

County-Wide Substance Use Plan 2023-2027

Plan prepared by

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Executive Summary

This plan serves as the guide for community implementation of opioid settlement funds to carry out priorities identified through the planning process. This plan was also formulated to serve as a reference to carry out community priorities through other various funding opportunities as they become available. The purpose of this plan is not to necessarily create new substance use resources within the community, but to build upon current infrastructure to enhance Pueblo County's response to substance use. The background for creating this plan, group foundations, how brainstorming and final prioritization of implementation strategies occurred, and next steps are all included. Using the plan, SURE members now have a strategic lens to view funding opportunities. Members of the coalition and organizations in the community will also be able to identify and dedicate resources relevant to these community priorities. Together, experts in the community prioritized strategies organized in the categories of prevention, harm reduction, treatment, recovery, and criminal justice. Each of these categories include the top strategies that reflect the needs of Pueblo County in order of most votes.

Treatment

- Crisis Triage Center
- De-fragmentation of healthcare
- Youth inpatient services
- Childcare for parents seeking substance use treatment

Criminal Justice

- Medication Assisted Treatment or Medication for Opioid Use Disorder (MAT/MOUD) expansion in the jail
- Jail-Based Behavior Services expansion
- Co-responder program

Prevention

- Life skills curriculum in schools
- Prosocial opportunities
- Family support and education
- Youth mental health services
- Icelandic model for primary prevention

Harm Reduction

- Narcan/Naloxone disbursement
- Public sharps containers
- Fentanyl testing

Recovery

- Peer program
- Recovery housing
- Employment services
- Recovery friendly workplaces

Background

In late summer of 2021, word began to spread that states would start receiving national opioid settlement funds. On August 25, 2021, the Colorado Office of the Attorney General (COAG) released the [Colorado Opioids Settlement Memorandum of Understanding \(MOU\)](#) (Appendix A1). This MOU laid out how Colorado would divide their allotment:

- a. 10% to the State
- b. 20% to Participating Local Governments
- c. 60% to the total 19 Regions
- d. 10% to a Statewide Infrastructure Share

Pueblo County resides in Region 19 (Appendix B1), with each region containing municipalities in the county to receive local government funds. With an increasing number of grants focused on substance use related efforts, the Pueblo Department of Public Health and Environment (PDPHE) along with the Substance Use Response Ecosystem (SURE) coalition, saw the opportunity to create and develop a comprehensive County-Wide Substance Use plan. This plan would outline expert recommendations for how to address substance use in the County and how opioid settlement and other funds could best be used. Ultimately, the plan would serve as a map to guide Pueblo County organizations, agencies, and providers to strategically apply for funding and channel other resources as well.

Substance Use Response Ecosystem (SURE)

Before going further, it is helpful to provide some additional information about the Substance Use Response Ecosystem (SURE) coalition. This collective impact modeled coalition was formed in November of 2017 with the purpose of reducing deaths, hospital utilizations, and drain on community resources related to substance use in Pueblo. SURE, is comprised of experts working across the spectrum of substance use in areas such as prevention, data, peers, criminal justice, public policy, harm reduction, medical providers, and more.

Together, these experts convene monthly to collaboratively share resources, to address barriers, and to discuss upcoming changes in the community. PDPHE serves as the backbone support role of the entire coalition, tasked with organizing, hosting, and facilitating monthly meetings, along with supporting and coordinating coalition efforts as needed.

In September 2021, initial conversations with SURE about the coalition developing the county-wide plan took place. This extended to a poll to determine whether the group would in fact be part of this process. With a split decision from the group to continue as usual or dedicate time to planning, the decision was made to combine pieces of both options and move forward. This was presented to the group during the October 2021. The majority was agreeable to this option and so began the preparation for planning.

With help from Civic Canopy, a Colorado-based nonprofit focused on assisting community work, PDPHE began to explore the best ways to guide SURE through the planning process. In November 2021, the coalition looked at who was currently participating in SURE, who was missing from the table, and prioritized the order the categories (prevention, treatment, recovery, harm reduction, criminal justice) would be covered. These five categories were taken from the [Colorado Opioid Crisis Response Blueprint](#) created by the Colorado Health Institute (Appendix A2). From this information, individuals were identified that needed to be a part of this process, were recruited by the backbone facilitator from PDPHE, and onboarded upon joining this effort.

Expert Brainstorming and Prioritization Process

To start the brainstorming and prioritization process, it was determined that a few tools needed to be created or established. Key tools that were utilized included the process journey map, ground rules for the coalition, and a goal and result statement.

Tools and Group Foundations

Process Journey Map

For phases in the planning process to be clarified, a process journey map was created and reviewed every meeting. This visual organized 2022 (the year in which planning took place) by month so that a timeline of the process was understood and adhered to (Appendix B2).

Ground Rules

Since this process occurred during established monthly SURE meeting times, new ground rules were developed for the process and approved by the coalition. Those ground rules include:

1. Be present, limit multitasking, have cameras on, and participate in interactive portions of brainstorming.
2. Planning will occur during the final hour (12 PM – 1 PM) of the regularly scheduled SURE meetings. Conversations that take place in the 30 minutes before will be reminded of 12 PM planning start time. Good conversations may continue after 1 PM, with recognition that others may have to leave due to prior engagements.
3. Planning will utilize the topic areas of prevention, harm reduction, treatment & recovery, and criminal justice.
4. Facilitators may make use of the “Step Up/Step Back” method in order to ensure all have the opportunity to have their voice heard.
5. Individuals and their ideas will be respected. All ideas will be welcomed to the planning table.
6. Planning sessions are to be focused. Side discussions will be limited. Questions and conversations we do not have time for will be moved to a “parking lot” or a separate time to meet will be arranged.
7. Members are asked to take ideas and discussions from each session back to the organizations they are a part of and bring feedback and input to the following session.
8. Members may be asked to continue brainstorming and idea refinement in the time between meetings.
9. Planning partners may be brought to later sessions as identified and available and will be referred to the backbone facilitator to be brought up to speed.

Goal Statement

To clearly communicate what the planning process aimed to achieve, a goal statement was created. As with the ground rules, this statement was approved by SURE. It is as follows:

After seven meetings, SURE and additional planning partners will have produced a county-wide substance use plan that will be utilized to strategically guide allocation and/or application for substance use related funds (opioid settlements, grants, etc.) towards feasible, evidence-based implementations for Pueblo County. This plan will outline programs and implementations according to five topic areas of focus: prevention, harm reduction, treatment, recovery, and criminal justice.

Results Statement

Civic Canopy recommended creating a results statement. This statement was used to ground the process and remind people of the end goal if the group completed a successful county-wide plan. The plan would help achieve the goal and the goal would work towards achieving the results statement. As with the ground rules and goal statement, this results statement was approved by the coalition. It is as follows:

Everyone in Pueblo County has access to substance use related knowledge, resources, and support and feels safe discussing substance use.

Brainstorming

After creating and agreeing upon these items, SURE began the brainstorming process for each of the five categories in the order of prevention, harm reduction, treatment, recovery, and criminal justice. Prevention was revisited due to it not receiving the same amount of brainstorming time as other topics along with recommendations to improve group brainstorming.

