COMMUNITY HEALTH PARTNERSHIP

COLORADO REGIONAL OPIOID ABATEMENT COUNCILS: EMERGING BEST PRACTICES

AUGUST 2024

WHAT'S INSIDE

STRENGTHENING OUR COLLECTIVE EFFORTS:
LEARNING FROM COLORADO'S ROACS

In May 2024, the Colorado Attorney General's Office recognized a need to expand on what they were learning from monthly Colorado Opioid Abatement Council (COAC) and Regional Learning Forum meetings. When they invited Community Health Partnership (CHP) to sit down with Regional Opioid Abatement Councils (ROACs) across Colorado, we knew we had a unique opportunity to learn from those on the front lines of change. What we didn't anticipate was just how much we would gain from these conversations.

It was an honor to speak with representatives from eight of the state's 19 ROACs. Their dedication, innovation, and the remarkable progress achieved in such a short time are truly impressive. We are deeply grateful for their openness, honesty, and willingness to share both their accomplishments and pain points with us.

The stories in this document are not just reports of what's been done — they are powerful lessons that will help guide other ROACs as they navigate this long-term process. We're confident that what we have learned from them will help improve and strengthen their collective efforts.

What did we learn? The full report goes into more detail, but here are key takeaways:

1. **Shared Vision:** The ROACs that hit the ground running had a clear, shared vision of what they wanted to achieve. This isn't just a one-time discussion; it's an ongoing commitment to changing a complex system. By aligning with a common language and goals, these ROACs reduced the time needed to start making an impact and set the foundation for a robust, long-term strategy.
2. **Reflection and Learning:** While there was a sense of urgency to get funds distributed quickly, many ROACs recognized the importance of reflection and flexibility. Taking the time to pause, learn, and pivot when necessary ensures the best use of funds and better outcomes for the community.
3. **Transparency and Communication:** Transparent communication is vital in keeping stakeholders engaged and accountable. Whether through data dashboards, live streamed meetings, or clear talking points about the work, ROACs found creative ways to share their progress and keep the momentum going. This commitment to storytelling fosters trust and motivation.
4. **Invest in the Future:** It can be tough to set aside funds for infrastructure when resources are limited, but investing in facilitation, staffing, and technical ssistance is essential. When these functions are integrated thoughtfully, it creates a sustainable framework that can endure and evolve over the next 18 years.
5. **True Collaboration:** Real change requires true collaboration. It's not enough to simply do things — we need to do them together by focusing on equity, having the right voices at the table, and committing to shared goals. Building relationships, addressing power dynamics, and fostering trust are all crucial elements in making this happen.

We know this work is not easy — it's a marathon, not a sprint. But thanks to their dedication and willingness to share with us and others, ROACs around the state are helping to set Colorado up for long-term success and transformative change. We are excited to see what happens next: we are better when we work together.

Amber Ptak
CEO, Community Health Partnership

BEHIND THE PROCESS

Members of the 19 Colorado ROACs face a big endeavor — to effectively distribute opioid settlement dollars in a way that protects, treats, and heals residents, while designing an equitable system of care that builds resilient communities. This is no small challenge, as each ROAC serves unique populations with varying needs and resources.

While the circumstances of each region differ, ROACs don't have to face challenges alone. By learning from each other's experiences, successes, and setbacks, ROACs can draw on collective wisdom to refine their approaches and strengthen their impact. Sharing knowledge across regions also helps build a stronger statewide coalition that serves as a catalyst for systems change.

To support this collective learning, CHP was tapped to document and synthesize the insights and practices emerging from Colorado's ROACs. A nonprofit organization based in Colorado Springs, CHP's mission is to transform the way people work together to address complex community health issues. As part of this work, CHP has been actively convening and supporting a community engagement process with its own ROAC – ROAC 16 – to address the opioid epidemic since 2017.

CHP began by conducting interviews with representatives from ROACs across Colorado, including Region 2 (Larimer County), Region 5 (Eagle, Summit, Pitkin, Garfield, and Lake Counties), Region 6 (City of Longmont, City of Boulder, City of Nederland, County of Boulder), Region 8 (Adams County), Region 13 (Mesa County), Region 17 (Dolores, Montezuma, La Plata, San Juan, Archuleta, and the Southern Ute Indian Tribe), and Region 18 (Alamosa County/San Luis Valley).

