State of Colorado

Methamphetamine Task Force

Fourth Annual Report

January 2010

John Suthers
Colorado Attorney General
Task Force Chair

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

John Suthers, Chair
Colorado Attorney General

Lori Moriarty, Vice Chair, Criminal Justice System
Commander, Thornton Police Department, Retired
Senior Vice President, National Alliance for Drug Endangered Children

Janet Wood, Vice Chair, Treatment
Director, Division of Behavioral Health
Colorado Department of Human Services

José Esquibel, Vice Chair, Prevention
Director, Interagency Prevention Systems for Children and Youth
Colorado Department of Public Health and Environment

The following individuals assisted in the writing and compilation of this report:

José Esquibel, Director, Interagency Prevention Systems for Children and Youth
Colorado Department of Public Health and Environment

Chele Clark, Project Manager, Interagency Prevention Systems, Colorado Department of Public Health and Environment

Jade Thomas, Executive Director, Colorado Alliance for Drug Endangered Children

To access the State Methamphetamine Task Force meeting minutes, reports, and the *Colorado Blueprint for a Comprehensive Community Response* materials, go to www.coloradodec.org and click on the *State Methamphetamine Task Force* link.

TABLE OF CONTENTS

I. Executive Summary

Overview of the State Methamphetamine Task Force

In 2006, the Colorado General Assembly created a partnership of state government, local governments, and the private sector, including legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors entitled the Colorado State Methamphetamine Task Force (see Appendix A for State Methamphetamine Task Force Membership). The core purpose of the State Methamphetamine Task Force and partners is to provide leadership and develop a statewide strategy to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use and to identify and improve the well-being of drug endangered children. The Task Force was reauthorized in the 2009 legislative session for an additional four years.

Given the complexity of responding effectively to methamphetamine and other illegal drug issues, the Colorado General Assembly acknowledged the need for involving a diverse partnership of state government, local governments, and the private sectors, including legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors. To this end, the Colorado General Assembly established the State Methamphetamine Task Force with a mandate to:

1. Assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use;

2. Develop statewide strategies in collaboration with local communities to address prevention, intervention, treatment and enforcement; and

3. Take a comprehensive approach to and provide assistance and recommendations concerning prevention, intervention and treatment and the response of the criminal justice system to the methamphetamine problem in Colorado.

The Colorado State Methamphetamine Task Force began meeting in July 2006 and within the first six months identified several priorities. The cornerstone priority was to establish a *Colorado Blueprint* for comprehensively addressing methamphetamine and other illegal drug use and the affects these drugs have on communities, families, and children.

Generous financial support of El Pomar Foundation and the Daniels Fund continues to be instrumental in moving forward the work of the State Methamphetamine Task Force and the *Colorado Blueprint*. Also, in-kind support from the Colorado Alliance for Drug Endangered Children and the National Alliance for Drug Endangered Children is beneficial and will continue to be of value to the State Methamphetamine Task Force in refining the *Colorado Blueprint*.

The *Colorado Blueprint* is intended to ensure that efforts across multiple-disciplinary groups and community systems are well coordinated, efforts and outcomes are aligned, and evidence-based strategies, both short and long-term, address the needs of children, families, communities, the state, and the nation. At the core of the *Colorado Blueprint* is a four part continuous course of action involving policy, implementation, practice and science (see Appendix B for details on the *Colorado Blueprint*). In this respect, evidence and practice informs implementation as well as legislative and policy improvements.

Because the manufacture, distribution and use of methamphetamine manifest a complex set of issues and impact a variety of social systems, a multifaceted approach is necessary for effectively addressing the affects on children, families and communities. As such, a network of partners was formed in 2007 to conduct demonstration initiatives with leadership from the Colorado Alliance for Drug Endangered Children and financial support from the Daniels Fund in the amount of $200,000. In partnership with the State Methamphetamine Task Force, twelve communities in Colorado became demonstration learning sites for implementing the Comprehensive Community Response Process of the *Colorado Blueprint*. An additional $200,000 from the Daniels Fund was awarded in December 2008 to continue this collaborative effort in aligning state policy with implementation practices.

Summary of Key Policy Issues in 2009

The 2009 Colorado General Assembly reauthorized Colorado Revised Statute (C.R.S.) § 18-18.5(101-105) Methamphetamine Abuse Prevention, Intervention and Treatment and Response of the Criminal Justice System for another four-year period, from January 2010- January 2014.

The State Methamphetamine Task Force will conduct strategic planning in January 2010 for continued identification of prevention, intervention and treatment programs that are showing effectiveness in addressing methamphetamine issues and related problems, as well as environmental issues and policies. Additionally, a review of state laws will be conducted in regard to reducing, preventing and addressing methamphetamine, use, distribution, production and impact on children and environments.

Information about the work of the State Methamphetamine Task Force, including the *Colorado Blueprint* and the Comprehensive Community Response framework, were shared with Gil Kerlikowske, the Director of the White House Office of National Drug Control Policy, during a roundtable discussion in Denver on August 20, 2009. Mr. Kerlikowske traveled across the United States seeking ideas that could be used in updating the National Drug Control Policy.

A report compiled by the National Center on Addiction and Substance Abuse at Columbia University titled *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets* (May 2009) contains a fiscal accounting of funds spent in Colorado on addressing substance abuse issues. The figures estimate that 15.1% of

Colorado's state budget in 2005, representing $1.6 billion dollars, was spent on substance abuse issues. Only 3 cents of every dollar spent went to prevention and treatment and 97 cents of every dollar went to funding the "wreckage" of substance abuse, with 46% of the burden being shouldered by the Colorado justice system. In the face of evidence that prevention programs are effective and that many treatment programs have outcomes more favorable than many cancer treatments, current spending patterns on substance abuse in the State of Colorado are unbalanced. Prevention and treatment programs can reduce costs to the state.

One effective, evidence-based approach to reducing substance abuse, including use and abuse of methamphetamine, is through substance use screening, brief intervention and referral to treatment (SBIRT). The *Shoveling Up II* report recommends that state governments expand medical billing codes for screenings and brief intervention for alcohol and other drugs, inclusive of methamphetamine. A bill of the Health and Human Services Committee of the Colorado General Assembly will be introduced as part of the 2010 Colorado legislative session to activate the Medicaid codes for substance use screening and brief intervention.

Regarding environmental clean-up of property where methamphetamine was used and/or produced, a very comprehensive clean-up regulation has been in effect since March 2005, however, very few local agencies have a clean-up oversight program in place. In addition, due to the ongoing financial crisis, several of the local agencies that initially had oversight programs have reduced or eliminated these programs. Therefore, in most counties across the state, there is no process to ensure that methamphetamine contaminated homes are being cleaned up. As a result, there is an unknown number of methamphetamine contaminated properties at which the current occupants are being exposed to residue methamphetamine and other chemicals related to the manufacturing process and to use. This is a significant public health concern that, to date, has not been adequately addressed.

Colorado Methamphetamine Action Plan

A fourteen-member team from Colorado was selected through a competitive process to participate in the *National Summit to Promote Public Safety, Partnerships, and Safety for Critically Affected Populations*. In November 2008, the team developed an action plan for better addressing the needs of women, criminal justice-involved individuals, and Lesbian, Gay, Bisexual and Transgender (LGBT) individuals, which are populations disproportionately affected by methamphetamine use. Several members of the team are also members of the State Methamphetamine Task Force. In 2009, progress was made on the Colorado Methamphetamine Action Plan in these areas of special concentration:

1. Defining the future of the State Methamphetamine Task Force with the reauthorization of the Task Force, including the ability to expand its membership, and maintain its focus on methamphetamine and other substance abuse and addiction in Colorado.