Shared Definitions

To ensure that coalition members had a common understanding of the brainstorming categories, experts in each topic area were consulted the month before that topic area was discussed to develop a shared definition that could be presented and clarified with the larger group. Some definitions came straight from another entity, others incorporated other definitions and added additional pieces, and some were entirely original definitions. Upon presentation of these definitions, the entire coalition was asked if any edits needed to be made or if they could be approved. The agreed upon definitions are as follows:

- Prevention - Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.¹
- Harm Reduction - Harm reduction is a set of evidence-based policies, programs, and practices aimed at reducing negative impacts associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs, regardless of current use. It focuses on positive change and responding to people with dignity and compassion.²
- Treatment - Individuals with a substance use disorder (SUD) use a variety of substances and are all affected differently. This necessitates a spectrum of treatment. Generally, the objective is to help people with SUD eliminate or reduce the unwanted behaviors that define the disease. This almost always requires a combination of professionals, preferably working together, to provide medicines, behavioral health, and social assistance.
- Recovery - Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. People are in recovery if, and when, they say they are.^{3,4}
- Criminal Justice - Criminal justice is a generic term that refers to the laws, procedures, institutions, and policies at play before, during, and after the commission of a crime. As a modern concept, criminal justice expresses two central ideas. The first is that criminals and victims of crime have certain rights, while the second is that criminal conduct should be prosecuted and punished by the state following set laws.⁵

Data Presentations

Following shared definitions being agreed upon, the Public Health Epidemiologist then presented any relevant substance use related data on that category to the group. PDPHE fortunately had access to partner data related to substance use measures due to grant funding from the Bureau of Justice Assistance. This grant funding, which also supports SURE facilitation and the creation of this plan, enabled PDPHE to establish data sharing agreements with public safety partners, behavioral health providers, local hospitals, local harm reduction agencies, the school districts, and the Department of Human Services. Beyond establishing an internal data dashboard accessible to data sharing partners, a publicly accessible Substance Use Data Dashboard was made available on PDPHE's website (Appendix A3). Data from these partners was presented to the group to inform brainstorming and discussion.

Prepared Research and Example Ideas

To further assist SURE with brainstorming, outside research on evidence-based and promising practices was conducted. This was completed by a variety of individuals and groups. Groups pertaining to prevention, harm reduction, judicial/criminal justice, and the Communities that Care coalition aided in proposing potential ideas beforehand and identifying existing effort in Pueblo County. An intern, research assistant, and the Health Promotion Specialist for PDPHE all contributed varying levels of literature reviews and background research on ideas for the categories.

Brainstorm Document

After reviewing shared definitions, relevant data, and outside research and ideas, the larger coalition was split into three Zoom breakout rooms during each monthly meeting. This allowed for more productive group discussion to take place. The facilitators for these breakout rooms were selected as individuals from the SURE membership who were not experts in the category being discussed. A Google document was created and sent out to all members. The facilitator had the option to designate a notetaker, allow individuals to input information themselves in the document, or to do the notetaking themselves. Members who could not access the document for a variety of reasons were provided space to verbalize their thoughts or enter them in the chat to be captured.

The brainstorming document for each category asked for the following pieces of information:

- What is the intervention? (Provide a brief explanation).
- Who is the target population and where might the intervention take place? (Community members, youth, in school, online, etc.)
- Other Notes (Studies, web links, etc.)
- Who would be the agency/organization best fit to do this?
- Resources required? (Staffing, items, funding, etc.)

These brainstorming sessions ran until the end of the agreed upon meeting time. Upon follow-up, members, even those who did not attend the meeting, were provided the link to the brainstorming document to add or refine ideas included. The Research Assistant and Health Promotion Specialist then conducted refinement research on ideas proposed to determine those which had an evidence-basis, which was a critical factor in moving an idea forward for prioritization.

Upon conclusion and refinement of the final session, SURE had brainstormed 36 evidence-based ideas.

Stakeholder Presentations

As brainstorming was ongoing, concerns arose that while efforts had been made to include missing partners, some remained missing. This was a particular concern when those partners missing had been included on the brainstorming document under the heading of “Who would be the agency/organization best fit to do this?” From June to July, the Health Promotion Specialist and Program Manager from PDPHE went out to these missing stakeholders to present on the process to make them aware of what SURE was doing and their potential role in the entire process. This allowed for stakeholders to ask questions and be informed that should an idea involving their agency or organization be prioritized, follow-up would occur. It also allowed them to share their ideas, constraints, and current efforts for inclusion and consideration in the planning process.

Criteria for Prioritizing

At the conclusion of the June meeting, potential criteria for the prioritizing process were introduced to the group. The three pieces of criteria included:

1. Feasibility – support (community, organizational) for program
 - a. Question to ask: Does this have support for implementation?
2. Impact – reach of program
 - a. Question to ask: How many people have the potential to be reached through this?
3. Effort – resources, beyond those existing, required
 - a. Question to ask: How many resources (staff, time, funding) are needed?

These prioritization criteria were approved by SURE to be used to narrow the list of potential strategies.