From these conversations, CHP identified the nine emerging best practices found in this report. While there is no one-size-fits-all solution, these practices are adaptable and effective across diverse settings. At the same time, they are not set in stone. This is a journey of continuous learning, and as conditions and solutions evolve, so will the strategies. However, these practices provide a strong foundation upon which future efforts can be built.

EMERGING BEST PRACTICES

EQUITABLE COUNCIL STRUCTURE

Summary: The most successful ROACs prioritize diverse voices in decision-making processes. Voting members are employees or elected officials within that region as required by the MOU[1], but non-voting members — including subject matter experts and individuals with lived experience — play a crucial role. It's challenging to share power, but effective ROACs developed strategies that address root causes and reflect the diversity of their communities.

Centering Community Experts

A community-centered approach engages diverse voices closest to the problem they are trying to solve. ROAC 18 (Alamosa County) convened 52 stakeholders, including doctors, nurses, case managers, law enforcement, and people with lived and learned experience to guide them in the early stages of strategy development. Many of these same individuals continue to inform the process.

Inclusive Seating

The physical layout of the room matters, too. In ROAC 2 (Larimer County), voting members are comprised of diverse subject matter representatives from Public Health, the District Attorney's office, Department of Human Services, and school districts. Also, in the room are those with lived experience — people in long-term recovery,

[1] *Colorado Opioids Settlement Memorandum of Understanding, 2021, p. 10, section 5.a.a*

formerly incarcerated individuals, and parents who lost their children to opioid overdoses. All these voices come together at the same table to learn, make decisions, and share successes and challenges. Funded grantees are also present during meetings and asked for input. A non-voting council member from another ROAC noted, "It doesn't make sense to me that our non-voting members aren't invited to sit at the same table during meetings. By doing this, we are sending the message to those not in power that their voices aren't as important."

Meeting Formats

Council meeting schedules vary, with some ROACs opting to hold monthly meetings for voting and non-voting members. Others create ad hoc committees to drill down on key tactics like harm reduction or treatment strategies. Some ROACs depend heavily on staff, most often public health staff or staff serving in a backbone and/or administrative role. Some councils pay people with lived experience for their expertise, but most face bureaucratic challenges to paying people with lived experience.

Shared Goals

In the beginning, many ROACs faced interpersonal challenges — including no framework to support the governing structure and fund distribution process, conflicting opinions on where to start, and high attrition on voting and non-voting councils. The most effective ROACs were able to put their biases and politics aside for a shared goal: helping their community heal from the opioid epidemic while building a resilient community where everyone can thrive.

Lived and Learned Experience

People with lived and learned experience who represent the diversity of their communities help ROACs address the systemic nature of the problem. As one ROAC explained, "Centering the voices of those with lived and learned experience has been critical to the success of our ROAC. We are not only listening to people who understand the addiction journey, but we are also listening to BIPOC, LGBTQ+, people with disabilities, and formerly incarcerated individuals so that we are building a system that works for everyone, not just those already able to access our disjointed and expensive system of care."

Building Trust & Relationships

To build an equitable structure, ROACs highlighted the importance of building trust through relationships, reflecting on ways to share power among the voting and non-voting members, using authentic storytelling to connect to the realities of peoples' experiences within a broken system, and focusing their efforts around building a behavioral health system designed for equitable access.

EARLY STRATEGY DEVELOPMENT: GAPS ANALYSIS, ASSET MAPPING, AND/OR NEEDS ASSESSMENTS

Summary: ROACs adopted a variety of early tactics, including conducting a gaps analysis or asset mapping, to help them understand the problem better and how the community was currently structured to address the issues. Rural areas acted quickly to address immediate needs by leveraging local assets and planning grants from the opioid state share by the Colorado Attorney General's Office. Some prioritized rapid distribution while building infrastructure, while others used existing public health data or new assessments to identify gaps.

