



ADAMS COUNTY
COLORADO

ADDRESSING THE
OPIOID CRISIS

Adams County Opioid Council

DRAFT Funding Allocations



Background Information



Why Are Draft Allocations Being Developed?

Adams County is [one of 19 regions](#) across Colorado that was allocated funds from [litigation settlements](#) reached with companies who fueled the opioid crisis. Attorney General Phil Weiser and local government leaders unveiled a first-of-its-kind [joint framework](#) for distributing statewide over \$400 million that Colorado stands to receive from these settlements. *For more information on the joint framework and litigation settlement click [HERE](#).*

The [Adams County Opioid Council](#) has convened and is charged with:

- Prioritizing work to address the opioid crisis in alignment with the state-wide joint framework
- Making decisions on how to distribute funds from the litigation settlement based on those prioritized needs

The allocations across priority categories (pg. 9) will inform how dollars are distributed for the next year.

For more information on this effort overall click [HERE](#).



How Were These Draft Allocations Developed?

1. The RMP Team developed Potential Draft Allocations (including rationale) based on:

- Synthesis of input from previous sub-committee and Adams County Opioid Council meetings
- Community survey
- Asset inventory
- Local and national research
- Priorities from other entities working to address the opioid crisis
- Known factors that contribute to community members overdosing on opioids

2. A sub-committee convened in September and early October 2022 and made adjustments to the initial allocations proposed by the RMP Team. **They ultimately gained consensus on the following draft allocations for how funds in 2023 could be allocated across the priority areas to address the opioid crisis.**

The spirit of this group was to:

- Come to the table and remove individual and/or political agendas
- Focus on what is best for Adams County (we want to be transparent and responsive to the community)
- Approach this work with a high level curiosity



Who Was Involved in the Sub-Committee?

Representatives from the following sectors came together to develop the initial draft of allocations that will also be vetted by other stakeholders in Adams County:

- Public Health
- District Attorney's Office
- Human Services
- Community Mental Health



What Happens Next?

- **October 5-14th:** RMP will vet draft allocations with key stakeholders, content experts, and voting members
 - *Includes 1:1 conversations and an interactive survey to provide input*
- **October 20th:** Allocations for 2023 will be confirmed by voting members
- **November 1st:** Allocations need to be submitted to the Attorney General's Office



The DRAFT Allocations



DRAFT Allocations

Category	Percentage	Amount
Treatment	25%	\$744,250
Recovery <i>(includes social determinants of health & wraparound supports)</i>	10%	\$297,700
Prevention and Education	14%	\$416,780
Harm Reduction	20%	\$595,500
Criminal Justice	15%	\$446,550
Opioid Abatement in Rural Colorado	6%	\$178,620
Other <i>(includes admin, behavioral health workforce, community coalition to mobilize around policy)</i>	10%	\$297,700
TOTAL	100%	\$2,977,000



What Is Included in the Allocation Categories?

In order to have the greatest possible impact, Attorney General Phil Weiser has drafted an [Opioid Crisis Response Plan](#) which **outlines guiding principles for the use of opioid funds in the state**. These guidelines have been gathered from “feedback and ongoing public discussion with communities around Colorado” and have been **carefully crafted to ensure that funds are distributed equitably and have an immediate and sustained impact across the state**.

The potential uses of these funds fall more broadly into six distinct categories:

- Prevention & Education
- Treatment
- Recovery
- Criminal Justice
- Harm Reduction
- Opioid Abatement in Rural Colorado
- Additional Areas

Check out the [Opioid Crisis Response Plan](#) and the [State MOU Appendix A: POTENTIAL OPIOID ABATEMENT APPROVED PURPOSES](#) to dig into what is included in each of the categories.



Treatment



Rationale

- Most strategies outlined in reference materials fall into this bucket
 - Medication Assisted Treatment (MAT)
 - Treatment During Pregnancy and Post-Partum
 - Neonatal Opioid Withdrawal Services
 - Cognitive Behavioral Therapy (CBT)
 - Contingency Management
 - Family Therapy
 - Collaborative Care Model
 - Etc.
- These programs usually have a relatively high associated cost (*hundreds to thousands of dollars per person treated per month*)
- The need for more treatment has been lifted continuously by stakeholders with documented wait lists and barriers to entry in Adams County
- There is supplemental funding available for this bucket through the Substance Abuse and Mental Health Services Administration (SAMSHA) and Medicaid

DRAFT Allocation:

- 25%
- \$744,250



Recovery



Rationale

- These strategies are mentioned less in reference materials but are still extremely important
 - Warm Hand Off Programs
 - Recovery Supports (Wraparound Services) like recovery housing, case management, child care, etc
 - Extended Outpatient MAT Use
- These programs have a wide range of associated costs but have such a robust community impact that they are worth investing in. In particular, wraparound services have a positive impact in many domains outside of just opioid abatement.
- Outpatient recovery was mentioned as something that should be prioritized in the Colorado Opioid Abatement Meeting when compared to inpatient recovery
- Recovery is life long, so while not as pressing or expensive as treatment, everyone experiencing an OUD will need it
- Not lifted as fervently by stakeholders as a need to date
- Adams County has a lack of recovery housing