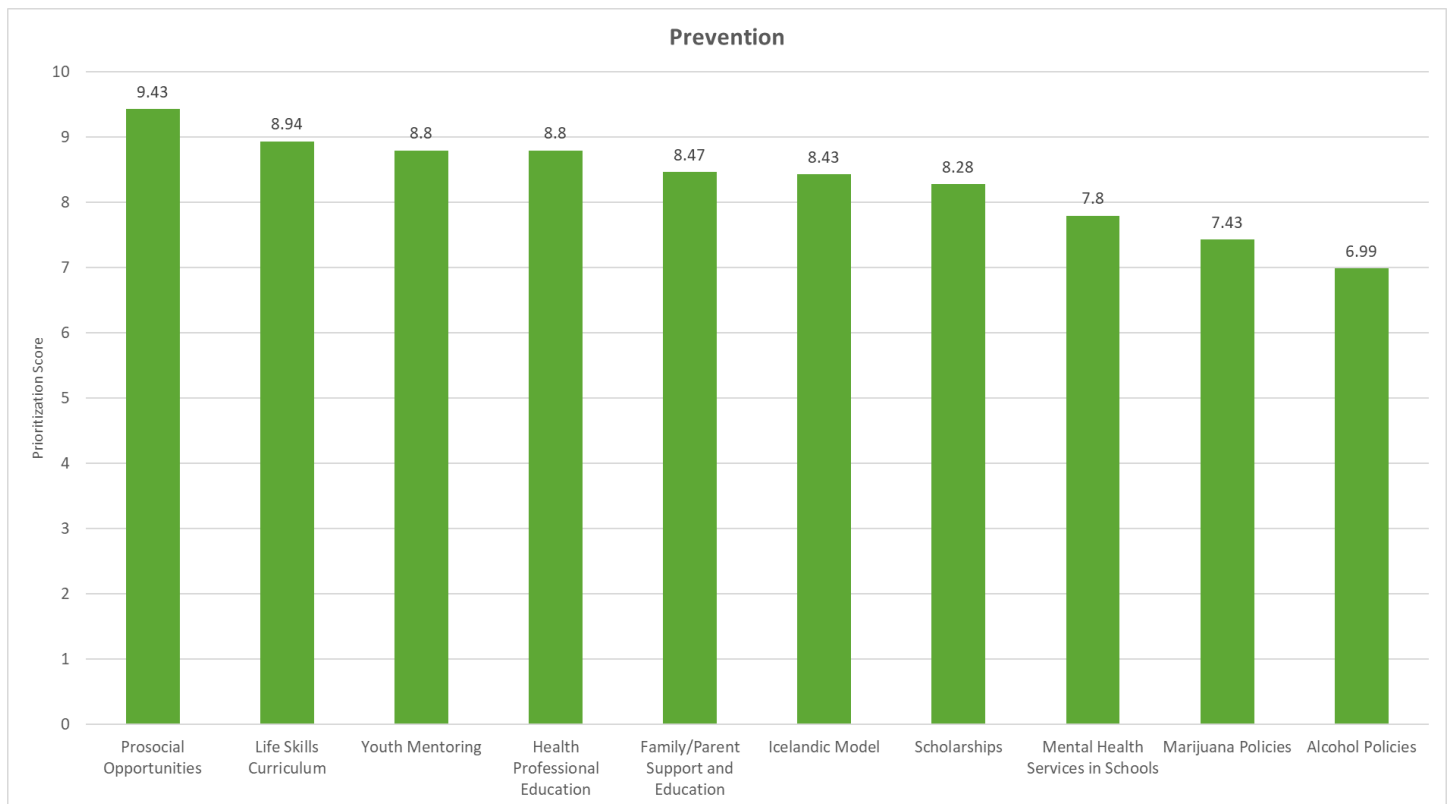
SURE Prioritization

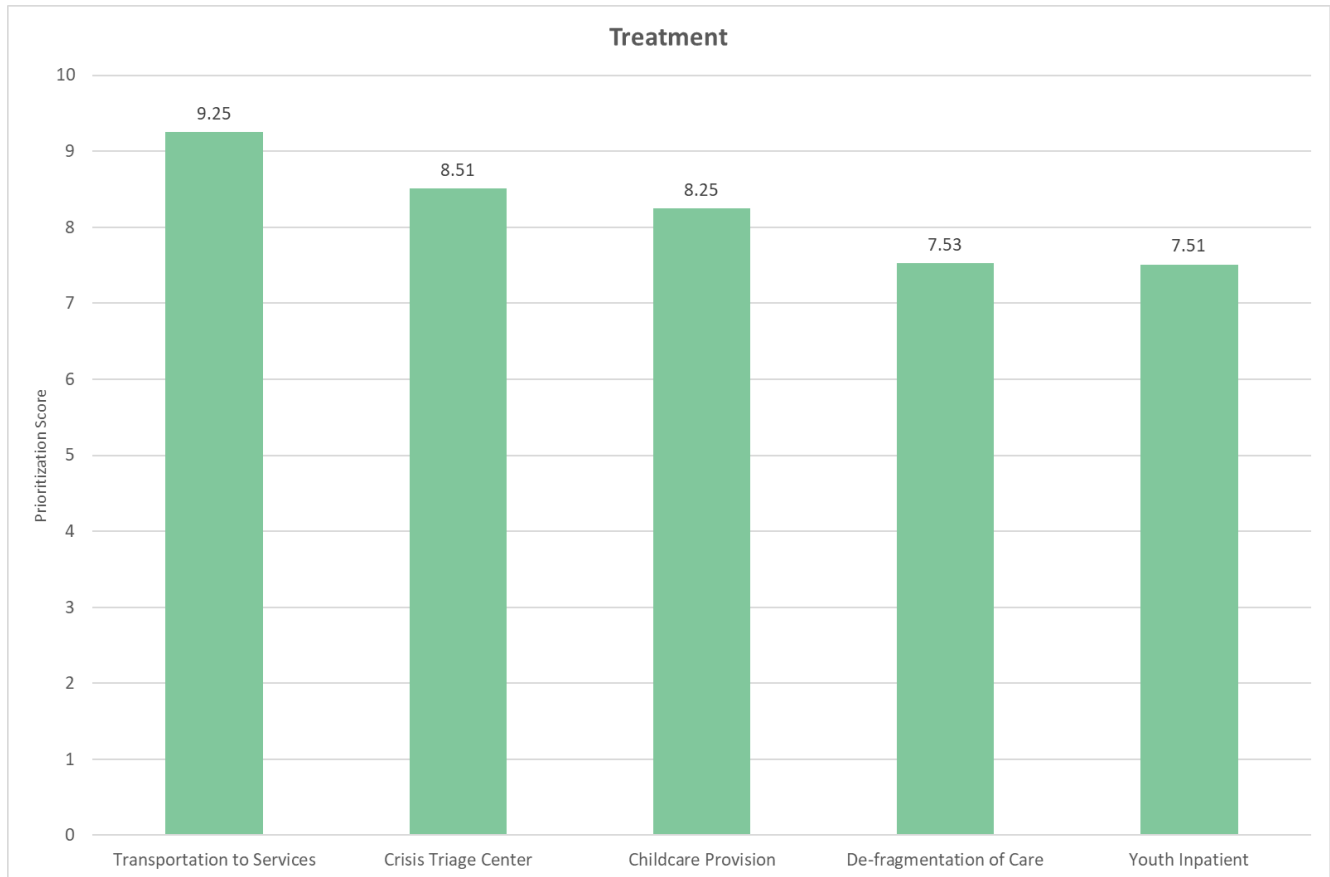
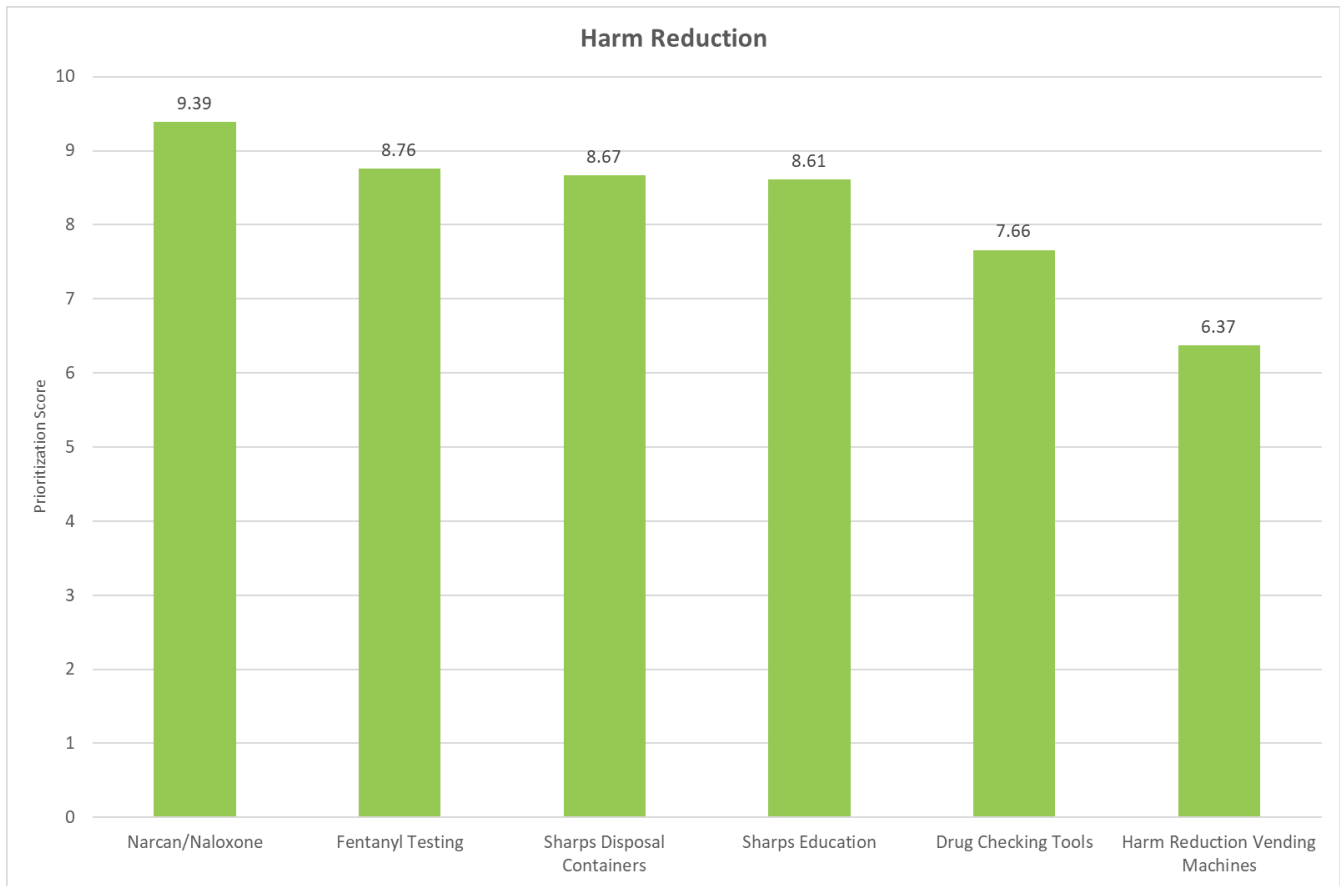
The July meeting was entirely dedicated to prioritizing the 36 ideas SURE had brainstormed. The process journey map, goal statement, result statement, and prioritization criteria were covered again to ground the group. Ideas for each category were then separately prioritized. The Health Promotion Specialist first presented the shared definition of the category along with each idea, existing efforts or examples in other communities, and additional research. The slides with accompanying links were provided to members to peruse if they chose. Time was given after the presentation of each idea for any member to ask follow-up questions and to prioritize that idea. The prioritization took place through digital surveys for each category, which members were asked to complete alongside the presentation of ideas. They were asked to rank each idea on a scale of 1 (least feasible, least impactful, most effort) to 4 (most feasible, most impactful, least effort) and had the option to leave additional comments on the idea. The prioritization process was complete once all five categories had been presented.

