GUNNISON COUNTY BOARD OF COMMISSIONERS
MEETING NOTICE

DATE: Tuesday, April 27, 2021
PLACE: Board of County Commissioners' Meeting Room at the Gunnison County Courthouse
200 E. Virginia Avenue
Gunnison, CO 81230

GUNNISON COUNTY BOARD OF COUNTY COMMISSIONERS WORK SESSION:

8:30 am   •   Request for Support; US Forest Service Acquisition of 48.54-Acre Gunnison Ranchland Conservation Legacy Parcel Located Adjacent to the Town of Marble; Parcel No. 2917-263-00-012

8:45   •   Shady Island River Park Fee Proposal

9:00   •   Colorado Oil and Gas Conservation Commission Presentation

9:40   •   Emergency and Disaster Management and Procedures; Role of the Gunnison County Board of County Commissioners

10:00   •   Health and Human Services Opioid Response Planning

10:20   •   Break

10:30   •   2021 Annual US Forest Service Fire Management Discussion

       •   Adjourn

Please Note: Packet materials for the above discussions will be available on the Gunnison County website at http://www.gunnisoncounty.org/meetings prior to the meeting.

ZOOM MEETING DETAILS:

Join Zoom Meeting: https://us02web.zoom.us/j/88336680665?pwd=MVhiUzlBZnRrNjdma0JoUllXUzRaUT09

Meeting ID: 883 3668 0665
Passcode: 149941
One tap mobile
+16699006833,,88336680665#,,,,*149941# US (San Jose)
+12532158782,,88336680665#,,,,*149941# US (Tacoma)

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Request for Support; US Forest Service Acquisition

Action Requested: Discussion

Parties to the Agreement:

Term Begins: **Term Ends:**   **Grant Contract #:**

Summary:
The USFS is interested in purchasing this lot owned by Gunnison Ranchland Conservation Legacy. BLM is requesting informal support.

Fiscal Impact: N/A

Submitted by: Katherine Haase   **Submitter's Email Address:** khaase@gunnisoncounty.org

Finance Review: ◯ Required   ⦿ Not Required

    Comments:

    Reviewed by: Discharge Date:

County Attorney Review: ◯ Required   ⦿ Not Required

    Comments:

    Reveiwed by: Discharge Date: Certificate of Insurance Required

                                                  Yes ◯   No ◯

County Manager Review:

    Comments:

    Reveiwed by: GUNCOUNTY1\mbirnie   Discharge Date: 4/15/2021

◯ Consent Agenda   ◯ Regular Agenda   ◯ Worksession   Time Allotted: 15

Agenda Date: 4/27/2021

Revised April 2015

Katherine Haase

To: Bruno, Rebecca M
Subject: RE: [EXTERNAL] RE: GRCL Parcel located adjacent to the town of Marble

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From: Bruno, Rebecca M
Sent: Monday, August 31, 2020 1:11 PM
To: bocc@gunnisoncounty.org
Cc: Stacy McPhail <info@gunnisonlegacy.org>; Szuch, Nicholas - FS <Nicholas.Szuch@usda.gov>
Subject: GRCL Parcel located adjacent to the town of Marble

Good afternoon~

I am reaching out to the Gunnison County Board of Commissioners on behalf of the White River National Forest (WRNF), as well as the Grand Mesa, Uncompahgre, and Gunnison National Forests (GMUG). The USFS is interested in pursing the acquisition of Gunnison County Parcel No. 2917-263-00-012 currently owned by the Gunnison Ranchland Conservation Legacy (GRCL). This past winter GRCL approached the GMUG about purchasing this particular parcel, although it falls within the administrative boundary of the WRNF. Both the WRNF and the GMUG have determined this would be a good acquisition for the USFS, and GMUG agreed to provide a project manager.

As the assigned project manager, I am soliciting Gunnison BOCC for informal support for this acquisition.

I have attached a document that briefly describes the location of the parcel and the Legislative Map for reference. This parcel is situated adjacent to and south of the Town of Marble. The northern most boundary is the Crystal river. The Raggeds Wilderness managed by the WRNF is adjacent to the south. Due to its proximity to the Raggeds Wilderness, its acquisition is a priority. Additionally there is no current legal access via a public street, road or highway. Nor is there a privately granted easement. Access is limited to foot traffic only.

Being overly optimistic, my hope is this project would close sometime in early Summer 2021. However, given the high volume of transactions the local title companies and the pandemic, a more realistic closing may be in the Fall 2021. One of the preliminary and necessary steps to proceeding with this acquisition is the informal support from the BOCC.

Please feel free to reach out to me if questions or concerns arise, otherwise, as soon as I hear a response to this email, we will start proceeding onto the next steps. Thank you for a timely response.

Respectfully,
Rebecca M. Bruno, PLS
Cadastral Surveyor
BLM-Gunnison Field Office
Project Manager, LOA Program
USFS-GMUG
970-642-4946 (o)
970-901-0811 (c)

"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not."

-The Lorax

GRCL Marble Property	
Location	Marble, Gunnison County
Parcel No	2917-263-00-012
Size	48.54 acres
Legal Description	The North ½ of the Southwest ¼ of Section 26, Township 11 South, Range 88 West of the 6th P.M. lying south of the Crystal River, excepting therefrom any portion thereof embraced within that parcel conveyed to Matthew B. Wiener and Madeline Wiener by instrument recorded at Reception No. 587422, or within that parcel conveyed to the Town of Marble by instrument recorded April 29, 2002 at Reception No. 520018, County of Gunnison, State of Colorado.
Features	0.5 mile Crystal River frontage, vacant, steep forested slopes. No covenants or easements. No deeded legal access currently but acquiring access is a routine procedure by Colorado law. Town of Marble ISDS regulations apply for any development.

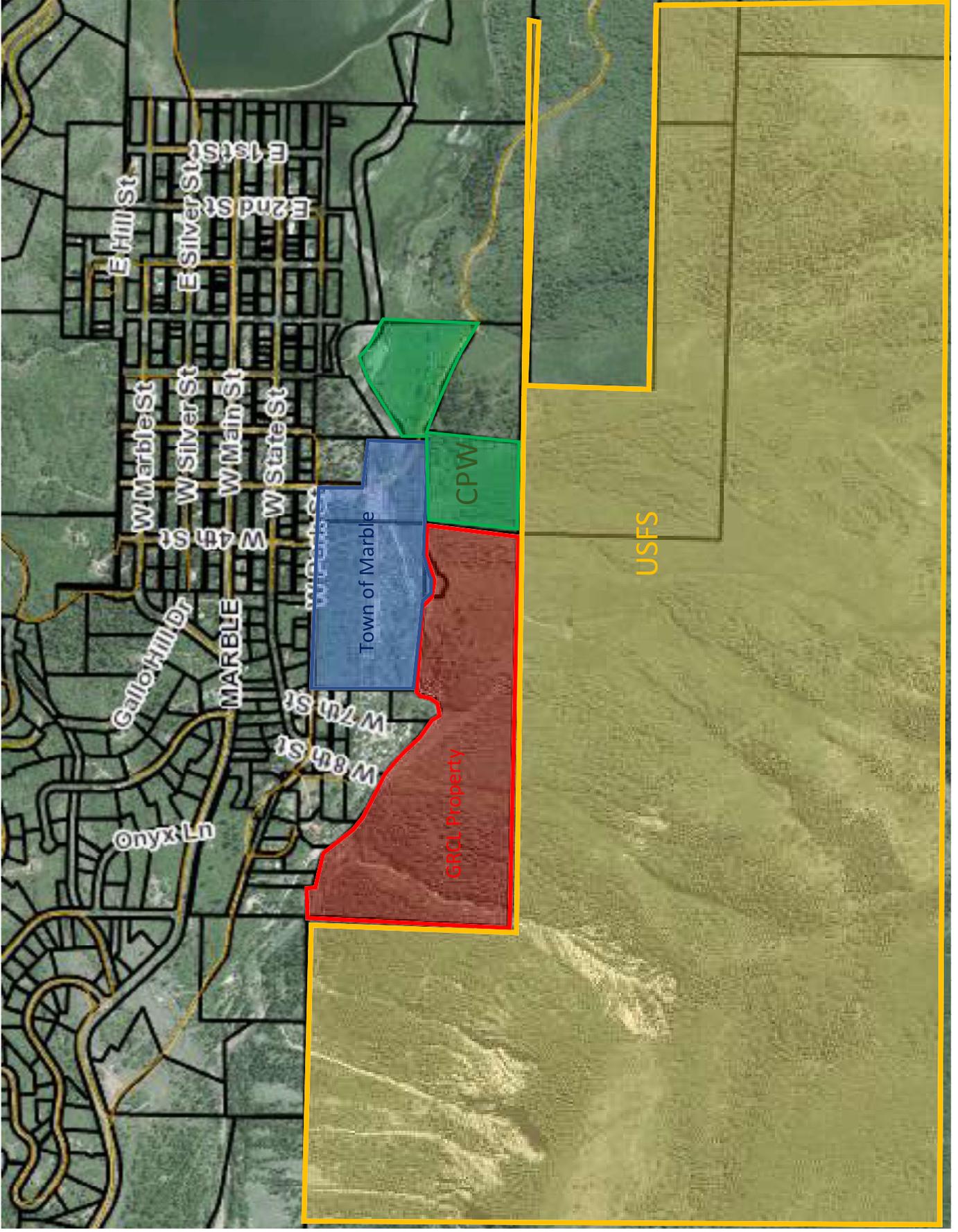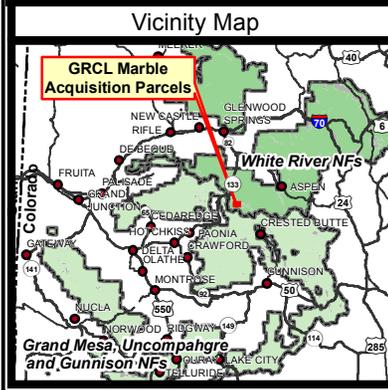GRCL Marble Property (Gunnison County Parcel 2917-263-00-012)
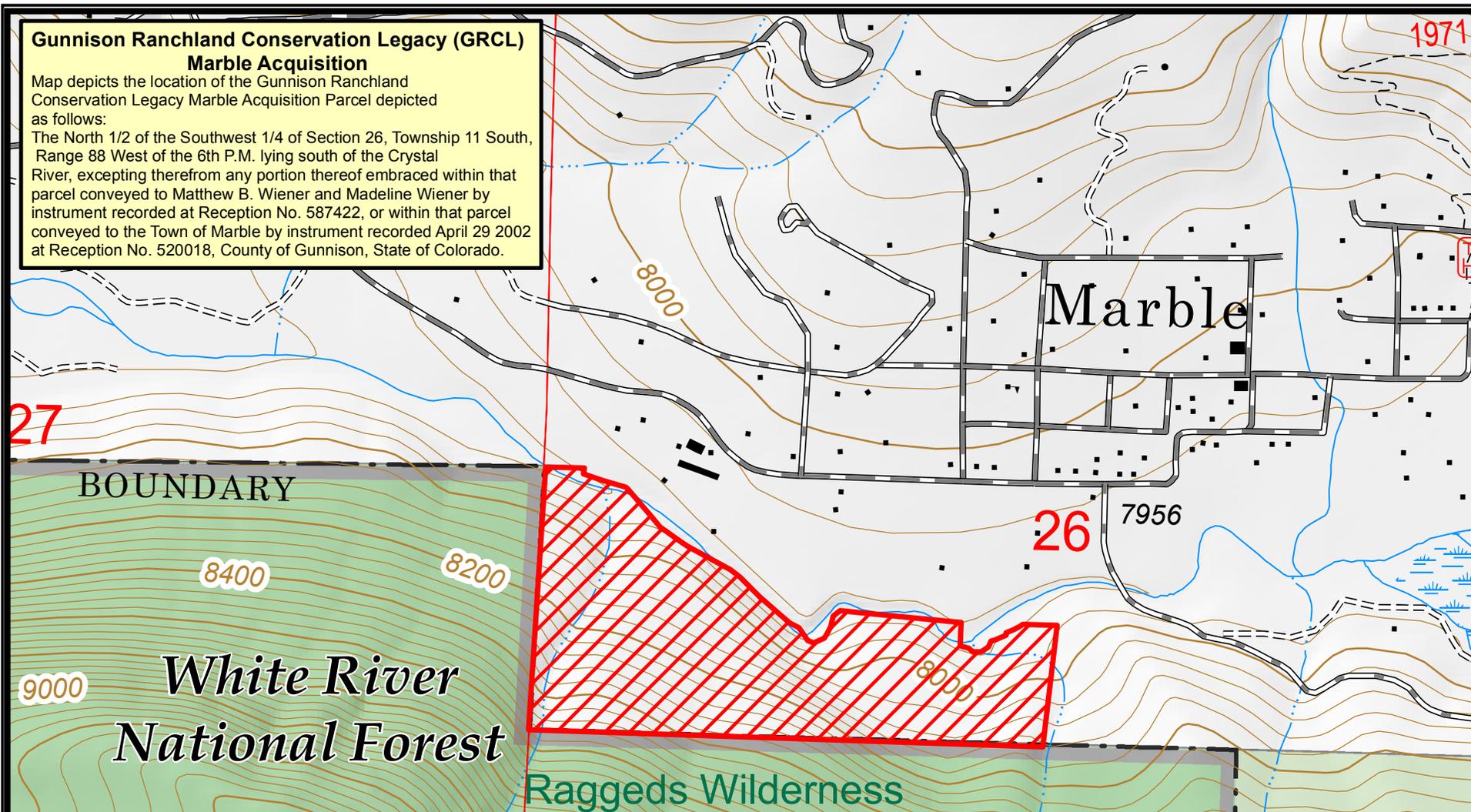
E Hill St

E Silver St

E 2nd St

E 1st St

W Marble St

W Silver St

W Main St

W State St

W 4th St

MARBLE

GalloHill Dr

Town of Marble

CPW

USFS

GRCL Property

W 7th St

W 8th St

Onyx Ln

Photo of GRCL Marble Property looking south.

1971

27

BOUNDARY

8400   8200

9000

White River
National Forest

8000

26   7956

Marble

8000

Raggeds Wilderness

Vicinity Map

GRCL Marble
Acquisition Parcels

MEEKER
GLENWOOD
SPRINGS
NEW CASTLE
RIFLE
DEBEQUE
FRUITA
PALISADE
GRAND
JUNCTION
White River NFs
ASPEN
HOTCHKISS PAONIA
CEDAREDGE
GATEWAY
DELTA OLATHE
CRAWFORD
CRESTED BUTTE
MONTROSE
GUNNISON
Colorado
NUCLA
NORWOOD RIDGWAY
Grand Mesa, Uncompahgre
and Gunnison NFs
LAKE CITY
TELLURIDE

References

Map prepared by the U.S.D.A. Forest Service, Grand Mesa,
Uncompahgre and Gunnison National Forests, GIS Staff
at the request of Corey Wong.
For more information about this map contact Corey Wong,
U.S.D.A. Forest Service, Supervisor's Office, Grand Mesa,
Uncompahgre and Gunnison NFs.
GRCL Parcel location from Gunnison County GIS
database.

Disclaimer

The U.S.D.A. Forest Service makes no warranty,
expressed or implied regarding the data displayed
on this map, and reserves the right to correct,
update, modify, or replace this information without
notification.

N

0   0.25
                 Miles

Legend   Sheet 1 of 1

▨ GRCL - Marble Acquisition
   Parcel

▨ National Forest System
   Lands

□ Non - National Forest System

▨ Wilderness

Map Creation Date - 3-17-2020

Data used in creation of this map are on file with U.S.D.A. Forest Service, T:\FS\NFS\GMUG\Project\SO\GISProjects\FY20\Wong_GRCL_MarbleAcquisition\GRCL_MarbleAcquisition_LegislativeMap_LS_8x11_2020

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Shady Island River Park Fee Proposal

Action Requested: Discussion

Parties to the Agreement:

Term Begins: **Term Ends:**   **Grant Contract #:**

Summary:
Discuss the institution of a parking fee for Shady Island for the purpose of deriving revenue for the maintenance and management of the site from the users of the site.

Fiscal Impact:

Submitted by: John Cattles   **Submitter's Email Address:** jcattles@gunnisoncounty.org

Finance Review: ◯ Required   ⦿ Not Required

   Comments:

   Reviewed by: Discharge Date:

County Attorney Review: ◯ Required   ⦿ Not Required

   Comments:

   Reveiwed by: Discharge Date: Certificate of Insurance Required

                                                                              Yes ◯   No ◯

County Manager Review:

   Comments:

   Reveiwed by: GUNCOUNTY1\mbirnie   Discharge Date: 4/22/2021

◯ Consent Agenda   ◯ Regular Agenda   ◯ Worksession   Time Allotted: 15

Agenda Date: 4/27/2021

Revised April 2015

Shady Island River Park
Fee Proposal - DRAFT

The Shady Island River Park, located on the banks of the Gunnison River, is anticipated to open in spring 2021. The River Park is owned and operated by Gunnison County, and was purchased with the intent of providing a new river access area that will better support the current and growing recreational use. The River Park will provide river access for boats, shoreline fishing, walk-in tent camping, a nature-play obstacle course and playground, and picnicking and gathering areas.

A dedicated source of revenue is necessary to support the level of care and maintenance of the River Park. Visitors to Shady Island will anticipate payment for use of expanded amenities. According to the River Park Master Plan, revenue generation opportunities include the following:
- Tent camping
- Paid parking (annual parking pass, day parking pass)
- Pavilion rental/wedding venue
- Commercial outfitter fees
- Rent space for recreational events or lessons (archery lessons, learn to fish programs)
- Corporate sponsorship programs
- Paid events/competitions hosted on site

Fee Schedule
Outlined below is a potential fee schedule for use of amenities at Shady Island River Park.

Day Pass (one calendar day) - $5
This pass is valid for use as a parking permit to access the River Park

Weekly Pass (seven consecutive days) - $15
This pass is valid for use as a parking permit to access the River Park

Annual Pass (12 consecutive months) - $40
This pass is valid for use as a parking permit to access the River Park AND use of toilets and showers.

<u>Overnight Camping Pass (two calendar days) - $20</u>
This pass is valid for use as a parking permit AND access to one designated camping site

<u>Commercial Annual Pass (per truck/trailer parking space) (12 consecutive months) - $500</u>
This pass is valid for use by commercial outfitters. Permits use of the River Park and includes a dedicated parking space with signage/ advertising space. .

*Fees for Shady Island River Park will be reviewed every five years.

Camping
Walk-in, tent-only campsites will provide a low impact recreational camping experience. The proposed campground includes 16 campsites, with one of those being a group camping site. Two gathering areas included within the campground. One area will have a group fire-pit and gathering space including a lawn for games and other uses. The second gathering area is located along the side channel and provides a small beach area and access to riparian habitat.

All camping sites are first-come, first-served. Each campsite will have a site post, tent pad, fire ring, and picnic table.

Parking
There are 80 parking spaces for cars and 17 parking spots for trailers. Payment is required for use of all parking spots.

Two parking spots are designated as ADA accessible. One spot near the restrooms is designated as "short-term", two pull-out "short-term" parking areas are included for staging equipment and preparing for launching craft or dropping off supplies and allow for free parking of no more than 30 minutes.

Enforcement
A parking control system will be installed with license plate readers. The system will read and record license plates as vehicles enter and exit the site. A kiosk will be installed near the parking lots where passes can be purchased for both parking and camping. Vehicles that exit after being on site for longer than 15 minutes without purchasing a day pass or weekly or season pass will be ticketed. The parking control vendor will mail tickets to the address listed with the vehicle registration.   A camp host will be on-

location from May 1 to October 15th. The camp host will also have the authority to ticket visitors who do not abide by park regulations.

To Be Determined
-Fee-free days.
-Discounts for seniors, veterans, person with a disability, children.
-Choice pass benefit (free season pass).
-Volunteer days each spring and fall with free passes for volunteers.
- Future integration into a larger recreation fee system.