DRAFT Allocation:

- 10%
- \$297,700



Prevention and Education

Rationale

- Prevention and Education are listed as a cornerstone of opioid abatement in all reference materials because of their efficacy
- Percent is lower simply because costs associated with administering these programs are so much less
- However, the allocation still remains as high as recovery because the ROI is so high
 - For every dollar spent on prevention it pays 1000 back to the community
 - Risk factors for substance use are also risk factors for academic failure, sexual risk, etc so secondary effects are strong
 - For every dollar spent in prevention 3 dollars saved in intervention
- Funding for these programs have been cut drastically in the last decade (34% from 2009-2019) at the national level
- 75% of people in need of substance use treatment are not looking for it in 2017. Up from 55% in 2015 (This tells us we need de-stigmatization/education campaigns)
- Prevention and Education exists on a state level but school programs and other sources of education are lacking in Adams County

DRAFT Allocation:

- 14%
- \$416,780



Harm Reduction

Rationale

- These strategies have the most support for their use along with Prevention and Education
 - Expand Naloxone Access and Provide Trainings
 - Fund Syringe Support Programs
 - Supervised Drug Consumption Sites
 - etc
- Awareness campaigns are required to make sure people know where to get harm reduction supplies and how to use them
 - There are other campaigns either underway or on the horizon that can be leveraged
- These programs are generally more costly than Prevention/Education and less expensive than treatment
- ROI is also very high as is the case with Prevention/Education
 - “Nguyen and colleagues (2014) estimated that a new investment of \$10 million in syringe services would avert an estimated 194 HIV infections and avoid \$75.8 million in lifetime HIV treatment costs”
- Adams County has severe lack of harm reduction services
- There are other sources of funding available for harm reduction like the naloxone bulk purchase fund

DRAFT Allocation:

- 20%
- \$595,500



Criminal Justice



Rationale

- Population at highest risk for opioid overdose
 - More than half of individuals in prison and two-thirds of people in jails have a substance use disorder
 - Overdose risk for those 2-4 weeks post release from incarceration is 100x higher than the general population
- Two greatest needs are to expand MAT programming in jails and to strengthen the continuum of care upon release
- Adams county jail has jail based behavioral health program but services could always be expanded
- Cost to run program is high due to required trainings
 - Roughly \$3.8 million for a jail to implement from the ground up
- Additional funding for this area is available through the Jail Based Behavioral Health (JBBS) Program with the Behavioral Health Administration
 - Can fund the whole continuum of care for individuals even up to a year after release (this includes housing, transportation, etc)

DRAFT Allocation:

- 15%
- \$446,550



Opium Abatement in Rural Colorado

Rationale

- Opioid Use Disorder treatment in rural Adams County is basically non-existent
- Infrastructure fund can be used to establish treatment facilities but treatment also needs to be normalized as part of primary care in these communities
- Some facilities in rural Colorado don't even have a sign to designate that they provide addiction treatment
- This money could go a long way as some of the fixes (like the signage one listed above) require very little money to have a notable impact

DRAFT Allocation:

- 6%
- \$178,620



Other



Rationale

- Includes costs for RMP to continue to facilitate the effort in 2023 and ensure that data collection, best practices, and essential conversations are happening
- A lack of meaningful data and context has been lifted repeatedly with CDPHE data feeling incomplete or meaningless to many
- Many metrics we would like to use to measure progress simply aren't measured
- Collection of more specific demographic/community data is not currently done for many opioid related metrics. This could be helpful for a targeted universalism approach. While this shouldn't have a great deal of associated cost, it is still absolutely essential.
- This also includes funds to compensate community members with lived experience to engage in the work (who aren't paid through their jobs to engage)

DRAFT Allocation:

- 10%
- \$297,700

Consideration (*not for funding*): Workforce development for the behavioral health sector needs to be a focus of existing efforts underway through the Rocky Mountain Partnership due to the lack of a strong labor pool for existing treatment programs.



Resources



Additional context and information can be found in the following resources this information was synthesized from:

[**RMP Data Dashboard**](#) (Explore the “Programs and Resources Bank” and “Geographic Asset Map” sub-tab under the “Asset Inventories” main tab to understand where resource and geographic gaps exist)

Local and National Research

- [Evidence Based Strategies for the Abatement of Harms from the Opioid Epidemic](#)
- [Opioid Settlement Priorities - Recommendations from the Addiction Solutions Campaign](#)
- [Colorado Opioid Abatement Conference](#)
- [Johns Hopkins Primer on Spending Funds from the Opioid Litigation](#)
- [Blueprints for Healthy Youth Development](#) in conjunction with [The Washington State Institute for Public Policy](#)



Questions?

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