



Region 9 Opioid Settlement Governance Committee

April 11, 2024

1:00-3:00pm

7272 S Eagle St. Centennial, CO

Join Zoom:

<https://us02web.zoom.us/j/3563330150?omn=86247286127>

Representation	Name	Present (Y/N)	Delegate present? (Y/N)
Appointed by the Arapahoe County Board of County Commissioners	Bill Holen	Yes (1:30pm)	
Appointed by the Arapahoe County Board of County Commissioners	Leslie Summey	Yes	
Public Health Director of the Arapahoe County Public Health Department	Jennifer Ludwig	Yes	
Director of the Arapahoe County Human Services Department	Cheryl Ternes	Yes (online, left at 2pm)	
The Arapahoe County Sheriff	Tyler Brown		
Representative appointed from a municipal law enforcement agency within the AC Region	Police Chief Dustin Varney	Yes	
Representative appointed from the County Court system or District Attorney's Office or their designee by the BOCC.	John Kellner	Yes (1:45)	
Rep appointed by the City of Aurora	Francoise Bergan (Aurora)	Yes	
Rep appointed by the City of Centennial	Mayor Stephanie Piko	Yes	
Rep to represent the west side of the County, appointed by majority vote of the Cities of Englewood, Sheridan and Littleton	Steven Ward (Littleton)	Yes	
Rep to represent the east side/smaller communities of the County, appointed by majority vote of the remainder of the municipalities	Trish Stiles (Bennett)		

Quorum met? 9, Yes

Agenda

1. Welcome (20 mins)
 - a. Roll Call and intros



- i. Online: Vicki Capps, Cheryl Ternes, Lindsey Simbeye
 - ii. Add'l in-person Jennifer Mackender, CCPDAP; Nicki Kulish at AHN; Kendra Davis; Jane McCulloch, Colorado Health Network, Omar M
- b. Overview of funding:
 - i. Current \$ obtained from COST portal: \$3555301
 - 1. \$210K/yr peer support (double each of these except co-responder to arrive at above amount)
 - 2. \$203K sober living
 - 3. \$572K MOUD in jail
 - 4. \$74K co-responder assessment
 - 5. \$265K harm reduction
 - 6. \$978K youth prevention (over 2 years)
 - ii. Requested funding: \$5,907,631.39 (includes above 2-year spend as well as current priorities:
 - 1. Workforce dev, \$100K
 - 2. Prevention/awareness campaign, \$100K
 - 3. Ridgeview Campus
 - 4. Withdrawal management
 - 5. Evaluation
 - iii. Balance still with AG: \$4,413,241.07
- 2. Protocol Building (30 mins)
 - a. Onboarding new members
 - i. This process should occur for all voting members and be optional for SME/advisory members.
 - ii. Facilitator will manage this process including an initial call to walk folks through roles and responsibilities and welcome people.
 - iii. Try to bunch new members– extend intro meeting to an hour
 - iv. TSG will develop a
 - 1. One-pager for folks to get up to speed (recent decisions, major protocol, decision, key entities)
 - 2. Onboarding checklist
 - b. Letters of support for Opioid Settlement funding
 - i. Org has to send information as far in advance as possible to facilitator and staff support
 - 1. Name, sample / pre written letter to include brief description of scope of work, short paragraph highlighting objectives and why R9 should support, 2 points of contact preferred.
 - 2. 1-page summary of the proposed SOW – REMOVE
 - 3. Any particular instructions or guidelines that may apply
 - 4. To add: how many other ROACs/entities are they asking for?
 - ii. Facilitator and staff support will ensure applicant has all information required and ask if it's relevant to council, **ask for any additional information**
 - iii. Facilitator will send request to Chair and Vice Chair to be added to review before next meeting