LEGEND

1. Re- Aligned Entrance Drive
2. Park Entry Signage
3. Trailer Parking (15' x 55') (36 spaces)
4. Vehicular Parking (9' x 18') (43 spaces)
5. Connection for Garlic Mike's Overflow Parki
6. Walk-in Tent Camping (18 Regular, 1 Group)
7. Gathering Area/Fire Pit for Campground
8. Camp/Park Host Site with RV Hookups
9. Vehicular Bridge
10. Pedestrian Bridge
11. Boat Prep & Staging Area
12. Boat Ramp for Trailered Boats (36' Wide)
13. Boater Safety Talk & Waiting Space
14. Boat Queuing Space (~100 lf)
15. Boat Staging or Drop-off Area for Small Craf
16. Beach Area & River Access for Small Crafts
17. Small Beach Area & Creek Access
18. Outdoor Classroom & Gathering Space
19. Large Restroom Building (6 stalls)
20. Picnic Shelter w/ Restrooms
21. Large Picnic Pavilion (6 picnic tables, group g
22. Small Picnic Pavilion (2 picnic tables)
23. Picnic Tables
24. Nature Play Inspired Playground
25. Nature Play Obstacle Course
26. Passive-Use Natural Areas
27. Future Pedestrian/Bike Over/Underpass
28. Bank Stabilization
29. In-Stream Habitat Improvements, Fisheries
30. Fishing Access and Wade-in Fishing
31. Nature Trail
32. Short Term & ADA Parking

Master Plan

APPROX. PROPERTY BOUNDARY

EX. 24" CMP

MYSTERY LN

ABANDONED FACILITIES TO BE REMOVED (TYP.)

EM

CLINE'S HOME SITES

NEW WATER SPIGOT (TYP.)

ABANDONED FACILITIES TO BE REMOVED (TYP.)

NEW 2" W

EDGE OF WATER JULY 26, 2018

APPROX. PROPERTY BOUNDARY

EM   EM   EM

EM

NEW 2" W

EM

CAMP HOST

NEW SMH

EM

NEW ELEC

RESTROOM BUILDING

EM

RESTROOM BUILDING

NEW PED. BRIDGE

NEW ELEC   NEW 2" W

NEW SS LINE

EM

CO HWY 135

CONNECT NEW SS INTO EX. SMH

NEW SS LINE

NEW SMH

NEW VEHICAL BRIDGE

GUNNISON RIVER

NEW ELEC TRANSFORMER

ET   OH

NEW ELEC

NEW 2" W

EXISTING BRIDGE

EM

NEW WATER TREATMENT PLANT

W

NEW 2" W

NEW WATER SPIGOT

NEW ELEC

EM

EDGE OF WATER JULY 26, 2018

GUNNISON RIVER

APPROX. PROPERTY BOUNDARY

Graphic Scale

0   30   60   120

In Feet: 1" = 60'

Shady Island River Park
Gunnison, Colorado

Legend

Linetypes

EXISTING	PROPOSED	DESCRIPTION
G — G	E — E	LOW PRESSURE GAS LINE
E — E	E — E	UNDERGROUND ELECTRICAL LINE
E — OH — E		OVERHEAD ELECTRICAL LINE
8"W — 8"W	W — W	WATER LINE & SIZE
WS — WS	WS — WS	WATER SERVICE LINE
8"S — S	8"S	SANITARY SEWER LINE & SIZE
SS — SS	SS	SANITARY SEWER SERVICE LINE
		DRAINAGE SWALE FLOWLINE
x — x — x		WIRE FENCE LINE
18" CMP		CULVERT, SIZE & FES
		EDGE OF PAVEMENT
		EDGE OF WATER
		APPROX. PROPERTY BOUNDARY

Symbols

EXISTING	DESCRIPTION	EXISTING	PROPOSED	DESCRIPTION
	DECIDUOUS TREE	S		MANHOLE — SEWER
T	TELEPHONE PEDESTAL	WM	WM	WATER METER
ET	ELECTRIC TRANSFORMER	⊘		WATER SPIGOT
	ELECTRIC METER			WELL

Date   By   Revision

Plan

...018-326—ShadyIsland\001—CivilEngineering\H—Dwgs\Civil MiscDwgs\SI—ConceptUtilPlan.dwg Plotted: 9/27/2018 10:29 AM By: Shannon Kaminsky

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Emergency and Disaster Management and Procedures;

Action Requested: Discussion

Parties to the Agreement:

Term Begins: **Term Ends:**   **Grant Contract #:**

Summary:

Review requested by Scott Morrill of Gunnison Co. Emergency Management: Review Resolution 2020-11 and BOCC Guidelines with
Commissioners

Fiscal Impact:

Submitted by: Melanie Bollig   **Submitter's Email Address:** mbollig@gunnisoncounty.org

Finance Review: ◯ Required   ⦿ Not Required

    Comments:

    Reviewed by: Discharge Date:

County Attorney Review: ◯ Required   ⦿ Not Required

    Comments:

    Reveiwed by: Discharge Date: Certificate of Insurance Required

                                                  Yes ◯   No ◯

County Manager Review:

    Comments:

    Reveiwed by: GUNCOUNTY1\mbirnie   Discharge Date: 4/15/2021

◯ Consent Agenda   ◯ Regular Agenda   ◯ Worksession   Time Allotted: 20

Agenda Date: 4/27/2021

Revised April 2015

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**BOARD OF COUNTY COMMISSIONERS OF THE
COUNTY OF GUNNISON, COLORADO
RESOLUTION NO. 2020-_11___**

A RESOLUTION AMENDING GUNNISON COUNTY EMERGENCY AND DISASTER
MANAGEMENT AND PROCEDURES

This resolution supersedes Resolution 2008-15, Resolution 2015-2 and Resolution 2017-19.

WHEREAS, on May 8, 2008, the Board of County Commissioners of the County of Gunnison, Colorado ("Board") approved and adopted Resolution 2008-15, A Resolution Establishing Gunnison County Emergency and Disaster Management and Procedures, to provide for the effective direction, control and coordination of Gunnison County government during an emergency or disaster; and

WHEREAS, on June 4, 2013, the Board approved and amended Section D.1.b. of Resolution 2008-15 by Resolution No: 2013-10; and

WHEREAS, on May 2, 2017, the Board approved and amended Resolution 2008-15 to add a new paragraph 5 to Section C. Direction and Control, to include the Delegation of Authority; and

WHEREAS, the Colorado Open Meetings Law applies to any meeting convened in person, by phone or electronically to discuss public business relating to the policy-making function of the Board; and

WHEREAS, when a meeting is convened to discuss public business and is a meeting at which any formal action occurs or at which a majority or quorum of the Board is expected to be in attendance, then such meetings are open to the public and public notice shall be given and minutes taken; and

WHEREAS, the Colorado Open Meetings Law contains no reference to emergency meetings; however, C.R.S. §30-10-303(2) allows the Board to call an emergency meeting provided it has adopted procedures therefor;

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Gunnison County, Colorado that this Resolution, including the authorities and requirements set forth herein regarding emergency and disaster management and procedures, shall be in full force and effect upon the adoption of the instant Resolution, shall thereafter govern the management and procedures during an emergency or disaster within Gunnison County, repealing and superseding Resolution Nos. 2008-15, 2015-2 and 2017-19.

A.   GENERAL OPERATIONS.

1. This plan is based on the concept that emergency functions for various groups involved in Gunnison County government will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both non-emergency and emergency circumstances.

2. In an emergency circumstance, it is desirable, and always attempted, to maintain organizational continuity and to assign familiar tasks to personnel. In large scale disasters, it may

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be necessary to draw on people's basic capacities and use them in areas of greatest need. Day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of any emergency. Personnel and resources that would normally be required of those functions may be redirected to accomplish the emergency task.

3. In keeping with the current strategy of integrated emergency management, this Resolution is concerned with all types of emergency situations that may develop. It also accounts for activities before, during, and after emergency operations.

4. Each department and office has emergency functions in addition to its normal duties. Each department is responsible for developing and maintaining its own procedures and continuity of operations plans. In addition, each department is responsible for maintaining the appropriate level of National Incident Management System/Incident Command System competencies.

B.   PHASES OF EMERGENCY MANAGEMENT.

1. Preparedness. Preparedness activities, programs and systems are those that exist prior to an emergency, and are used to support and enhance response to an emergency or disaster. Planning, training, and exercising are among the activities conducted under this phase.

2. Response. Response is comprised of activities and programs designed to address immediate and short-term effects at the onset of an emergency or disaster. It helps to reduce casualties and damage and to speed recovery. Response activities include direction and control, warning, evacuation and other similar operations.

3. Recovery. Recovery is the phase that involves restoring systems to normal. Short-term recovery actions are taken to assess damage and return vital public health, safety and welfare systems to at least minimum operating standards; long-term recovery actions may continue for many years.

4. Mitigation. Mitigation activities are those designed to either prevent the occurrence of an emergency, or long-term activities instituted to minimize the potentially adverse effects of an emergency from happening again.

C.   DIRECTION AND CONTROL.

1.   The Board, consistent with C.R.S. § 24-33.5-709, Local Disaster Emergencies, identifies the County Manager as the only person with authority to declare a Gunnison County emergency. That declaration shall not be continued or renewed for a period in excess of seven days except by or with the consent of the Board of County Commissioners. In all events, the County Manager shall make all reasonable efforts to convene, by any reasonable methods, a quorum of the Board within 24 hours of the initial declaration of emergency; and shall continue those efforts until a quorum is convened. Any order or proclamation declaring, continuing, or terminating a Gunnison County emergency or disaster shall be given prompt and general publicity and shall be filed promptly with the Gunnison County Clerk and Recorder and with the State of Colorado Division of Emergency Management. Each Gunnison County Department Head and staff shall provide support to and cooperation with the County Manager.

2. a.   Until a quorum of the Board has been convened, pursuant to a declaration of emergency by the Gunnison County Manager, the Manager shall have the full legal authority of the Board of County Commissioners. In addition, the County Manager shall have the authority to

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activate the Gunnison County Emergency Operations Plan and to request assistance from each appropriate entity through the activation of their respective plans.

      b. After twenty-four hours has elapsed from the initial declaration of emergency, the succession of authority to act for the Board shall be the following in order:

      i.   A majority of the Board;
      ii.   The chairperson;
      iii.   The vice chairperson;
      iv.   The third commissioner;
      v.   County Manager;
      vi.   Deputy County Manager;
      vii. County Attorney

      3. A template for a Declaration of Emergency by the County Manager is attached hereto and incorporated herein as Appendix A.

      4. A template for an Order, by the Board of County Commissioners, continuing or renewing the Emergency Declaration in excess of seven days is attached hereto and incorporated herein as Appendix B.

      5. In the event that the incident has exceeded (or is expected to exceed) Gunnison County's capacity and capability to effectively respond to and manage the incident, it may be necessary to request operational assistance from an incident management team (IMT). Requests for an IMT should be initiated through the Colorado Division of Homeland Security and Emergency Management, and will require a written **Delegation of Authority**, to be signed by the IMT Incident Commander and the appropriate Gunnison County representative as designated in section D.1 "Succession of Operational Command" in this resolution. In some cases it may be advisable to have jurisdictions with overlapping operational responsibility (i.e. a fire district) also sign the delegation.

      The Delegation of Authority assigns incident related operational and tactical activities and responsibility for those activities to the IMT. The Delegation should reflect all issues and objectives County leadership determines to be in its best interests, as determined by the County Policy Group, which may consist of, but is not necessarily limited to; Commissioner(s), County Manager, Finance, Department having operational control etc. The delegation should specifically identify date and time of transfer/delegation. The Incident Commanders (outgoing and incoming) are responsible for ensuring that all involved agencies and personnel are notified of the Delegation. The Delegation does not preclude the County from participating in incident planning, nor does it absolve the County of its responsibilities during the incident. Typically, the Delegation will not include IMT management of peripheral incident activities such as management of shelters, evacuations, road closures, donations and volunteers, as these activities usually remain the responsibility of the county.

      The Delegation is amendable, as incident conditions and strategies change. The Delegation is revocable, should the IMT not perform to the County's expectations. At the conclusion of the incident, or at which time the County determines it has sufficient capacity and capabilities to manage the incident, the IMT shall be released by termination of the Delegation.

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A template for a Delegation of Authority is attached hereto and incorporated herein as Appendix C.

D.   CONTINUITY OF OPERATIONS.

1. Succession of Operational Command.

(a) All authority vested in the County Manager by Resolution No. 1988-10, Resolution No. 2007-26, and any other then current delegation of authority to the County Manager shall be exercised, first, by the County Manager.

(b) The emergency, interim line of succession, in the event the County Manager is completely unavailable by any means ("Chain of Command"), shall be:

    i.   Deputy County Manager
    ii. Health and Human Services Director
    iii. Sustainable Operations Manager
    iv. Finance Director

Each of those persons shall have the full authority, in succession, as the County Manager. These emergency, interim successors shall relinquish such authority as directed by a person higher in the Chain of Command when such person becomes available.

(c) The line of succession in each department is according to the written continuity of operations procedures established by that department.

E.   EFFECTS OF DECLARATION OF EMERGENCY.

The effects of an Emergency Declaration shall include but not be limited to:

1. Enhanced County Manager Authority.

(a) Authority to redeploy Gunnison County personnel or equipment from normal job duties to assist in emergency response;

(b) Authority to repurpose Gunnison County facilities to support the emergency;

(c) Authority to suspend or temporarily alter Personnel Policies;

(d) Increase in contracting authority to $250,000;

(e) Authority to delegate all or a portion of operational authority to Incident Command.

2. Ability to request and authorize assistance from all appropriate entities and individuals (e.g. local elected officials, other local governments, State of Colorado, federal government).

F.   PUBLIC INFORMATION OFFICER.

1. The Incident Commander shall designate a Public Information Officer.

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2. The Gunnison County Manager or next in chain of command may appoint a County PIO to coordinate with the Incident(s) PIO.

3. Only the designated Public Information Officer is authorized to speak on behalf of Gunnison County.

4. Each Commissioner shall defer to the designated Public Information Officer relative to public announcements.

5. All Gunnison County staff shall defer to the designated Public Information Officer relative to public announcements.

G.   EMERGENCY MEETINGS

Pursuant to C.R.S. § 30-10-303(2), should the Board, the County Manager or the County Attorney decide, in their respective sole discretion, that an emergency meeting is required, the following procedures shall apply:

1. The County Attorney or the County Manager shall call or be contacted to call the emergency meeting, which can be held even in the event that proper public notification is not attainable.

2. The meeting may be held in person, via telephone, by video conference or other electronic means, or a combination thereof.

3. At the onset of the meeting, the Chair, or a member of the Board, shall describe the circumstances constituting the emergency under which the meeting is taking place, and acknowledge that the notice requirement may be affected by the type of meeting involved. For purposes of these procedures, "emergency" is defined as "an unforeseen combination of circumstances or the resulting state that calls for immediate action."

4. When the meeting is held in person, electronically or via telephone, the Board and Administration staff shall take the necessary steps to create an audio recording of the meeting. In addition, to the extent practicable, the Clerk and Recorder or a Deputy Clerk shall attend and take minutes of the meeting.

5. When the meeting is held electronically, the Board and Administration staff shall take all reasonable steps to ensure that the Clerk or a Deputy Clerk receives copies of all communications so that minutes may be prepared. E-mail between elected officials to discuss public business is normally open to the public unless otherwise exempt from disclosure under the Colorado Open Records Act.

6. Any action taken at the emergency meeting must be scheduled for ratification as a consent agenda or regular agenda item on the Board's next regular meeting for which the agenda has not already been posted.

7. County Administration staff will undertake all reasonable efforts to notify the general public and press of the emergency meeting, including the use of existing electronic distribution lists.
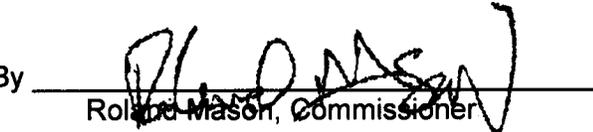
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INTRODUCED by Commissioner _____HOUCK_____ , seconded by Commissioner _____MESSNER_____ , and passed on this _____19TH_____ day of March, 2020.

BOARD OF COUNTY COMMISSIONERS OF THE
COUNTY OF GUNNISON, COLORADO

By _____
Jonathan Houck, Chairperson

By _____
John Messner, Commissioner

By _____
Roland Mason, Commissioner

ATTEST:

_____
Deputy County Clerk

SEAL

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Appendix A

DECLARATION OF EMERGENCY GUNNISON COUNTY, COLORADO

WHEREAS, _____ has reported to the Gunnison County Manager, or the next person in the Gunnison County chain-of-command pursuant to Gunnison County Resolution 2020-_____, the following:

1. _____

2. _____

3. _____

4. _____; and

WHEREAS, _____ has confirmed to a reasonable degree the accuracy of the reports identified above; and

WHEREAS, the public health, safety and welfare of Gunnison County citizens and the public at large in Gunnison County currently is in danger; and

WHEREAS, persons and/or property are or will be damaged unless immediate efforts are undertaken to reduce the threat to life and/or property; and

WHEREAS, there is an emergency present which necessitates activation of the use of emergency powers granted by C.R.S. § 24-33.5-709, Local Disaster Emergencies, and Board of County Commissioners, Gunnison County, Colorado, Resolution No. 2020-_____.

NOW, THEREFORE, IT IS DIRECTED:

That it is hereby declared that there is an emergency/disaster due to the following conditions:

a. _____

b. _____

c. _____

Dated this _____ day of _____, _____.

_____
Gunnison County Manager (or next in chain-of-command)

Attest: _____
Deputy Clerk

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Appendix B
BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF GUNNISON, COLORADO
DECLARATION OF CONTINUATION EMERGENCY GUNNISON COUNTY, COLORADO

WHEREAS, on _____, the County Manager, or the next person in the Gunnison County chain-of-command pursuant to Gunnison County Resolution 2020-_____ declared an emergency; and

WHEREAS, the Board of County Commissioners has confirmed to a reasonable degree the continued existence of such emergency; and

WHEREAS, the public health, safety and welfare of Gunnison County citizens and the public at large in Gunnison County currently is in danger; and

WHEREAS, persons and/or property are or will be damaged unless continued efforts are undertaken to reduce the threat to life and/or property; and

WHEREAS, there is an emergency present which necessitates continuation of the use of emergency powers granted by C.R.S. § 24-33.5-709, Local Disaster Emergencies, and Board of County Commissioners, Gunnison County, Colorado, Resolution No. 2020-_____.

NOW, THEREFORE, IT IS DIRECTED:

That it is hereby declared that there continues to be an emergency/disaster due to the following conditions:

    a. _____

    b. _____

    c. _____

Dated this _____ day of _____, _____.

BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF GUNNISON, COLORADO

By _____
     Jonathan Houck, Chairperson

By _____
     John Messner, Commissioner

By _____
     Roland Mason, Commissioner

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ATTEST:

_____
Deputy County Clerk

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Appendix C

BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF GUNNISON, COLORADO
DELEGATION OF AUTHORITY

PURPOSE AND SCOPE OF THE DELEGATION OF AUTHORITY

The purpose of the *Delegation of Authority* is to transfer the responsibility and authority for incident management (i.e., legal command and incident decision authority) to the recipient; in this case, to a designated Incident Commander ("IC"). The *Delegation of Authority* is a written transfer of authority vesting the designated IC with the control and management of the incident in accordance with prescribed instructions and limitations.

The *Delegation of Authority* provides...
- Delegation (from agency administrator/unified agency administrator group) of full responsibility and authority for incident management under prescribed terms and conditions
- Terms, conditions, and limitations of the authority granted
- Local incident management policy (established in view of legal, financial, and political considerations)
- Delineation of line of authority (source of continuing local direction)
- Priorities for incident control
- Direction for unified command
- Documentation requirements
- Direction for media relations
- Direction for incident management reporting
- Termination conditions
- Other terms and conditions established by the local jurisdiction administrator

A *Delegation of Authority* may only be granted by action of the political governing body of the local jurisdiction. However, it may, by appropriate resolution, entrust the power to make that delegation to a specified jurisdiction official (e.g., a city manager, mayor, or fire chief) upon certain conditions, thus assuring timeliness and continuity of effective management and control. For maximum effectiveness, a procedure for the timely granting of a *Delegation of Authority* should be in place as an emergency planning measure.

It is important to understand that a *Delegation of Authority* is not an abdication of responsibility or authority, but rather a means of assuring them in an unusual emergency setting by providing for an assignment with prescribed conditions and limitations. The authority granted must be broad enough to ensure that local policy and priorities can be effectively implemented, accountability must be provided for, limitations as to scope, time, and/or incident may be included, and the power of review and termination retained.

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INCIDENT COMMANDER

_____

Incident Commander Name

As IC, you are hereby delegated full responsibility and authority to manage:

_____

Incident Name

under the following terms and conditions.

1. **Incident Priorities**
   Incident management and strategies shall be pursuant to the primary incident priorities established by (any attached documents):

2. **Incident Management**
   Incident management and operations shall be conducted as efficiently and effectively as possible, given the prevailing conditions and circumstances.

3. **Unified Command**
   As IC, you shall operate in unified command with the designated command personnel of other authorities with jurisdiction.

4. **Local Personnel**
   When possible, local personnel shall be utilized within the incident management organization.

5. **Documentation**
   Complete and comprehensive incident documentation shall be maintained, including initial damage claims investigations.

