State of Colorado

Methamphetamine Task Force

Third Annual Report

January 2009

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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).

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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.

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I. Executive Summary

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.

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 for the First Annual Report to the Colorado General Assembly (January 2007). 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. 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 2008 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*.

In addition to the work with the learning sites, in 2008 the State Methamphetamine Task Force examined issues regarding the impact of methamphetamine in Colorado and efforts to address these issues. The main topics were:

- Drug exposed newborns (see Section IX.A)
- Access to Recovery (see Section IX.B.1)
- Treatment Funding to Judicial Districts (see Section IX.B.2)
- Colorado Problem Solving Courts (see Section IX.C)
- Role and Use of Drug Data in Setting Priorities and Policies (see Section IX.D
- Screening, Brief Intervention, and Referral to Treatment ((see Section IX.E)
- Adams County: Child Protection Project (see Section IX.F)
- Weld County and Larimer County Regional Partnership (see Section IX.G)
- Effects of Methamphetamine on Oral Health (see Section IX.H)
- Media Campaigns (see Section IX.I)

The findings from each of these topics are presented in the main body of this report and will be incorporated into the work of the *Colorado Blueprint*.

A regular subject of discussion at meetings of the State Methamphetamine Task Force in 2008 centered on the role and use of data at the state and local level for guiding priorities, policies and practices related to methamphetamine as well as other drugs of abuse. It is expected that in 2009 there will be specific recommendations for creating and increasing capacity of interagency data collection systems to link in order to allow for more thorough and accurate surveillance and data collection on methamphetamine and other drugs.

An update analysis of data related to methamphetamine use and distribution in the State of Colorado indicates that the main illegal drugs of abuse for individuals who were admitted to treatment services in Colorado during 2007 were marijuana (38% of admissions), methamphetamine (28% of admissions), and cocaine (20% of admissions). Methamphetamine laboratory seizures/incidents are continuing to decline from 151

incidents in 2005 to 96 incidents in 2006 and 46 in 2007. This mirrors a similar downward trend at the national level. Despite the decline in laboratory closures, the quantity of methamphetamine seized in law enforcement raids had been rising from 2003 (14.8kgs) to 2006 (50.3kgs), but declined sharply in 2007 (8kgs). In Colorado, methamphetamine treatment admissions for Hispanics/Latinos appeared to be trending upward from 11% in 2002 to 14% in 2005 and 16% in 2007.

In regard to addressing methamphetamine abuse and special populations, 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 LGBT (Lesbian, Gay, Bisexual and Transsexual) individuals, populations that are disproportionately affected by methamphetamine use. Several members of the team were also members of the State Methamphetamine Task Force. See Section VII for additional details.

Additionally, the State Methamphetamine Task Force was featured in *Colorado Municipalities*, the publication of the Colorado Municipal League (José Esquibel, "Methamphetamine and Associated Complex Issues," Colorado Municipalities, October 2008: 20-21).

In 2009, the State Methamphetamine Task Force will concentrate on the following specific action steps:

1. Identify, compile and disseminate best practices within each discipline and create a shared-knowledge base of strategies, programs and practices.

2. Continue to refine the *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.

3. Create and release Position Papers on relevant state policy issues, a current example is the issue of substance exposed newborns and perinatal substance abuse.

4. Foster an aligned community response to methamphetamine and drug endangered children problems by eliminating barriers to collaboration through education across agencies and community organizations to debunk myths about law enforcement, treatment and social services and by creating incentives for collaboration.

5. Identify measures that are implemented at the community level and designed to measure the outcomes of efficient and effective coordinated responses to intervene in drug endangered children's lives.

Lastly, the one legislative proposal from the State Methamphetamine Task Force is the reauthorization of C.R.S. § 18-18.5(101-105): Methamphetamine Abuse Prevention, Intervention and Treatment and Response of the Criminal Justice System.