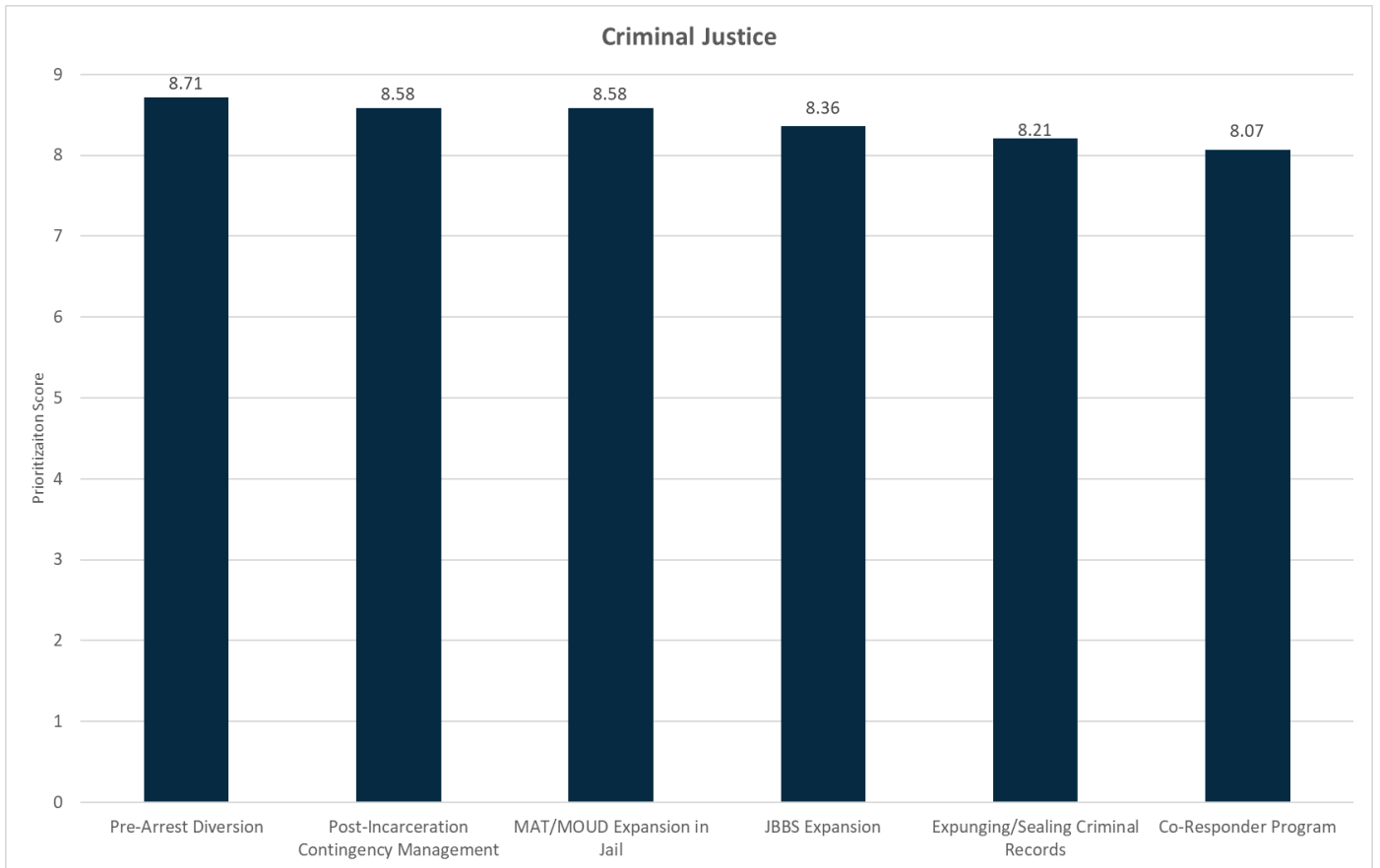
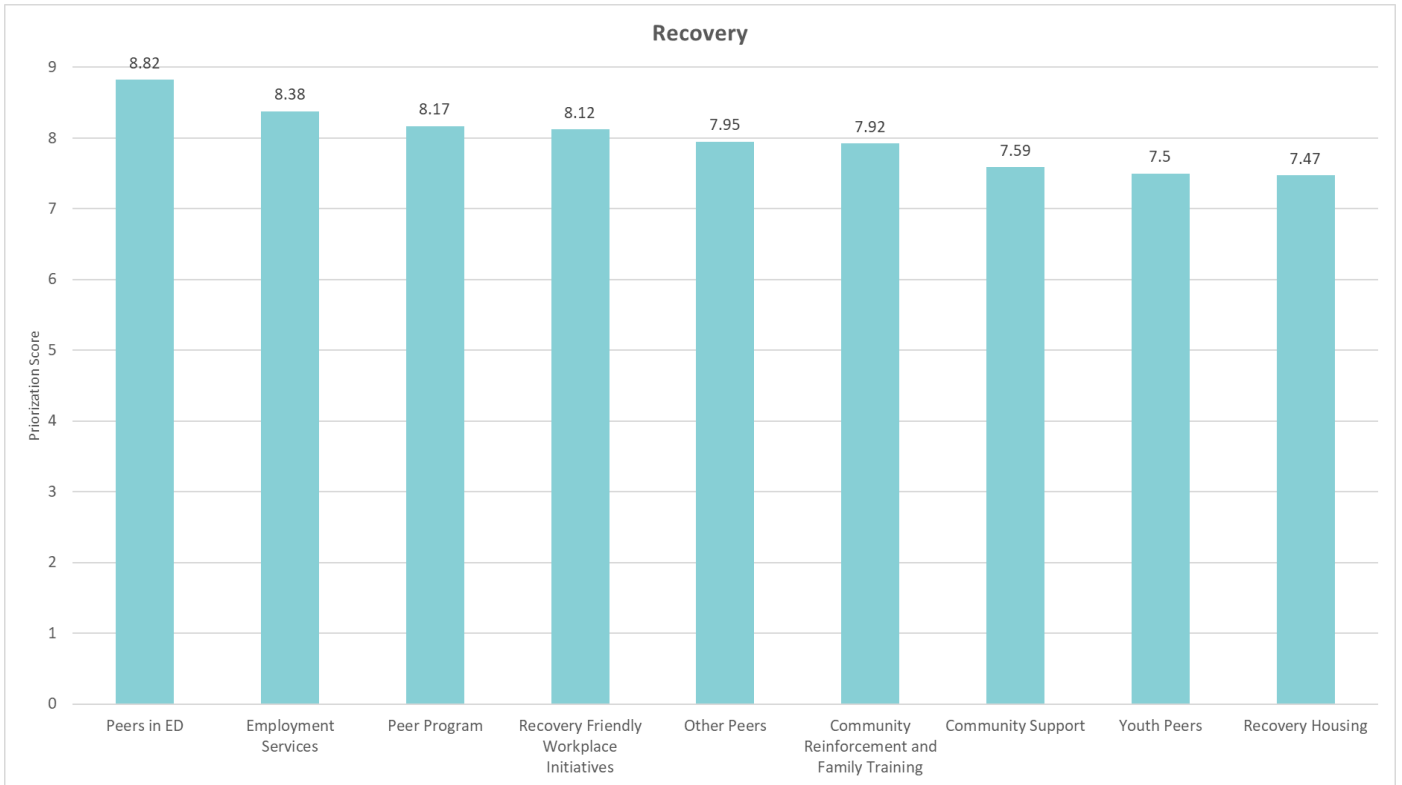
To ensure that all members who participated in the planning process were able to prioritize the ideas, the July meeting was recorded. This recording, along with the slides and surveys for each category, was sent to any member who missed the July meeting but had attended two or more meetings beginning in January. August 1st was set as the deadline for all SURE members to submit their prioritization surveys.