6. **Media Relations**
   The incident management team will handle media relations through:

7. **Reporting**
   Incident management reports shall be directed to:

8. **Other Terms and Conditions**

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9. **Termination**

      This Delegation of Authority shall terminate upon notice from the undersigned granting authority.

This transfer becomes effective at _____ time on the date of _____, 20____, and may be changed or updated as conditions change.

_____
Gunnison County Representative

_____
Incident Commander

Attest: _____
      Deputy Clerk

By _____
Phil Chamberland, Commissioner

By _____
Jonathan Houck, Commissioner

ATTEST: _____
Deputy County Clerk

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Emergencies and Disasters in Gunnison County

The Role of the Board of County Commissioners

Gunnison County
COLORADO

©Tad Bowman 2012

UPDATED FEBRUARY 2019

Definition of Disaster from C.R.S.A. 24-33.5-703:

""**Disaster**" means the occurance or imminent threat of widespread or sever damage, injury, or loss of life property resulting from any natural cauise or cause of human origin, including but not limited to fire, flood, earthquake, wind, storm , wave action, hazardous substance incident, oil spill or other water contamination requiring emergency action to avert danger or damage, volcanic activity, epidemic, air pollution, blight, drought, infestation, explosion, civil disturbances, hostile military or paramilitary action, or a condition of riot, insurrection or invasion exisiting in the state or in any county, city, town, or district in the state."

Do you and your family have an Emergency Plan?

- How will you communicate?
- Do your family members know what to take?
- Where will you meet?
- Have you gathered extra supplies?
- Are important documents easily accessible?
- Don't forget about pets in emergency planning.
- Have appropriate preparations in place for your family and home will enable you to focus on and fulfill your responsibilities at work during emergecny situations.
- For additional information visit www.readycolorado.com

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   iii. Facilities Maintenance Manager
   iv. Finance Director

Each of those persons shall have the full authority, in succession, as the County Manager. These emergency, interim successors shall relinquish such authority as directed by a person higher in the Chain of Command when such person becomes available.

   (c) The line of succession in each department is according to the written continuity of operations procedures established by that department.

E.   EFFECTS OF DECLARATION OF EMERGENCY.

The effects of an Emergency Declaration shall include but not be limited to:

1. Enhanced County Manager Authority.

   (a) Authority to redeploy Gunnison County personnel or equipment from normal job duties to assist in emergency response;

   (b) Authority to repurpose Gunnison County facilities to support the emergency;

   (c) Authority to suspend or temporarily alter Personnel Policies;

   (d) Increase in contracting authority to $250,000;

   (e) Authority to delegate all or a portion of operational authority to Incident Command.

2. Ability to request and authorize assistance from all appropriate entities and individuals (e.g. local elected officials, other local governments, State of Colorado, federal government).

F.   PUBLIC INFORMATION OFFICER.

1. The Incident Commander shall designate a Public Information Officer.

2. The Gunnison County Manager or next in chain of command may appoint a County PIO to coordinate with the Incident(s) PIO.

3. Only the designated Public Information Officer is authorized to speak on behalf of Gunnison County.

4. Each Commissioner shall defer to the designated Public Information Officer relative to public announcements.

5. All Gunnison County staff shall defer to the designated Public Information Officer relative to public announcements.

INTRODUCED by Commissioner ___Houck___, seconded by Commissioner ___Messner___, and passed on this _2nd_ day of _May_ ~~2015~~. 2017

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3. A template for a declaration of emergency by the County Manager is attached hereto and incorporated herein as Appendix A.

4. A template for an order, by the Board of County Commissioners, continuing or renewing the Emergency Declaration in excess of seven days is attached hereto and incorporated herein as Appendix B.

5. In the event that the incident has exceeded (or is expected to exceed) Gunnison County's capacity and capability to effectively respond to and manage the incident, it may be necessary to request operational assistance from an incident management team (IMT). Requests for an IMT should be initiated through the Colorado Division of Homeland Security and Emergency Management, and will require a written **Delegation of Authority**, to be signed by the IMT Incident Commander and the appropriate Gunnison County representative as designated in section D.1 "Succession of Operational Command" in this resolution. In some cases it may be advisable to have jurisdictions with overlapping operational responsibility (i.e. a fire district) also sign the delegation.

The Delegation of Authority assigns incident related operational and tactical activities and responsibility for those activities to the IMT. The Delegation should reflect all issues and objectives County leadership determines to be in its best interests, as determined by the County Policy Group, which may consist of, but not limited to, Commissioner(s), County Manger, Finance, Department having operational control etc. The delegation should specifically identify date and time of transfer/delegation. The Incident Commanders (outgoing and incoming) are responsible for ensuring that all involved agencies and personnel are notified of the delegation. The Delegation does not preclude the County from participating in incident planning, nor does it absolve the County of its responsibilities during the incident. Typically, the Delegation will not include IMT management of peripheral incident activities such as management of shelters, evacuations, road closures, donations and volunteers, as these activities usually remain the responsibility of the county.

The Delegation is amendable, as incident conditions and strategies change. The Delegation is revocable, should the IMT not perform to the County's expectations. At the conclusion of the incident, or at which time the County determines it has sufficient capacity and capabilities to manage the incident, the IMT shall be released by termination of the Delegation.

A template for a Delegation of Authority is attached hereto and incorporated herein as Appendix C.

D.   CONTINUITY OF OPERATIONS.

1. Succession of Operational Command.

(a) All authority vested in the County Manager by Resolution No. 1988-10, Resolution No. 2007-26, and any other then current delegation of authority to the County Manager shall be exercised, first, by the County Manager.

(b) The emergency, interim line of succession, in the event the County Manager is completely unavailable by any means ("Chain of Command"), shall be:

i. Deputy County Manager
ii. Health and Human Services Director

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Role of the Board of County Commissioners

The role of the Board of County Commissioners during large-scale emergencies is very important. A few of the critical responsibilities the Board of County Commissioners (BOCC) may be faced with during a disaster:

- Approval of incident expenditures exceeding the limit set in Resolution 2017-19, Section E.1.c
- Evaluate policy level decisions
- Meeting with citizens

As a background to the process and structure of managing large disasters in Gunnison County, there are several Resolutions previously passed by the BOCC that current members of the BOCC should be familiar with. These resolutions may be directly or peripherally tied to disaster management, and include:

- 1988-10 (Emergency Management Program)
- 2006-17 (Adoption of National Incident Management System)
- 2007-26 (Authority to Execute Contracts)
- 2017-19 (A Resolution Amending Gunnison County Emergency & Disaster Management & Procedures)
- 2017-22 (Emergency Operations Plan)

The most important of these resolutions from an incident management perspective is 2017-19 (attached). These resolutions are based wholly or in part on Colorado Revised Statute 24-32-2109 Local Disaster Emergencies, the Colorado Disaster Emergency Act of 1992 (SB 92-36) and the Federal Robert T. Stafford Disaster Relief and Emergency Assistant Act and Amendments.

Gunnison County and all public safety agencies within Gunnison County utilize the **Incident Command System** (ICS) for managing all incidents and events. Further, the ICS, as a part of the **National Incident Management System** (NIMS) has been formally adopted as the incident management system by all jurisdictions and public safety agencies in Gunnison County.
For further information on the Incident Command System please visit:

- http://www.fema.gov/emergency/nims/AboutNIMS.shtm
- http://training.fema.gov/EMIWeb/IS/is700a.asp
- http://training.fema.gov/EMIWeb/IS/IS800b.asp

It is recommended that County Commissioners take the online Independent Study Courses listed above, as well as the ICS 402 Course for Elected Officials. The ICS 402 is a two-hour course and is offered regularly throughout the region.

Some important notes about the Incident Command System: When appropriate, the **Incident Commander** (IC) will appoint **Command Staff** positions. All Command Staff positions are critical to the safe and effective management of an incident; however, for purposes of this guide, only two will be discussed here – the **Safety Officer** and the **Public Information Officer**. If an Incident Commander does not appoint these two positions, then the IC is responsible for those duties.

- The Safety Officer reviews and approves/disapproves all operational plans for the incident, and has the authority to shut down an incident's operations or portions of operations should responder health/safety be unduly jeopardized. **Responder health and safety are the primary objectives of all incidents.**
- The Public Information Officer (PIO) is responsible for all press releases and official interaction with the press. The PIO prepares public information and clears it with the Incident Commander prior to release. It is critical that public information is clear, consistent and accurate. As such, BOCC members are discouraged from talking to the press about incident management or operations.

In most instances, incidents are handled on scene at the Incident Command Post (ICP). The ICP is a very busy and somewhat chaotic place, and as such only necessary and authorized personnel are permitted. The ICP is where most decisions are made in regards to operations and managing the incident. Unless specifically invited, elected and appointed officials should refrain from entering the ICP. Even with the best intentions, the unexpected appearance of elected/appointed officials can cause unnecessary distractions for Incident Command Staff, potentially leading to mistakes being made.

Emergency Operations Center: Some incidents may be large and/or complex enough to require activation of the Emergency Operations Center (EOC). The EOC is located in the Public Safety Center.

The primary purpose of the EOC, when activated, is generally in support of the Incident Commander and the ICP. All operational decisions related to the incident are approved by the IC and General Command Staff. Staffing the EOC depends on the type and scale of the incident – and will usually consist of positions similar to that in the ICS structure. Typically, the EOC may be tasked with fulfilling resource orders that are not within the normal mutual aid agreements for the involved agencies, tracking those resources, situation awareness, long-range planning, long-term logistical considerations, financial planning, recovery planning and making emergency notifications to the public.

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B. PHASES OF EMERGENCY MANAGEMENT.

1. Preparedness. Preparedness activities, programs and systems are those that exist prior to an emergency, and are used to support and enhance response to an emergency or disaster. Planning, training, and exercising are among the activities conducted under this phase.

2. Response. Response is activities and programs designed to address immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce casualties and damage and to speed recovery. Response activities include direction and control, warning, evacuation and other similar operations.

3. Recovery. Recovery is the phase that involves restoring systems to normal. Short-term recovery actions are taken to assess damage and return vital public health, safety and welfare systems to at least minimum operating standards; long-term recovery actions may continue for many years.

4. Mitigation. Mitigation activities are those designed to either prevent the occurrence of an emergency or long-term activities to minimize the potentially adverse effects of an emergency from happening again.

C. DIRECTION AND CONTROL.

1. The Board, consistent with C.R.S. 24-33.5-709, Local Disaster Emergencies, identifies the County Manager as the only person with authority to declare a Gunnison County emergency. That declaration shall not be continued or renewed for a period in excess of seven days except by or with the consent of the Board of County Commissioners. In all events, the County Manager shall make all reasonable efforts to convene, by any reasonable methods, a quorum of the Board within 24 hours of the initial declaration of emergency; and shall continue those efforts until a quorum is convened. Any order or proclamation declaring, continuing, or terminating a Gunnison County emergency or disaster shall be given prompt and general publicity and shall be filed promptly with the Gunnison County Clerk and Recorder and with the State of Colorado Division of Emergency Management. Each Gunnison County Department Head and staff shall provide support to and cooperation with the County Manager.

2. a. Until a quorum of the Board has been convened, pursuant to a declaration of emergency by the Gunnison County Manager, the Manager shall have the full legal authority of the Board of County Commissioners. In addition, the County Manager shall have the authority to activate the Gunnison County Emergency Operations Plan and to request assistance from each appropriate entity through the activation of their respective plans.

b. After twenty-four hours has elapsed from the initial declaration of emergency, the succession of authority to act for the Board shall be the following in order:
  i. A majority of the Board;
  ii. The chairperson;
  iii. The vice chairperson;
  iv. The third commissioner;
  v. County Manager;
  vi. Deputy County Manager;
  vii. County Attorney

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**BOARD OF COUNTY COMMISSIONERS OF THE
COUNTY OF GUNNISON, COLORADO
RESOLUTION NO. 2017- 19**

A RESOLUTION AMENDING GUNNISON COUNTY EMERGENCY AND DISASTER
MANAGEMENT AND PROCEDURES

This resolution supersedes Resolution 2015-2.

WHEREAS, on May 8, 2008, the Board of County Commissioners of the County of Gunnison, Colorado approved and adopted Resolution 2008-15, A Resolution Establishing Gunnison County Emergency and Disaster Management and Procedures to provide for the effective direction, control and coordination of Gunnison County government during an emergency or disaster; and

WHEREAS, on June 4, 2013, the Board of County Commissioners of the County of Gunnison, Colorado approved and amended Section D.1.b. of Resolution 2008-15 by Resolution No: 2013-10; and

WHEREAS, the Board desires to amend Resolution 2008-15 to add a new paragraph 5 to Section C. Direction and Control, to include the Delegation of Authority;

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Gunnison County, Colorado that this Resolution, including the authorities and requirements set forth herein regarding emergency and disaster management and procedures, shall be in full force and effect upon the adoption of the instant Resolution, shall thereafter govern the management and procedures during an emergency or disaster within Gunnison County, repealing and superseding Resolution No. 2008-15 and 2015-2.

A.   GENERAL OPERATIONS.

1. This plan is based on the concept that emergency functions for various groups involved in Gunnison County government will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both non-emergency and emergency circumstances.

2. In an emergency circumstance, it is desirable, and always attempted, to maintain organizational continuity and to assign familiar tasks to personnel. In large scale disasters, it may be necessary to draw on people's basic capacities and use them in areas of greatest need. Day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of any emergency. Personnel and resources that would normally be required of those functions may be redirected to accomplish the emergency task.

3. In keeping with the current strategy of integrated emergency management, this Resolution is concerned with all types of emergency situations that may develop. It also accounts for activities before, during, and after emergency operations.

4. Each department and office has emergency functions in addition to its normal duties. Each department is responsible for developing and maintaining its own procedures and continuity of operations plans. In addition, each department is responsible for maintaining the appropriate level of National Incident Management System/Incident Command System competencies.

1

While the positions and tasks assigned to EOC staff may resemble what is taking place in the ICP, it is important to note that in these situations, the EOC has no role in actual operations or decision making at the incident level. It is important to note that the last phase of any incident – the recovery phase – can be the most time consuming and expensive portion of large disasters.

In rare situations, the EOC may actually serve dual roles: that of an EOC as well as an ICP. Types of situations necessitating this dual role could be a large-scale incident involving a large portion of the County, or multiple smaller incidents, each with an Incident Commander, operating under the Unified Command – meaning that the Unified Command begins prioritizing and allocating resources that may be scarce.

Depending on the type and scale of an incident, or as smaller incidents increase in size and complexity, it may be necessary for the **Board of County Commissioners** (BOCC) to take certain types of **formal action(s)**.

Declaring an Emergency: The most critical of these actions would be a resolution declaring an emergency, which would take place when an emergency or disaster is exceeding the County's capabilities in terms of resources and/or finances. The emergency declaration is then communicated to the Division of Homeland Security and Emergency Management. Depending on the type of emergency, a formal declaration may do the following: Activate other County resolutions regarding disaster management; provide access to TABOR reserve; initiate regional and State resource aid; and ensure that required processes and documents are complete should Federal financial aid become available for the disaster.

During an emergency, the Incident Commander or other Command Staff will communicate regularly with the County Manager or their designee in regards to incident status, progress reports, resource needs and projections. The County Manager or their designee will then communicate that information to the BOCC. In some cases, BOCC members may be asked to report to the EOC for decisions regarding expenditures or policy decisions.

Review and familiarity with the Gunnison County **Emergency Operations Plan** (EOP) and supplemental Annexes, Hazard Mitigation Plan, Wildfire Protection Plan and other related documents is also recommended. These documents and discussions with the Gunnison County Emergency Manager can further detail expectations and resources for our area. Participation in the Local Emergency Planning Committee (LEPC) and other like groups will also help implementation and understanding of the important role that the Board serves to our community before, during and after an incident.

Incident Management Teams: Please reference Resolution 2017-19. Section C: Direction and Control, bullet #5: *"In the event that the incident has exceeded (or is expected to exceed) Gunnison County's capacity and capability to effectively respond to and manage the incident, it may be necessary to request operational assistance from an incident management team (IMT). The decision to request an IMT will be made by the Incident Commander and Incident Command Staff. Requests for an IMT should be initiated through the Colorado Division of Homeland Security and Emergency Management, and will require a written* **Delegation of Authority***, to be signed by the IMT Incident Commander and appropriate representative(s) from Gunnison County. Depending on the type of incident, signatory authority for the County may be the County department having operational control of the incident. In some cases it may be advisable to have jurisdictions with overlapping operational responsibility (i.e. a fire district) also sign the delegation."*

Confidential Emergency Contact Information

Public Safety Agencies – Facilities (Listed Alphabetically)

- City of Gunnison Police Department .... (970) 641-8000
- City of Gunnison Public Works .... (970) 641-8020
- Colorado State Patrol (Montrose) .... (970) 249-4392
- Crested Butte Fire Department .... (970) 349-5333
- Crested Butte Marshall .... (970) 349-5321
- Gunnison Airport Admin/ARFF .... (970) 641-2304
- Gunnison Communications Center ....(970) 641-8201
- Gunnison County Electric Association……………………………(970) 641-3520
- Gunnison County EOC analog line ....(970) 641-5700
- Gunnison County EOC primary phone .... (970) 641-7607
- Gunnison County Public Health .... (970) 641-0209
- Gunnison County Public Works .... (970) 641-0044
- Gunnison County Sheriff's Office .... (970) 641-1113
- Gunnison EMS Station .... (970) 641-7276
- Gunnison Fire Station (staffed during incidents) .... (970) 641-8030
- Gunnison Valley Health Hospital .... (970) 641-1456
- Mt. Crested Butte Police Department .... (970) 349-6516
- WSCU Security .... (970) 209-8798

Shelters (Incident Dependent)

* Red Cross Approved Shelters *

- * City of Gunnison Recreation Center .... (970) 641-8060 *
- Crested Butte Community School .... (970) 641-7720
- Fred Field Western Heritage Center ………………………....(970) 641-8561
- * Gunnison Community School .... (970) 641-7710 *
- * Gunnison High School .... (970) 641-7700 *
- River of Life Fellowship Church .... (970) 641-0864
- * WSCU (contact WSCU Security) .... (970) 209-8798 *

County Personnel (Listed Alphabetically)

- Airport Director .... Rick Lamport ………….……….(909) 907-2799
- Assistant to County Manager Katherine Haase ……………(970) 275-5208
- BOCC .... John Messner ……………..…..(970) 901-6708
- BOCC .... Jonathan Houck…………….…(970) 275-9625
- BOCC .... Roland Mason….. …………….(970) 922-9653
- Community Development ...... Cathie Pagano ……...……......(970) 275-9369
- County Attorney .... David Baumgarten ……...……..(970) 209-4539
- County Manager.................... Matthew Birnie ………….……..(970) 901-1928
- Deputy Attorney .... Matt Hoyt…….. ……………….(505) 264-1348
- Deputy County Manager .... Marlene Crosby ……………..(970) 209-8825
- Deputy Emergency Manager Bobbie Lucero ……………….(970) 640-2443
- Emergency Manager............. Scott Morrill ………………….(970) 275-1370
- Facility & Grounds .... John Cattles ……..………......(970) 275- 0768
- Fairgrounds Manager............ Melody Roper ……...………...(970) 275-2087
- Finance Director .... Linda Nienhueser…..………...(970) 275-0496
- Fleet Manager .... Lee Partch ………….……......(970) 209-8830
- HHS Director .... Joni Reynolds………….……..(303) 903-3467
- HR Director .... Cheryl Seling ………………..(303) 249-1985
- IT Director .... John Felix ………….…….......(970 590-3700
- Public Works Director............ Marlene Crosby ……..……....(970) 209-8825
- Public Works Director........... Sparky Casebolt ……...……...(970) 209-7919
- Sheriff.................................. John Gallowich……….……....(970) 209-5806
- Undersheriff......................... Scott Jackson ……….……...(970) 209-2585

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Health and Human Services Opioid Response Planning

Action Requested: Discussion

Parties to the Agreement:

Term Begins: **Term Ends:**   **Grant Contract #:**

Summary:

 Please see the attached needs assessment and supplemental information.