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 Executive Director 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 Andrew Romanoff, former Speaker of the House of Representatives. Ms. Wood also is a current member of the National Advisory Council on Drug Abuse and a former member of 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 Joan Fitzgerald, former 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 2008 the State Methamphetamine Task Force has held six meetings on the following dates, times and locations:

- January 25, 2008; 10:00 am-1:00 pm, Colorado Municipal League
- March 28, 2008; 10:00 am-1:00 pm, Colorado Municipal League
- May 23, 2008; 10:00 am-1:00 pm, Colorado Municipal League
- July 25, 2008; 10:00 am-1:00 pm, Colorado Municipal League
- September 26, 2008; 10:00 am-1:00 pm, Colorado Municipal League
- November 21, 2008; 10:00 am-1:00 pm, Colorado Municipal League

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

III. Legislative Recommendation of the Task Force

It is recommended that the State of Colorado General Assembly reauthorize one C.R.S. § 18-18.5(101-105): Methamphetamine Abuse Prevention, Intervention and Treatment and Response of the Criminal Justice System, specifically extending the timeframe under which the State Methamphetamine Task Force operates, expanding membership, and maintaining a focus on methamphetamine and other substance abuse and addictions in Colorado.

IV. Introduction and Overview of Task Force Work in 2008

The State Methamphetamine Task Force focused on the priorities and expectations described in the 2007 Annual Report of the Task Force, and made very good progress on three of the five priorities:

- Further develop and refine components of the *Colorado Blueprint for a Comprehensive Community Response to Addressing Methamphetamine Production, Distribution, and Use*;

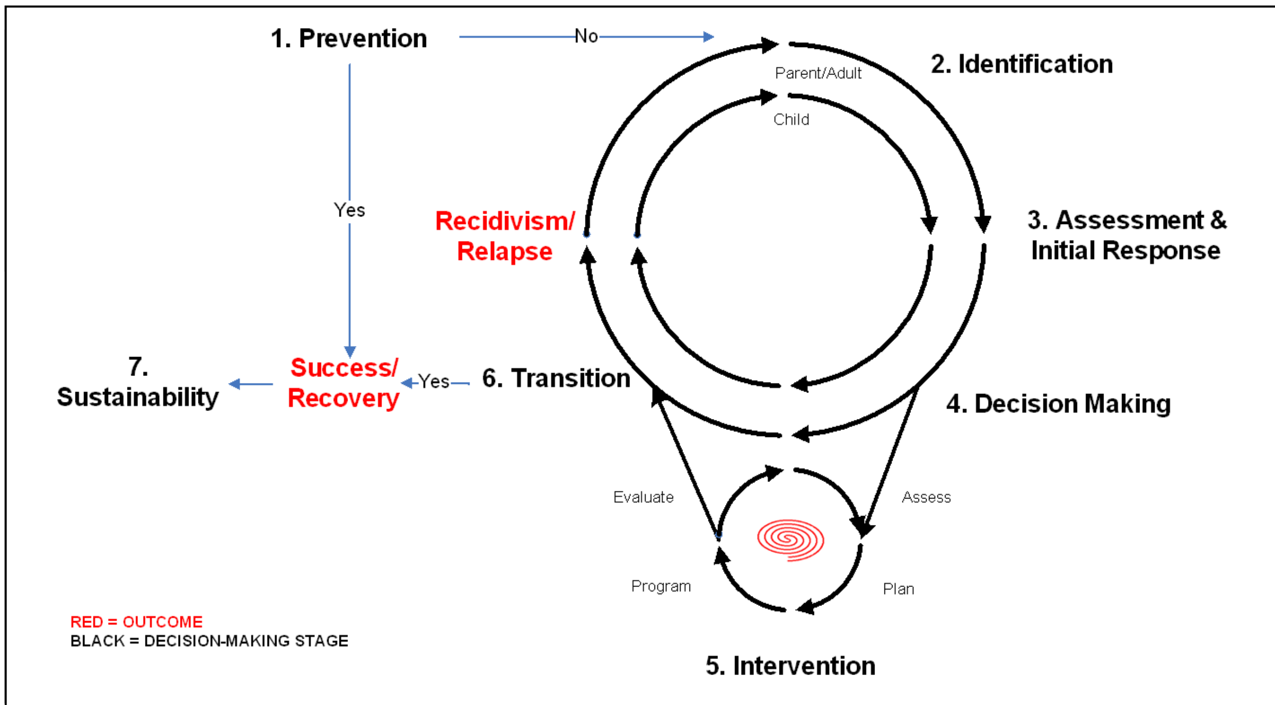
- Conduct demonstration initiatives related to the Comprehensive Community Response Process; and

- 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.

The State Methamphetamine Task Force partnered with the Colorado Alliance for Drug Endangered Children (Colorado DEC) to assess current practices in Colorado as well as identify best practice models generated at the national level. This partnership, with support from the National Alliance for Drug Endangered Children (NADEC), El Pomar Foundation, and the Daniels Fund, created a framework for supporting a comprehensive community response known as the *Colorado Blueprint*. This framework was developed by multiple Colorado and national partners from diverse disciplines and levels of experience with local issues related to methamphetamine and other illegal drug problems.