2. Addressing the lack of data on the LGBT population related to methamphetamine and other drug use, the need for training of substance abuse and recovery service providers in working with the LGBT population, and developing LGBT recovery support services in the state.

3. Following through on the following three tasks related to the needs of women affected by methamphetamine and other drug use:

    - Convene a statewide work session to identify and address issues related to substance exposed newborns and perinatal substance use.
    - Partner with the Colorado Clinical Guideline Collaborative to enhance guidelines for screening women with substance use disorders in primary health care settings.
    - Develop Recovery Support Services for women and enroll women into recovery services through the Access to Recovery Grant.

4. Coordinate with State Judicial regarding the reporting of information they are collecting on the criminal justice population and explore the standardization of Specialty Courts.

5. Continue focusing on drug endangered children throughout the continuum of services within communities.

Identification of Model Approaches to Addressing Methamphetamine Issues

In addition to the work on the Colorado Methamphetamine Action Plan and the *Colorado Blueprint* demonstration sites, in 2009 the State Methamphetamine Task Force examined, as charged by state statute, the following promising programs and practices that are addressing methamphetamine issues:

- Identifying Drug Endangered Children Through Parole Data (see Section VII.A)
- Arrestee Drug Abuse Monitoring Program (see Section VII.B)
- Baby Haven: Therapeutic Early Childhood Education (see Section VII.C)
- Justice Initiative for Drug Endangered Families (see Section VII.D)
- Regional Partnership Grant: Denver EFFECT (see Section VII.E)
- SBIRT Colorado (see Section VII.F)
- Access to Recovery (See Section VII.G)

Information presented to the State Methamphetamine Task Force about these programs and practices is presented in the main body of this report (Section VII) and will become part of a catalogue of identified programs and practices.

II. State Methamphetamine Task Force

The membership of the Colorado State Methamphetamine Task Force is set forth in C.R.S. § 18-18.5-103 and consists of a chair, three vice-chairs and twenty-three members.

John Suthers, Colorado Attorney General, serves as Chair of the State Methamphetamine Task Force, as specified in House Bill 06-1145, C.R.S. § 18-18.5-103.

Lori Moriarty, Commander (Retired), Thornton Police Department, serves as Vice-Chair for the Criminal Justice System by appointment of Governor Bill Ritter. Commander Moriarty is the Senior Vice President of Education and Outreach of the National Alliance of Drug Endangered Children.

Janet Wood, Director of the Division of Behavioral Health, Colorado Department of Human Services, serves as Vice Chair for Treatment by appointment of the Colorado Speaker of the House of Representatives. Ms. Wood also is a former member of the National Institute on Drug Abuse's Advisory Council and the White House's Advisory Commission on Drug Free Communities.

José Esquibel, Director of Interagency Prevention Systems, Colorado Department of Public Health and Environment, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate. Mr. Esquibel is chair of the Colorado Prevention Leadership Council, a five state department interagency council that coordinates state-managed prevention, intervention and treatment services for children and youth. He is also Project Director for the Screening, Brief Intervention and Referral to Treatment initiative in the State of Colorado, which address and promotes the implementation of substance use screening in primary health care settings as a standard of care.

The list of current members is found in Appendix A of this report.

In 2009 the State Methamphetamine Task Force held five meetings between 10:00 a.m. and 1:00 p.m. at the Colorado Municipal League on the following dates:

- January 23, 2009
- May 22, 2009
- July 24, 2009
- September 25, 2009
- November 20, 2009

In addition, the Vice-Chairs and the Executive Director of Colorado Alliance of Drug Endangered Children met monthly to ensure progress on the priorities and also met with the Colorado Attorney General on implementing and coordinating the activities of the Task Force in accordance with the mandates of the legislation.

III. Legislative Recommendations of the Task Force

There are no legislative proposals from the State Methamphetamine Task Force to the 2010 Colorado General Assembly.

IV. Milestones and Progress on 2009 Priorities and Action Plan Items

The following milestones mark the progress made by the State Methamphetamine Task Force regarding the 2009 priorities and action plan items:

- Achieved reauthorization of the Statewide Methamphetamine Task Force for an additional four years.
- Maintained an ongoing focus on supporting community level collaboration aimed at identifying and serving children and families impacted by substance use.
- Created a data dashboard to monitor cross-system indicators of substance abuse statewide.
- Collection of best-practices information from more than eighty local programs for addressing methamphetamine issues utilizing an on-line survey at the following Web address: http://www.coloradodec.org/stateleveldecefforts/surveyinfo.html.
- Hosted a summit in September 2009 to further understand the problem of substance-exposed newborns and coalesce action around this issue.
- Advanced shared learnings of best practices across the state through Web-based resources and presentations (http://www.coloradodec.org).
- Obtained technical assistance funding to provide awareness training on Lesbian, Gay, Bi-Sexual, Transgender issues and formed a core group of addiction counselors and prevention consultants who will receive in February 2010 a train-the-trainer curriculum on culturally congruent approaches to serving this population.
- Fostered partnerships, such as the collaboration between the Colorado Department of Corrections/Division of Adult Parole and Community Corrections and the Colorado Alliance for Drug Endangered Children to improve data collection on children living with individuals on adult parole to enhance the coordination of systems and to better address the well-being of drug endangered children.

V. Policy Issues

A. White House Office of National Drug Control Policy

Gil Kerlikowske, the Director of the White House Office of National Drug Control Policy held a meeting in Denver August 2009 to learn about drug issues and the various efforts occurring in Colorado to address these issues. By invitation, State Methamphetamine Task Force Vice Chairs Janet Wood and José Esquibel attended the session. The work of the Task Force was explained to Mr. Kerlikowske and a copy of the *Colorado Blueprint* and the Colorado Comprehensive Community Response framework was provided to his

staff for review. Denver was one of the stops that Mr. Kerlikowske made in his travel across the country to gather ideas and strategies for use in shaping the National Drug Control Strategy that will be submitted to President Obama at the end of 2009. The intent of the national strategy under President Obama is to reduce drug use in America through a balanced approach that focuses on stopping use before it starts, healing America's drug users, and disrupting the market for illegal drugs.

B. Impact of Substance Abuse and Addition of the State of Colorado's Budget: *Shoveling Up II* Report

A new report was published by National Center on Addiction and Substance Abuse at Columbia University titled, *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets* (May 2009), which is available at this Web address: http://www.casacolumbia.org/absolutenm/articlefiles/380-ShovelingUpII.pdf. Since the first *Shoveling Up* report of 2005, Colorado has moved up the list in regard to the amount of state funds going to substance abuse prevention and treatment, but the state contribution is still less than 3% of approximately $1.6 billion in state funds addressing substance abuse issues of which 97% is going to funding the "wreckage" of substance abuse. This includes spending in justice, education, health, child/family assistance, mental health/developmental disabilities, public safety and the state workforce.

The $1.6 billion represents 15.1% of Colorado's state budget with the Colorado justice system shouldering 46% of the burden. By comparison, only 0.50% of the state budget, or $54 million, was spent on prevention, treatment and regulation/compliance in 2005, with a per capita cost of $11.38.