Fiscal Impact: N/A

Submitted by: Katherine Haase for Kari Commerford   **Submitter's Email Address:** kcommerford@gunnisoncounty.org

Finance Review: ◯ Required   ⦿ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◯ Required   ⦿ Not Required

Comments:

Reveiwed by: Discharge Date: Certificate of Insurance Required

                                                                            Yes ◯   No ◯

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie   Discharge Date: 4/22/2021

◯ Consent Agenda   ◯ Regular Agenda   ◯ Worksession   Time Allotted: 20

Agenda Date: 4/27/2021

Revised April 2015

Needs Assessment

Gunnison County Consortium
Gunnison, Colorado
December 1st, 2019

Grantee Organization	**Gunnison County - GCSAPP**
Grant Number	**G25RH32946**
Address	**200 East Virginia Ave.**
Service Area	**Gunnison County**

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Contributing Consortium Members and Stakeholders	**Center for Mental Health**
	Health and Human Services
	Western Colorado University
	Health Coalition of the Gunnison Valley

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Community Profile

Located thirty miles west of the Continental Divide and surrounded by mountains, Gunnison County is the fifth largest county by area (3,239 square miles) in the state of Colorado. With a population under 17,000, there are fewer than 5 people per square mile. The largest city in this frontier county is the City of Gunnison, which is over 65 miles and two mountain passes from any city with a population of over 25,000 people.[1] With three grocery stores, two pharmacies, and one movie theatre, the lives of Gunnison County residents constantly intersect. Your neighbor is your physician, whose wife is your son's school teacher, whose daughter is dating the pharmacist, whose father is your employer, whose sister is the only psychiatrist who is treating your husband for substance use disorder. The paradox of this and other sparsely-populated rural communities is that while anonymity is non-existent, isolation is pervasive.

Gunnison County was established in 1877, one year after Colorado gained its statehood. The early residents were hardy mountain-men and women who trapped fur, mined, ranched and otherwise survived a harsh climate. The rugged geography and brutal winters forced early residents to adopt an independence that can still be seen in the residents today. Today, Gunnison County is a tourist destination, home to the world-renowned Crested Butte ski area and also to world-class fishing, mountain biking, and other outdoor adventure activities, with consequential injuries. These factors often attract residents and tourists to the community where lifestyles tend to encourage a festival culture that includes the use of substances as part of the experience. Part of living in the high country is getting high; this is one of Gunnison County's biggest community risk factors.

This rugged individualism, risk-taking behavior, and the isolation that results from communities and homes spread across wide swaths of land all contribute to the high suicide rate found in ski towns across the Mountain West.[2] Like most ski towns, the economy of the north end of Gunnison County is seasonally based. When one season ends, residents must scramble to find another job to cover the high cost of living. These financial issues place enormous stress on individuals, families, and relationships. Due to the transient nature of the community, residents lack intergenerational relationships and deep social connection. When life gets difficult, the social support system needed to weather the storm is not in place. Add the long, dark, exceptionally cold winters and altitude-induced low serotonin levels, and it is inevitable that the community has a high risk for substance use and mental health disorders.

Western Colorado University (WCU), located within the City of Gunnison, is home to many of the county's young adult population. Youth from across the country come to WCU for its small university environment and proximity to incredible outdoor recreational activities. Of the 16,871 residents in the county, approximately one third are between the ages of 18 and 34 years old, due in large part to WCU's 3,000 students.[3] According to a recent study on opioid use disorder in rural areas, populations with the highest rates of opioid misuse include adolescents ages 12-19 and adults ages 20-29.[4] The larger-than-average number of young adults in Gunnison County increases the risks of opioid use disorder within the County.

Gunnison County has a low unemployment rate and a well educated population (see Table 1). However, many families lack basic necessities such as healthy, affordable housing, access to child care, job security, and access to health care. The Gunnison Valley Housing Needs Assessment found that just 1% of rentals

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[1] U.S. Census Bureau, QuickFacts, 2018
[2] McMillan, Kelley, Here's Why Ski Towns Are Seeing More Suicides, National Geographic, May 2016
[3] State Demography Office, CO Department of Local Affairs, 2017
[4] Maine Rural Health Research Center Research & Policy Brief, Rural Opioid Abuse: Prevalence and User Characteristics, PB-63-1 February 2016

had vacancies and the percentage of residential units in the Gunnison Valley that house local residents has been decreasing while the number of second/vacation homes has been on the rise.[5] This has forced families to relocate further from work or settle for poor housing conditions. While an estimated 83% of children under six live in households with both parents in the workforce, there were only 368 full-time licensed child care slots for the 779 children under the age of five (2017).[6] Finding affordable health care is also a challenge in Gunnison County. Over 10% of adults under age 65 are uninsured and Gunnison County is designated as a Health Professional Shortage Area for primary care providers and mental health providers.[7] In addition, Gunnison County is growing rapidly. From 2010 to 2018, the overall population of the county has grown 12.5%, further increasing the demand on the existing limited resources of this rural community.[8]

Table 1

	Gunnison County	**Colorado**
Unemployment Rate (2017)	2.0%	2.8%
Median Income (2017)	$53,480	$69,113
Highschool Diploma or Higher (2017)	95.7%	91.1%
Adults Below Federal Poverty Level (2017)	14.8%	9.6%
Children Living in Poverty (2017)	12.4%	12.2%
Adults under 65 Uninsured (2017)	10.5%	8.6%
Population Growth Rate 2010-2018	12.5%	13.2%
Health Professional Shortage Area	Mental Health, Primary Care Providers	-

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[5] Gunnison Valley Housing Needs Assessment, November 2016
[6] Gunnison County Early Childhood Landscape, 2017
[7] U.S. Census Bureau, QuickFacts,2018
[8] U.S. Census Bureau QuickFacts, Population Estimates, July 1, 2018

Vision/Mission/Planning Values

The Gunnison County Consortium is housed under the Gunnison County Substance Abuse Prevention Project (GCSAPP) which is the lead organization for this grant. The vision of GCSAPP is to provide youth and family engagement, education, healthy activities and multi-systems implementation services to youth and their families to support their connections with their families and community, to help them make healthy choices, to enable them to resiliently respond to stress in healthy ways and delay the use of alcohol and other drugs. The mission of the Gunnison County Consortium and GCSAPP is to utilize data, evidence-based strategies, and community mobilization to reduce the impact of substance use/abuse on youth and community members, so that Gunnison County residents will be able to be healthy, stable and productively involved in their community. Currently, the Gunnison County Consortium and GCSAPP have a unified definition of prevention. "Prevention is a process that promotes healthy youth, parents and communities. The GCSAPP coalition uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors." The Gunnison County Consortium is working on creating a unified definition of treatment and recovery as well.

The Gunnison County Consortium has created four sub-groups in order to ensure shared responsibility (leadership, data, education, and messaging).

The Leadership Committee will agree upon an effective structure for operational management of collaborative activities and efforts. Each member of the Leadership Committee will keep their organization informed of collaborative progress and actively seek feedback regarding the collaboration from within their organization. Leadership Committee members will regularly discuss the progress of the collaborative effort and regularly share feedback from their respective organizations in order to ensure clear communication, issue identification, and problem resolution.

 The Data Subgroup examines all current quantitative data sources, conducts focus groups, and analyzes the information and generates reports for the larger consortium.

The Education Subgroup works on creating the educational sessions for prescribers, youth and families, and community members. This group identifies topics of interest and need, works with the Colorado Consortium for Prescription Drug Abuse Prevention and other professionals in order to schedule the events, and promotes and attends all events.

The Messaging Subgroup works to ensure that the messages that are promoted in the community are relevant, community-informed and educational.

The subgroups meet monthly and the larger Consortium meets every other month. There are currently 25 Consortium members and 15 Memorandum Of Understandings (MOU's) with committed organizations/individuals; 4 community members with lived experience, Gunnison Valley Health, Coroner's office, Project Hope, Peer Services, Early Childhood Council, Chief Medical Officer for the County, District Court Judge, Physicians, Mental Health professionals, Pharmacists, Public Health, District Attorney, Gunnison Chief of Police, Juvenile Diversion program manager, parents, Tough Enough to Wear Pink- cancer non-profit, and 4 staff members. To address equity, all Consortium participants are compensated to be at the table unless otherwise fully compensated by their employer.

Methodology

In order to understand the current state of opioid use, current prevention strategies, treatment options, and recovery programs in Gunnison County, the Gunnison County Consortium conducted an environmental scan and gaps analysis in the fall of 2019. The scan and analysis consisted of a review of quantitative data from national, state and county sources, a collection of qualitative data from key informant interviews, focus groups, and surveys, and a literature review of evidence-based practices. Western Colorado University librarians conducted a literature review of best practices for treatment and recovery of substance abuse on campus as well as community-wide.

The process began with a review of secondary county level data from state and national sources including the Healthy Kids Colorado Survey, the Colorado Vital Statistics Program, Colorado Violent Death Reporting System, the Colorado Public Health and Environment, Colorado Behavioral Risk Factor Surveillance System, Colorado Health Institute, the Consortium Data Dashboard, and Cordant Drug Testing. The review also utilized primary data from the county coroner, a community-wide survey on drug use from 2017, recovery court data, Gunnison Valley Health System Hospital data, and the Center for Mental Health patient data. This information provided the overall picture of opioid use in Gunnison County.

To gain a better understanding of the community members' views on opioid use disorder, the Consortium drafted a list of thirty potential key informants across sectors including law enforcement, paramedics, hospital workers, prescribers, pharmacists, mental health practitioners, school district employees, WCU, court system, bartenders, the coroner, health and human services, and community members in recovery. The list was reviewed by the Data Subgroup and the larger Consortium, and amended to integrate suggestions from both groups. Key informant interview questions were drafted and also shared with the Data Subgroup and Consortium for feedback. Fifteen general questions were finalized for the interviews. An interview script was created to standardize the "ask" of the key informants. Two of the data group members reached out to all interviewees and completed a total of 31 key informant interviews. The interview notes were typed and themes were identified for each question. (see Appendix A. Key Informants and Appendix B. Interview Questions)

To further understand opioid use in key demographics, the data group organized focus groups for WCU students and residents that are seniors (55 years and older). Two facilitators drafted the unique questions for each group, a protocol script, demographic questionnaire, and evaluation survey. The data group and Consortium reviewed the questions and supporting documents. Participants were incentivised for participation. Each focus group was run by two data group members; one to facilitate the discussion and the other to record the discussion (see Appendix C. Western Focus Group Questions & Supplemental Documents and Appendix D. Senior Focus Group Questions & Supplemental Documents).

Participants for the senior focus group were recruited through the city senior group (Boomers and Beyond), a low-income senior housing apartment, and fliers throughout the community. The senior focus group was held at the community senior center. Due to low attendance, a senior survey was developed and given during lunch at the senior center. The survey results were incorporated into the overall findings (see Appendix E. Senior Survey Questions).

Western Colorado University students were recruited through peer health educators, two sociology classes and in-person recruitment. Two focus groups were held to accommodate the number of students interested in participating. The focus groups were held on campus at the University Center Boardroom and Conference Room at the Western Field House. A total of 22 students participated.

In addition, an environmental scan survey on substance use was disseminated to WCU students via online survey tool. Two hundred fifty-four students responded to the 27-question survey. Results from the survey were incorporated into the findings (see Appendix F. WCU Student Survey Questions).

Extent of Opioid Use Disorder in Gunnison County

The lives of Gunnison County residents have been negatively impacted by opioid use disorders. There are several indicators that explain the extent of opioid use and misuse in the county. These include opioid-related deaths, prescription drug misuse and access, opioid-related emergency room visits, opioid prescriptions, declining mental health of residents, positive opioid drug test results, self-reported recovery court drug use, self-reported prescription and illicit opioid use, and estimated substance use disorder prevalence. In addition to these measures, the existing substance use disorder workforce and the community identified substance abuse risk factors help to explain the risk of opioid use disorder for Gunnison County residents.

Opioid-Related Overdose Deaths
Colorado has the 12ᵗʰ highest rate of misuse and abuse of prescription opioids across all 50 states. Since 2014, there have been more opioid-related drug deaths than all other drug deaths combined in Colorado.[9] The rate of both prescription opioid deaths and heroin-related deaths continues to rise in Colorado (see Figure 1).

Figure 1
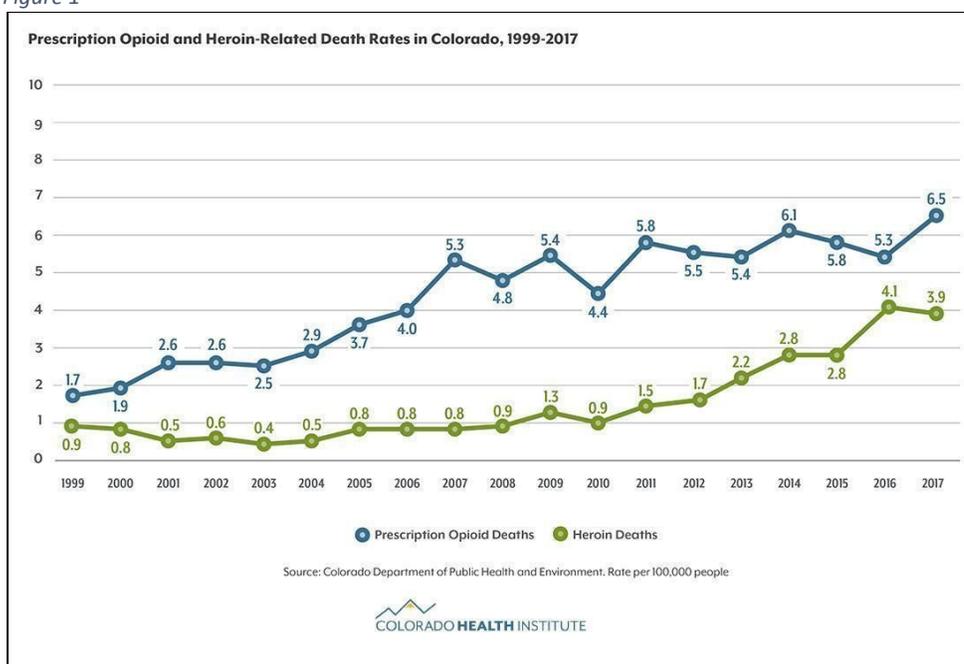
Opioid misuse is the leading cause of drug-related death in Gunnison County. From January 2015 to September 2019 there have been a total of 14 drug-related overdose deaths.[10] Of those, 13 have been opioid-related overdose deaths, the other was an alcohol-benzodiazepine-related death. The majority (80%) of the deaths have been accidental polydrug overdoses. Additionally, there have been 3 heroin-related overdose deaths, all occurring in 2019. The victims of the opioid related-deaths in the last five years have been non-Hispanic, 25 to 69 years old, and the majority have been male. Gunnison County is experiencing the deadly consequences of opioid use disorder. Additionally, the Gunnison Consortium understands that the impact of community violence such as death by accidental overdoses and suicide reaches beyond the individual and adversely affects the whole community.

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[9] Colorado Health Institute, CDPHE, Vital Statistics Program, August 2018
[10] Gunnison County Coroner Report, Opioid-Related Overdose Deaths, 2015-2019

Of the 11 polydrug overdose deaths in Gunnison County from 2015 to 2019, alcohol was the most prevalent drug in addition to opioid on the toxicology report, followed by methamphetamine and marijuana. Alcohol plays a prominent role in Gunnison County's substance abuse problem: in 2018, 23% of adults reported binge drinking or heavy drinking in the last 30 days, and in 2017, 19.5% of Gunnison County high school students reported having five or more drinks in the last 30 days compared to the national average of 13.5% (see Figure 2).[11]

According to multiple data points and the Communities That Care prioritization of risk and protective factor in Gunnison County, the community has a high acceptance of alcohol use and misuse.[12] This contributes to one of Gunnison County's most difficult risk factor to address, "community norms favorable towards substance use". GCSAPP and the Gunnison Consortium use an upstream protective factor lens when addressing prevention. When addressing opioid use disorder, it is important to address all substance use. When a person uses substances such as alcohol and does not experience negative consequences of that use, other high-risk behaviors become more likely; thus prevention of alcohol use in youth is upstream prevention of opioid use disorder.

Figure 2
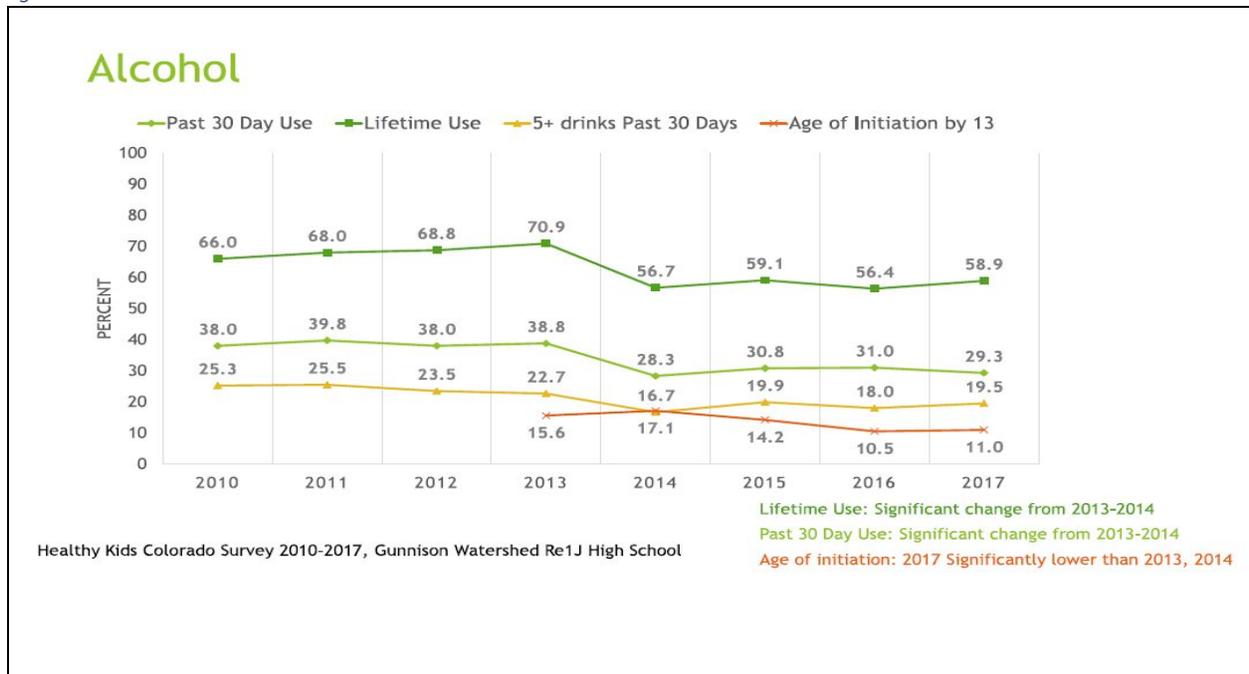
Prescription Drug Misuse and Access

Another indicator of opioid use and misuse is the overall prescription misuse throughout the community. As stated earlier, Gunnison County has an outdoor adventure recreation based economy where high-risk sports are the predominant choice of recreation. Gunnison County's largest medical specialty is orthopedics. Qualitative data from the 2017 community survey, key informants and a town hall meeting on prescription drug use in 2016 indicated that residents do not want to dispose of unused pain medication in case of re-injury; they keep them to self-medicate instead of going back to the doctor. These two factors contribute to the complexity of access, misuse and safe disposal.

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[11] Healthy Kids Colorado Survey, 2017

[12] Communities That Care is a strategic,evidence-based framework for coalitions to identify and prioritize risk and protective factors

GCSAPP has been a Drug Free Community grantee for 10 years, from 2009 to 2019. During this time data has been collected on substance use, perception of harm and perception of availability using the Healthy Kids Colorado Survey. GCSAPP identified alcohol, marijuana, tobacco, and prescription drug use without a prescription as key indicators. The GCSAPP coalition has seen a decrease in past 30-day use between 2009 and 2016 in all targeted substances except prescription drugs. Specifically, the percentage of middle school youth reporting past 30-day use of prescription drugs increased at a rate of 54.9% from 2.0% to 3.1% in 2015. The use of prescription drugs for nonmedical purposes almost doubled between 2014 and 2015 in youth 6th-12th grade. In 2017 the same survey revealed that 11% of high school students in Gunnison County have ever used prescription drugs without a prescription and 26% of high school students said it would be sort of easy or very easy to access prescription drugs without a prescription, up from 21.6% in 2015.[13]

In a community-wide survey conducted in 2017, 27% of adults responded that it would be easy for underage youth to get prescription pain medication.[14] In the same survey, 11.5% of adults reported having used someone else's prescription. Seventy-five percent of survey respondents reported that they felt prescription pill use is a problem in the community. WCU students indicated that access to prescription drugs for recreational use was easy and there are many avenues to acquire prescription drugs. These data points indicate that Gunnison County residents have additional risk factors associated with prescription drugs; lack of proper disposal of unused medications, an increase in the availability of prescription drugs, and an increase in youth use rates.