- iv. Request will get added to next meeting agenda for a brief discussion and vote. If we cannot make the next mtg, chair and vice chair can approve.
- v. If approved, chair will sign on behalf of council endorsing the LOS
- c. Other external requests
 - i. Similar process to above, but encompasses outside grants or direct financial requests from the council
 - ii. Idea: make these roll in on a quarterly basis (annual, bi-annual? March?)
 - 1. Use for leftover funds
 - 2. Build around 2 funding request deadlines in March and Sept (Jan and July)-- build into workplan for annual ongoing
 - iii. Another idea: add into RFP along with current priorities that orgs could apply for something outside of those priorities / SOW. After current priorities / scopes are considered, the 'other' projects get considered last & can identify some other projects to fund if there is extra funding.
 - 1. Still keep external process for non-financial requests (or set a threshold for financial request amounts - \$25k, can be adjusted by council)
 - 2. If financial requests, have to go through two deadlines for requests / RFP process
 - 3. If no RFP process that year, still have requests go in around those timelines
 - iv. Outcome of protocol:
 - 1. 2 annual funding periods (Jan & July)
 - a. 'Other' category in RFP if request doesn't match a priority
 - 2. Submit information (org name, points of contact, financial request, 1-page summary, etc)
 - 3. No matter what the funding request, follow the annual funding periods for review. Unless it's extremely, extremely pressing and under \$25K, then we could consider bringing to council.
- 3. Strategic Planning (60 mins)
 - a. Evaluation (15)
 - i. Logic model input
 - 1. Goal: evaluate currently funded programs
 - 2. RE-AIM - logic model framework
 - a. Internal effectiveness of program
 - b. Short term goals: metrics from program evaluation (# people served by org, # people prescribed MAT, # naloxone kits, etc.)
 - c. Long term outcomes: higher-level, population data (decreased deaths, increased housed folks and people employed, decreased opioid related ED deaths, etc)
 - 3. A way to identify gaps!
 - 4. National priorities = evidence based practices
 - a. Umbrella that guides the overall logic model
 - b. Keeping council steeped in evidence based programming



- ii. Programs report data quarterly
 - iii. Anything to **add to long term goals**?
 - 1. Youth-related goal
 - a. Decrease in youth substance use initiation
 - b. Death by population type
 - c. YBHS (youth behavioral health system) as a baseline for data – also asks mental health questions
 - i. 1 major school district in this Region that doesn't use this
 - ii. Self-reported data, voluntary participation
 - d. Age: 25-44
 - e. CDPHE overdose dash does include age brackets for ED / overdose data
 - 2. Mental health metric
 - iv. We can adapt long term goals to ensure they continue to map the problem
 - v. Proposal from TSG will be sent out before next meeting via email for review
 - 1. Use management/ communication funding bucket to fund evaluation with Steadman
- b. Determining approach for goals / *Workgroups (25)*
- i. Near(er) term – **Building Workgroups**
 - 1. Prevention and Awareness Campaign**
 - a. \$100,000 (+ extra if needed)
 - b. Goal: determine specifics for a R9 prevention and awareness campaign
 - c. A lot of campaigns already happening - avoid duplication & tailor to R9
 - 2. Workforce Development**
 - a. \$100,000 (+extra if needed)
 - b. Goal: Develop a program that leverages settlement dollars to fund student tuition costs (LAC, CAS, CAT, etc)
 - i. Easy to give money to schools and they manage students
 - ii. Students don't pay anything
 - iii. Partially funded by state
 - iv. Relatively quick turnaround into workforce
 - v. Low admin burden
 - 3. Ridgeview Campus**
 - a. Determine their ability to expand long term housing
 - b. Ensure ROAC money would only fund Arapahoe county residents
 - c. Discuss opportunities with other funders
 - d. Transportation
 - e. More collaborative conversation, outreach than SOW drafting



4. Workgroups to have RFPs out by Sept deadline

ii. Long(er)-term – Discussion (20)

1. Withdrawal Management Facility

- a. Building Council capacity for implementation
- b. Hiring of an external expert, but who is the external expert? Identify and then solicit proposals.
- c. Likely, would be privately operated
- d. Starting point: asking county / surrounding cities if they have any land or buildings for purchase for the facility - a workgroup task
- e. TSG can introduce council to potential funders (govt entities and non-govt entities, like Medicaid plans)
- f. Relationship established w/ Larimer facility - use as a model for planning
- g. Partner with DougCo? Interest is there.
- h. Also can ask for infrastructure dollars from opioid settlement funding - collaboration across regions
- i. This workgroup will be able to spend time in council working on this while other workgroups are working - others can be involved in this workgroup if they'd like
- j. City of Aurora has a property manager, county has this resource too

4. Governance (5 mins)

- a. Approval of 3/14 minutes

5. Closing (10 mins)

- a. Opportunities
- b. Next meeting