What can the State of Colorado do differently? The *Shoveling Up II* report emphasizes four alternative actions that should be taken in order to substantially avoid or reduce the more $1.6 billion in Colorado government spending on the burden of substance abuse and addiction:

1. Invest in prevention and early intervention.

2. Invest in treatment and disease management.

3. Adopt a broad range of tax and regulatory policies to prevent underage initiation of substance use.

4. Expanded research and evaluation of best-practices for prevention and treatment.

On August 20, 2009, in Denver, Susan Foster, Vice President and Director of Policy Research and Analysis at CASA Columbia, presented the findings of the *Shoveling UP II* report and a proposed "Framework for Change" at a Colorado Substance Abuse and Healthcare Summit that was attended by health care professionals, substance abuse prevention and treatment professionals, and policymakers. One result of this Summit was movement in preparing legislation for activating the Medicaid codes in Colorado for

substance use screening and brief intervention. A bill to activate the Medicaid codes for substance use screening and brief intervention will be introduced by the Health and Human Services Committee of the Colorado General Assembly as part of the 2010 legislative session.

C. Illegal Drug Laboratories and Environmental Clean-up

A statute change was made during the 2009 Colorado legislative session regarding methamphetamine clean-up (SB09-060: C.R.S.§ 25-18.5-101). Substance use is now included in the definition of "Illegal Drug Laboratory." In addition, the real estate disclosure statute was revised to allow the Colorado Board of Health to establish sampling procedures for testing during real estate transactions.

The Colorado Department of Public Health and Environment is working on revisions to state regulations related to SB09-060, since the bill gave the Colorado Board of Health the authority to set forth the procedures and standards to be used for testing properties during a real estate transaction.

While Colorado has very comprehensive regulations for methamphetamine lab clean-up, there is no statutory or regulatory requirement for agency oversight to verify that clean-ups are being conducted, or if conducted, that clean-up is done in compliance with the regulation and that it meets the clean-up standard. The statute does not give the state authority to set up a clean-up oversight program, but allows local agencies to do so.

Although the clean-up regulation has been in effect since March 2005, very few local agencies have a clean-up oversight program in place. In addition, due to the financial crisis, several of the local agencies that initially had oversight programs have reduced or eliminated these programs. Therefore, in most counties across the state there is no process to ensure that methamphetamine contaminated homes are being cleaned up. As a result, there is an unknown number of methamphetamine contaminated properties at which the current occupants are being exposed to residue methamphetamine and other chemicals related to the manufacturing process and to use. This is a significant public health concern that has not been adequately addressed.

D. Changes in Drug Sentencing Laws

In 2009, the Colorado Commission on Criminal and Juvenile Justice (CCCJJ) Drug Policy Committee reviewed the Title 18 statutes regarding drug-sentencing laws to propose recommended changes to drug sentencing laws. Some members of the State Methamphetamine Task Force are also members of the CCCJJ Drug Policy Committee. One of these members, Carmelita Muniz, was officially designated as the Stet Methamphetamine Task Force representative and liaison to the CCCJJ Drug Policy Committee.

One aspect of the proposed changes is to emphasize substance abuse treatment services for offenders, where needed.

E. Activating Medicaid Codes for Substance Use Screening

An effective, evidence-based approach to reducing substance abuse is through substance use screening, brief intervention and referral to treatment (SBIRT). Currently, there is a federal grant to the Office of the Governor for implementing SBIRT in primary healthcare settings across Colorado. The intent of the grant is to help make screening and brief intervention a standard care practice in Colorado. Follow-up data for individuals who received a screening and brief intervention in various settings in Colorado are showing very positive results (see Section VII.F: SBIRT Colorado Update below) In order to sustain screening and brief intervention, it is essential that healthcare providers can bill for the service.

The Colorado General Assembly's Health and Human Services Committee is introducing a bill in the 2010 Colorado legislative session to activate the Medicaid codes for substance use screening and intervention. The activation of these codes will reimburse healthcare providers for identifying the substance misuse and abuse, including methamphetamine, early and for intervening if treatment is necessary.

F. Medical Marijuana

Colorado voters passed Amendment 20 in 2000. The Amendment allows persons suffering from debilitating medical conditions to obtain a physician's recommendation that the patient might benefit from the medical use of marijuana. For the first six or seven years there was slow growth in the number of patients on the Medical Marijuana Registry. Since 2007 there have been a series of law and rule changes that have significantly altered the interpretation of the Amendment, which has opened the door for expansion of a for-profit business model for the sale and distribution of medical marijuana in Colorado.

In 2007 a Denver District Judge threw out a rule by the Colorado Board of Health that limited the number of patients per caregiver to five because the rule was not properly established. In the spring of 2009 the federal government signaled the reduced risk of federal prosecution for marijuana violations in states that have medical marijuana programs. In July 2009, the Colorado Board of Health did not reinstate the caregiver limitation rule after about 350 people signed up to speak against it. The Colorado Board of Health redefined the term "Significant responsibility for managing the well-being of a patient" to include the provision of marijuana.

The combination of these decisions has created an environment in which marijuana growers and dispensaries are essentially unregulated in the State of Colorado, creating a fast-growing industry in marijuana production, distribution and sale. The Colorado

Department of Public Health and Environment is currently receiving about 600 applications per day for medical marijuana certificates. Marijuana "dispensaries" are being established in many communities across the state. Local jurisdictions are scrambling to address this growth at the local level. Several groups and State legislators in Colorado are working to address these issues through legislative and policy changes. Several members of the State Methamphetamine Task Force are closely following the issue and will stay informed of legislation in an effort to support local communities, families, and children.

VI. State Methamphetamine Task Force Initiatives and Work Groups

A. Collection of Best Practices

An ongoing priority of the State Methamphetamine Task Force is the identification and cataloguing of best practices and model programs being utilized and implemented in Colorado communities to address the multi-faceted impact of methamphetamine use, production and distribution. A questionnaire for collecting this information was re-developed in 2009 in partnership with the Colorado Alliance of Drug Endangered Children. This consists of ten questions that are answered on-line at: http://www.coloradodec.org/stateleveldecefforts/surveyinfo.html

To date, over 80 completed responses to the survey have been collected. In 2010, the list will be expanded, research will be done on the submissions, and the information will be formatted and displayed as part of the Colorado Alliance for Drug Endangered Children and State Methamphetamine Task Force online learning community.

B. Colorado Alliance for Drug Endangered Children

Colorado Alliance for Drug Endangered Children (DEC) exists to promote the well-being of drug endangered children through statewide training, technical assistance, and advocacy (http://www.coloradodec.org). Children are drug endangered when their caregiver's substance use, or involvement in the illegal drug trade, results in child abuse, child neglect, and/or interferes with their ability to provide a safe and nurturing environment. The partnership between the State Methamphetamine Task Force and Colorado DEC strengthens the work of both groups by providing a link between policy makers and local grassroots movements.

In December 2008, Colorado DEC received a second round of funding from the Daniels Fund in the amount of $200,000 to continue to provide training and technical assistance to local communities across Colorado with regard to the *Colorado Blueprint* and the Comprehensive Community Response Process for coordinating the roles and responsibilities of community partners working at different stages to prevent and intervene in problems created by methamphetamine abuse and addressing the needs of children in dangerous drug environments.

On October 15 and 16, 2009, Colorado DEC hosted its first conference, gathering 116 professionals from across the state to move communities into action and share information about best practice strategies around prevention, intervention, treatment, and recovery for children and families impacted by substance use disorders. Additionally, Colorado DEC is working to establish a DEC Training program, working on a web-based tracking system to increase the identification of drug endangered children, and advocates for the needs of children in policy issues across the state.

C. National Methamphetamine Summit Follow-up

In November 2008, Colorado sent a group of fourteen individuals to the National Methamphetamine Summit. As a result, a Colorado Methamphetamine Action Plan was developed focusing on methamphetamine issues with these critically affected populations: women, justice involved individuals, and Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) individuals.