Opioid-Related Emergency Department Visits
Opioid-related emergency department (ED) visits are another indicator of the overall opioid use occurring in a region. Non-fatal opioid overdoses are often transported to the hospital for treatment. In the state of Colorado the rate of ED visits increased slightly from 15.4 per 100,000 people in 2014 to 17.5 per 100,000 people in 2017.[15] In Region 10 (Gunnison, Hinsdale, Delta, Montrose Ouray and San Miguel Counties) the rate of pharmaceutical opioid emergency department visits increased 350% from 2013 to 2017 (6.8, 2013; 24.0, 2017).[16] In Gunnison County, Gunnison Valley Health Hospital Emergency Department (ED), the only ED in the service area, treats opioid-related medical issues. It is difficult to get an accurate estimate of the rate of opioid-related ED visits at GVH because the primary diagnosis code may not reflect that opioid use contributed to the visit. For example, an opioid-related overdose is coded as respiratory failure. The hospital is currently working to determine how to best estimate the number of opioid-related ED visits. Of note, the Prescription Drug Monitoring Program (PDMP) is directly interfaced with the electronic medical record, providing immediate access to prescription drug history to the medical staff as they interact with patients. This integrated system will help the hospital further reduce overprescribing and identify patients in need of follow-up or additional treatment options. While many people benefit from opioids for pain management, misuse of prescription pain medication can contribute to health emergencies, polysubstance use, and on-going mental health struggles.

Opioid Prescriptions
In the early 1990s, a majority of opioids were prescribed for cancer-related pain. However, by the late 1990s, 86% of patients using opioids were prescribed the drugs for non-cancer pain. According to the Centers for Disease Control and Prevention, in recent years there has been a dramatic increase in the
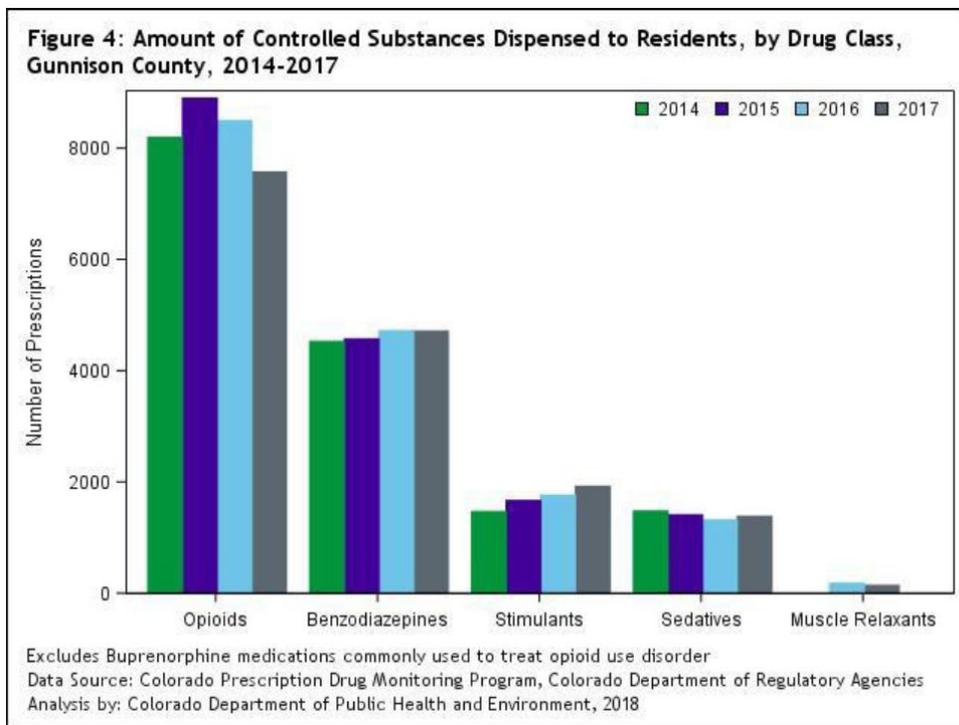
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[13] Healthy Kids Colorado Survey, 2010-2017
[14] Gunnison County Substance Use Community Survey, 2017
[15] Colorado Hospital Association, Age-Adjusted Rates per 100,000 population. Calculated by the Colorado Department of Public Health and Environment
[16] Colorado Hospital Association, Age-Adjusted Rates per 100,000 population. Calculated by the Colorado Department of Public Health and Environment

acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.[17] Studies show that higher prescription rates elevate risk for opioid abuse and that even a seven-day prescription can lead to addiction or chemical dependence in some people.[18]

As indicated by Figure 4, the number of opioids dispensed to Gunnison County residents has decreased slightly from 2014 to 2017, with a spike in 2015. In 2016, opioid prescriptions constituted more than half of all controlled substances prescribed (52%), according to Colorado's PDMP. This decreased to 43% in 2017. The county prescription rate was 627.9 opioid prescriptions per 1,000 residents in 2016 and has fallen to 447 per 1,000 residents in 2017.[19]

Figure 4: Amount of Controlled Substances Dispensed to Residents, by Drug Class, Gunnison County, 2014-2017

Excludes Buprenorphine medications commonly used to treat opioid use disorder
Data Source: Colorado Prescription Drug Monitoring Program, Colorado Department of Regulatory Agencies
Analysis by: Colorado Department of Public Health and Environment, 2018

In addition to the rate of prescriptions dispensed, there are several other prescribing-related risk factors for prescription drug misuse. These risk factors include the percent of patients receiving high dose prescriptions, the rate of multiple provider episodes (MPE's) (using multiple prescribers and pharmacies), the percent of patients prescribed long-acting/extended release opioids who were opioid-naïve, and the percent of patient prescription days with overlapping prescriptions. Residents with one or more of these risk factors are at a higher risk for substance use disorders. In Gunnison County, the rate of MPE's almost doubled from 2014 to 2017 (6.3, 11.9). Additionally, 23.1% of patients prescribed long acting/extended release who were opioid-naïve, compared to only 15% statewide (2017) (see Table 2).[20]

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[17] Centers for Disease Control and Prevention, Opioid Overdose, Prescription Opioids, August 2018

[18] Centers for Disease Control and Prevention, MMWR, *Weekly* / March 17, 2017 / 66(10);265–269

[19] Gunnison County Opioid Profile, Colorado Department of Public Health and Environment 2017

[20] Gunnison County Opioid Profile, Colorado Department of Public Health and Environment 2017

Table 2: **High Risk Prescribing Practices and Patient Behaviors, Gunnison County, 2014-2017**

Indicators	2014	2015	2016	2017	2014-2017 % change
Patients receiving more than 90 MME (%)	8.6	8.3	7.9	7.4	14.6
Patients with MPE's (rate/100,000 residents)	6.3	18.6	6.1	11.9	86.9
Patients prescribed LA/ER opioids who were opioid-naïve (%)	22.7	24.1	25.1	23.1	1.9
Patient prescription days with overlapping opioid prescriptions (%)	23.2	22.8	22.7	22.1	4.9
Patient prescriptions days with overlapping opioid and benzodiazepine prescriptions (%)	10.6	9.6	10.1	9.3	12.6

Schedule II-IV Controlled Substances
Excludes Buprenorphine drugs commonly used for treatment
Annual percentages are based on average of quarterly percentages
Data Source: Vital Statistics Program, CDPHE and the Colorado Prescription Drug Monitoring Program, DORA
Data Analysis by: CDPHE, 2018

Among residents 15 to 24 years old in Gunnison County, 24% were given 2-3 opioid prescriptions in 2016, 1% obtained 4 prescriptions that year, and 3% obtained 5 or more opioid prescriptions.[21] In 2016 veterinarians who attended a medical education training indicated that they are seeing an increase in pet owners who are requesting stronger pain medications for their pets; the owners reported that Vicodin is not strong enough for their pet's pain. At least one veterinarian reported that owners would injure their pets to obtain opioid pain medication. While the number of opioid prescriptions are declining, high risk prescribing practices and patient behaviors continue to be of concern in Gunnison County.

Mental Health

According to the National Survey on Drug Use and Health, 45% of people with addiction have a co-occuring mental health disorder. Of all people diagnosed with a mental health disorder, 29% misuse alcohol or drugs.[22] The changes that take place in the brain due to substance abuse occur in the same brain areas that are impacted by depression, anxiety, schizophrenia, and bipolar disorder. Consequently, it is not surprising that there is a high rate of comorbidity between substance use disorder and other mental health disorders. The declining state of mental health in Gunnison County is an additional risk factor for substance use disorder including opioid use disorder.

Gunnison County is in the state's Region 10, a group of underserved western Colorado counties with higher rates of youth substance abuse, minimal prevention resources, and limited access to intervention and treatment options. According to Colorado's Office of Behavioral Health in a July 2017 report to SAMHSA, an estimated 128,000 Coloradans abused or became dependent on illicit drugs in 2014, and only 19,000 received treatment; the shortage of treatment options appears to be statewide. In 2016, Region 10 had the lowest reported success rate for finding treatment services; only 53 % of people who sought services could successfully find them, compared to a 65 % success rate statewide. At the Center for Mental Health's community-based clinic there is currently a one-month waiting period. Additionally,

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[21] Colorado Prescription Drug Monitoring Program, 2016
[22] Joanna Saisan, M.S.W., Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D., HelpGuide.org, Substance Abuse and Mental Health Issues, October 2019

the University has seen an increase in the number of students enrolling who bring with them an identified substance use disorder or mental health needs. University students have increasingly been utilizing the Center for Mental Health office on campus, but there is a similar waiting period to that in the community.

In 2016, Gunnison Valley Hospital conducted its Community Needs Assessment; the top four prioritized needs from this report were: 1. Mental Health Services, 2. More Physicians, 3. Cancer Treatment and Prevention and 4. Suicide Prevention. The Health system identified suicide, alcohol and drug abuse as top issues to address concurrently with Mental Health. The West Central Public Health Partnership (WCPHP), a public health collaboration between Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel Counties, conducted an in-depth health assessment in 2016. WCPHP identified behavioral health as one of the top three health needs across all six counties. The five year goal is to improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.

Colorado is in the top ten states with the highest rate of death by suicide in the nation and the Rocky Mountain Region has the highest suicide rate in the contiguous 48 states. [23] Gunnison County has one of the highest suicide rates (41.6) in the state (21.2) (see Figure 5). From 2010 to 2015 Gunnison County experienced 1-5 deaths by suicide per year with a total of 16 deaths over the 6-year period. In 2016 Gunnison County saw 10 deaths by suicide, in 2017 there were 8 deaths by suicide, and in 2018 there were 9. Of those who ended their life by suicide, 29% were currently receiving mental health treatment according to the Colorado Violent Death Reporting System (2010-2016). Additionally, 32% of Gunnison County residents who ended their life by suicide had a toxicology report that indicated opioids present at death, compared to the state rate of 16%. [24]

The Gunnison Consortium uses a public health lens when addressing prevention, uses research to identify local risk and protective factors, and then uses evidence-based practices to reduce risks and increase protective factors. The Gunnison Consortium understands that the high rate of suicide violence impacts the health of all residents including youth. According to the Healthy Kids Colorado Survey, the number of kids who report feeling hopeless or sad has risen to about 26.8 %; in 2010 the rate was 15%. The number of high school students who reported consideration of suicide rose from 12% in 2010 to 20% in 2017. [25] Like other mountain communities, Gunnison County's adults and youth struggle with mental health issues. The connection between poor mental health and substance abuse puts Gunnison County residents at a higher risk for substance abuse.

The Gunnison Consortium understands that toxic stress can have long term damaging impacts on the local residents, especially youth who are still undergoing neurodevelopment. Toxic stress can occur when a person experiences strong, frequent and/or prolonged adversity such as; caregiver substance abuse or mental illness, exposure to violence (including suicide), physical or emotional abuse, and accumulated burdens of family economic hardship. According to Harvard University's Center on the Developing Child (2017) the future of any society depends on its ability to foster the healthy development of the next generation. [26] Extensive research on the biology of stress now shows that healthy development can be

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[23] Centers for Disease Control and Prevention. National Center for Health Statistics, 2016. Suicide Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm . Accessed March 16, 2018.
[24] Colorado Violent Death Reporting System, 2010-2018
[25] Healthy Kids Colorado Survey, 2010-2017
[26] Center on the Developing Child, Stress and Resilience: How Toxic Stress Affects Us, and What We Can Do About It https://developingchild.harvard.edu/

derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have damaging effects on learning, behavior and health across the lifespan.

Figure 5
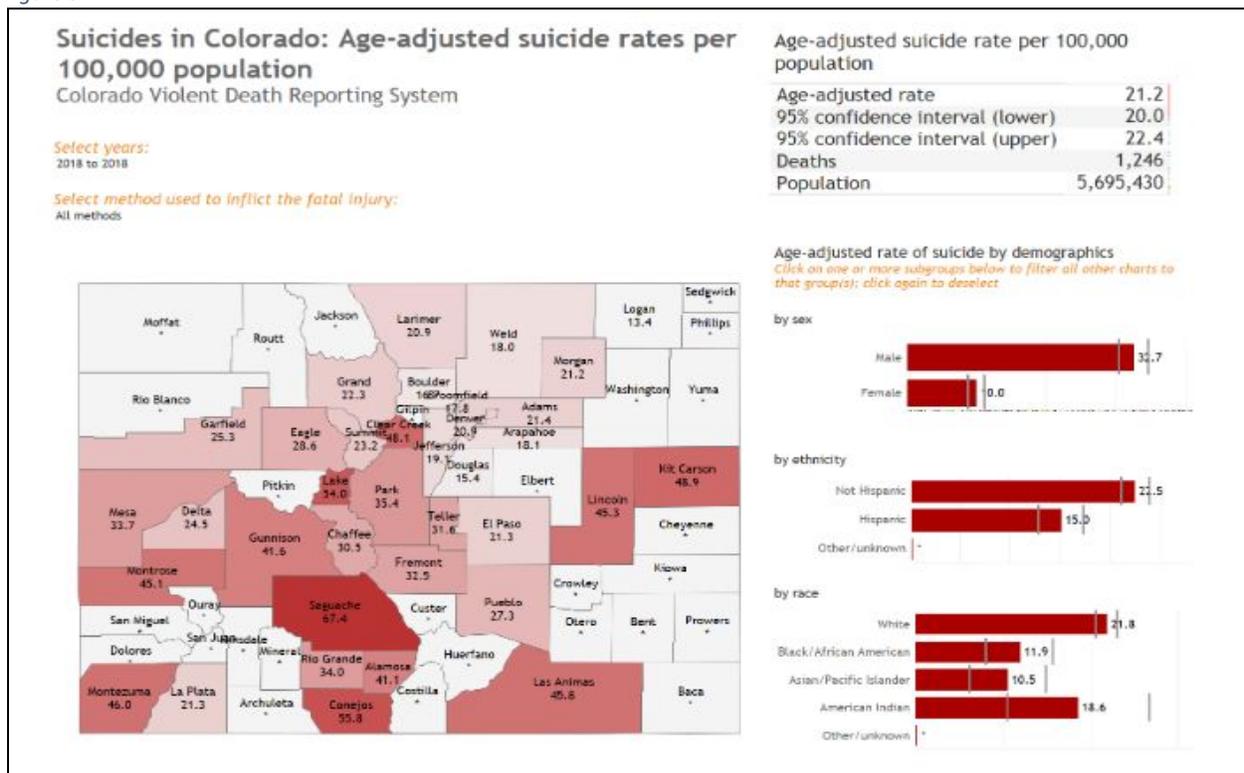
Drug Testing/ Recovery Court

Another measure of opioid use is the number of positive drug screens done through the judicial system. Gunnison County is part of the 7ᵗʰ Judicial District along with Delta, Montrose, Hinsdale, Ouray, and San Miguel counties. Of the 5,080 drug screens conducted in 2018, 218 (4.29%) tested positive for opioids in the 7ᵗʰ Judicial District. This was the second lowest result in the state of Colorado. The 7ᵗʰ District ranked second highest in the state for positive marijuana drug tests (70.5%).[27]

Gunnison County participates in the recovery (drug) court program as part of the 7th Judicial District. This program is an option for some defendants charged with a drug-related crime that are in need of substance abuse treatment. Recovery court defers the jail sentence and requires the defendant to participate in an intensive 7-month to 2 year recovery program. From 2011 to 2019, 55% of recovery court participants in Gunnison County reported alcohol as their primary drug of choice. Marijuana is the second most cited drug of choice (19%). Over the past nine years, just under 6% of participants listed opioids as their primary drug of choice and just under 6% participants listed opioids as their secondary drug of choice.[28] The drug testing and recovery court data confirm that Gunnison County is experiencing opioid misuse as part of its larger polysubstance use problem.

Self-Reported Substance Use

It is very difficult to get an accurate account of current opioid use at the county level. An opioid use question was included on a locally administered community survey (n=506, 2017, Appendix G). According to the 2017 community survey, 3% of respondents reported ever using heroin and 11.5%

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[27] Cordant, Year to Year Analysis and District Trends, 2018
[28] 7th Judicial District, Recovery Court, Drug of Choice, 2011-2019

reported ever using someone else's prescription drug (see Figure 6). Self-reported opioid use may not reflect the true extent of opioid use disorder in Gunnison County. The same survey revealed that over 30% of adults report binge drinking on one or more occasions in the last 30 days. As referenced below, Gunnison County adults engage in high-risk substance use. Using the upstream prevention lens the Gunnison County Consortium and GCSAPP understand that the tendency to engage in high-risk behaviors and high-risk substance use are risk factors for later illicit drug use.

Figure 6 : **Gunnison County Community Survey, n=506**
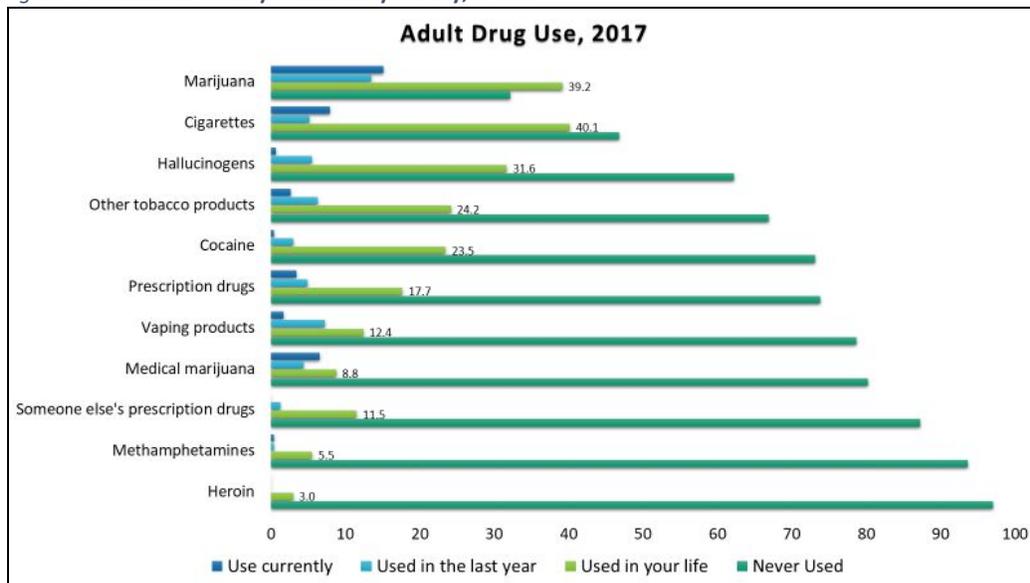
Estimated Prevalence of Substance Use Disorder

Estimating the prevalence of substance use disorder is another way to approximate the number of residents in need of treatment. This method of extrapolation is useful for small, rural communities that do not have access to county-level prevalence data. The method below is credited to JBS International, a technical support consultant for HRSA.

1. Identify Statewide Prevalence Substance Use Disorder Rate- SAMHSA 2016-2017 State Data Tables and Reports from NSDUH
   https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017
2. Identify Target Population Using Census Data- United States Census Bureau Fact Finder
   https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
3. Multiply prevalence rate by target population

As seen in the table below, young adults 18 to 25 years old have the highest rate of substance use disorder, with approximately 568 residents affected. Overall 1,138 residents 18 years old and older are in need of substance use disorder treatment. At first glance, these numbers may indicate that a relatively small number of individuals are impacted by substance use disorder. However, the impact of opioid and substance use disorders in a rural area resonates beyond the individual; children, family members, community, and emergency responders are all adversely impacted. To add to the complexity of treating substance use in this community, Gunnison County only offers outpatient treatment services; there are no inpatient services or intensive outpatient programs.

Table 3

Estimated Prevalence of Substance Use Disorder, Gunnison County					
	12 or Older Estimate	12-17 Estimate	18-25 Estimate	26 or Older Estimate	18 or Older Estimate
Colorado Substance Use Disorder Prevalence*	8.76%	5.60%	19.39%	7.39%	9.07%
Gunnison County Population	13416	872	2929	9615	12544
Estimated SUD Prevalence in Gunnison County	**1175**	**49**	**568**	**711**	**1138**

Substance Use Disorder Workforce

The current substance use disorder (SUD) workforce is severely under-equipped to meet the needs of the millions of Americans living with substance use disorder. According to the National Survey on Drug Use and Health, in 2017, an estimated 20.7 million Americans needed treatment for SUD, but only 4 million reported receiving any form of treatment.[29] This shortage is reflected in Gunnison County as well.