Results

The following charts show the results from SURE's prioritization process. An average for each of the criteria was calculated based on the surveys for each idea, with these averages being combined to get the overall prioritization score for each idea. Based on the 1 to 4 scale previously mentioned, the ideas that are higher in score are those that SURE determined as top priorities. The red line on each graph indicates the average score for that entire category.







Decision-Making Board

Background

Exhibit G.A. of the Opioid Settlement MOU from the Colorado Office of the Attorney General (COAG) outlines recommended guidance for composition of a single-county board (Appendix B3) that would make decisions on how opioid funds are spent in each county. Taking these recommendations, the PDPHE Health Promotion Specialist and Program Manager began doing outreach to individuals from public safety, the health department, the department of human services, Pueblo City Council, the Board of County Commissioners, and the Office of the Mayor to recruit them for participation in this decision-making board for the county-wide substance use plan. PDPHE did decide to include the Chief of the Fire Department in this group as well due to their important role in public safety in Pueblo County. This board would follow recommendations from the COAG and bring in perspectives from community leaders who stood to receive little, if any money from settlements. It also would make these individuals aware of what services and programs currently exist and what efforts could potentially take place in the county to target substance use.

Members

Mayor Gradisar – Office of the Mayor
President Graham – Pueblo City Council
Commissioner Ortiz – Board of County Commissioners
District Attorney Chostner – District Attorney’s Office
Director Evetts – Pueblo Department of Public Health and Environment
Director Torres – Department of Human Services
Chief Noeller – Pueblo Police Department
Sheriff Lucero – Pueblo County Sheriff’s Office
Chief Huber – Pueblo Fire Department

Onboarding

The group was onboarded at the end of August. Except one, all members were able to attend. The brainstorming and prioritization process from SURE subject matter experts was presented. A graphic breaking down the allocation of settlement funds and potential pots Pueblo could tap into was also covered with the group (Appendix B4). The group was then asked to determine specifics on voting, agree upon ground rules, and decided how the material would be presented back to them. All these items were officially voted on and approved by the board.

Voting:

- Voting will be done through a show of hands for everything, except for implementation selection, which will be anonymous when feasible.
- Proxies will be allowed; however, representatives will try their best to attend the next meeting and should a proxy be needed, they will bring them up-to speed prior to the meeting.
- With proxies allowed, 2/3 majority of all 9 members (6) will be needed for decisions.

Ground Rules:

- Arrive on time
- Be present for the entire meeting and actively participate.
- Maintain a respectful stance toward all participants.
- Remain flexible and open-minded.
- Accept decisions made by the majority.
- Remember the larger picture. Keep the common interest of Pueblo County in mind and at the forefront for discussion and decision-making.
- Should an item pose a conflict of interest for any member of the board, that member will disclose that to the group and not prioritize that item.

Material Presentation:

- Review of all 36 items brainstormed and prioritized by SURE.
- Slides and materials will be sent to the group before the next meeting takes place. Questions will be brought for discussion.
- Health Promotion Specialist and Program Manager for PDPHE will present the implementations during the prioritization meeting.
- As needed, expert videos or input may be requested by the board.

Due to the request that all 36 ideas be presented, it was determined that a four-hour meeting would need to be scheduled to adequately cover all materials and prioritize with the group. This meeting was scheduled for the beginning of October.

Board Prioritization Process

As scheduled, the board reconvened in-person at PDPHE in early October. Three individuals sent proxies and one individual was unable to attend or send a proxy. All others were able to attend as outlined in the membership list.

The meeting began with intention setting, asking the group “For Pueblo County, what does success in the battle against substance use look like?”. Individuals were allowed time to write as many answers to the question as they felt appropriate. The answers were gathered and placed into similar themes. Themes included:

- Resources available for all – timely, easy to access, well known
- Reduce those impacted
 - Children
 - Babies born exposed to substances
 - Crime rates
- Reduce overdose/drug related deaths
- Fewer individuals using substances
- Increased quality of life for all – individuals using substances and other citizens

These answers were presented back to the group after they had a review of who SURE is, the results statement, the goal of this process, the timeline, the five categories, the prioritization criteria, and an additional reminder of the ground rules.

The Public Health Epidemiologist prepared a special presentation of substance use data spanning all five categories and delivered to the group. Follow-up questions were asked and answered during this time.

In a similar fashion to SURE, the board was asked to prioritize each category at a time. For each category, the shared definition was provided as well as the graph indicating the prioritization scores each idea within that category had received from the SURE coalition. Then each idea was presented to the board with the opportunity for additional questions and clarification. The expert scores from SURE were greatly emphasized during the presentation process.

Guiding questions were also provided after a category had been presented to assist with the process. These questions were:

- How did the experts (SURE) rate this?
- Where should resources, including but not limited to, funding go?
- What does support for implementation look like? Are there existing efforts already?
- How many lives have potential to be saved through this?
- How does this relate to the group’s visions of success for Pueblo?

A digital survey was provided via tablets for each member to fill out upon completion of the presentation for each category. To have a more feasible and focused list of priorities, members were asked to first narrow each category in half by selecting their top half of implementation ideas. In instances where a category had a tie, both ideas were included in the next phase. During review of the recovery category, the board decided that any idea involving peers would instead fall into one larger umbrella topic of peers in general instead of being broken down into smaller ideas (e.g., peers in the emergency department, youth peers, etc.). This was formally voted on and approved by the group. The ideas in each area were narrowed as follows:

- Prevention: from 10 to 5
- Harm Reduction: from 6 to 3
- Treatment: from 5 to 4
- Recovery: from 9 to 4
- Criminal Justice: from 6 to 3

The following table indicates the implementation ideas narrowed to be included in the plan. They are listed in no particular order of importance. Descriptions of the implementation ideas are included for complete understanding of the ideas made.