The Colorado Methamphetamine Action Plan prioritizes data collection, training, systems coordination, and opportunities for policy improvement. The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services is very interested in any models that Colorado can create in regard to addressing methamphetamine issues with the identified populations.

D. Substance-Exposed Newborns Steering Committee

Substance abuse during pregnancy is a widespread and concerning problem in the State of Colorado. Although actual numbers of mothers who use drugs and alcohol during pregnancy are difficult to document, the results of the 2007 National Survey on Drug Use and Health (NSDUH) indicated that 7.2 percent of pregnant women aged 15 to 44 had used illicit drugs including opiates, marijuana, cocaine, hallucinogens, inhalants, tranquilizers, stimulants, and sedatives in the past month. Additionally, an estimated 11.6 percent reported current alcohol use. The NSDUH data also suggested that women increased their substance use during the year after giving birth. Ninety to ninety-five percent of all children with prenatal substance exposure are not detected at birth and leave the hospital with their birth parent(s) without follow-up plans or services.

Nationally, there is no standard to test newborn infants for exposure to drugs. In the State of Colorado there is inconsistency across hospitals regarding the screening for and identification of drug-exposed infants. To begin addressing this issue, the State Methamphetamine Task Force in partnership with Colorado Alliance for Drug Endangered Children hosted a work session on the issue of Substance Exposed Newborns facilitated by the National Center on Substance Abuse and Child Welfare on Wednesday, September 9th, 2009 in Westminster, Colorado. The work session included discussion on the principles of privacy, prevention, prosecution, and protection.

This work session generated discussion on the challenges associated with the issue of substance-exposed newborns through a multidisciplinary system-wide team approach. The session fostered an expanded information base about the issue in Colorado, recognition of shared principals, and resulted in the formation of the Colorado Substance Exposed Newborns Steering Committee to focus on the five identified action areas:

- Confidentiality
- Data Collection
- Screening and Testing
- Collaboration, and
- Education and Training

E. Data Committee: Substance Abuse Data Dashboard

In 2009, the Data Committee of the State Methamphetamine Task Force worked with OMNI Institute to create a Substance Abuse Data Dashboard and Community Page on the Web-based ASPIRE data and resource system, utilizing funds from the Colorado Prevention Partners grant. The grant is an award to the Office of the Governor and administered by the Colorado Department of Human Services/Division of Behavioral Health.

The members of the Data Committee vetted and identified six domains that comprise a Substance Abuse Data Dashboard. The purpose of the dashboard is to publicly display indicators and data points identified as being important for ongoing monitoring and analysis of substance abuse trends in the State of Colorado. The six domains are:

- Treatment Admissions
- Mortality
- Filing Data
- Hospital Discharge
- Emergency Department Visits, and
- Federal Drug Seizures

An additional three domains are stilled being reviewed that are related to HIV risk, children and families, and Denver-specific mortality data. See Appendix C for the structure of the Substance Abuse Data Dashboard.

Each domain will show data for a variety of drugs and for as many years as data is available over the past 10-20 years. The ASPIRE Database will present data in a format that can be used for analysis, interpretation, presentation, and for planning. State or community people will be able to query the indicators that are part of the dashboard for the purpose of strategic planning and policy making.

ASPIRE (http://aspire.omni.org) consists of several components and features that support various uses, including:

- a database of time series social and health indicator data organized at the county level;
- a database of program resources that includes source of funding, purpose of funding, funded organization, organization of information;
- output in the form of tables, graphs and maps;
- main page option – open to the public; and
- community pages – access limited to community partners.

VII. Program and Practices

One of the main responsibilities of the State Methamphetamine Task Force is to identify best practices and review model programs that have shown best results in Colorado to address methamphetamine issues and to investigate collaborative approaches on protecting children and other victims of methamphetamine production, distribution and abuse. In addition, the State Methamphetamine Task Force is charged with communicating with and obtaining input from groups affected by methamphetamine issues. Toward this end, presentations are provided at the meetings of the State Methamphetamine Task Force. The 2009 presentations of approaches and programs that are showing positive indications for impacting methamphetamine issues in Colorado are summarized in this section.

A. Identifying Drug Endangered Children through Parole Data Collection Efforts

Tim Griffin, Assistant Director, Division of Adult Parole & Community Corrections, Colorado Department of Corrections
Matt Goldberg, Team Leader, Division of Adult Parole & Community Corrections, Colorado Department of Corrections
Jade Thomas, Executive Director, Colorado Alliance for Drug Endangered Children

Community Parole Officers are a noteworthy example of the opportunity that exists to identify drug endangered children that are in the homes of, or being parented by, the most dangerous and high level offenders just as they are released from prison and throughout their transition into the community. The Colorado Department of Corrections/Division of Adult Parole and Community Corrections is working in partnership with the Colorado Alliance for Drug Endangered Children to increase the identification of drug-endangered children. The Colorado State Methamphetamine Task Force has identified this collaboration as an innovative opportunity to enhance the coordination of systems and improve the well-being of drug endangered children.

Information about children living with people on parole, as well as his/her children living elsewhere, will now be entered into the Colorado Web Integrated Support Environment (CWISE) Database, which electronically houses all of the information for the Division of Adult Parole and Community Corrections. In the case of a positive drug test, a search in which drugs or paraphernalia are found, or in the case of an arrest for a drug-related offense, the case will be converted to an Active Drug Endangered Children case and the

parole officer will follow the appropriate protocols to provide the necessary services and support to these children.

Community Parole Officers will receive comprehensive training from the Colorado Alliance of Drug Endangered Children on the importance of recognizing and responding collaboratively to the needs of children in dangerous substance abusing environments. In addition, the Community Parole Officers will coordinate with all appropriate agencies to ensure a safe and healthy future for drug endangered children.

B. Arrestee Drug Abuse Monitoring Program

Diane Pasini-Hill, Colorado Department of Public Safety/
Division of Criminal Justice Office of Research and Statistics

The Arrestee Drug Abuse Monitoring Program, which began as the Drug Use Forecast Program in the late 1980's under the auspices of the National Institute of Justice, gathered drug and alcohol use data from recent arrestees in thirty-five major cities across the United States. A self-report questionnaire was administered by trained interviewers and a urine sample was collected to provide participating cities trend data for policy development. This project was discontinued in 2004. In 2007, the Office of National Drug Control Policy (ONDCP) reinstituted the program in less than 10 cities in the U.S., including Denver, with some operational adjustments and a new section specifically addressing the use and sale of methamphetamine.

Participation for the study has remained relatively high throughout the duration of the study. Results specifically for methamphetamine use have ranged between 3.5% to 6.5% of arrestees since 2000. There was a gap period between 2003 and 2007 when no data were collected. But when the program was resumed in 2007, a slight decline from a high of 6.5% testing positive for methamphetamine use in 2003 to 5.6% in 2007 occurred.

Data on the use and sale of methamphetamine from the Arrestee Drug Abuse Monitoring Program is useful in tracking trends in Denver and may be useful in discussions on related to planning and policy development.

C. Baby Haven: Therapeutic Early Childhood Education

Julie Krow, Director of the Haven and Chief Operating Officer, Addiction Research and Treatment Services at the University of Colorado
Bill Winn, Board of Directors
Peggy Montaño, Board of Directors
Cecilia Mascareñas, Board of Directors
http://havenfriends.org

The Haven residential treatment program is an 89-bed Modified Therapeutic Community (MTC) for women, mothers and their infants. Eighty percent (80%) of The Haven participants are addicted to methamphetamine. The mission of The Haven Mother's

House is to provide a safe and empowering therapeutic community for pregnant women and their infant children where women can recover from addictions and co-occurring illnesses, deliver healthy drug-free infants, improve parenting skills, and become self-sufficient, confident, and productive members of the community.