Gunnison County is designated as a Health Professional Shortage Area (HPSA) for primary care providers and mental health providers. Additionally, Gunnison County has been identified as having the highest level of need as a HPSA for substance use disorder.[30] As indicated in Table 4 below, Gunnison County has fewer primary care physicians, dentists, and mental health providers per resident than the state of Colorado (2019). To serve the estimated 1,175 residents in need of substance use disorder treatment, Gunnison County has one psychologist, one licensed social workers, two licensed marriage and family therapist, three licensed addictions counselor, and one licensed psychiatric mental health nurse practitioner. While there are five orthopedic surgeons, there are only six primary care physicians in the entire county.[31] Additionally, there are no inpatient substance use disorder facilities in Gunnison County and there are no providers currently offering Medication-Assisted Treatment (MAT) with Suboxone for opioid use disorder.

Table 4

County Health Rankings, 2019	Gunnison County	Colorado	U.S Best
Uninsured Rate	10%	9%	6%
Population to Primary Care Physician	1,260:1	1,230:1	1,050:1
Population to Dentist	2,420:1	1,260:1	1,260:1
Population to Mental Health Provider	460:1	300:1	310:1
Preventable Hospital Stays per 100,000 Medicare enrollees.	1863	2,900	2,765

The Center for Mental Health (CMH) is the largest mental health care provider in Gunnison County. Three clinics serve the county; one in Gunnison, one on the WCU campus, and a new center in Crested Butte. From January 2016 through September of 2019 the CMH has served approximately 5,300 clients county wide. Approximately 4% of clients served during that time received substance abuse related

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[29] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality Rockville, Maryland 20857, September 7, 2018
[30] Substance Abuse and Mental Health Services Administration, 2019
https://cdphe.maps.arcgis.com/apps/SimpleViewer/index.html?appid=9f17f6155cde42aab58b0ccf65a179d5
[31] Colorado Health Institute, Workforce Data, 2017; https://www.coloradohealthinstitute.org/data

services. This does not capture co-occuring substance abuse diagnosis; only primary diagnosis of substance use disorders.

At WCU, there are two full-time and one part-time counselor to serve over 2,200 degree seeking students. During the 2019 school year, these counselors saw an average of 79 unique clients per month and over 1,100 appointments from January 2019 to October 2019. After recent events on campus, students indicated a need for additional counseling support.

At the 2019 continuing medical education dinner, 15 prescribers attended the event and discussed current workforce shortages. Needs that were identified were an increase in mental health professionals, crisis services, a short screening tool for medical providers to assess addiction potential, a mental health referral protocol, and increased knowledge about which current therapists provide Cognitive Behavioral Therapy. Additionally, there is an identified need for diversifying what "help" looks like. In rural areas, there is an increased barrier of community members seeking out mental health services and the stigma around mental health is disabling.

Gunnison County has been utilizing the peer support specialist and family support model in the hospital, the Center for Mental Health, and Juvenile Services. Gunnison County currently has three peer support/family support specialists and has a need to increase those services. The hospital's peer support specialist has seen 109 unique clients since February of 2019. Currently the RE1-J school district does not have any mental health professionals on staff. There are 7 school counselors for the PK-12th grade youth in Gunnison and Crested Butte serving just over 2,000 students; less than 20% of their time is dedicated to mental health counseling. In recent focus groups, high school youth have voiced a need for more mental health services as well.

Community Identified Risk Factors
Since 2017, Gunnison County has been implementing Communities That Care (CTC). Communities That Care takes a public health approach to prevention and uses data to understand the community profile and ultimately reduce risk factors and increase protective factors. Using 8 years of longitudinal data from the Healthy Kids Colorado Survey, CTC supplemental questions in 2017, Colorado Behavioral Risk Factor Surveillance System data, Gunnison County Community Survey from 2017 and the Community Health Needs Assessment from the Gunnison Health system, Gunnison County has prioritized the following three risk factors in the County; community norms favorable towards substance use, high availability of substances with prescription drugs being the only substance trending upward, and extreme economic deprivation with emphasis on toxic stress.

Local Healthy Kids Colorado Survey data shows that between 2010 and 2017 students perceived favorable parent attitudes of substance use. Youth use rates mirror a higher than state average adult binge drinking rate (adults rates: Gunnison, 22.1%; State, 18%).[32] Western Colorado University has also experienced high rates of substance use and binge drinking. High school youth can attend concurrent enrollment courses on campus which elevates their exposure and access to a variety of illegal substances. According to the National Campus Health Association (NCHA) campus survey administered during the fall of 2018, 51% of Western Colorado University freshman reported using alcohol in the past 30 days, and 73% of Western Colorado University freshman perceived that their peers used alcohol 10-30 days during the month. In a 2019 student survey, WCU students identified community norms favorable toward substance use as a main risk factor for pervasive substance abuse within the university community.

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[32] Colorado Behavioral Risk Factor Surveillance System, 2015-2017

Additionally, parents attending Choice Pass sign-ups, a program open to all youth and parents in 6th-12th grade, also named the favorable community attitudes toward substance use as a major risk factor for the high rate of youth and adult substance abuse.

In 2005 the Gunnison Valley Health System's Community Health Needs Assessment identified male and female heavy drinking rates and male and female binge drinking rates unfavorable county measures that are worse than the US average; in 2012 those measures have continued to increase, making them the only county measures that were unfavorable and had an unfavorable change. Additionally, Gunnison Valley Hospital reports in their 2016 Community Health Needs Assessment that mental health needs, more specifically, suicide and substance abuse (combined) are one of their top three priorities. According to GCSAPP's 2017 Community Survey, adults also self-reported a 32% binge drinking rate, with 9.6% of adults reporting binge drinking on 3 or more days in the past 30 days. Additionally, the survey results reinforced the youth data that supports the risk factor of community norms favorable towards substance use, with over 90% of adults reporting alcohol being favorable.

Conclusion
The review of primary and secondary quantitative county level data reveal that Gunnison County's risk factors and high use of alcohol and marijuana create additional challenges for addressing the growing opioid epidemic. Having community norms favorable towards substance use, high substance use rates with high perception of accessibility, and ongoing primary and mental health care shortages exacerbate the concerns of opioid abuse, which is by far the deadliest drug being misused. Additionally, the high-risk prescribing practices, poor mental health of residents, and high rates of overall substance abuse need to be addressed in order to prevent further opioid-related deaths.

What Does the Community Say About the Extent of Opioid Use Disorder in Gunnison County?

Following the review of quantitative data, the Consortium enlisted community members through key informant interviews, focus groups, and surveys to better understand the extent of the opioid problem in Gunnison County. The community shared their insights on the impact of opioid use disorder, their concerns about opioid use, and the demographic most likely to be affected by opioid use disorder.

Impact of Opioid Use Disorder
Key informants shared numerous ways the community has been impacted by opioid use disorder. Community members from across all sectors indicated the recent opioid-related overdose deaths as having the most direct impact on the community. Key informants noted that the opioid epidemic has had a more severe impact on the community because of how deadly opioid use is compared to use of other legal and illicit drugs. Until the last 5 years, heroin was believed to be largely absent from Gunnison County. The perception is that the nationwide opioid epidemic was followed by an increased prevalence of heroin in Gunnison County, and recent data support this perception. As stated earlier, the impact of opioid and substance use disorders in a rural area resonates beyond the individual; children, family members, co-workers, peers, and emergency responders are all adversely impacted. In a small, tight-knit community, residents' lives are interwoven and the impact of opioid use disorder ripples from the individual to create a wave felt by the entire community.

Key informants from the school, the court system, and from public health noted that opioid use disorder impacts many families, particularly child safety and well-being. The county has experienced many child welfare cases where children were in unsafe homes due to the parents' substance use disorder. Substance use disorder also impacts seniors, as adult children may use senior parent finances to support their opioid use or steal the senior parents' opioid prescription pain medication. Gunnison County prevention efforts understand that the youth in the community are only as healthy as the adults. The primary age of individuals directly impacted by opioid misuse and abuse are between the ages of 20 and 40 years old; these are the co-workers, young adults, and parents of many of the children in Gunnison County.

In addition to the direct impact on residents, key informants noted that opioid use disorder creates a drain on resources in the community as well. Informants listed the strain on the primary care practices and mental health providers when dealing with patients who have become dependent on opioids for physical and emotional pain, the impact on the hospital and emergency room department treating intoxicated patients, and the financial drain on the county services, schools and court system.

The need to address social determinants of health and the generational impact of substance use on families is also very prevalent in Gunnison County. Gunnison residents are experiencing an increase in cost of living; housing and food insecurity is becoming the norm for low socio-economic families and many individuals in the middle to low socio-economic range are working more than one job to make ends meet. These factors contribute to toxic stress on families including children who are adversely impacted socially, emotionally, and neurobiologically. Children and youth who experience ongoing toxic stress are more likely to experience poor health outcomes in adulthood, including substance use disorders.

Concerns about Opioid Use Disorder
The key informants, focus group participants, and survey respondents all stated that one of the major concerns about opioid use is how easily opioid use can lead to addiction. Community members cited the short time it takes for someone who is using the prescribed medication as intended to become dependent

on opioids. Once the dependence is established, diversion to recreational use (both prescription opioids and illicit use such as heroin) can be a small step. As one informant stated, recreational use is especially concerning due to mortality rates associated with use. Because of this rapid pathway to addiction and the high mortality rate associated with use, informants cited prescribing practices as a key issue that needs to be addressed. The recommendations included having prescribers discuss opioid use and addiction with patients, offering alternative treatments for pain management, and following up with a patient once an opioid prescription was reduced. It should be noted that many respondents indicated that while there is a need for opioid prescriptions in the case of severe pain, it's the quantity and length of the prescription that are concerning.

One third of key informants named mental health services as a major concern related to opioid use in the county. While community members noted the importance of the Center for Mental Health, they also acknowledged that residents may be reluctant to utilize its services due to the stigma associated with substance abuse and mental health. In a small rural community, it is inevitable that a resident will see their counselor at the grocery store, football game, or church service. It is impossible to have the anonymity afforded to people living in a larger city. Not only does everyone know each other, they also recognize one another's vehicles. It is easy to tell who is at the Center for Mental Health and who is parked at the liquor store. If someone is able to overcome that barrier, the next challenge is getting an appointment that is affordable, fits into a limited schedule, and with a provider that is actually available. While the Center for Mental Health is a great resources in the community, as one respondent stated "the Center for Mental Health can only do so much." Private therapists are an option, but they do not always accept medical insurance and are not necessarily trained or experienced with addiction counseling. WCU focus group participants noted the lack of effective substance use disorder resources on campus and a hesitancy to seek out resources that do exist.

Another major concern for opioid use disorder among community professionals working with residents working to overcome addiction is the lack of inpatient or intensive outpatient treatment options. A key informant from the court system acknowledged the complete lack of inpatient treatment in Gunnison County and indicated that when they are trying to place clients at an inpatient treatment facility, there is a 4-month waitlist for the closest treatment center. The lack of Medication-Assisted Treatment (MAT) options in Gunnison County was cited as a reason residents are unable to break the opioid addiction cycle. If a resident is in need of MAT they must travel a minimum of 1.5 hours each way, multiple times a week to receive the necessary treatment. This effectively leaves them unemployable for the duration of treatment. In addition, if they are able to manage the time commitment, they must also find reliable transportation and income to support the necessary travel.

Alternative treatments for pain were thought to be available but underutilized in the county. The reason indicated was the high cost of alternative treatments and the disconnect between older prescribing practices and new pain management ideas. Senior focus group participants shared that CBD and medicinal marijuana are used within the senior community to treat pain. They indicated that they found these options through their own research and were not advised about this option by their physicians. One participant noted that the marijuana dispensary parking lots are filled with seniors early in the morning.

Additionally, one third of the respondents indicated that alcohol is a gateway to other substance use, including opioids. Alcohol, marijuana, and methamphetamine were identified as the most commonly used substances in the county and that opioid use was frequently combined with other drug use. This was consistent with the coroner's report that 80% of the opioid related overdose deaths were polydrug overdose deaths. Interestingly, marijuana use was not often mentioned when discussing concerns of substance abuse except as an alternative treatment for pain. This could be due to its legal status and

community acceptance of marijuana use and misuse. In addition to alcohol and marijuana, WCU focus groups identified stimulants (such asAdderall) as commonly used.

Finally, key informants from law enforcement, the judicial system, and emergency medical services raised concerns about the introduction of fentanyl into the drug supply. Police officers have recently received training on fentanyl and reported that it is 100 times more potent than morphine, and that heroin and marijuana are now sometimes laced with fentanyl. Fentanyl is also being pressed into pill form that looks identical to a prescription opioid. Disturbingly, fentanyl was present in the toxicology of recent opioid-related overdose deaths in Gunnison County.

Target Demographic
The majority of key informants responded that there is not a specific geographic area within the county where people are using opioids. The general consensus is that use mainly occurs within the home, including low income housing such as extended stay hotels and subsidized apartments. Young adults, 20-30 years old, white, both male and female, were identified as the demographic most likely to misuse opioids. However, several informants noted that seniors dealing with chronic pain are also a possible high-use demographic.

When focusing on prevention efforts, respondents suggested starting with school age youth to prevent initial use. Prevention efforts with youth need to include understanding social-emotional development, the biopsychosocial development of addiction, motivational interviewing practices, and parent education. Gunnison Consortium understands that effective prevention is a whole person and whole community effort; not just drug education.

Additionally, one respondent named the county jail as a target location for residents needing help. Traditionally in the United States, addiction has been treated as a criminal problem rather than a clinical problem. It has not been effective in Gunnison County to mandate sobriety or punish individuals out of addiction. The criminal justice professionals, health and behavioral health professionals and youth serving professionals have a strong history of collaboration in order to address the clinical aspects of addiction in Gunnison County.

One key insight from community members discussing demographics of opioid use was the concept that opioid use disorder can be viewed in two distinct ways. One impression of opioid use disorder is that it begins when someone is experiencing severe physical pain and is prescribed an opioid pain medication. The use escalates and evolves into dependency and misuse. The second perception of the way opioid use disorder develops is when someone has experienced multidimensional biopsychosocial factors, such as mental and/or emotional pain, and uses opioids to manage that pain. This type of use is often paired with other substance abuse and complicated by ongoing toxic stress. The perception of these two different experiences of opioid use disorder, which can sometimes overlap, sheds light on identified prevention, treatment, and recovery services. It is also important to note that pain is a cerebral experience; emotional and physical pain is experienced similarly in a neurobiological manner, and therefore someone who is prescribed opioids for physical pain may misuse for ongoing pain that is not physical. Gunnison County Consortium understands that many of our community members are at risk for addiction when community, family and individual risk factors are taken into consideration.

What is our Community Currently Doing to Prevent, Treat, and Help Opioid Use Disorder Residents in Recovery?

The key informants, focus group participants, and survey respondents were asked what services they are aware of if someone needed help with opioid use disorder and if they had a protocol to deal with those instances. Their answers helped to better understand the community's current response to opioid use. The coordinator of GCSAPP also shared current initiatives focused on substance abuse prevention, including opioid specific programs.

Prevention
The GCSAPP coalition spearheads a county-wide substance abuse prevention effort. The community coalition has a unified definition of prevention - "Prevention is a process that promotes healthy youth, parents and communities. The GCSAPP coalition uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors." The coalition consists of key community organizations including law enforcement, health and human services, juvenile services, the school district, the Center for Mental Health, city and county policy makers, parents, youth and WCU. The unified prevention objective is to increase protective factors and decrease risk factors for community members, with a focus on youth.

Opioid specific programming includes "Take Meds Seriously", a state-level campaign advocating for safe use, storage and disposal of prescription drugs, and permanent prescription drug drop-off locations. In the 2017 Community Survey, 59% of respondents indicated that they knew where to deposit unused or unwanted prescription medications. In October of 2019, WCU and the Crested Butte Marshall's office participated in the nation-wide prescription drug take back event. Lock boxes were distributed to participants as an incentive and a way to improve safe storage in the community.

Another prevention effort in Gunnison County since 2010 is the Choice Pass Program. Choice Pass is a program that is open to all youth and parents of 6th -12th grades that supports students' commitment to remain alcohol and drug free throughout the school year. The youth commit to not using substances and to make healthy decisions and in exchange receive discounts to the local ski resort, the community center and businesses. Additionally, youth are offered opportunities to engage in leadership programs, build skills and have opportunities for recognition in the community for their healthy choices. In order to ensure youth accountability, at least 60% of youth are randomly drug tested annually. The Choice Pass Program also ensures parent accountability by requiring parents to sign the pledge with their youth and tailor it to their household on how they will be available to their child. The program also includes parent education classes for youth and parents to help educate and navigate difficult conversations that surface during adolescence. There are four ways in which a youth may violate the Choice Pass Program; a failed drug test, interaction with law enforcement, suspension or substance violation at school, or self-report from family. When a violation occurs there is a youth-professional meeting to understand the circumstances around the violation and then a youth-parent-professional meeting to determine how to regain the pass privileges. These components allow for early intervention and provide a space to begin the conversation on addiction.

GCSAPP also provides direct social-emotional education in the RE1-J school district for all 6th and 9th grade health classes in Crested Butte Community School. The RE1-J school district, with the help of GCSAPP is implementing social-emotional curriculum in the elementary and middle school population across the district. GCSAPP also facilitates the Sources of Strength program in Crested Butte middle school, Gunnison middle school, Gunnison High School and Western Colorado University. Sources of Strength is an evidenced-based suicide, bullying and sexual violence prevention program and Gunnison

County is utilizing the program as an environmental strategy implementing it across the school district, University and the community as a whole.

Additional prevention efforts of GCSAPP include employing two specific strategies related to the identified risk factors; promoting positive youth development broadly across the community and educating the community about the impact of toxic stress to increase family friendly business practices. These two efforts are in the infancy stage of implementation. Educational events are starting in 2020 to help leverage these two efforts and integrate these strategies into the community wide prevention framework.

Prescription related prevention efforts are taking place in primary care offices, orthopedic offices, dentists offices, at the pharmacies, and at Gunnison Valley Hospital. Prescribers county-wide noted that they utilize the Prescription Drug Monitoring Program to prevent overprescribing opioids. One primary care physician explained that a local practice has a prescription drug contract, which involves periodic randomized drug testing to make sure people are using prescription medications correctly. A pharmacist indicated that Walmart will not write larger than a seven-day opioid prescription at one time. At City Market, the other major pharmacist in Gunnison, a prescription for over seven-days will trigger an alert. Both pharmacies are including education materials with opioid prescriptions and Walmart is offering a free opioid disposal solution (DisposeRX) to help customers safely dispose of unwanted medications. Additionally, through this planning grant the City Market pharmacy has partnered to supply Narcan to community members free of charge and will provide education in conjunction with the Gunnison County Consortium to individuals who are distributed the medication. Physicians were notified of this collaboration and are educating patients about the opportunity.

In 2018, Gunnison Valley Health joined the Colorado Opioid Safety Pilot, a program aimed at reducing opioid prescriptions administered in the emergency department. The pilot program was extremely successful, reducing the quantity of opioids administered by 31% compared to the same time period in 2016. The program focused on providing alternative pain medications and educating patients on the risks of opioid use. Beginning in October of 2019, Gunnison Valley Health will continue its prevention of opioid use through CO's CURE project. The project will run from Oct 1, 2019 to March 31, 2020. The goal of this project is to achieve a 15% reduction in opioid use. The hospital will implement the initiative's 4 pillars to reach this goal: limiting opioid use, using alternatives to opioids (ALTOs) for the treatment of pain, implementing harm reduction strategies and improving the treatment and referral of patients with Opioid Use Disorder. The ED chief nursing officer is working with the Gunnison Consortium to understand current preventative, harm-reduction, and treatment efforts in order to collaborate in the distribution of Narcan and referral practices.

Community members stated that the most logical way to prevent an opioid use disorder is to avoid taking a prescription opioid. Key informants mentioned that there are alternative pain treatment options available in Gunnison County such as acupuncture, massage, meditation, energy work, and CBD. The Gunnison Valley Hospital has a newer department; Integrative Therapies. This department is not well known in the community or how to access services. These alternative options are often costly and may not be initially offered by a provider; further education and awareness is needed. A naturopathic doctor and local dentist collaborated to create a "Non-Prescription Post-Operative Instructions for Pain, Swelling and Healing" protocol for patients following certain dental surgeries. This type of collaboration could extend between practitioners and prescribers to create a community-wide non-prescription protocol. The Gunnison County health professionals report a willingness to work together to make community solutions available, affordable, and accessible to residents.