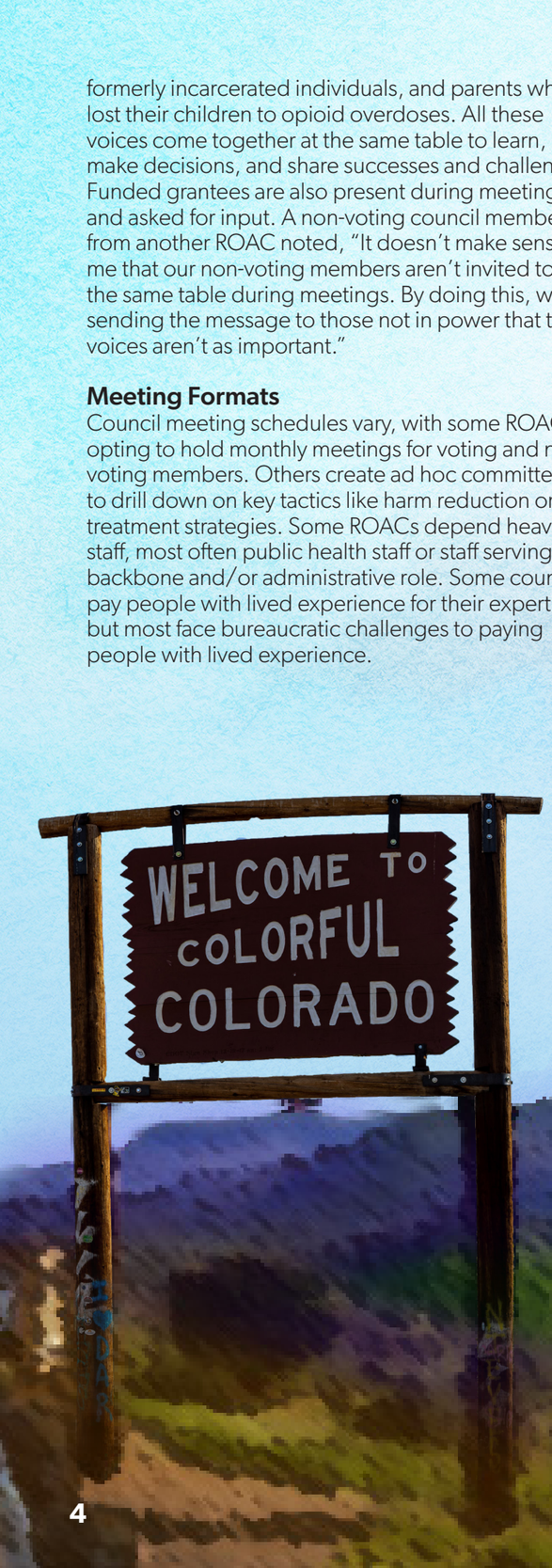
Rural Strategies

ROACs in rural communities recognized early on that their funding would decrease significantly over time, so there was a sense of urgency to identify a strategy and get money out the door. Rural ROACs convened quickly compared to regions with multiple municipalities. They also had a good sense of their community's assets and used the opioid settlement dollars to complement the work of other local agencies related to co-occurring disorders.

Rapid Distribution

Some ROACs identified quick distribution as their early strategy. "We knew we had a lot to learn about this opportunity, while also developing a collaborative governing body and an infrastructure to get money out the door. Getting the money out early while we listened to the community and developed that infrastructure was the early strategy. After two years of learning, funding, and measuring, we have more clarity on the projects we will fund in the future because we understand the needs better now."

> "We had to paint a picture: what would this community look and feel like in 18 years for the people living here? We got very specific about how we would support people navigating addiction, the resources we intend to provide, and how we would work to prevent it, particularly for those at greatest risk. That vision drives every decision we make."



Public Health Focus

Other ROACs used existing gaps analyses and/or needs assessments from their public health departments. "We relied heavily on our public health department to help inform the early stages. There was no question that public health would be at the center of this work because this is a public health crisis, and these settlement dollars have proven to complement the existing public health approaches that exist in this community." In most ROACs, public health directors are facilitators, co-chairs, and/or voting members. Only one of the eight ROACs interviewed did not center their work using a public health approach.