The Haven has five facilities located on the Ft. Logan campus in Denver, and can serve up to 38 pregnant or post-partum women and their infants (ages 0-3 years). The program offers long-term, intensive substance abuse treatment for women with addiction. Clients of The Haven are the most serious of addicts and many have legal offenses. The average age of first drug use for women who are served by The Haven is 14.

Clients of The Haven typically stay twelve to fifteen months in residential treatment, followed by an additional twelve months of outpatient treatment. Long-term outcomes are very positive: 90.1 percent of mothers who enter The Haven remain drug- alcohol and crime free for two years after completion, according to an independent evaluation report by the Colorado Department of Public Safety/Division of Criminal Justice in 2006.

The referrals to Baby Haven come from all over the State of Colorado. A very comprehensive array of services is offered in addition to treatment programs. Child protection classes and infant mental health are two such offerings. The Baby Haven treats the mother and baby together to work on break the cycle of addition and abuse.

Mothers learn to parent, to access healthcare, and to teach and care for their babies. Often they reunite with their family of origin, reestablishing relationships lost due to substance abuse and living on the street. The mothers also experience the structure, love and support of The Haven community —a context in which they can grow into effective adults and parents. Many women say that their babies saved their lives.

The total budget for The Haven is $3.5 million, with an average cost of $40,000 per person versus the estimated cost of $75, 000 for an addict on the street. Braided funding is used to run this program.

D. Justice Initiative for Drug Endangered Families

Lilas Rajaee-Moore, Denver Juvenile Probation
Director, TASC and Denver Drug Court Programs
Sgt. Steve Addision, Denver Police Department,
Law Enforcement Advocate Supervisor

The Justice Initiative for Drug Endangered Families (JI-DEF) is an aggressive and multi-disciplinary approach to concurrently address drug endangered children, community safety, and substance abuse. The initiative serves high-risk families with at least one parent being on probation for a felony offense with substance use issues. JI-DEF is highly aggressive and recognizes that all systems play an overlapping role in supporting children and families while keeping the community safe. Serving as relentless advocates for

children and families, each partner in the initiative addresses their area of focus, but always keeps in mind how to work towards familial success and accountability:

- Probation and court systems integrate a family centered approach during the course of a criminal case.
- Denver Police Law Enforcement Advocates are specially trained officers who work directly with families to provide support and promote accountability.
- The Kempe Center works to treat trauma exposed children, regardless of child welfare involvement, to ensure that these children do not repeat the cycle of substance abuse and crime.
- The Treatment and Accountability for Safer Communities (TASC) serves as the internal recovery management component with the probation department, and coordinating entity for JI-DEF. TASC houses senior level clinicians who assist in assessment, coordination of services, family advocacy, and accountability.

The program is funded by grants from the U.S. Department of Health and Human Services/ Substance Abuse and Mental Health Services Administration (SAMHSA), which includes $4.8 million last year and an additional $4 million recently awarded.

Over a three-year period JI-DEF has identified 400 drug endangered children who have experienced significant trauma as a result of parental substance abuse, but have never been identified for services. It has become evident that drug endangered children are often an invisible population overshadowed by the impact of parental arrest, jail, court, and probation. Through the integration of evidence-based prevention, substance abuse services, and cooperative case management models, JI-DEF has retained over 70% of project participants while significantly decreasing criminal recidivism, incarceration rates, and out of home placement among children. The initiative recently received a SAMHSA merit award through the Center for Substance Abuse Prevention, along with the prestigious Weber Seavey Award for innovative policing through the International Association of Chiefs of Police.

E. Regional Partnership Grants: Denver EFFECT

Nachson Zohari, Denver EFFECT

Denver EFFECT is entering its third year as a grant program funded by the federal Substance Abuse and Mental Health Services Administration. In addition to Denver, there is a grant award in Weld County and one in El Paso County. The Denver grant focuses on the effect of substance abuse, including methamphetamine, on the family, in particular the effect on children. Denver EFFECT serves forty families at any one time.

A program coordinator assists families in connecting with various services, such as substance abuse treatment. Involving the whole family, including extended family members, in the treatment process increases engagement of clients in treatment and recovery. Clinical case management is another key aspect of the Denver EFECT program in which the family therapist acts as the hub for clinical services. The role of a legal

liaison is very important to making the program work in Denver. The liaison assists families in navigating the legal system.

F. SBIRT Colorado Update

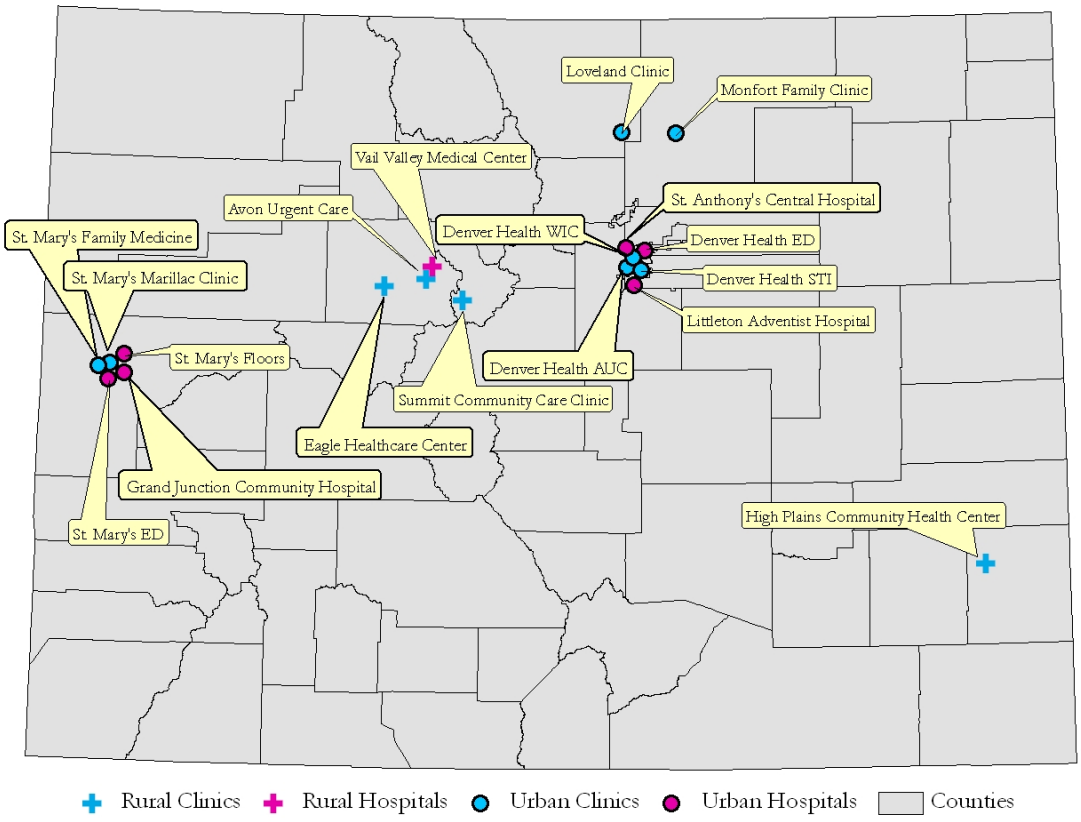
José Esquibel, SBIRT Project Director
Director, Interagency Prevention Services Program
Colorado Department of Public Health and Environment/
Prevention Services Division
http://improvinghealthcolorado.org

In 2006, Colorado was awarded a federal grant to integrate SBIRT—screening, brief intervention and referral to treatment—for substance use into the standard delivery of healthcare. SBIRT Colorado is an initiative of the Governor of Colorado, Bill Ritter, Jr., and funded by the Substance Abuse and Mental Heath Services Administration (SAMHSA). The program is administered by the Division of Behavioral Health and managed by Peer Assistance Services, Inc (PAS).