The *Colorado Blueprint* outlines the general strategy of the State Methamphetamine Task Force and Colorado DEC and creates a roadmap to mobilize a comprehensive community response to protect children, families and communities from the effects of substance abuse (see Figure 1). Recognizing that families move through several different systems, Colorado DEC developed a model, the *Comprehensive Community Response* (CCR), outlining the case flow process and identifying the roles and responsibilities of all involved disciplines.

Figure 1: Comprehensive Community Response



The first priority for Colorado DEC and the State Methamphetamine Task Force was to establish "learning sites" to explicitly specify and test practice and policy solutions in local communities with regard to the *Colorado Blueprint*. With the generous financial support of $200,000 from the Daniels Fund, the State Methamphetamine Task Force and Colorado DEC selected twelve (12) "learning sites" in an effort to identify and highlight best practices in Colorado, review model programs, and develop a statewide network of partners.

The twelve "learning sites" are a combination of countywide collaborative groups and specific local programs focused on one step of the *Comprehensive Community Response*. Among the "learning sites" are Denver, Mesa, Weld, and Larimer Counties, and the 4th Judicial District (El Paso County and Teller County). These sites each have a strong collaborative group with involvement from law enforcement, social services, schools, probation, parole, medical professionals, and county commissioners. Other "learning sites" include specific interagency collaborations involving Police Departments, Sheriff's Departments, and regional Drug Task Forces with their local child welfare and treatment agencies. The "learning sites" represent the full array of partners and services in a *Comprehensive Community Response*, including sites focused on the child welfare system, the court system, treatment models, and a recovery support program.

The “learning sites” are diverse in their structure, development, and needs. In order to provide the most meaningful training and technical assistance, each site received individualized assistance from staff of Colorado DEC. Available training and technical assistance included:

1. Assistance with data gathering and evaluation in the areas of: Environment and Context, Program Outcomes, and Collaborative Capacity. Colorado DEC is partnering with the National Center on Substance Abuse and Child Welfare on this process in three of the “learning sites,” that receive funding from the Children’s Bureau: Administration on Children, Youth, and Families. A final component of the data technical assistance available is the DECSYS Tracking System, a secure database developed for use with law enforcement and social services to improve data collection capacity and interagency communication.

2. Assistance in completing a community resource assessment including: an inventory of programs and services; mapping onto the Comprehensive Community Response (CCR); Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis focusing on gaps in services; and assistance in the formulation of a community plan to prioritize and respond to identified needs.

3. A variety of opportunities for training and connections through: Colorado DEC Quarterly Meetings, State Methamphetamine Meetings, NADEC Annual Conference, and community-based substance abuse summits and forums. Colorado DEC is also able to assist with meeting facilitation and specialized trainings, both within sites and between sites, to encourage networking and sharing of resources, best practices, and lessons learned.

The State Methamphetamine Task Force and Colorado DEC value the importance of documenting the process taking place with the sites and is developing an Online Learning Community as an interactive part of the Colorado DEC Website, and can be found at **www.coloradodec.org**.

V. Accomplishments and Progress on 2008 Priorities

The State Methamphetamine Task Force is continuing to focus on the following three priorities that were identified in the 2007 Annual Report:

1. Utilize data to specifically identify problems and issues related to methamphetamine in the State of Colorado, and utilize the data for guiding the work of the State Methamphetamine Task Force in assisting communities in implementing effective approaches for methamphetamine prevention, intervention and treatment, and environmental cleanup.

2. Review model programs that have shown the best results in Colorado and across the United States and provide information on the programs to local communities and local drug task forces.

3. Investigate collaborative models on protecting children and other victims of methamphetamine production, distribution, and abuse.

Toward addressing and accomplishing these priorities, the State Methamphetamine Task Force worked in conjunction with the Colorado Alliance for Drug Endangered Children, the National Alliance for Drug Endangered Children, and other partners on these following specific expectations:

- Establish *Colorado Blueprint* Demonstration Sites to explicitly specify and test practice and policy solutions in local communities, and review the results to determine how the new capacities can be implemented across Colorado.

  Accomplishment— Twelve (12) sites were selected by the State Methamphetamine Task Force and Colorado DEC. Work with these communities began in March 2008 and included technical assistance in variety of areas related to enhancing community collaboration.