Gap Identification and Asset Mapping

If there wasn't existing public health data, ROACs used opioid settlement dollars to undergo a new gaps analysis or needs assessment. Some ROACs uncovered gaps through conversations that centered the voices of non-voting council members. Others leaned on data. Many ROACs also engaged in asset mapping. "We knew our community had been working on these challenges for quite some time. We went in with an asset and opportunity mindset versus a deficit mindset."

Two rural communities, ROAC 17 (Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties, Southern Ute and the Ute Mountain Ute Indian Tribes) and ROAC 18 (Alamosa County), found their residents had to drive hours for inpatient treatment. They also found a lack of recovery housing, public transportation, and employment as limitations to treatment and recovery. These ROACs funded strategies early on to address these gaps, while prioritizing workforce development in their communities.

Communities like ROAC 6 (Boulder County) and ROAC 8 (Adams County) used data from the Boulder County Behavioral Health Roadmap and the Rocky Mountain Partnership Opioid Abatement Data Hub, respectively, to spot gaps. ROAC 6 identified a health provider shortage area in its mountainous region. ROAC 8 found a need for a walk-in center and more sober living.

In cases where ROACs implemented a robust gaps analysis, needs assessment, and/or asset map, the ROACs developed a targeted settlement distribution process to meet the needs of their communities and experienced wins early on.

DATA HUBS AND DASHBOARDS

Summary: Many ROACs created or expanded data hubs and interactive dashboards that also serve as communication tools with the public. These tools help inform local strategies, engage the media, track progress, and address addiction stigma. However, most ROACs recognize the need for further technical assistance on data and creating achievable metrics. Many ROACs are participating in the Data Work Group to inform a funding opportunity from the Infrastructure Share for a statewide data system.

Data Utilization

Utilizing existing or new data hubs helps inform local strategies, engage the media and public around ROAC narratives, and track progress over time. Data dashboards also help to dismantle stigma and misinformation around addiction.

ROAC 8 (Adams County), with the help of Rocky Mountain Partnership, created a data dashboard with statewide and county-specific data, including opioid deaths, hospitalizations and emergency department visits, and impact on the workforce. The council taps into epidemiologists and health department experts to help analyze the data and to create the narrative for the public. ROAC 6 uses a similar infrastructure, with help from the public health staff to build their overall data capacity.

Technical Support

Most ROACs identified the need for additional technical assistance to build data infrastructures. They also requested common metrics so that progress can be measured across the state. "ROACs should begin speaking a common data language around the problem to be solved, the solutions that are emerging, the lessons we are learning, and the challenges that will not be solved by an inflow of these dollars. This will require a whole new way of working and we are just getting started."

SHARED VISION AND LANGUAGE

Summary: A complex system is one where cause and effect are only obvious in hindsight, with unpredictable emergent outcomes. Complex systems require structured, iterative, trial-and-error approaches. While working in complexity, establishing a shared language reduces the time spent defining issues and improving communication while working in this complexity. It also helps people understand each other better, which is important to improve collaboration, handle conflict, improve communication, and build culture. Establishing common ground helps create a unified vision for addressing addiction and recovery.

Common Terminology

ROAC 5 (Eagle, Garfield, Lake, Pitkin, and Summit Counties) formed a common language as part of its de-stigmatization effort. Now, the council spends less time defining the issue and more time solving it. "I was surprised how quickly we were able to come together using a shared language. We spent time understanding the problems we were trying to solve, and we started from a place of empathy and vulnerability. If we knew the solutions, we would be doing them already. We didn't, so we all agreed to come together to learn."

Cultural Sensitivity

The significant Indigenous presence in ROAC 17 (Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties, Southern Ute and the Ute Mountain Ute Indian Tribes) also calls for cultural sensitivity in conversations. One council member's lived experience as a member of the Navajo Nation tribe, single parent, and domestic violence survivor helps guide the ROAC's dialogue and decisions.

Shared Vision

"We had to paint a picture: what would this community look and feel like in 18 years for the people living here? We got very specific about how we would support people navigating addiction, the resources we intend to provide, and how we work hard to prevent it, particularly for those at greatest risk. That vision drives every decision we make. Developing that shared vision and language helped us establish common ground and established a purpose for our work together."