The overall goal of SBIRT Colorado is to improve the lives of people in Colorado by providing early substance use screening and intervention. SBIRT strives to change practices in the healthcare system to make screening a sustained, standard practice in healthcare settings. Patients are assessed for levels of substance use risk behaviors using standardized screening tools. Patients showing risky substance use behaviors are provided a brief intervention, a short conversation incorporating feedback and advice by a health professional. Patients who screen in need of additional services are also provided a referral to brief therapy or additional treatment.

Currently, SBIRT is implemented in a wide-range of healthcare settings across Colorado (see map of SBIRT Colorado sites on the following page). First, SBIRT Colorado sites use health educators to deliver services and collect data according to SAMHSA funding requirements. Findings presented below are primarily from data collected from SBIRT Colorado sites. Second, with support from SBIRT Colorado, the Colorado Clinical Guidelines Collaborative (CCGC) developed the SBIRT Clinical Guideline and the Clinical Preventive Services Recommendations Guideline. CCGC works to disseminate and implement the two guidelines in primary care settings across the state. Finally, SBIRT Colorado collaborates with the Colorado Department of Public Health and Environment (CDPHE), utilizing Ryan White Part B funding, to expand SBIRT to clinics and AIDS Service Organizations that service people living with HIV.

Map of SBIRT Colorado Sites (2009)



SBIRT Colorado Outcomes:

As of April 30, 2009 SBIRT Colorado screened 43,813 unduplicated patients for alcohol and other substance use. Of this number,

- Female patients (56%) were more likely to be screened than male patients (44%).
- Patient age ranged from 18 to 85 with a mean age of 41.2 and a median age of 39
- About 16.3% of all patients screened were identified as engaging in risky alcohol or illicit substance use.
- Male patients were more than twice as likely to be identified as engaging in risky use compared to female patients (male 23.2% vs. female 10.5%).

Of those patients who screened positive for substance use risk:

- Most of the at-risk patients, 78%, screened at-risk for only one substance.
- Of those who screened at risk for two substances, the majority, 53.4%, screened at-risk for both alcohol and cannabis.

- About 46% of patients who screened at-risk for amphetamines also screened at-risk for cannabis, while only 5.8% of patients who screened at-risk for cannabis also screened at-risk for amphetamines.

Six-month follow-up data indicates reductions in substance use for those who received a brief intervention:

- Patients showed nearly a 50% reduction in the number of days alcohol was used during the 30 days prior to follow-up as compared to the 30 days prior to intake.
- Patients also showed a more than 50% reduction in the number of days of binge drinking at follow-up as compared to intake.
- Reductions in both the number of days of alcohol use and the number of days of binge drinking were significant for those in need of a brief intervention as well as for those in need of additional services (brief therapy and/or referral to treatment).
- Patterns of reduction in use were found across site setting, site location, and patient demographics (gender, age and race/ethnicity).

G. Access to Recovery Update

Bert Singleton, ATR Project Director
Colorado Department of Human Services/Division of Behavioral Health
http://atrcolorado.org

The Colorado Access to Recovery (ATR) program is funded by a grant awarded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to the Office of the Governor and administered by the Colorado Department of Human Services/Division of Behavioral Health. Individuals abusing methamphetamine are one of the priority populations for ATR services. During the past two years, ATR has provided treatment and recovery support services to over 4,000 Coloradans. Six-month follow-up has shown significant improvements in client's abstinence from alcohol and other drugs, employment, housing, and social support systems.

Over 70% of the ATR clients had current or past involvement in the criminal justice system and methamphetamine was the primary drug used by almost 70% of the overall ATR client population. Eighty-two percent (82%) of clients received treatment, along with wrap around support services, while the remaining 18% had completed treatment and only received wrap around support services. The program served both rural and urban areas of the state, with the rural areas offering additional challenges for providing a comprehensive approach.

In an effort to explore innovative ways to increase services, Colorado ATR has developed several pilot programs for services that can be expensive, but can also be a vital component in the effort to treat substance use disorders and maintain sobriety after treatment. One example is Suboxone treatment for Denver Drug Court clients who have not met success with other forms of treatment for heroin addiction. Key elements of this effort include teaming up with the Drug Court that provides an extra layer of supervision, discounted rates for the Suboxone from the pharmacy, and a comprehensive approach to providing additional wrap around support services.

Another example is reconstructive dental care for clients, especially those suffering from "meth mouth," which has proven to be highly effective in reinforcing the desire to maintain sobriety. Colorado ATR has been extremely fortunate to find dentists who are willing to provide this service at discounted rates, resulting in an average of $8,000 worth of dental work at an average price of $4,000 or less.

Discussions are currently underway with the Denver Drug Strategy Commission, Denver City Council, Denver Police Department, and Denver's Road Home to develop a program focusing on Triangle Park. The park, which is located close to two homeless shelters has drawn a crowd of homeless or transient people, many with serious alcohol or other drug concerns.

A collaborative effort with the Jail Diversion for Veterans project, also funded by SAMHSA, offers an opportunity to expand ATR services to members of the military, including the Colorado National Guard and Reserves and their families. In addition to providing the usual treatment and wrap around support services, the effort includes training in motivational interviewing for Chaplains, suicide prevention officers, and family support staff. The training will also be made available to judges, prosecutors and public defenders, and probation officers to help them better understand the consequences of Post Traumatic Stress Syndrome, trauma related depression, and traumatic brain injury for current and former military appearing in court.

Colorado ATR continues to encourage the development of more sober living alternatives to provide a safe, supportive environment for clients on their journey to recovery. The combination of sober living housing, substance use disorder treatment, peer support groups, and comprehensive wrap around services offers an opportunity to fully address the needs of clients and promote long term recovery. Rural and frontier communities are typically the hardest hit by methamphetamine addiction and use. The lack of infrastructure and recovery support services available in rural communities requires innovative, culturally appropriate responses to the very pressing human needs of substance abuse recovery.

ATR is currently piloting the use of a trailer as sober living housing development in the rural county of Delta. The recovery support services and sober community activities for the single client using the trailer are provided as a part of the Delta Model treatment plan and managed by Meth Free Delta County. With demonstrated success, Delta will implement the use of additional trailers at varied locations until the community has the capacity to develop formal transitional sober living housing. Additionally in 2009, Meth Free Delta effectively participated with other county agencies, utilizing available ATR transportation recovery support services funds to develop job access transportation services specifically for persons in recovery. Previously, the only available public transit in the county was one taxi servicing the 1,142 square miles (nine times the size of Denver City and County, U.S. Census, 2000).