WCU utilizes the Screening, Brief Intervention, Referral to Treatment (SBIRT) tool to screen for substance use disorders. Similar screening tools are used at doctors' offices, health and human services, and counseling centers. School staff and youth serving professionals are currently being trained in motivational interviewing and future SBIRT trainings are in the planning stages.

Treatment
For residents struggling with opioid use disorder in Gunnison County, treatment services are limited. Community members identified three main types of treatment options that are offered in the county; treatment of overdose by Emergency Medical Services (EMS) and the hospital, outpatient counseling services by the Center for Mental Health and private therapists, and recovery court and probation through the judicial system.

Whenever an overdose is suspected, EMS is typically the first to respond. Law enforcement often responds to overdose calls to secure the scene and assist with treatment if necessary. EMT and law enforcement agents in the county are trained and equipped with naloxone and are able to administer the drug to revive an opioid overdose victim. If necessary, the patient is transported to Gunnison Valley Health Hospital. The hospital currently fills the role of a medical detox facility though is not designed to be a multi-day detox facility. Law enforcement is often required to wait with intoxicated patients at the hospital until they are sober enough to be released. This effectively reduces the capacity of law enforcement to respond to other calls and needs within their jurisdiction. The hospital does refer patients to the Center for Mental Health for substance abuse counseling and provides follow-up when available. The hospital also treats chronic pain patients and has an integrative therapies department to advise patients about alternative treatments for pain. There is also a physiatrist at the hospital who sees patients with chronic pain. While the psychiatrist is not a pain management specialist, several key informants indicated that they refer patients with chronic pain to his office for treatment.

The Center for Mental Health is a key player in substance abuse counseling in Gunnison County. Currently, the Gunnison Center provides individual therapy, group therapy, medication management, case management, peer services, and other traditional outpatient care. For group therapy, the Center has implemented MORE (Mindfulness Oriented Recovery Enhancement) because it is an evidence based treatment for opioid use disorders. The CMH has offered a Chronic Pain Management Group though it is not currently available. The CMH's regional office has access to the following MATs – Antabuse, Campral, Naltrexone, and Vivitrol. However, the CMH does not currently offer MAT with Suboxone, a SAMHSA Certified Opioid Treatment Program. The CMH in Montrose, a slightly larger city about 65 miles from Gunnison separated by a mountain pass, is able to provide MAT with Suboxone but the provider is currently unable to take new inductions at this time. There were two physicians at a practice in Gunnison that were certified to provide MAT with Suboxone but these physicians are relocating outside of the county. There is currently no Medical Assisted Treatment for Gunnison County residents without the barrier of more than 80 miles over at least one mountain pass. This adds to existing transportation barriers for residents to access mental health and physical health treatment options.

Less than half of WCU student survey respondents indicated that they were aware of current campus-based treatment efforts for substance abuse and only a third indicated that the treatment efforts met their needs. This sentiment was echoed in the WCU focus groups, the majority of participants felt that the treatment efforts on campus are inadequate. Eighty-nine percent of students surveyed are aware of the mental health services on campus and 56% responded that the mental health services meet their needs. When asked where they would go if they knew someone who needed help with a substance use disorder, students indicated that they would refer that person to the campus counseling center.

In contrast to the WCU students who indicated that counseling would be the best method to treat substance use disorder, senior focus group and survey respondents indicated that they would refer a friend with a substance use disorder to their primary care doctor. They indicated great trust in their family physician for dealing with substance-related issues. However, senior focus group participants noted that they sought out alternative treatments for pain themselves and did not rely on their doctor's support.

Gunnison county residents who are charged with a drug-related crime may be offered the option of participating in recovery court (commonly referred to as drug court) in lieu of serving jail time. Recovery court is a seven-month to 2 year program that focuses on supporting the defendant in their recovery from substance abuse. A team including a probation officer, a substance abuse counselor from the CMH, the District Attorney, Public Defender, Judge, Alcoholic Anonymous (AA) representative, the Police Department, the Sheriff's Department, Public Service, and the Problem Solving Court Coordinator work with the defendants throughout the program. All defendants appear in court together twice a month and are randomly drug tested 2-5 times per week. Part of this process is Moral Reconation Therapy (MRT) where each defendant's peers decide if they pass each step. Recovery court has approximately a 75% success rate overall. An upcoming change in the drug laws, making most felony drug possession cases misdemeanors, is predicted to decrease the number of recovery court participants, and make it easier for residents to avoid the threat of a jail sentence or recovery court. This may have an unintended consequence of decreasing the number of individuals who choose this method of treatment/recovery.

Gunnison County is experiencing the struggles that are regularly cited in Rural Behavioral Health literature; stigma, access to mental health services and lack of communication of available resources. There is a portion of community members who are unlikely to seek out mental health services upon referral of their primary care physician and an independent attitude of community members who are not open to receiving mental health services. Community professionals identified a lack of knowledge of services offered by specific providers as a barrier and only having two integrated behavioral health specialists in the community to help bridge that gap. Recently, a private therapist recently integrated into an orthopedic surgeon's office. The goal was to reduce the stigma of visiting a mental health facility and provide a sliding scale fee to reduce the cost associated with private therapy. Outside of traditional therapy and counseling, health professionals identified the need for diversified substance use disorder "helpers" for client referral. This could also reduce the barrier of seeking traditional mental health services.

Key informants, community members with lived experience, and focus group participants all agreed that anyone trying to overcome an opioid use disorder could receive additional valuable treatment options outside of the county. The most valuable treatment options being Medication-Assisted Treatment with Suboxone and inpatient substance abuse rehabilitation. Currently community members must travel outside of Gunnison County to the nearby cities of Salida, Montrose, Grand Junction, or make the 4-hour trek to Denver to receive these treatment options.

Recovery
As with all types of addictions and substance use disorders, the key to recovery is connection. Community members in recovery from opioid use disorder noted that Alcoholics Anonymous (AA) meetings are crucial to their daily sobriety. Going with a friend or companion to the initial AA meeting was helpful, and attending with someone also helped continued attendance at the meetings. However, Gunnison County is home to many small communities and anonymity is difficult to navigate in the close knit communities. SMART Recovery (Self-Management And Recovery Training) and Celebrate Recovery, a faith-based recovery group, are also offered in Gunnison County. Celebrate Recovery is currently being offered at a local church in the City of Gunnison though community members in recovery

noted that not everyone is open to faith-based options, and there is little data to support Celebrate Recovery's effectiveness. Key informants and community members with lived experience noted that Narcotics Anonymous (NA) groups are occasionally available though most informants did not know if the group was currently available or who to contact to find out it if was available. Respondents suggested that a consistent NA group could help people in recovery feel a part of a community and less isolated. More WCU students indicated that they knew of recovery efforts in Gunnison County compared to campus-based recovery efforts.

Community members in recovery also cited sober activities as essential to continued sobriety. However, it was often noted that most of the larger community activities include alcohol. In Montrose, there is a growing active sober community utilizing the Phoenix model. The Phoenix program is based on the concept of fostering human connections in mental, physical and spiritual fitness. The program in Montrose offers free sober activities such as cross-fit, yoga, and group hikes; the only admission is 48 hours of sobriety. The ideal program model is to house all of the activities at one facility. The Montrose chapter is currently working toward the goal.

Beyond recovery programs, there is a need for affordable housing, employment support, affordable child-care and transportation services to support Gunnison County residents in recovery. As previously mentioned, the affordable housing supply is severely lacking. It is becoming increasingly challenging for one-income households to find safe, healthy, affordable housing. Residents in recovery face an even greater challenge finding housing as they may have been in treatment outside of the county, may have to travel daily to get treatment effectively forcing them into unemployment, or may not have the social support system to help navigate the red-tape surrounding the limited supply of assisted housing. Gunnison County does have a Colorado Workforce Center although no community members interviewed for this assessment mentioned it as a recovery asset. Currently the cost of full-time infant care in Gunnison County exceeds the annual cost of tuition at a four-year public college. The Gunnison-Hinsdale Early Childhood Council is working with community child-care providers to offer scholarships to local child care providers. Even if a family is able to gain tuition assistance, there remains a shortage of slots for full-time licensed child care for all Gunnison County residents. There are twice as many children under the age of five as there are full-time licensed child care slots. The Rural Transit Authority (RTA) provides a free limited-route bus services in Gunnison County. The senior bus service will pick up residents (55+) and take them to appointments, grocery store, or wherever they request up to 3 miles outside of Gunnison City limits. While this is a wonderful service for seniors that live in Gunnison, the same cannot be said for seniors living in Crested Butte or any area outside of the city limits. For younger residents, the current RTA bus system provides transportation around the City of Gunnison and to and from Gunnison to Almont, Crested Butte South, Brushcreek, and Crested Butte. This service does not extend to any of the outlying communities in the county, nor does it provide transportation outside of the county. There is one daily bus to Denver, with stops along the route. The cost is $40 and would require a rider who has an appointment to spend the night inorder to make the return trip.

Community recovery options need to be as diversified as the community members. The Gunnison Community is starting to learn more about what recovery options are needed from the peer support specialists that have been recently added to the health care system. Education and community connection that leads to a sense of belonging and an opportunity to demonstrate responsibility are key themes that are present in the recovery needs. In addition, basic needs such as healthy, affordable housing, employment support, child care options, and transportation services are necessary for residents in recovery.

What are the Gaps in Prevention, Treatment and Recovery in Gunnison County?

To understand the perceived gaps in prevention, treatment, and recovery options for opioid use disorder, the community informants were asked what they would like to see that is not currently happening. The literature review of evidence-based practices and environmental scan of existing services, combined with the community input guided the process to identify the gaps in opioid use disorder prevention, treatment, and recovery services (see Appendix H., I., J. for Evidence-Based Practices).

Gaps in Prevention

While Gunnison County has a robust substance abuse prevention program for youth, there are three main areas of prevention that could be improved to reduce opioid use disorder in Gunnison County. These include community substance use education and awareness, prescriber-patient communication, and improved mental health services. Additionally, adult specific prevention efforts are non-existent in the county.

Community-wide Substance Use Education and Awareness
- Lack of Education on the Extent of Substance Use Disorders
- Lack of Adult Specific Substance Use Prevention Education
  - Need to conduct people's dinners/focus groups to understand connectedness and belonging across different demographics and create an implementation plan to address connectedness and belonging
- Need for a more targeted substance abuse prevention approach for elementary school students and their parents
- Need for Improved Social Norming Education
  - Youth perceived peer substance use vs. actual use
  - WCU perceived peer substance use vs. actual use
- Lack of Community-wide Addiction Education
  - Addiction in different stages of life
  - How to recognize someone in need
  - How and why people develop addiction
- Need for Improved Substance Use and Mental Health Stigma Reduction
  - Speak Now
  - Let's Talk
  - Lift the Label
- Need For Improved Awareness of Existing Prevention Efforts
  - Prescription Take Back Events
  - Permanent Take Back Locations
  - Take Meds Seriously campaign
  - Walmart Dispose RX
  - Education on Toxic Stress
- Need for increased awareness of fentanyl-laced counterfeit prescriptions

Capacity: Existing GCSAPP Coalition is currently using evidence-based program Communities That Care to change social norms acceptable to substance use and availability and is currently implementing evidence-based messaging campaign, the coalition could strengthen these efforts. The Consortium is creating a video to help reduce stigma and provide education on addiction in the community. There is currently a lack of funding for targeted education services in the school. The Consortium currently lacks organized structure to implement community-wide addiction education. Gunnison County has never had

adult-specific substance use disorder prevention efforts and is currently lacking funding to address the adult population. There is a need to increase personnel resources on WCU's campus for student health and wellness and prevention efforts.

Improve Provider-Patient Communication

While prescribers are using the PDMP and have a high awareness of opioid use disorder, there is a disconnect between this knowledge and the information community members feel that they are receiving from their doctors. There is a sense that prescribers are not having important conversations with their patients about the dangers of opioid use and alternative treatment options for pain.

- Lack of provider knowledge of mental health services
- Lack of referral protocol to existing mental health services
- Need for unified messaging between primary care physicians, orthopedic surgeons, pharmacists, dentists, and psychiatrists on opioid use and expectation of pain
- Lack of communication by providers on realistic pain expectations
- Lack of referral to alternative treatment for pain
- Lack of provider addiction risk assessment tool

Capacity: There is a committed opioid use disorder Consortium with providers and prescribers at the table and a willingness to collaborate. The Consortium is currently providing on-going prescriber education, which has been well attended. Alternative Pain Treatment providers are at the table contributing ideas on how to reduce cost barriers. Primary care professionals who attended the education events report desire for referral information. Lacking a lead organization to execute referral protocol, create formalized provider collaboration and a unified messaging campaign.

Mental Health Services
- Shortage of mental health workforce
- Barriers to access existing mental health providers
  - Rural Stigma
  - Cost
  - Timeliness of available appointment
  - Lack of knowledge of treatment modality options
- Lack of promotion of how to stay mentally healthy
- Lack of diversified Helpers for diversified populations (children,youth, young adults, adults)
  - Need for additional Peer Support Specialist
- Need for increased capacity for education for medical and mental health providers who interface with youth and individuals experiencing toxic stress

Capacity: Currently the Center for Mental Health is the primary substance use disorder treatment provider. Gunnison County's clinic is a satellite of the regional office. This clinic is serving a frontier population with unique needs. Local administration and staff understand these needs but as a larger behavioral health system, resources and funding aren't always available. The Consortium lacks funding to fulfill the services gap. Through this process and collaboration, the Consortium has been able to engage Gunnison Valley Health and the peer support specialist. The peer support specialist position is over capacity and there is a need to increase those services. Currently there is a lack of funding to fulfill this need.

Alternative Programming
- Need for more sober activities including family-friendly events

- Lack of opportunities for connectedness
  - Emphasis on high needs population - marginalized populations, recovery community, and youth
- Need for increased support for substance-free activities for youth

Capacity: The Consortium will continue to collaborate across community organizations to increase awareness of current programming. Currently lacking personnel, funding, and community-buy-in to implement alternative programming including sober activities.

Gaps in Treatment

The current treatment options for opioid use disorder in Gunnison County do not meet the current need. The major gaps in treatment include MAT, Pain Management, mental health services, intensive outpatient program, and an inpatient rehabilitation/detox facility. There is also a need for education and outreach on existing treatment options and how to reduce the stigma associated with substance use disorder.

Treatment Options
- Lack of Medication Assisted Treatment (MAT) with Suboxone
  - Need for commitment from providers to complete MAT training
  - Need for affordable transportation out of the county to available Suboxone providers

Capacity: Local providers have expressed interest in Suboxone training. While this is promising, it does not indicate that their organizations are ready to invest the necessary commitment to take-on this service. The Consortium can work with GVH, CMH and private practices to reduce the barriers for providing MAT services. There is currently a lack of funding source for transportation to out-of-county MAT providers.

Pain Management
- No pain Management Specialist in the county
- Need for Pain Management Collaboration
  - Professional collaboration within medical community
- Need for Pain Management Education
  - Unified Message from providers
  - Community 'Pain Expectation' Education
- Need for affordable transportation out of county to pain management specialist

 Capacity: Gunnison Valley Health does not currently have the capacity to recruit, hire, and maintain a pain management specialist. There is a high level of interest in the medical community to create a pain management collaboration. However, no organization has been identified to take the lead and formalize the collaboration. An orthopedic surgeon is providing pain management education for the community. This is a one-time education series. Additional providers are needed to communicate the message across the community. There is currently a lack of funding to support affordable transportation to pain management specialists outside of the county.

Mental Health Services
- Need for Intensive Outpatient Program
  - Possible collaboration between Gunnison Valley Health and CMH
- Need for Expanded Mental Health Services
  - Diversify mental health professionals and when/how to access them
  - Counseling at WCU outside of business hours

- Need for Additional Substance Use Disorder Counselors
  - o Sliding scale fee
- Need for Additional Cognitive Behavioral Therapists
  - o Sliding scale fee
- Need for Diversified Helpers
  - o Peer Support Specialist
  - o Clinical Social Workers
  - o Skill-based Groups
  - o Community Health Navigators
- Lack Consistent Assessment/Screening for High-Risk Addiction Patients
  - o Adverse Childhood Experiences

Capacity: The Consortium can work to increase workforce through collaborations with universities who have programs for job opportunities. Housing issues need to be addressed to recruit and retain additional workforce. CMH and WCU are lacking the necessary clinical supervision capacity to increase CAC workforce and offer extended hours of service. Once a lead organization is identified, the Consortium can work with the medical community to create a screening protocol for high-risk addiction patients.

Inpatient Facility
- No Inpatient Substance Abuse Rehabilitation/Detox Facility
- No affordable transportation to out of county facilities

Capacity: Gunnison County does not currently have the capacity to fund, build, staff, or manage an inpatient substance abuse rehabilitation or detox facility. There is not an identified funding source for transportation to facilities outside of the county.

Education and Outreach on Existing Treatment
- Need for improved awareness of existing treatment options
  - o Consistent referral protocol
  - o Targeted messaging to reach different sectors of the community
- Need for education for law enforcement and court on addiction and collaboratively working with health professionals
- Need for Improved Stigma Reduction Campaign
  - o Substance Use Disorder
  - o Mental Health Services

Capacity: There is capacity to continue education efforts in the community through Gunnison County, GVH, CMH. The Consortium can utilize existing workgroups to create an assessment and referral protocol and disseminate therapist contact information with pay and services information. The Consortium can continue to support GVH to increase awareness of existing treatment services and efforts.

Gaps in Recovery
Gunnison County residents would benefit from improved recovery services for opioid use disorder and substance use disorder. While there are sporadic recovery meetings, the biggest gap cited was a consistent recovery program, such as NA, and support for families affected by addiction. In addition, basic necessities such as affordable housing, child care, employment support, and transportation options are necessary to support residents long-term recovery.

<u>Recovery Services for Individuals</u>
- Need to Increase and Diversify Recovery Efforts
    - o Developmentally Appropriate Recovery Services
    - o Consistent NA
    - o Campus Support Group Similar to AA or NA
    - o Peer Support Specialists
- Increase Sober Activities that Increase Connectedness and Belonging
    - o Phoenix Model Active Recovery Community
    - o Conduct people's dinners/focus groups to understand connectedness and belonging across different demographics and create an implementation plan to address connectedness and belonging

<u>Recovery Services for Family</u>
- Need for Family Support Services
    - o Al-Anon
- Need for Family Recovery Education
- Need for Family-friendly and Sober Events

<u>Community Focused Efforts</u>
- Need to Address Community Norms Favorable Towards Substance Use
- Need for Outreach To Recovery Community To Continue To Learn Of Needs
- Need to Reduce stigma associated with addiction and recovery

<u>Basic Needs</u>
- Severe lack of affordable housing
- Need for additional child care slots and tuition assistance
- Need for extended Food Pantry hours
- Need for out-of-county transportation services

Capacity: There is a current lack of funding and personnel to fill gaps in recovery services. Consortium to brainstorm funding and organization to house recovery efforts. The Consortium to assess community organizations' capacity to provide ongoing NA. Potential for the Consortium to host people's dinner/focus groups to understand connectedness and belonging. GSCAPP coalition implementing stigma reduction campaign for mental health, could extend to include addiction and recovery. Housing shortage is being discussed by community, no clear path to improve current situation. Health and Human Services and Gunnison County Early Childhood Council continue to work with child care providers to offer additional scholarships and license facilities. Consortium does not have financial or personnel capacity to work directly on the basic needs for recovery. Will continue to partner with organizations working on these issues.

<u>Areas GCSAPP/Consortium have Immediate Capacity to Improve</u>
Prevention:
- Targeted prevention for adults
- Awareness of community resources
- Brief addiction risk-assessment
- Protocol for mental health referral
- Non-prescription Protocol

Treatment:
- Further investigation of feasibility of MAT
- Transportation to MAT treatment
- Pain Management Collaboration
- Peer Support Specialist Position

Recovery:
- Reduce community norms favorable toward substance abuse
- Substance-free community events
- Increase in connection for residents in recovery
- Peer Support Specialist Position

Discussion

Gunnison County is currently experiencing the devastating effects of opioid use disorder. This disease destroys individuals, families, and communities. In a small rural county, the impact is felt across the entire community. Gunnison County's high rates of substance abuse, increased availability of prescription drugs, and community norms favorable to substance create a high risk for substance use. The shortage of substance use disorder and mental health professionals contributes to the risk of substance use disorder and the overall declining mental health of the county. Through this needs assessment process, residents have shared their concerns, developed ideas for collaboration, and identified services that are necessary to reduce opioid use disorder and improve the overall health of this tight-knit community. The Gunnison Consortium now has representation from across all sectors of the community and has begun an open dialog with prescribers, health professionals, law enforcement, the judicial system, schools, mental health, university and community members in recovery to take steps toward reducing the risk of opioid use disorder in Gunnison County.