LONG-TERM STRATEGY

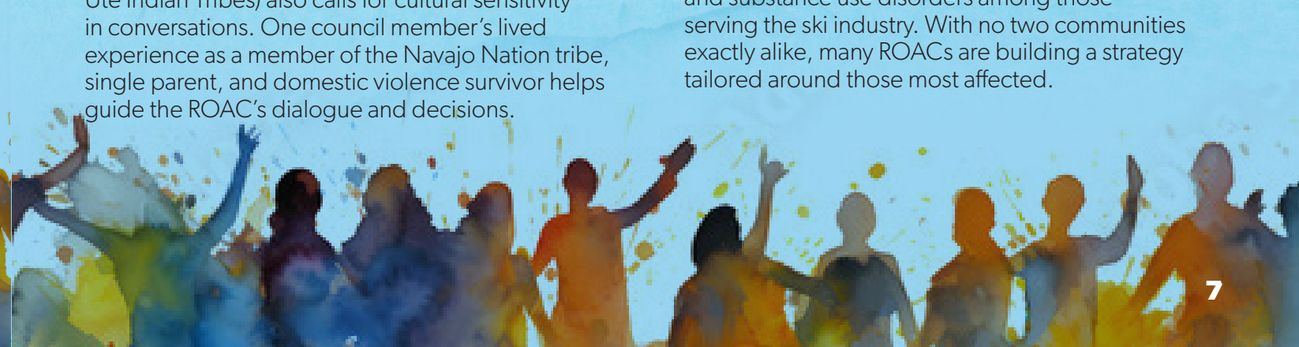
Summary: While some ROACs initially prioritized quick fund distribution, others built and refined comprehensive strategic plans. Successful strategies often include tailored plans for specific populations, empowerment of individuals with lived experience, publicly available plans, a public health approach, and flexible bylaws.

Strategic Evolution

While some ROACs aimed to simply get money out the door in the first two years, others worked with staff and/or external facilitators to develop a robust strategic plan. After much trial and error, those ROACs now can pivot into more strategic distribution plans. The success of these strategies may depend on who informs the next part of the process, since many ROACs have identified specific populations for whom they are designing new systems.

Population-Specific Strategies

Many ROACs have an intimate understanding of the community's population and those suffering from the effects of opioid use disorder. ROAC 13 (Mesa County) focuses on recovery for youth and incarcerated individuals. ROAC 2 (Larimer County) says preventable opioid-caused deaths are common among its middle-aged men. ROAC 5 (Eagle, Garfield, Lake, Pitkin, and Summit Counties) sees the high level of mental health and substance use disorders among those serving the ski industry. With no two communities exactly alike, many ROACs are building a strategy tailored around those most affected.



Empowerment Strategies

ROAC 18 (Alamosa County) sets a standard for a strategy that empowers people with lived experience. It focuses on four areas: prevention, recovery housing, a recovery center, and peer professionals. Notably, the peer professional program hired eight people with lived experience, including a former drug dealer and another who nearly overdosed, to earn a peer support certification and undergo 500 hours of supervision. These peer professionals are already working in the field and have found a strong sense of camaraderie in their recovery.

Clear & Transparent Strategies

Another signpost for success is a strategy that's clearly laid out and publicly available, like these examples:

- ROAC 2: Regional Opioid Abatement Council | Larimer County (bit.ly/ROAC-2)
- ROAC 5: Two-Year Plan (bit.ly/ROAC-5)
- ROAC 6: Boulder County Behavioral Roadmap (bit.ly/ROAC-6) (including but not limited to the opioid settlement dollars)
- ROAC 8: Adams County Opioid Abatement Grant Frequently Asked Questions (bit.ly/ROAC-8)
- ROAC 13: Two-Year Plan (bit.ly/ROAC-13)
- ROAC 16: Region 16 Opioid Abatement Council - El Paso County Colorado (bit.ly/ROAC-16)
- ROAC 17: Substance Use Treatment Feasibility Study and Implementation Plan (bit.ly/ROAC-17)

Public Health Integration

Many ROACs encourage public health department staff to inform their strategies by acknowledging the role social determinants of health have on prevention, harm reduction, treatment, recovery, and a criminal justice response. The Adams County Health Department Director is the acting Vice Chair of ROAC 8 and guides the ROAC to look upstream toward protective factors or community characteristics that reduce negative outcomes. Its strategy includes investing in those protective factors and using a public health approach. Larimer County's Public Health Director also serves as Co-Chair and their staff provide capacity to the ROAC.