Categories/Implementation	Description
Prevention	
Family Support and Education	Education for parents about substance use or other behavioral health related topics. Creating trusted adults and providing tools for families to have conversations about substance use with their children.
Icelandic Model for Primary Prevention	Emphasis of this model is on community collaboration and engagement which in turn results in long-term environmental and social change, rather than short-term interventions. The areas of focus for youth that are targeted include parents and family, peers, school environment, and time outside of school.
Life Skills Curriculum in Schools	Botvin curriculum is heavily discussed amongst the regional settlement group. It is flexible curriculum that can be implemented beginning in elementary school through high school. Not focused around anti-drug, but instead focusing on developing resiliency, social skills, and tools to make healthy choices. Building "better kids". Outcomes of this program have proven to reduce multiple high-risk behaviors including substance use.
Prosocial Opportunities	Increasing youth access to prosocial opportunities increases positive youth development and decreases likelihood of substance use. Prosocial activities include volunteering, afterschool clubs, and recreational activities.
Youth Mental Health Services	Connecting youth to mental health resources and services. Filling mental health positions posted within Pueblo school districts. Increasing services available to youth in Pueblo County.

Harm Reduction	
Fentanyl Testing	Fentanyl test strips (FTS) are used to test substances for the presence of fentanyl. Many studies and local data have shown that positive results for fentanyl from testing can result in behavior changes. Expansion of availability of fentanyl test strips and increased education around the importance of this practice can reduce overdose injuries and deaths.
Narcan/Naloxone Distribution and Training	Narcan/Naloxone is used to reverse opioid overdoses. This strategy seeks to expand community education, training, and disbursement. This could include targeting specific groups of populations like businesses and schools. Also, a push to incorporate training alongside standard CPR/First Aid requirements and include units alongside AEDs. Ensure kits are provided to individuals upon release from jail.
Public Sharps Containers	Provisions of public sharps containers in public spaces such as parks and bathrooms for those who inject drugs to safely dispose of their sharps to keep others from accidental exposure. Containers would be placed in "hot spot" locations to make them safer for all community members.
Treatment	
Childcare for Parents Seeking Substance Use Treatment	Provision of childcare, and expansion of already existing services, for parents seeking substance use services to overcome a common barrier to seeking treatment.
Crisis Triage Center	Accepts individuals who would otherwise be transported to the emergency department (ED) for mental health crises or severe intoxication. Individuals would be screened for substance use (SU) disorders or mental health (MH) issues and connected to appropriate services. It would serve as a single point of entry to MH and SU treatment. It would remove burden from ED, allow police to return to service quicker, and streamline access to services for individuals.
De-Fragmentation of Healthcare	Fragmentation of healthcare systems impacts quality of care and cost. System level change like integrated delivery systems (IDSs) are necessary. This could result in observing how individuals move through the system and identifying gaps to target or improving referral pathways.
Youth Inpatient Services	Facility where adolescents (12-17) can receive extensive, long-term treatment for their substance use disorder. Current gap in these services identified in Pueblo County.
Recovery	
Employment Services	Expansion of employment assistance and second chance employers in Pueblo. Second chance employers consider candidates with criminal backgrounds. May include working with employers to show benefits and educate on the investment in second chance employment. Also, this could include compiling a list of and promoting these employers.

Peer Services	<p>This topic is inclusive of a variety of implementations.</p> <p><u>Peers in the Emergency Department (ED)</u> - Peer navigators connect those who enter the ED after non-fatal overdose or those who have presented with a substance use disorder to appropriate resources.</p> <p><u>Peers in Other Agencies/Organizations</u> - Integration of peers in other settings such as the criminal justice system, child welfare services, and transitional housing to connect individuals using substances and/or their family members to appropriate resources.</p> <p><u>Peer program</u> - Create a local training/credentialing program for individuals to become peers or provide scholarships to assist with the cost of certification (~\$300). This could potentially run out of PCC and provide a pathway for those in recovery to become a peer themselves.</p> <p><u>Youth Peers</u>- Train Young people (14-24) with lived experience in foster care, mental health, substance use, juvenile justice, or homelessness to work with other young people experiencing similar challenges.</p>
Recovery Friendly Workplace	<p>Initiatives that encourage businesses to employ people with SUD in recovery, adopt and implement recovery-oriented employment policies, and share that information to benefit and inform the community.</p>
Recovery Housing	<p>Expand availability and connection for housing that supports individuals in recovery from substance use disorders. The National Alliance for Recovery Residences defines 4 levels of housing. Level 1 is peer-run, level 2 is monitored, level 3 is supervised, and level 4 is service provider.</p>
Criminal Justice	
Co-responder Program	<p>Co-responder teams are typically composed of a trained police officer and behavioral health professional who respond to incidents that involve community members experiencing behavioral health crises. Police officers provide expertise in responding to potentially dangerous situations, while mental health professionals can evaluate and assist with behavioral health issues. Pueblo Police Department currently works with Health Solutions, but services are not covered 24 hours a day 7 days a week. The Sheriff's Office does not have a co-response program as of the December 2022.</p>
Jail-Based Behavior Services (JBBS) Expansion	<p>Expansion of current JBBS program and staffing. Increasing awareness of how individuals in the jail can access JBBS including behavioral health services, MAT, pre-sentence re-entry services, competency enhancement and care after release. Provide additional supports for peer support specialist on staff.</p>
Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD) Expansion in the Jail	<p>Increase access to MAT/MOUD services while individuals are incarcerated. Provision of overdose prevention materials like Narcan/naloxone and fentanyl test strips upon release along with a connection to a provider to continue MAT/MOUD treatment, as necessary.</p>

Final Priorities

The board was then asked to select their number one priority for each category from the top ideas that had been selected. Using the same tablet, they completed a digital survey that asked them to rank from 1, being their top selection, and 3, 4, or 5 – depending on the category size– being their least desired option. Once submitted, the cumulative weight from the ranking was calculated by the survey program, and the top priority from each category was determined. These final priorities are as follows:

- **Treatment** - Crisis Triage Center
- **Criminal Justice** - Medical Assisted Treatment/Medication for Opioid Use Disorder Expansion in the Jail
- **Prevention** - Life Skills Program in Schools
- **Harm Reduction** - Narcan/Naloxone Distribution and Training
- **Recovery** - Peer Services

Next Steps

As previously mentioned, additional stakeholders that may be the best fit for some of these highlighted priorities were originally presented to about the creation of this plan and process. In early 2023, the Health Promotion Specialist and Program Manager will revisit these organizations to discuss the final plan, the priorities, and associated implementations for each organization to keep in mind.

The completion of this process coincides with the desire for the SURE coalition complete more action-oriented tasks related to the substance use plan. The priorities of the plan offer the potential to become efforts that newly established SURE action groups focus on.

The SURE coalition will also continue to monitor the landscape of newly released funding opportunities. Using the plan, SURE members will have a strategic lens to view funding opportunities and be able to identify applications relevant to the community priorities.

As needed, the members of the decision-making board will be updated on plan progress or sought out to help with barriers that have been identified in implementing a priority.

References

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National Harm Reduction Coalition, "Principles of Harm Reduction," <https://harmreduction.org/about-us/principles-of-harm-reduction/>.

Substance Abuse and Mental Health Services Administration, "SAMHSA's Working Definition of Recovery," <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>.