Existing Federal, State, and Local Resources

The Gunnison County Consortium is utilizing existing resources in the creation of the Consortium and the MOU's. There has been work towards collective impact in the alignment of strategies and creation of shared language. There are efforts already in process to braid funding when appropriate and education is being provided to key stakeholders in the community.

The leadership team of the Gunnison Consortium includes; GCSAPP, Gunnison Health and Human Services, Health Coalition of the Gunnison Valley, the Center for Mental Health, and Western Colorado University. These organizations have awareness and access to apply for diverse funding sources. The leadership team is actively looking for ways to diversify funding and increase sustainability during this planning year. The Gunnison Consortium is currently writing a grant that was released by the Center for Disease Control that is funneled through the Colorado Department of Public Health and Environment, Colorado Office of Planning and Partnership, the Colorado Office of Behavioral Health's Tony Grampsas Youth Service Fund, Daniel's Fund - Foundation fund for Choice Pass Program, and working with the Gunnison Valley Hospital for ongoing efforts in their CURE project.

Currently the Consortium has been utilizing the Colorado Consortium for Prescription Drug Abuse Prevention for ongoing medical education, community Narcan education and state programs that currently support the purchase and distribution of Narcan and naloxone. The Colorado Consortium leadership team is also working on policy changes at the state level to increase funding for rural areas to address the ongoing addiction issues and complexity of prevention, treatment and recovery in rural and frontier counties. The Gunnison Consortium will continue to work with the Colorado Consortium on aligned efforts, be educated on funding opportunities and, when appropriate, work on policy changes.

The Consortium is also looking at the potential for federal funding for prevention, treatment, and recovery funds that will fit the readiness and needs for the community.

Priority Setting

All significant decisions regarding the collaboration will require agreement by all collaborative partners. GCSAPP, WCU, The Center for Mental Health, Gunnison County Health and Human Services, and the Health Coalition of the Gunnison Valley. Each of these organizations will identify one person within their own organization to serve on the Leadership Committee for the Consortium. Each member of the Leadership Committee will be authorized to represent their organization in joint collaborative decision-making. Each organization will be responsible for ensuring that the person granted authority to represent their organization is kept informed regarding the operation of the collaboration and the identification of issues for joint discussion. Each participating organization will make all parties to the collaboration aware of any limits in the authority of their representative to bind their organization to collaborative decisions and will establish a clear process for their representative to use to become fully capable of committing the organization. In addition to this leadership team there are currently 25 Consortium members and 15 MOU's with committed organizations/individuals; 4 members with lived experience, Gunnison Valley Health, Coroner's office, Project Hope, Peer Services, Early Childhood Council, Chief Medical Officer for the County, District Court Judge, Physicians, Mental Health professional, Pharmacists, Public Health, District Attorney, Gunnison Chief of Police, Juvenile Diversion

program manager, parent, Tough Enough to Wear Pink- cancer non-profit, and 4 staff members. To address equity, all Consortium participants are compensated to be at the table.

Priority needs for Gunnison County cross the spectrum of prevention, treatment and recovery. The Gunnison County Consortium understands that all tiers need to be addressed in order to increase the health outcomes of community members.

In the prioritization of needs, the Gunnison Consortium utilized quantitative and qualitative data points, the Communities that Care strategic framework, and SAMHSA's evidence-based strategies. As part of the Consortium's work the MOU's help to establish a shared vision, alignment of goals, data sharing and funding and resources pooling in order to create a true collaboration that works towards collective impact in opioid and substance use disorder prevention, treatment and recovery. Sustainability is at the forefront of the Consortium's conversations and priority setting, with the understanding that it is best to identify the risk, needs and solutions that are community specific and not tied to funding sources. This method allows the Consortium to create a community profile and implementation plan that addresses the community needs with the understanding that specific funding may not be available, but working collectively we can make an impact. The Consortium, will continue to work together across the spectrum of prevention, treatment and recovery with braided funding, shared language and alignment in our strategies.

Appendices

Appendix A: List of Key Informants by Position and Organization

Appendix B: Key Informant Interview Questions

Appendix C: Western Focus Group Questions & Supplemental Documents

Appendix D: Senior Focus Group Questions & Supplemental Documents

Appendix E: Senior Survey Questions

Appendix F: Western Colorado University Survey Questions

Appendix G: Community Survey 2017

Appendix H: Substance Abuse Treatment and Recovery Literature Review

Appendix I: Evidence-Based Best Practices in OUD Prevention, Treatment, and Recovery

Appendix J: Local Risk and Protective Factors 2017 CTC Data

Appendix A

Title	Organization
Assistant Regional Director	Center For Mental Health
Chief	Crested Butte Fire Protection District
Coordinator	Project Hope
Community Member A, Mother of Deceased Addict	NA
Community Member B, Recovering Addict	NA
Community Member C, Recovering Addict	NA
Community Member D, Recovering Addict	NA
Community Member E, Recovering Addict	NA
Community Member F, Recovering Addict	NA
Community Resource Officer	Gunnison Police Department
County Coroner	Gunnison County
Deputy Marshal	Crested Butte Marshal's Office
Director	Gunnison County Health and Human Services
Director of Patient Care Services	Gunnison Valley Hospital
Director of Student Health and Wellness	Western Colorado University
District Attorney	Seventh Judicial District
Former Jail Captain	Gunnison County Sheriff's Office
Integrated Therapist	Alpine Orthopedics
Integrated Therapist	Griggs Orthopedics
Judge	Seventh Judicial District
Law Enforcement Victim Advocate	Gunnison Police Department
Lieutenant Paramedic	Gunnison Valley Hospital
Manager and Owner	Talk of the Town (Bar in Crested Butte)
MD	Gunnison Valley Health
MD	Gunnison Valley Hospital Family Medicine
Medical Director, Retired MD	Gunnison Consortium
Naturopathic Doctor	Gunnison Main Street Clinic
Pharmacy Manager	City Market
Physician Assistant	Gunnison Valley Family Practice
Problem Solving Court Coordinator	Seventh Judicial District
Probation Officer	Seventh Judicial District
Psychiatric Nurse	Center for Mental Health
Public Health Nurse	Gunnison County Public Health
Superintendent	Gunnison Watershed School District

Appendix B

Key Informant Interview Questions

General
1. How has the opioid epidemic impacted Gunnison County? (Prevalence, Severity, Impact)
2. What is your biggest concern with opioid use in our community? What about other substances?
3. What have you seen in terms of opioid use/overdose?
4. Are there specific area (geographical) that people are using/overdosing?
5. What demographics would you target to address/prevent substance abuse?
6. What type of services do you have if someone has been using, abusing, or overdosed – what's their protocol – call police/refer MH??
7. What would you like to see in terms of prevention, treatment, and recovery that is not currently happening?
8. Have you/your organization received training on naloxone use, overdose recognition, and response? If so, when? Would you like a refresher training? When and where?
9. As part of this grant we will be able to train multiple organizations on naloxone use, overdose recognition and response – who would you suggest as organizations/places that should participate in a training such as this? Would you be interested?
10. As part of this grant we will be able to strategically place naloxone in the community – where have you seen substance abuse taking place?
11. We plan to have drug take back events to help decrease access? – when/where?
12. What is the best way to get information out about ongoing disposal sites?
13. How can we incentivize people to use proper disposal?
14. What type of education would you benefit from as it relates to opioid use disorder?
15. Do you have any additional comments or information you would like to share?

If time permits ...
Local Data Clearinghouse Questions:

1. What data do you collect that is specific to substance use?
2. When/how often do you collect that data?
3. Is it publicly available? If not, is it available upon request (ie MOU)
4. Who is the best contact person to follow up about local data?

Additional Questions for Providers/Prescribers

- Before prescribing opioids, do you screen for high risk of addiction?
- Do you follow Colorado's Prescription Drug Monitoring Program? If so, what does that process entail?
- What is your protocol when you prescribe? (Patient education?)
- What services are out there for opioid use disorder, and which do you provide?
- Do you ever prescribe naloxone as a preventative measure?

- Do you have any interest in learning more about Medically Assisted Treatment (MAT) for OUD?

Questions for Pharmacists

- What is the shelf life for naloxone? When does it expire?
- How feasible is it for community members to get naloxone? What is the ease of access and cost associated with the medication?

Questions for Responders (Law Enforcement, EMT, etc.)

- What is the main route of administration you are experiencing?

Questions for Schools Representatives/Education Officials

- What is taught in health class regarding substance abuse?

Questions for Individuals with Lived Experience

- How has the opioid epidemic impacted you?
- What do people need to understand about addiction? How can we be supportive?
- What factors contribute to addiction?
- Does the stigma associated with substance use prevent people from seeking treatment?
- How can we help prevent people from becoming addicted?
- What could have helped in terms of treatment and recovery?
- Do you want to be a part of the coalition? Video campaign?

Appendix C

Western Colorado University Student Focus Group Questions

We're going to talk about **opioid use and misuse.** *Throughout this discussion, I will be using the term "opioid." An opioid is a substance that is a <u>prescription medication (pill)</u>, and prescribed for pain relief. Heroin is also an opioid. Common opioid prescription pain relievers include OxyContin, Vicodin, and Percocet.* We are interested in understanding what's going on at Western specifically. It's ok if you don't know the answer to a question, as the ultimate goal is to inspire thoughtful dialogue.

1. How common is it for students to use <u>prescription opioids recreationally</u>? (Probe for different age groups and communities)
a.   How do people tend to talk about them? Do they name the medication or use other terms?
b.   Where do people usually get prescription drugs for recreational purposes? Are they hard to get for recreational use?
c.   Where do students usually use Rx drugs recreationally? (at parties, at school, at home, where else?)
d.   Why do you think students use opioids recreationally or not as prescribed?
e.   Do students typically know the difference between specific prescription drugs (pain-killers, sedatives, etc.)? OR do they use them all regardless of what kind they are?
f.   Do students perceive prescription painkillers as harmful? (How harmful or dangerous do they think it is? Why or why not?)

2. What are the most commonly used substances? Do you think what is being used is problematic (in our community- WCU and larger)?

3. What kinds of problems do you see in students who misuse prescription drugs in here? (Probe: addiction? Problems with school? With family? With the law? With friendships?) (probe for different communities and age groups).

4. What generally happens when a student gets caught for misusing opioids or other substances?
a.   Is this any different at school versus by law enforcement?

5. Are there resources that exist in this community (both on and off campus) that address substance use problems? Are you aware of prevention, treatment, and recovery options in the community?
a.   What are the most effective ways to communicate about resources? What are students paying attention to?

6. In what ways can Western and the community support students' mental health?

7. What type of sober activities would you participate in?

8. Are you familiar with Naloxone or Narcan? Where on campus could this be useful?
9. How would you know if you or a friend needed help with your/their substance use? What are some indicators of problematic/unhealthy use. How would you go about getting help?

Focus Group Consent Form

Purpose

You have been invited to participate in a focus group sponsored by Gunnison County Health and Human Services, under the direction of Katherine Melland and Kyle Tibbett. The purpose of this focus group is to obtain a better understanding of student perceptions of illicit substance use in Gunnison County, with a focus on opioids.

Procedure

As part of this study, you will be placed in a group of 6 – 12 individuals. A moderator will ask you several questions while facilitating the discussion. This focus group will be audio-recorded and a note-taker will be present, but your responses will remain **confidential**. You can choose whether or not to participate in the focus group, and you may stop at any time during the course of the study. Please note that there are no right or wrong answers to focus group questions. GCSAPP wants to hear varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. Your responses will be reviewed and analyzed, but they will remain confidential, and no names will be included in any reports.

Contact

If you have any questions or concerns regarding this study, please contact:
Gunnison County Health and Human Services
ktibbett@gunnisoncounty.org
(970) 641-7996

I understand this information and agree to participate fully under the conditions stated above.

Sign Name:_____   Date:_____

Print Name:_____

Focus Group Introduction/Agenda

Welcome:

Thanks for agreeing to be a part of the focus group. We appreciate your willingness to participate!

Introductions:

Kyle Tibbett, Katherine Melland

Purpose of Focus Group:

We are holding these focus groups to get a better understanding of:

1. **How students have experienced and perceived substance use in Gunnison County.**
2. **The support available for individuals suffering from a substance use disorder.**

We need your input and want you to share your honest and open thoughts with us!

Ground Rules:

1. **We want you to do the talking:**
   - We would like everyone to participate. I may call on you if I haven't heard from you in a while.
2. **There are no right or wrong answers:**
   - Every person's experiences and opinions are important.
   - Speak up whether you agree or disagree.
   - We want to hear a wide range of opinions, so **respectfully disagreeing** is okay!
3. **What is said in the room stays here:**
   - We want you to feel comfortable when sharing your thoughts and opinions on potentially sensitive topics.
4. **We will be tape recording the group:**
   - We want to capture everything you have to say.
   - We will not identify anyone by name in any reports. You will remain anonymous.

Discussion:

Let's dive into the discussion questions!

Focus Group Evaluation Survey

Please answer the following questions to the best of your ability. Circle the option that bests represents your answer. Your responses will remain anonymous.

1. This focus group was administered properly and fairly.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

2. I felt comfortable sharing my thoughts with the group over the course of this discussion.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

3. After this discussion, my perceptions and feelings regarding substance use in Gunnison County have changed.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

   please explain:

4. Which aspects of the discussion went well? Could anything be improved for future groups? Please explain.

5. Were the questions relevant and thought provoking? Should any be changed? Please explain.

Demographics Questionnaire

1. Age:

2. Gender:

3. Please indicate what methods of substance use you have participated in:
    ☐ Alcohol
    ☐ Marijuana
    ☐ Prescription Drugs
    ☐ Hallucinogens
    ☐ None
    ☐ Other: (please describe) _____

4. How many times have you used any of the above substances in the past month
    ☐ None   ☐ 1-5 Times
    ☐ 6-10 Times   ☐ 10+ Times

Thank you for taking the time to complete this questionnaire

Appendix D
Senior Focus Group Questions

We're going to talk about **opioid use and misuse. *Throughout this discussion, I will be using the term "opioid." An opioid is a substance that is a <u>prescription medication (pill)</u>, and prescribed for pain relief. Heroin is also an opioid. Common opioid prescription pain relievers include OxyContin, Vicodin, and Percocet.* We are interested in understanding what's going on with seniors in Gunnison County specifically. It's ok if you don't know the answer to a question, we would like to inspire conversation.   So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

1. How does opioid use impact seniors in Gunnison County?

2. What concerns do seniors have about opioid use or misuse?

3. How does prescription pain medication and heroin misuse and abuse affect seniors?

4. How do seniors manage their chronic pain?
    i. Meds
    ii. Alternatives
    iii. Doctor as a resource?

5. What concerns do seniors have about storing and/or disposing of prescription medication?
    i. Where do you store them?
    ii. Aware of Prescription Drug Take Back?

6. Are you familiar with naloxone or Narcan® and its use?
    i. Where should it be strategically placed in the county?
    ii. Would you want to be trained in its use?

7. What services are available to seniors who are seeking help with opioid use?

8. What you would like to see in terms of prevention, treatment, and recovery that is not currently happening?

9. What is the best way to get information out to seniors?

10. Do you have any additional comments or information you would like to share?

Focus Group Introduction/Agenda

Welcome:

Thanks for agreeing to be a part of the focus group. We appreciate your willingness to participate!

Introductions:

Kyle Tibbett, Katherine Melland

Purpose of Focus Group:

We are holding these focus groups to get a better understanding of:

1. **How seniors have experienced and perceived prescription pain medication in Gunnison County.**
2. **The support available for individuals suffering from a substance use disorder.**

We need your input and want you to share your honest and open thoughts with us!

Ground Rules:

We want you to do the talking:
- We would like everyone to participate. I may call on you if I haven't heard from you in a while.

There are no right or wrong answers:
- Every person's experiences and opinions are important.
- Speak up whether you agree or disagree.
- We want to hear a wide range of opinions, so **respectfully disagreeing** is okay!

What is said in the room stays here:
- We want you to feel comfortable when sharing your thoughts and opinions on potentially sensitive topics.

We will be tape recording the group:
- We want to capture everything you have to say.
- We will not identify anyone by name in any reports. You will remain anonymous.

Discussion:

Let's dive into the discussion questions!

Focus Group Evaluation Survey

Please answer the following questions to the best of your ability. Circle the option that bests represents your answer. Your responses will remain anonymous.

1. This focus group was administered properly and fairly.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

2. I felt comfortable sharing my thoughts with the group over the course of this discussion.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

3. After this discussion, my perceptions and feelings regarding substance use in Gunnison County have changed.

   Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

   please explain:

4. Which aspects of the discussion went well? Could anything be improved for future groups? Please explain.

5. Were the questions relevant and thought provoking? Should any be changed? Please explain.

Appendix E

<u>Opioid and Substance Use Senior Survey</u>

In this survey, we want to get a sense of how prescription opioids impact seniors in Gunnison County. Your input as a senior is extremely valuable to us. We will use this information to create and implement future substance use prevention, treatment, and recovery programs. Thank you for your time!   *Sponsored by Gunnison County and GCSAPP.*

1. What does your doctor recommend for managing pain?
   - Opioid Prescription (OxyContin, Percocet, etc.)
   - Over the Counter Medication (ibuprofen, aspirin, etc.)
   - Physical Therapy
   - CBD/THC (Medicinal Marijuana)
   - Other: _____
   - I don't have pain
2. What do you find most effective for managing pain?
   - Opioid Prescription (OxyContin, Percocet, etc.)
   - Over the Counter Medication (ibuprofen, aspirin, etc.)
   - Physical Therapy
   - CBD/THC (Medicinal Marijuana)
   - Other: _____
   - I don't have pain
3. How do you store prescription medication at home? Please explain:

4. Do you dispose of prescription medications you no longer need? If yes, please explain:

5. Do you save prescription medications for future use?
   - Yes
   - No

6. If yes, are you worried about someone else using or taking your pain medication? Please explain.

7. How has prescription pain medication use impacted seniors in Gunnison County? Please explain.

8. If you knew a senior who needed help with a substance use disorder, where would you direct them? Please explain.

9. What is the best way to get information out to seniors? Check all that apply.
   - TV
   - Radio
   - Newspaper
   - Social Media
   - Flyers
   - Community Events
   - Other:_____

10. Additional Comments:

Appendix F

Western Colorado University Substance Use Survey Questions

- **Please note: Questions 4 through 25 are accompanied by the following options: (Strongly agree, strongly disagree, neither agree or disagree, disagree, strongly disagree).**
- **Please note: Questions 7, 9, 11, 21,23, and 25 are also accompanied by a "Not Applicable" option.**

1. What best describes your role at Western? (Freshman, Sophomore, Junior, Senior, Graduate)

2. What is your current major?

3. Do you currently live on campus?

4. I am aware of prevention efforts on campus for substance abuse

5. The current campus based prevention efforts for substance abuse meet my needs.

6. I am aware of treatment options on campus for substance abuse.

7. The current campus based treatment efforts for substance abuse meet my needs.

8. I am aware of recovery options on campus for substance abuse.

9. The current campus based recovery efforts for substance abuse meet my needs.

10. Mental health services are available on Western's campus.

11. The mental health services offered on campus meet my current needs.

12. Western faculty and staff are supportive of student's health and wellness.

13. Western administration is supportive of student's health and wellness.

14. There are activities on campus that are substance free.

15. There are activities in Gunnison County that are substance free.

16. Gunnison County has cultural norms that are favorable to substance use.

17. Western has cultural norms that are favorable to substance use.

18. Gunnison County has prevention efforts for substance abuse.

19. The current Gunnison County prevention efforts for substance abuse meet my needs.

20. I am aware of options for substance abuse recovery in Gunnison County.

21. These meet my current recovery needs.

22. I am aware of options for substance abuse treatment in Gunnison County.

23. These meet my current treatment needs.

24. I am aware of mental health services in Gunnison County.

25. The mental health services available in Gunnison County meet my current needs.

26. In the past 30 days, have you used any of the following substances? (Alcohol, Cannabis, Tobacco/Nicotine, Psychedelics, Opioids, Benzodiazepines, Stimulants, None of the above)

27. Please add any additional information we may have not addressed in this survey.

Appendix G

Community Survey 2017

Appendix H

Literature Review of Best Practices for Substance Abuse Treatment and Recovery

Appendix I

Best Practices in Opioid Prevention, Treatment, and Recovery

Appendix J

Local Risk and Protective Factors CTC 2017