Adaptive Strategies

Many ROACs have shown an ability that's not always found in bureaucratic organizations — flexibility. After receiving feedback and measuring outcomes, ROACS are adjusting their strategies, and even bylaws, in real time. "We need to come in with a mindset that we need to remain flexible. This is challenging work, and we are learning all the time. A structure should never get in the way of a meaningful strategy. We are here to rebuild an entire system of care here. We should never get in our own way of doing what is right for the people we serve."

Political Barriers

Another region's co-chair is concerned that politics are getting in the way and struggles with how to adjust the governing structure to allow for more lived and learned experience. "I believe we have an opportunity to shift how decisions are made, but I am not convinced there is the will to change from some of the elected leaders around the table to do that. And to do it, we need everyone to see how important it is, and I just do not think we are there yet. Things are beginning to move in a more positive direction, so I will try to remain optimistic."

EFFECTIVE COLLABORATION AS A FRAMEWORK FOR SYSTEMS CHANGE

Summary: Collaboration, as defined by Adam Kahane, involves working with diverse individuals to fundamentally transform a system rather than just reforming it superficially (bit.ly/kahane). Some ROACs collaborated by embracing conflict, experimenting with solutions, and recognizing their own roles in the system. Rural ROACs had to blend local resources for sustainability. Some regions found collaboration challenging and described it as "we aren't there yet."

Strategic Partnerships

It's no coincidence that the ROACs that moved most quickly and strategically with the settlement dollars faced less conflict among local government, nonprofit organizations, fellow council members, people with lived and learned experience, and new partners (e.g., school districts, youth-serving organizations). They set out to build trust and relationships, commit to learning together, and share resources effectively.

Unified Networks

County departments, school districts, law enforcement, public health representatives, philanthropic organizations, and myriad other agencies rallied around many of the ROACs. These stakeholders share data, resources, and staff. In many communities, especially rural ones, relationships and trust had already been established from prior work and they were ready to get to work quickly.

Resource Braiding

Because rural communities received less funding than larger suburban and urban areas, they were forced to braid it with other local funding for sustainability. ROAC 2 (Larimer County) calls it the Larimer Way: "Our county stakeholders have repeatedly come together in times of crisis, like natural disasters, the COVID-19 pandemic, and now the opioid epidemic. The county has fostered a spirit of collaboration that puts residents' needs first." ROAC 18 (Alamosa) had to commit to braiding their resources to ensure they were successful as well. "We had a lofty goal and the settlement dollars alone would not get us there. We called on others to invest in our goal and we made it happen."

A New Way of Working

Other regions recognized that collaboration was a new way of working: "We may see each other frequently, but this opportunity is forcing us to work differently together. I am not coming to the table to point fingers at anyone but me. I am coming to the table because our organization needs to shift the way it does business and I need the support of our community to do that. We all need to change the way we do business because the system is broken and our businesses perpetuate the brokenness. If we all come to the table recognizing what we must change and recognize we have the power to change it, the sky's the limit. But collaboration isn't easy. It requires us to be vulnerable, set aside our egos, move past our biases, and do the hard work of systems change."

20 YEAR VISION

> "People with a substance use disorder feel less lonely and disconnected. People now find hope and healing in their backyards."

TECHNICAL SUPPORT

Summary: ROACs invested in outside support or dedicated staff to help with project management, data handling, and grant distribution. This support often included deep community connections or local health department resources. Guidance from the Colorado Attorney General's Office and regional meetings were also key. Future needs involve improving communications, evaluation frameworks, data infrastructure, and funding connections.

Staffing Drives Success

ROACs that hired or share staff from their communities identify more victories, report a higher level of collaboration, center the voices of people with lived and learned experience, use data to drive decision-making, and have a clearer strategy than those that don't make the investment.