Connecticut Community for Addiction Recovery, "About CCAR," <https://ccar.us/about-ccar/>.

Legal Information Institute, "Criminal Justice," https://www.law.cornell.edu/wex/criminal_justice.

Appendices

Appendix A.

Direct Links to Resources

A1. Colorado Opioids Settlement Memorandum of Understanding.

From the Colorado Office of the Attorney General, this document outlines how the national opioid settlement funds that Colorado will receive will be handled and allocated. It outlines the four buckets, the percentages, and further details the regional group make up, percentages, and municipal allocations.

Link: <https://coag.gov/app/uploads/2021/10/1-Colorado-Opioid-MOU.pdf>

A2. Colorado Opioid Crisis Response Blueprint

Created in partnership with the Colorado Health Institute and Colorado Consortium for Prescription Drug Abuse Prevention, among others, this document outlines recommendations for how localities may look to spend settlement funds. These recommendations listed four category areas, prevention, criminal justice, treatment/recovery, and harm reduction. SURE, elected to utilize these categories for brainstorming, with later decision to separate treatment and recovery.

Link: <https://www.coloradohealthinstitute.org/research/colorado-opioid-crisis-response-blueprint>

A3. Substance Use Data Dashboard

Supported by a grant awarded by the Institute for Intergovernmental Research on behalf of the Bureau of Justice Assistance, this dashboard aims to collect and visualize near real-time data on substance use in Pueblo County to drive data-informed decision-making. Partners in law enforcement, the criminal justice system, health care and behavioral health care providers, harm reduction and syringe access sites, and social services provide data to the Pueblo Department of Health and Environment, some of which is made publicly accessible to the larger community.

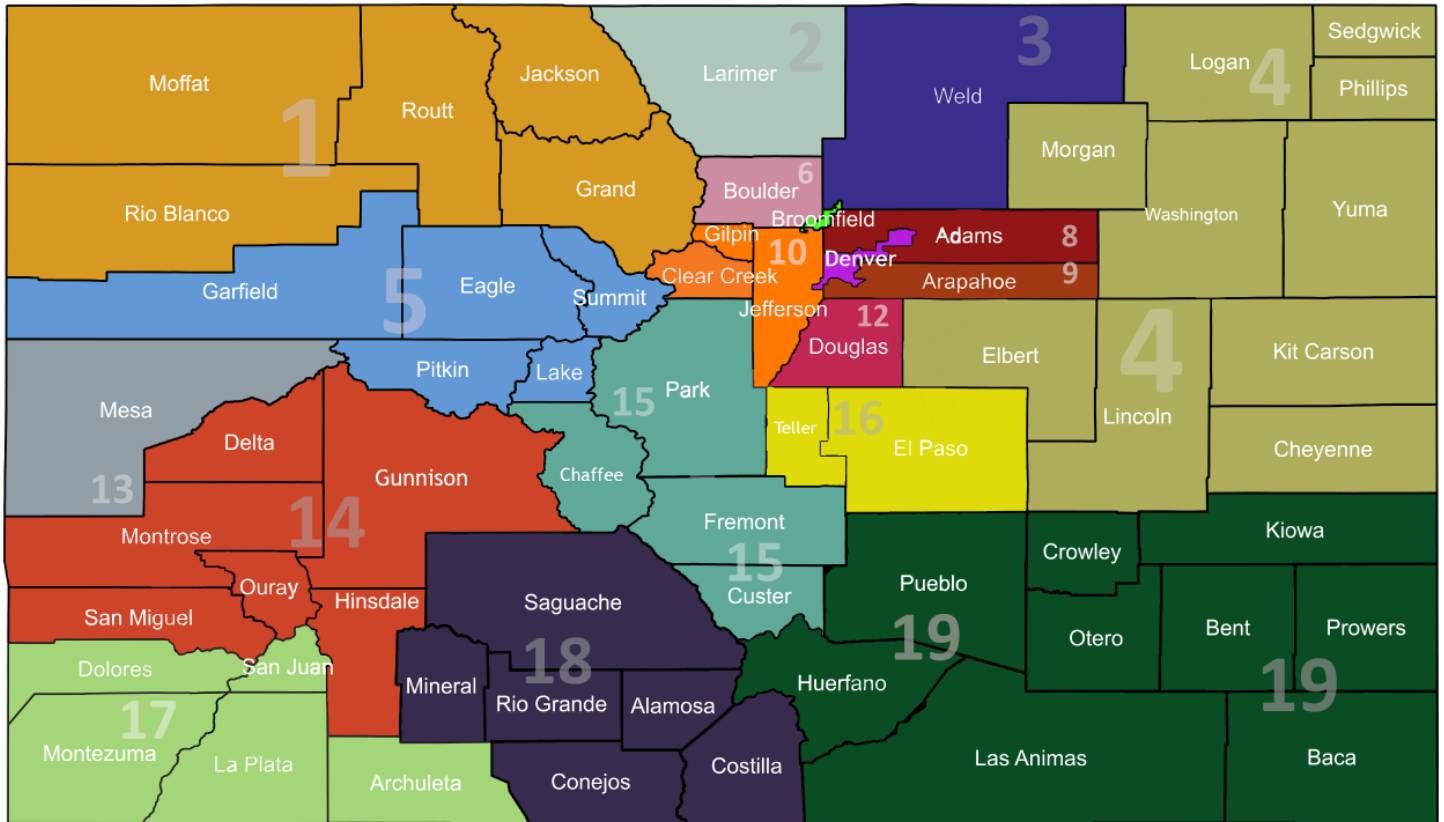
Link: <https://county.pueblo.org/public-health-department/substance-use-data-pueblo-county>

Appendix B

Visuals and Additional Information for Understanding

B1.

