioid settlement funds



Region 1	Region 5	Region 9	Region 13	Region 17
Region 2	Region 6	Region 10	Region 14	Region 18
Region 3	Region 7 (Broomfield)	Region 11 (Denver)	Region 15	Region 19
Region 4	Region 8	Region 12	Region 16	

Regions

- Cities that are in multiple counties may join all or some of the regions in which they are located.

To Do List:

1. Establish Regional Council
2. Select Fiscal Agent
3. Adopt and Submit a 2 Year Plan

Note: *These are all required for a region to receive its share of funds*

Establishment of a Regional Council

Per the MOU: *“Each Region must create its own Regional Council while giving consideration to the regional governance models illustrated in Exhibit G”*

Generally, the voting members of a council should include:
county reps....city reps....a human services rep....a health department rep...a law enforcement rep....a district attorney rep... and a rep from the courts

Steps to Get a Regional Council Started

Set up meetings with the other local governments in your region
Establish who will be the initial voting and non-voting members on the regional council

Also need to agree on length of member terms (2 years recommended) and how replacements will be chosen

Work with your county attorney to help draft/negotiate an intergovernmental agreement (IGA) that puts the above in writing as well as other important terms (we have provided a free model IGA form to use!!!)

Get the IGA signed, have the first meetings of the regional council to appoint a fiscal agent, and adopt and submit a 2 year plan!

Questions?

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Opioid Crisis Response Plan

Attorney General Phil Weiser
Director of Opioid Response Heidi Williams

Prevention and Education

- Reduce Stigma
 - Community Based Programs
 - Healthcare Education
- Improve pre/neo-natal and youth education and prevention programs
- Expand evidence-informed programs in schools and other youth programs to educate administrators, teachers, athletic personnel, parents, and students about responsible opioid prescribing and consumption.
- Expand public service initiatives to educate prescribers, dispensers, first responders, and the public about responsible opioid prescribing and consumption.
- Provide education about Medication Assisted Treatment (MAT) and support prescribers in obtaining the necessary licensure to prescribe MAT.
- Naloxone/Narcan and Fentanyl Strips – Prevention/Harm Reduction
- Improve data tracking for opioid prescribing, dispensing, overdosed reversals and treatment/recovery services

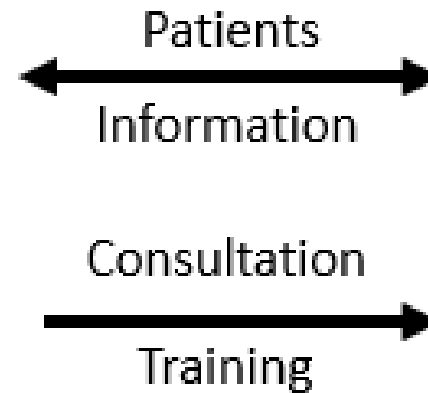
Treatment

- Increase access to Treatment
 - Neo/Natal and Youth
 - Young Adults
 - Adults
 - Families
 - Underrepresented Populations
- Expand Medication Assisted Treatment (MAT) Services
 - Mobile
 - Pop-up Clinics
 - Brick and Mortar
 - Tele-Health (in conjunction with MAT)

Treatment

- Support recruiting and retention of addiction and mental health professionals
- Expand trauma-informed treatment programs
- Support employer-sponsored treatment and recovery programs

Hubs



Spokes



High intensity MAT
Methadone, buprenorphine, naltrexone
Regional locations
All staff specialize in addictions treatment

Maintenance MAT
Buprenorphine, naltrexone
Community locations
Lead provider + nurse and LADC/MA counselor

Colorado Opioid Synergy Larimer and Weld

Demographics



Ages range from 20 - 73,
with an average of 38.



1 member identified as
transgender, 113 as female,
and 125 as male.