Effective Support Structures

Investing in facilitators that are deeply knowledgeable of and invested in their community's outcomes, hiring a backbone organization, hiring or using dedicated staff to build capacity for project management, research, data and grant making, while building additional bandwidth for ROAC members, has proven effective. For example, ROAC 6 (Boulder County) invested in two positions, a project manager and contracts administrator, to create data-driven resources and help distribute funds. ROAC 8 (Adams County) contracted with a third party to build a methodical, data-driven approach. ROAC 13 (Mesa County) enlisted the help of United Way of Mesa County to vet grant applications. ROAC 13 also partners with a local program, the Business Incubator Center, to lead their grantees through an eight-week training on managing income, finances, and operations. ROAC 2 uses existing staff from the county and public health department. ROAC 16 hired a facilitation firm that is not from their local community to provide additional capacity.

Community-Embedded Support

Multiple ROACs used external facilitators in the early years to develop their initial strategy and/or distribution plan. Then, they hired staff deeply embedded in their community who have significant public health expertise. Others tapped into their local health departments and counties to share staff.

Support from the Colorado Attorney General's Office

All of the ROACs identified the Colorado Attorney General's Office and its project staff as being the most helpful support so far. "Their responsiveness, knowledge of the issue, and willingness to connect us with the right level of support when we need it has been an unexpected win for us. We are doing something that has never been done before and their guidance has been instrumental to the success of our initiative." The regional learning forums were also identified as an important path to learning from one another.

Needed Support

County agencies identified needing more sources of support. "We weren't designed to be grant makers. We had to create an infrastructure from scratch and I understand why people are frustrated with our procurement processes. As a county administrator, I would love to be able to connect with other fiscal agents to learn how they are doing this successfully — a listserv or quarterly meetings. We must figure out a way to get this money out quickly and strategically while we build a sustainable infrastructure to be able to do this well for the community."

Future technical needs include a communications strategy, an evaluation/outcomes measurement framework, a robust data infrastructure, a sustainable and long-term plan, greater connections to philanthropic or government agencies that could help augment funding, and alignment with state agencies whose work depends on learning from the ROACs' work (e.g., Behavioral Health Administration).

20 YEAR VISION

"We enabled our communities to thrive, not just survive."

TARGETED INVESTMENTS

Summary: ROACs are using two main funding strategies: an open RFP where all can apply as long as they align with the general funding priorities, or a targeted approach designed to fund a specific project or population (e.g., youth, incarcerated individuals, a recovery or treatment center, workforce development). The targeted method generally results in higher success and collaboration compared to the open RFP strategy.

Open RFP Approach

With this approach, ROACs release a general request for applications for local agencies to make a case for how they're addressing the opioid epidemic in at least one of the five identified priorities: prevention/education, harm reduction, treatment, recovery, and law enforcement. ROACs then allocate dollars to eligible applicants, with varied clarity on the rubric and scoring methods.

Targeted Approach

A targeted approach is a more strategic investment in agencies that are often handpicked to fill gaps. It might include funding for "shovel-ready" programs that have infrastructure in place, or it might involve ideating and launching new programs.

ROAC 13 (Mesa County) uses a targeted approach. Through an initial gap analysis, ROAC 13 found the need for more prevention, treatment, and strengthening the behavioral health workforce. Then, it sought to fund agencies that could meet those targets. The county also helps agencies refine their requests for dollars to be a more sustainable fit for these gaps. Agencies that need help building out their ideas or organizational development support are referred to the local Business Incubator Center for mentorship and guidance.

ROAC 2 (Larimer County) and ROAC 18 (Alamosa County) also have targeted approaches to grant-making based on initial gap analyses and needs assessments.

Targeted Approach Success

The ROACs with targeted approaches identified more wins than those ROACs using an open RFP process that lacked clarity around a specific strategy. Those that implement an open process are most often funding existing programs or projects. There is a stark difference between the level of collaboration happening with a targeted approach (high collaboration) versus an open one (low collaboration).