Appendix A

Membership
State Methamphetamine Task Force

Chair

Attorney General John Suthers

Vice-Chairs

Treatment: Janet Wood, Director, Division of Behavioral Health, Colorado Department of Human Services

Prevention: José Esquibel, Director, Interagency Prevention Systems, Prevention Services Division, Colorado Department of Public Health and Environment

Criminal Justice: Lori Moriarty, Commander, Thornton Police Department, Retired; Senior Vice President, National Alliance for Drug Endangered Children

Members

Governor's Policy Staff Representative: Leslie Herod

President of the Senate Designee: Dan Rubinstein, Assistant District Attorney, Mesa County District Attorney's Office

Senate Minority Leader Designee: Nancy J. Burke, Vice President of Government Affairs, Colorado Apartment Association

Speaker of the House Designee: Carmelita Muniz, Director, Providers Association

House Minority Leader Designee: Repr. Ken Summers, House District 22, Lakewood

Statewide Child Advocacy: Tara Trujillo, Colorado Children's Campaign

Major Health Facility: Dr. Kathryn Wells, Medical Director, Denver Health

Human Service Agency, Child Welfare: Lloyd Malone, Director, Division of Child Welfare, Colorado Department of Human Services

Alcohol and Drug Treatment Expert: Dr. Nick Taylor, Taylor Behavioral Health

Criminal Defense Bar: Greg Daniels, Attorney of Haddon, Morgan and Foreman

Mental Health Treatment Provider: Dr. Wayne Maxwell, North Range Behavioral Health, Greeley, Colorado

Colorado Department of Education: Janelle Krueger, Prevention Initiatives

Colorado District Attorneys Council: Bob Watson, District Attorney, 13th JD, Ft. Morgan

County Sheriffs of Colorado: Sheriff Stan Hilkey, Mesa County

Colorado Association of Chiefs of Police: Chief Jerry Garner, Greeley Police Department

County Commissioner from a Rural County: Janet Rowland, Mesa County

Organization Providing Advocacy and Support to Rural Municipalities: Erin Goff, Colorado Municipal League, Staff Attorney

Licensed Pharmacist: Vacant

Colorado Department of Public Safety: Jeanne Smith, Director, Division of Criminal Justice

Office of Child's Representative: Debra Campeau, Office of Child's Representative

Colorado Department of Corrections/Adult Parole: Jeaneene Miller, Director, Division of Adult Parole, Community Corrections, and Youth Offender System

State Judicial Department:

> Tom Quinn, Director of the Division of Probation Services, State Judicial
> Judge Dan Kaup, 8th Judicial District, Fort Collins

Appendix B

Colorado Blueprint
Executive Summary

A Comprehensive Community Response
to Address Methamphetamine
Production, Distribution, and Use

The core purpose of the Colorado State Methamphetamine Task Force and partners is to provide leadership and develop a statewide strategy to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use and to improve the wellbeing of drug endangered children.

The cornerstone priority of the State Methamphetamine Task Force is establishing a *Colorado Blueprin*t that will assist in comprehensively addressing methamphetamine issues and other drugs of abuse and the affects these drugs have on communities, families, and children. The *Colorado Blueprint* is a starting point for defining a common and comprehensive community response process for the State of Colorado.

The *Colorado Blueprint* is intended to ensure that efforts across multiple-disciplinary groups and community systems are well coordinated and that evidence-based strategies, both short and long term, address the needs of children, families, communities, and the state. The *Colorado Blueprint* articulates a process for:

- clarifying expectations;
- creating an environment and the tools for shared learning;
- developing a shared, unifying understanding of case flow processes;
- defining roles within an architecture where common approaches are known and used to improve overall performance; and
- specifying state-of-the-art practices across the range of stages in the *Comprehensive Community Response*.

The *Colorado Blueprint* aligns efforts and outcomes from the level of children and families to the level of professional disciplines to the level of local community to the level of the state and to the national level. At the core of the *Colorado Blueprint* is a four part continuous course of action of policy, implementation, practice and science, which is referred to as a learning nexus (see Figure 1 below). In this regard, evidence and practice inform implementation as well as policy and legislative improvements.

The *Colorado Blueprint's* Comprehensive Community Response Process (see Figure 2 below) is a means of clarifying the variety of roles and responsibilities of community partners working at different stages to prevent and intervene in problems created by methamphetamine abuse and addressing the needs of children in dangerous drug environments. This process serves to:

- ensure all disciplines with a role at each stage are identified;
- identify a full set of roles and responsibilities for each discipline;
- identify the inventory of resources used at each stage; and
- identify who is doing each stage well.

What emerges from this process is an understanding of the state-of-the-art practices relied on individually and collectively by various disciplines to achieve outcomes. This understanding is expected to reveal opportunities to share knowledge and create innovation, and to identify the strengths, weaknesses, and opportunities in communities for aligning various efforts. In the *Colorado Blueprint* this is referred to as a Shared Practice Framework (see Figure 3 below), which specifies practices within and across disciplines and highlights the areas of convergence and the areas of unique expertise tied to roles in each discipline.

The *Colorado Blueprint* is in a multiple phase implementation and refinement process. The following action steps will further determine the specific statewide strategies that are capable of producing outcomes:

- Action Step #1: Further develop and refine components of the *Colorado Blueprint*.

- Action Step #2: Create a shared-knowledge base of strategies, programs and practices.

- Action Step #3: Conduct demonstration initiatives related to the Comprehensive Community Response Process.

- Action Step #4: Produce “Knowledge Papers” for each stage of the Comprehensive Community Response Process.

- Action Step #5: Utilize the refined *Colorado Blueprint* for articulating a statewide strategy for developing and implementing a stronger planning and implementation capacity at community, county and state levels to protect children, families and communities from the effects of methamphetamine and other illegal drug use.