Health

Statistically significant decrease in
the number of days:

Members experienced trouble
understanding, concentrating or remembering
Member experiencing homelessness
experienced depression and anxiety
Unemployed members experienced anxiety

Statistically significant decrease in
the number of times:

Members used the emergency department for
alcohol or substance abuse from
intake to 3-months
Members used inpatient treatment for alcohol
or substance abuse from 3-months to 6-months

Recognizing Strength

33% of referrals to CO-SLAW came from
members themselves

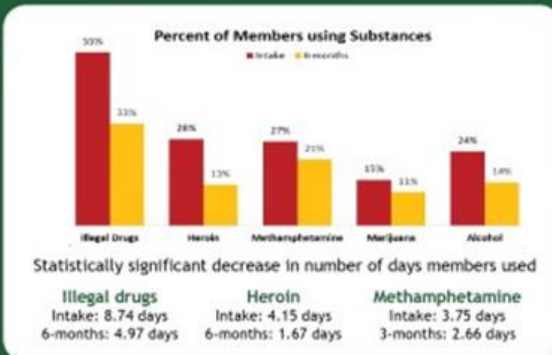
59% of members were **satisfied with personal
relationships** at intake, increasing to 75% at 6-months

89% of members had **supportive interactions
with family or friends**

Part or full time employment increased from
35% at intake to 46% at 6-months.

46% have a high school diploma and 41% have
higher education experience.

Past 30 Day Substance Use



Hub & Spoke Models

➤ Larimer and Weld County
(CO-Slaw) Model
CO-Slaw

➤ 5 Year 2.5 million Grant
awarded for Addiction in Weld
and Larimer counties

➤ Power Point Presentation on
CO-Slaw hub and spoke model

- ❖ Expand and improve programs for people to continue their recovery after treatment
- ❖ Expand residential treatment and recovery services
- ❖ Improve inpatient and outpatient recovery services
- ❖ Expand transportation services for treatment and recovery
- ❖ Expand sober/supportive living opportunities
- ❖ Support the creation of recovery high schools and higher education recovery programs
- ❖ Expand testing for infectious diseases caused by IV drug use


Recovery

Harm Reduction

- Expand access to opioid overdose reversal medications (Naloxone/Narcan)
- Provide Community Reinforcement and Family Training (CRAFT)
- Support staffing, supply and space needs for harm reduction services
- Support mobile units that offer or provider referrals to harm reduction services
- Training relevant professionals and other affected persons on harm reduction strategies
- Create partnerships with stakeholders to educate and reduce the stigma of harm reduction

Criminal Justice/Law Enforcement

- Eliminate barriers to providing treatment and recovery for persons in the criminal justice system
- Expand drug courts and other early intervention programs prior to incarceration (Check out what Longmont is doing!)
 - Addiction and Mental Health Resources
 - Intensive Case Management Services
 - Crisis Outreach and Response
 - Law Enforcement Assisted Diversion (LEAD)
 - Angel Initiative (Self Referral)
- Expand MAT in Jails
- Improve support systems for incarcerated individuals and during their transition back into the community
- Training for criminal justice professionals who are in contact with persons affected with Opioid Use Disorder (OUD) and related Substance Use Disorders (SUD) or mental health conditions

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- Related to the opioid crisis
 - Leadership
 - Planning
 - Coordination
 - Legal Fees (subject to certain laws and restrictions)
 - Training
 - Research Programs
 - Up to 10% of Opioid Crisis Recovery Funds may be used for reasonable administrative expenses



Other Uses

Links:

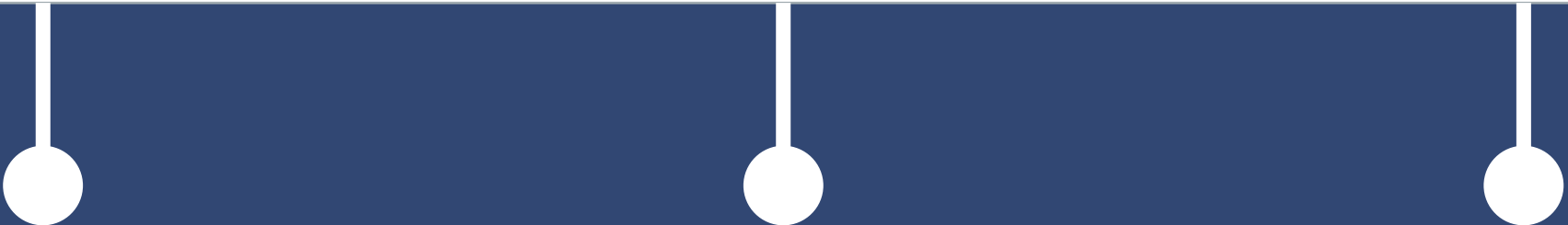
Colorado Opioid Response Plan

Colorado Opioid Video

Resources

- www.coag.gov/opioids

Questions?



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