

## Prevention and Education: 14% or \$487,252

### What Fits into This Category?

- National research cites the following as evidence-based strategies that can be scaled in communities: *(While the strategies listed below are highly effective it should be noted that there are many prevention strategies predicated on limiting supply that are not evidence based so funds in this category should be distributed with great care and consideration)*
  - School Based Prevention Programs, Screening and Brief Intervention

### What Gaps and Opportunities Exist in Adams County?

- Asset mapping indicates that Prevention and Education exists on a state level but school programs and other sources of education are lacking in Adams County

### Why This Draft Allocation?

- National research cites Prevention and Education are listed as a cornerstone of opioid abatement because of their efficacy
- Costs associated with administering these programs are significantly less than other strategies
- According to national research, the Return on Investment (ROI) is 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 saved in intervention
- National funding has been cut drastically in the last decade (34% from 2009-2019)
- 75% of people in need of substance use treatment are not looking for it in 2017; this is up from 55% in 2015 and tells us we need de-stigmatization/education campaigns

## Treatment: 25% or \$870,093

### What Fits into This Category?

- National research cites the following as evidence-based strategies that can be scaled in communities *(There are more treatment methods mentioned in the literature than from any other funding 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.

### What Gaps and Opportunities Exist in Adams County?

- Asset mapping indicates that, in Adams County, treatment has the most robust infrastructure already; however, the need for more treatment has been lifted continuously by stakeholders with documented wait lists and barriers to entry in Adams County

### Why This Draft Allocation?

- These programs usually have a relatively high associated cost (hundreds to thousands of dollars per person treated per month)
- Supplemental funding is available through the Substance Abuse and Mental Health Services Administration (SAMSHA) and Medicaid but is hard to attain

## Recovery: 10% or \$348,037

### What Fits into This Category?

- National research cites the following as evidence-based strategies that can be scaled in communities
  - Warm Hand Off Programs
  - Recovery Supports (Wraparound Services) like recovery housing, case management, child care, etc
  - Extended Outpatient Medication Assisted Treatment (MAT) Use

### What Gaps and Opportunities Exist in Adams County?

- Asset mapping indicates that Adams County has a lack of recovery housing, but the need for recovery services in general has not been lifted as fervently by stakeholders as a need to date

### Why This Draft Allocation?

- Outpatient recovery was mentioned as something that should be prioritized in the Colorado Opioid Abatement Meeting when compared to inpatient recovery
- 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.
- Recovery is life long, so while not as pressing or expensive as treatment, everyone experiencing an Opioid Use Disorder will need it

## Harm Reduction: 20% or \$696,075

### What Fits into This Category?

- National research cites the following as evidence-based strategies that can be scaled in communities and have the most evidence for their use along with Prevention and Education
  - Expand Naloxone Access and Provide Trainings, Fund Syringe Support Programs
- Awareness campaigns are required to make sure people know where to get harm reduction supplies and how to use them

### What Gaps and Opportunities Exist in Adams County?

- Asset mapping indicates that Adams County has severe lack of harm reduction services

### Why This Draft Allocation?

- These programs are generally more costly than Prevention/Education and less expensive than treatment
- Return on Investment (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”
- There are other sources of funding available for harm reduction like the naloxone bulk purchase fund

## Criminal Justice: 15% or \$522,056

### What Fits into This Category?

- National research cites the following as evidence-based strategies that can be scaled in communities (it is important to note that while the number of strategies is limited, they require collaboration between all phases of the criminal justice pipeline i.e. law enforcement, courts, parole and probation officers, etc)
  - Jail Based Medication Assisted Treatment, Diversion, Strengthening the continuum of care upon re-entry

### What Gaps and Opportunities Exist in Adams County?

- Adams county jail has jail based behavioral health program but services could always be expanded
- Based on asset mapping and content expert feedback, the two greatest needs are to expand Medication Assisted Treatment (MAT) programming in jails and to strengthen the continuum of care upon release

### Why This Draft Allocation?

- Individuals who have been incarcerated are the 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
- 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)

## Opioid Abatement in Rural Colorado: 6% or \$208,822

### What Fits into This Category?

- Earmark funds around Treatment, Prevention, Harm Reduction, Recovery and Criminal Justice specific to establishing or bolstering efforts exclusively rural communities in Adams County
- Specifically there is an opportunity to collaborate with neighboring regions

### What Gaps and Opportunities Exist in Adams County?

- Based on our asset mapping, Opioid Use Disorder treatment in rural Adams County is non-existent
- As shared at the Colorado Opioid Abatement Conference, some facilities in rural Colorado don't even have a sign to designate that they provide addiction treatment

### Why This Draft Allocation?

- Infrastructure fund can be used to establish treatment facilities but treatment also needs to be normalized as part of primary care in these communities
- 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

## Other: 7.5% or \$261,029

### What Fits into This Category?

- Funds to compensate community members with lived experience to engage in the work (who aren't paid through their jobs to engage)
- Costs related to enhancing or launching additional data collection efforts

### What Gaps and Opportunities Exist in Adams County?

- It has been lifted that the current data from the Colorado Department of Public Health has limitations that prevent a robust understanding of the opioid crisis in our region.
- 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 supporting populations who are disproportionately impacted. While this shouldn't have a great deal of associated cost, it is still absolutely essential.

## Administrative: 2.5% or \$87,009

### What Fits into This Category?

- Costs for RMP to continue to facilitate the effort in 2023 and ensure that data collection, best practices, and essential conversations are happening

## Overview of Allocations

Category	Percentage	Amount
Prevention and Education	14%	\$487,252
Treatment	25%	\$870,093
Recovery	10%	\$348,037
Harm Reduction	20%	\$696,075
Criminal Justice	15%	\$522,056
Opioid Abatement in Rural Adams County	6%	\$208,822
Other <i>(includes costs related to data/research, compensation for community members with lived experience to engage in the effort)</i>	7.5%	\$261,029
Administrative	2.5%	\$87,009
<b>TOTAL</b>	<b>100%</b>	<b>\$3,480,373</b>