Regions for the distribution of opioid settlement funds

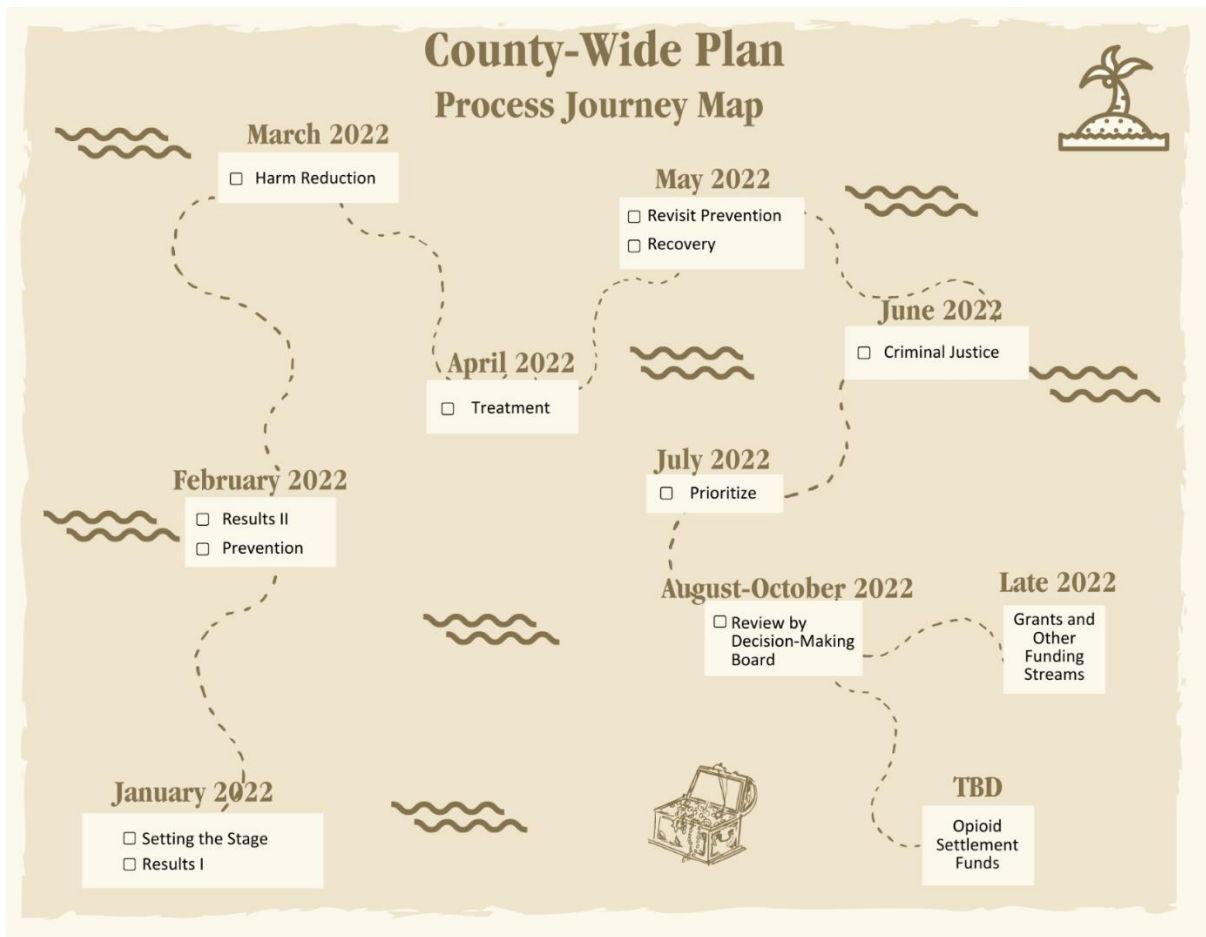


Region 1	Region 5	Region 9	Region 13	Region 17
Region 2	Region 6	Region 10	Region 14	Region 18
Region 3	Region 7 (Broomfield)	Region 11 (Denver)	Region 15	Region 19
Region 4	Region 8	Region 12	Region 16	

EXHIBIT C

This figure depicts the areas within Colorado, and which region each of those areas fall into. Pueblo falls into region 19 along with eight other areas.

B2.



This visual was created to organize the prioritization process to then create the County-wide substance use plan. The process journey map was referred to in meetings for stages in the process to be clarified and for next stages to be anticipated.

Regional Governance Models

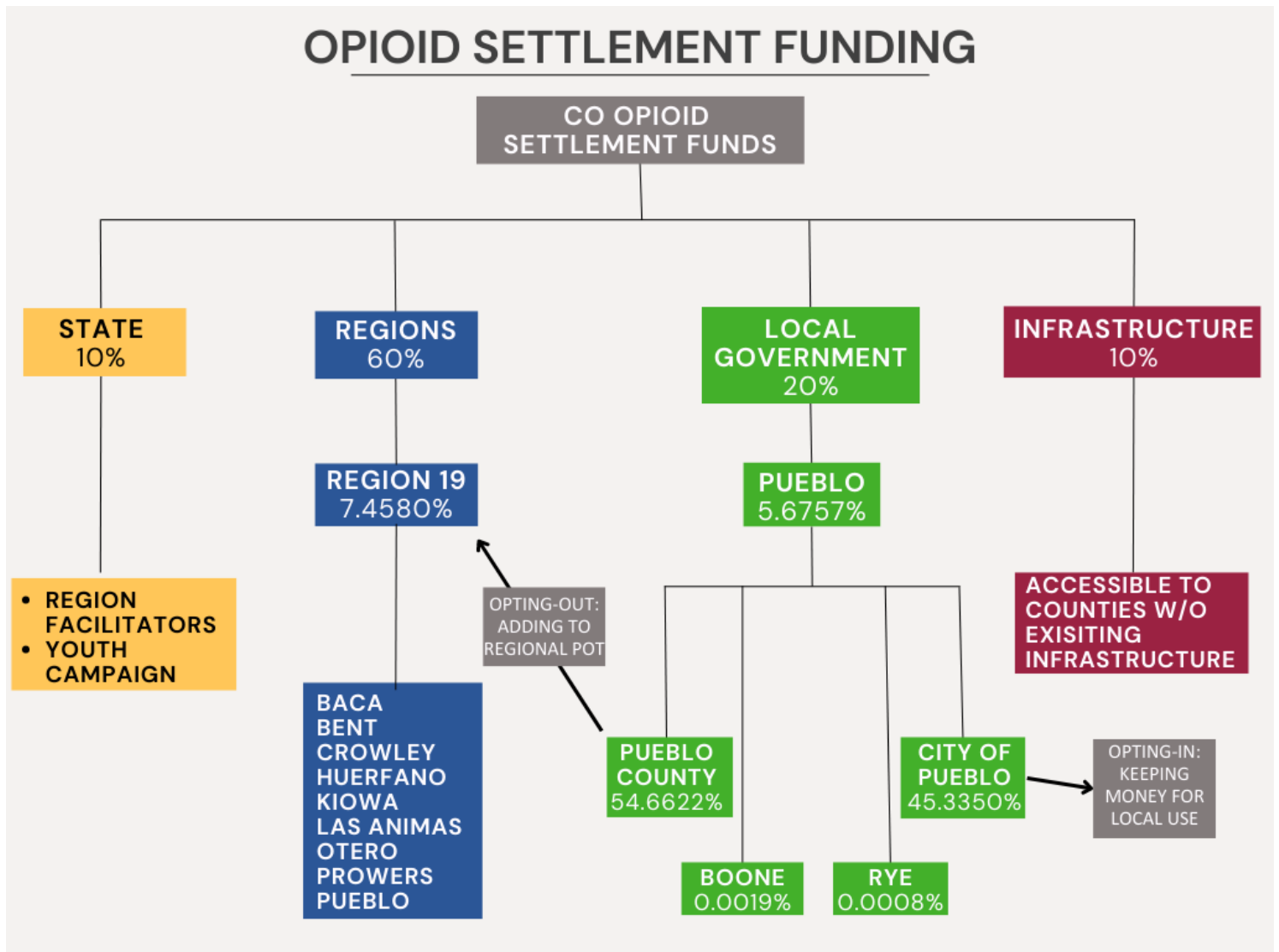
A. Membership Structure

Single-County Regions

1. Voting Members (Recommended List: Participating Local Governments to Decide)
 - 1 or 2 representatives appointed by the county (can be commissioners)
 - 1 representative appointed from the public health department
 - 1 representative from the county human services department
 - 1 representative appointed from law enforcement within region (sheriff, police, local city or town district attorney, etc.)
 - 1 representative appointed from a municipal or county court system within region
 - 1-3 representatives (total) appointed by the cities within the county (or other city or cities agreed upon) (can be councilmembers and mayors)
 - Such other representatives as participating counties/cities agree on (not to include providers who may be recipients of funds)

From Exhibit G.A. of the [Colorado Opioids Settlement Memorandum of Understanding](#) from the Colorado Office of the Attorney General, this recommended list of voting members for a single-county region assisted in the determination of representatives who would be recruited to the Decision-Making Board for the County-Wide Substance Use Plan.

B4.



This graphic was presented to members of the decision-making board to walk them through the different pots of money that the Colorado Office of the Attorney General has decided to put settlement funds in. This in specific highlights those which Pueblo County is either directly receiving or which Pueblo County has the potential to access.