Grant Cycle Insights

Many ROACs faced a learning curve in developing a framework for grant applications, grant writing, or grantee oversight. One ROAC operates on a six-month cycle, after which a grantee presents what they've accomplished and can reapply. Others operate on one- or two-year grant cycles, which allows the ROACs to test their long-term strategies.

TRANSPARENT COMMUNICATION

Summary: Many ROACs share progress and remain accountable by using various communication channels such as websites, newsletters, and social media. Despite their efforts to tell more stories, time and staffing constraints limit their abilities. Many ROACs also use data dashboards for transparency. There's a recognized need for more effective storytelling and impact assessment.

Effective Communication Tools

ROAC 5 (Eagle, Garfield, Lake, Pitkin, and Summit Counties) created a resource packet for stakeholders with talking points to bring back to their communities. It also ensures that messaging and onboarding of new council members is consistent. ROAC 2 (Larimer County) posts meeting recordings on YouTube. ROAC 13 (Mesa County) hosts a conference, Mesa Talks, for mental health professionals to share how they're helping the community. Robust data dashboards and interactive data hubs are another form of transparent communication across many of the regions interviewed.

"We absolutely need more effective ways to tell authentic stories with the media and public. We also need time to assess where we are making the greatest impact and why. There is a strong sense that, 'This is an opportunity of a lifetime to make a real difference here,' and there is a lot of pressure to remain accountable to the public. As an elected official, I have a sense of urgency to do this well because my time in this seat is limited. I refuse to waste any time. We are in this together, so let's get to work.

ENVISIONING THE FUTURE

While the ROACs have already accomplished and learned so much, the long-term work of distributing the opioid settlement dollars to achieve systemic change has only just begun. We asked ROACs to share their dreams for the future: "In 20 years, what is the story you would like printed in your local newspaper about how your community came together to strategically use these opioid settlement dollars?" This is what they told us.

- We enabled our communities to thrive, not just survive.
- People with a substance use disorder feel less lonely and disconnected. People now find hope and healing in their backyards.
- We led with an opportunistic, not a deficit, mindset. We built thriving, resilient communities rooted in healing, and we worked together to do it.
- There is decreased stigma around addiction and access to treatment for mental health and substance use disorders.
- The agencies we funded are sustainable and will continue to serve the community for years to come.
- As a result of this work, the problem of opioid addiction is solved. When people have pain, they are treated safely. Opioid deaths are rare and when they do happen, communities come together to heal and are accountable for what needs to happen next.
- We understand the problem differently, or we are onto something new because we solved the problem as we understood it 'back then.' Maybe we solved the pharmaceutical part of this problem, and we've moved on to something different. At the end of the day, we want to solve something, continue to work together to build thriving communities, and ensure we understand and treat addiction differently because we have the resources to do it.
- As a result of effective collaboration locally, regionally, and across the state, Colorado solved the opioid crisis. We did that by creating space to learn from one another and a commitment to solve it together. We came into this work as 19 separate regions, but we are one Colorado, and we did it together.
- Our dreams — to address this crisis head on, build a new system of care, expand resources, reduce stigma, and treat addiction more effectively — are now a collective reality.

RESOURCES

Colorado Opioid Response Resources

CO Attorney General Phil Weiser is fighting the opioid crisis on many fronts (coag.gov/opioids/)
Colorado Opioid Abatement Council (https:bit.ly/coag-council)
Opioid Fund Distribution Dashboard (https://bit.ly/CO-funds)
Opioid Response Resources (bit.ly/coag-resources)

National Opioid Response Resources

Opioid-Overdose Reduction Continuum of Care Approach Practice Guide (bit.ly/ORCCA)
Primer on Spending Funds from the Opioid Litigation (bit.ly/funds-primer)
Engaging with People with Lived Experience in Opioid Settlement Decision Making (bit.ly/NASHP-LE)
Advancing Health Equity through County Opioid Abatement Strategies (bit.ly/opioid-equity)
Equity Considerations for Local Health Departments on Opioid Settlement Funds (bit.ly/local-equity)
Conflicts of Interest and Opioid Litigation Proceeds: Ensuring Fairness and Transparency (bit.ly/opioid-conflict)