Figure 1: Learning Nexus for Evidence-based Practice

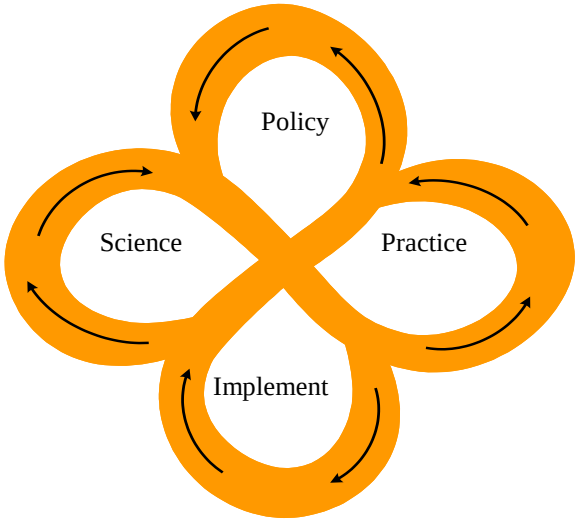


Figure 2: Comprehensive Community Response

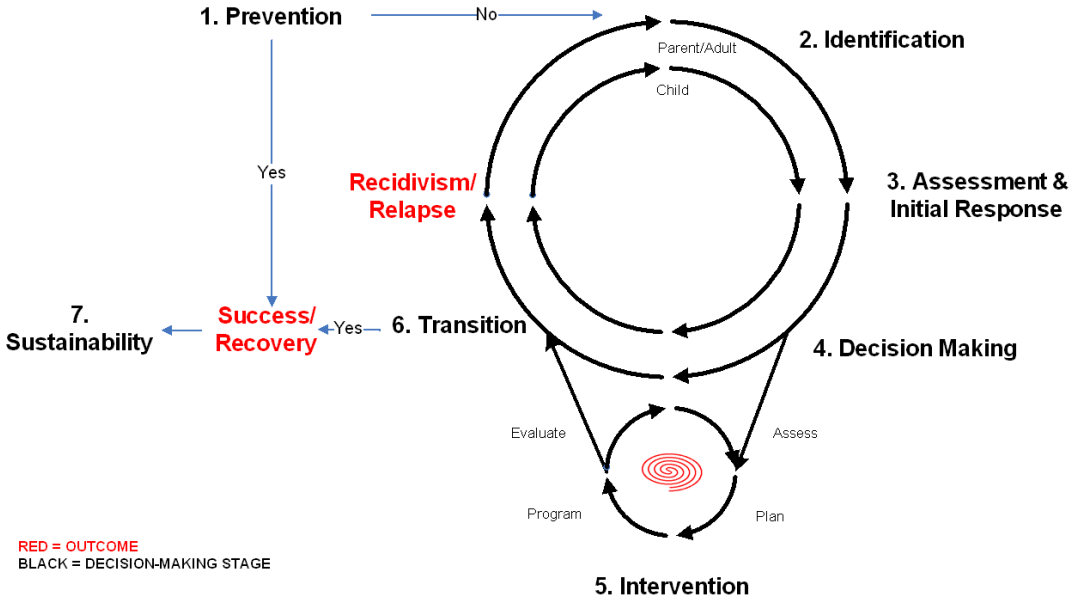
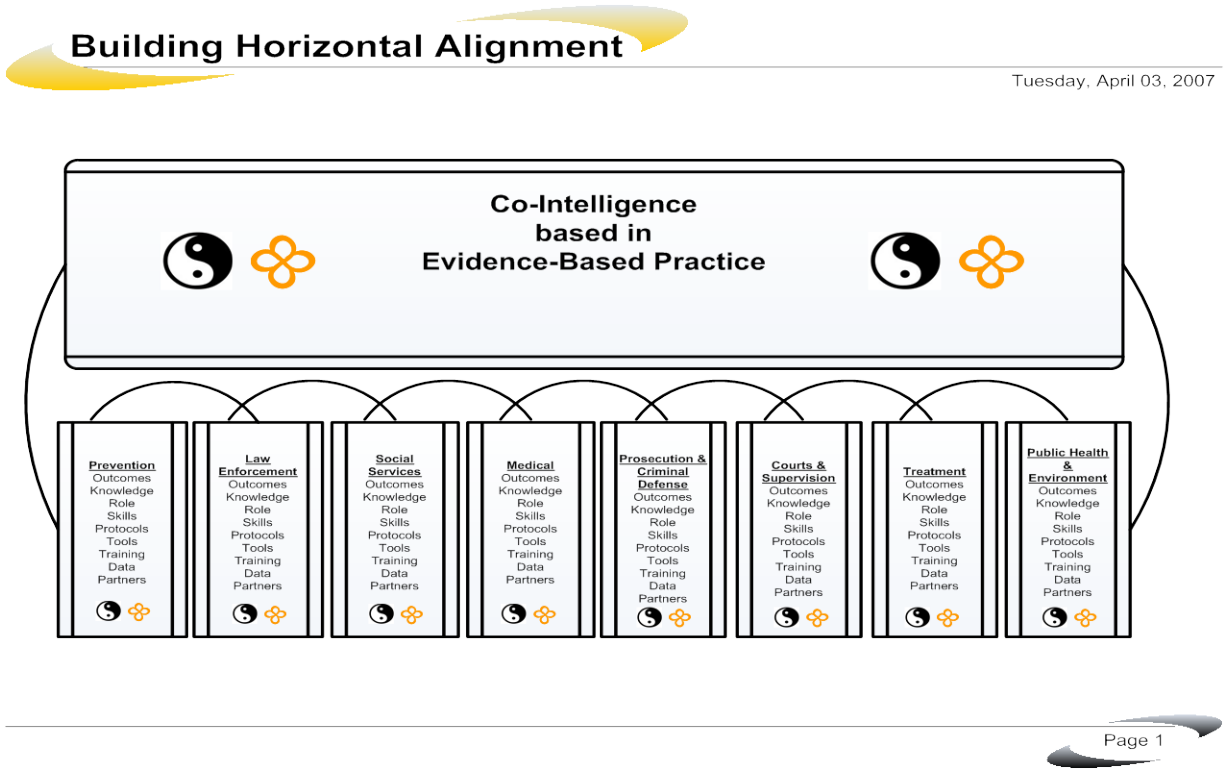


Figure 3: Shared Practice Framework



Appendix C: **STATE METHAMPHETAMINE TASK FORCE DASHBOARD STRUCTURE**

DOMAIN	**DIMENSIONS**	**SUB-DIMENSIONS** *(Applied individually to each dimension for each domain, e.g. "Methamphetamine Treatment Admissions by Age")*				**YEARS CURRENTLY AVAILABLE**
		Age	***Gender***	***Race/Ethnicity***	***Geographic Regions***	
Treatment Admissions Data from DBH/DACODS	• Methamphetamine • Amphetamine and Other Stimulants • Cocaine • Heroin • Marijuana • Other Opioids • Depressants • Alcohol • ***Counts & Rates for all years***	• Under 18 • 18-25 • 26 and Over ***Counts & Rates for all years***	• Male • Female ***Counts & Rates for all years***	• White Non-Hispanic • African American • Hispanic • Native American • All Other ***Count for all years; rates only for years with population data available***	• Statewide • 6 Sub-state Planning Regions ***Counts & Rates for all years***	CY 2000-Present
Mortality Data from CDPHE	• Cocaine • Heroin • Marijuana • Stimulants • Other Opioids • Alcohol ***Counts & Rates for all years***	***Providing any demographic breakdowns would require a special request to CDPHE.***			Statewide ***Providing further geographic breakdowns would require a special***	CY2000-2008

			request to CDPHE. ***Counts & Rates for all years***	
Hospital Discharge <u>Data from CDPHE (Health Statistics Section, Vital Statistics Unit)</u>	• Cocaine • Opioids • Marijuana • Stimulants • Alcohol	***Providing any demographic breakdowns would require a special request to CDPHE.***	Statewide ***Providing further geographic breakdowns would require a special request to CDPHE.*** ***Counts & Rates for all years***	CY2000-2008

Emergency Department Visits Data from SAMHSA, (OAS, DAWN)	• Methamphetamine • Amphetamine and other Stimulants • Cocaine • Heroin • Marijuana • Other Opioids • Depressants • Alcohol • Alcohol in Combination with other drugs ***Counts & Rates for all years***	***Only data for 2004-2007 are weighted and, therefore, appropriate for trend analysis. Weighted data are not broken down by demographic sub-categories and, as such, will not be included in the dashboard.***	Denver Metro only ***Counts & Rates for all years***	2004-2007
Federal Drug Seizures Data from DEA *State Fact Sheet Reports*	• Cocaine • Heroin • Methamphetamine • Methamphetamine Lab Seizures • Marijuana • Hashish ***Counts & Rates for all years***	***As these data are not client-based, no demographic breakdowns are possible.***	Statewide ***Counts (weight in kilograms) for all years***	CY2003-2008

Filing Data Data from the Office of the State Court Administrator	Adult Drug Offense Filings (includes felony and misdemeanor) ***Counts & Rates for all years***	• 18-25 • 26 and over ***Counts & Rates for all years***	• Male • Female ***Counts & Rates for all years***	***While breakdowns on race/ethnicity are possible, we opted not to include them because individual race/ethnic labels are assigned by the arresting officer and are not self-identified.***	• Statewide • 6 sub-state planning areas ***Counts & Rates for all years***	FY2000-2008
	Juvenile Drug Filings ***Counts & Rates for all years***	Only includes individuals ages 10-17 ***Counts & Rates for all years***				
	Misdemeanor Underage Alcohol Filings ***Counts & Rates for all years***	• Under 18 • 18-20 (includes only individuals age 20 and younger) ***Counts & Rates for all years***				

	County Court DUI Filings ***Counts & Rates for all years***	• Under 18 • 18-25 • 26 and Over ***Counts & Rates for all years***				
PENDING/FUTURE ADDITIONS						
Children and Family						
Socio-economic						
HIV Risk Data from the National HIV Behavioral Surveillance (NHBS)						
Denver-specific Mortality Data Data from Denver Office of Drug Strategy/Denver Medical Examiner						