



Colorado Opioid Abatement Council (COAC)

Assistance Committee

Meeting #22

March 11th, 2025
3:00pm – 4:00pm

Appointees Attending: *Josh Blum, Terry Hofmeister*

DOL Staff Attending: *Jamie Feld, Jack Patterson*

Guests:

Welcome and Introductions

The meeting was officially opened by ORU Staff, who welcomed the attendees and facilitated participant introductions.

FAQ Development

The committee reviewed an inquiry about whether vitals sign monitors for jail cells, aimed at preventing overdose deaths among incarcerated individuals is an allowable use of opioid settlement funds. These sensors are designed to detect vital signs such as heart rate and respiration without physical contact.

Committee members discussed concerns that the proposal does not fall under any of the listed Approved Purposes, but the Committee noted that while the proposal is not specific to opioids, the equipment may be helpful in reducing opioid overdoses.

ORU Staff mentioned that similar technology is currently being used at Long View, a mental health crisis facility, and that further information would be gathered.

The committee agreed that the request could be considered allowable under Exhibit E, which includes overdose prevention technologies. However, members asked that further research be conducted and agreed to revisit the topic via email correspondence for a final decision.

Additionally, the committee addressed a separate question about whether AEDs (Automated External Defibrillators) could be funded through the settlement. Joshua Blum emphasized that AEDs are intended for cardiac arrest, whereas opioid overdoses typically result in respiratory failure. The committee concurred noted that they support AEDs and their implementation and lifesaving capacity, but they don't directly address the opioid epidemic. The Committee determined that AEDs fall outside the scope of allowable expenses under Exhibit E and therefore should not be supported with settlement funds.

One key item discussed was a question from Commissioner Weaver about funding Path4EMS—a confidential wellness and support line for emergency medical service (EMS) professionals exposed to traumatic events, including opioid-related incidents. ORU Staff sought the committee's perspective on whether this initiative aligned with Exhibit E's provisions supporting first responder wellness.

The committee discussed the variation in existing support resources across EMS agencies and acknowledged that not all EMS professionals have access to structured mental health services. While some EMS staff may benefit from employee assistance programs (EAPs), those services are often limited or inconsistently available. Given the emotional toll of frequent opioid overdose responses, the committee concluded that the Path4EMS program fit within the intent of Exhibit E and specifically “Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events” under “First Responders” section ‘I.’. Members expressed their support for considering such services as allowable expenses, provided they explicitly include opioid-related exposure in their scope.

Next, the Committee reviewed a draft FAQ addressing whether providers receiving infrastructure grants must verify that clients have opioid use disorder (OUD). ORU Staff presented proposed language that clarified the importance that programs serve individuals with OUD, but there is not a requirement for recipients of funds to solely serve individuals with OUD or document the percentage of individuals with opioid use disorder for the purpose of council review.

Joshua Blum supported the draft language, noting that polysubstance use is common and that treatment environments often address multiple overlapping issues, including mental health and alcohol use. Terry Hofmeister added that in many rural and integrated treatment settings, clients are not categorized by substance type, and requiring such data collection would place undue burden on providers. The committee approved the draft as an accurate reflection of both policy and practical realities.

Data Discussion

ORU Staff provided an update on the ongoing development of a statewide opioid data system. A data consultant had been engaged to help scope the system and develop a request for proposals (RFP). ORU Staff explained that the system would aim to support monitoring and evaluation across all levels—statewide, regional, and local—while enhancing accountability and equity in funding outcomes.

Committee members discussed several key considerations, including which entity would host the system (possibilities included the Attorney General’s Office, CDPHE, or the Governor’s Office), what types of data would be tracked, and how often it would be updated. Joshua Blum expressed strong enthusiasm for the system, emphasizing the need for timely, actionable, and accessible data to drive effective interventions. The data work group was mentioned as a space for ongoing dialogue, and committee members were invited to participate.

Public Comment

ORU Staff opened the floor for public comment. No public participants were present, and no comments were submitted.

COAC Communications Plan

ORU Staff introduced a working draft of the COAC Communications Plan. The plan outlined a strategic approach to building public awareness, strengthening partnerships, supporting evidence-based interventions, and enhancing transparency. Key audiences identified in the plan included local

governments, regional opioid abatement councils (ROACs), community-based service providers, stakeholders, and the general public.

The committee expressed strong support for the plan's direction. Joshua Blum appreciated that it clearly articulated goals and messaging, and he thanked ORU Staff for capturing the spirit of previous discussions in a structured framework. The Committee agreed to continue reviewing and refining the plan in future meetings to ensure it remains responsive and actionable.

Adjourn