- Establish a process for identifying, collecting, synthesizing, and sharing practices that are evidence-based, including the use of Web-based technology.

  Accomplishment— With the establishment of the State Methamphetamine Task Force Website in conjunction with the updated Colorado DEC Website, the infrastructure is in place to begin collecting and organizing best practices, which is a top priority for 2009.

- Identify metrics used to gauge the size and scope of the methamphetamine problem in the *Colorado Blueprint* Demonstration Sites. These metrics will form the basis for establishing a set of performance measures mapped onto the *Comprehensive Community Response*.

Accomplishment— In conjunction with the State Methamphetamine Task Force, Colorado DEC and OMNI Institute began discussions on the formation and development of a data toolkit for local communities. This toolkit is a priority for 2009 and will allow local communities to have ongoing accessible data on a specific set of indicators. In addition, Colorado DEC has developed an Issue, Impact, and Resource Survey aimed at measuring the perceptions of professionals and community members surrounding the impact of substance abuse, available services and resources, and collaboration among agencies. This survey was used as part of larger strategic planning efforts in both Weld and Mesa Counties in late 2008, and will be utilized as requested throughout 2009.

- Produce an outline and identify the components of a "State of the State Report Card" for the State Methamphetamine Task Force and the State Legislature

  Progress—Through the Data Committee of the State Methamphetamine Task Force and discussion at the 2008 Task Force meeting, conversations have begun to shape an outline for the "State of the State Report Card". More work will continue in 2009 to create the format for the report card that can be utilized over time to monitor changes in methamphetamine and other drug abuse trends in the State of Colorado.

- Educate stakeholders about methamphetamine issues and problems in order to engage them in addressing the issues and to make informed decisions.

  Progress— A portion of each State Methamphetamine Task Force meeting is devoted to education of members on critical issues related to methamphetamine that are affecting individuals and communities in our state. In addition, Colorado DEC has presented at conferences and trainings throughout the year on the work of the State Methamphetamine Task Force and the learning sites. A conference is being planned for 2009 to further the networking and education of stakeholders in the State of Colorado. Also, a main function of the Colorado DEC and State Methamphetamine Task Force Website is to serve as a clearinghouse of information on the issues, including the Colorado Blueprint, available resources, and best practices (www.coloradodec.org).

  Accomplishment— On December 18, 2008, the Denver Alliance for Drug Endangered Children (DEC) released a newly revised protocol for handling child abuse and child sexual assault cases that now includes specific guidelines for responding to cases involving drug endangered children. Among the signees for this new policy was the Denver District Attorneys office, the Denver Police Department, Denver Human Services, Denver Health and Hospitals, Denver DEC, and the Denver Mayor's office. This protocol represents the alignment of policy and practice in a community response to substance abuse and child endangerment. The State

Methamphetamine Task Force and Colorado DEC look forward to sharing the progress of Denver across the state.

- Educate and report to the public on the efforts to address methamphetamine abuse in the State of Colorado, including utilizing the findings from the Report to the Legislature.

  Accomplishment—The 2nd Annual Report of the State Methamphetamine Task Force was completed and submitted to the State Legislature in January 2009 and posted on the Internet on the Website of the Colorado Attorney General (www.ago.state.co.us/press_releases/MethTaskForceRpt.pdf) and the Website of the Colorado Alliance for Drug Endangered Children (www.coloradodec.org).

- Maintain partnerships in the areas of prevention, detection, intervention, treatment, and environmental cleanup.

  Accomplishment—A network of partners was established through the partnership of the State Methamphetamine Task Force, the Colorado Alliance of Drug Endangered Children and the twelve communities participating as learning sites. The networked formed is also being utilized for addressing other community issues. In addiction, the network extends to the national level through the efforts of the National Alliance of Drug Endangered Children.

- Utilize a network of individuals and organizations that will inform our work and be a sounding board for the work of the State Methamphetamine Task Force (i.e. local coalitions, representatives of rural communities, community leaders).

  Progress—Colorado DEC is developing an Online Learning Community. The Learning Community has several different components that will serve to document the learning as it takes place with each site, in the form of strategic planning tools, training curriculums, articles, and white papers. It will serve as an awareness tool for the issue of drug endangered children and will provide an advocacy opportunity. In addition, the website will contain a directory of services throughout the state to serve as a networking tool for Colorado and potentially the nation. This directory, as well as the ability to share information on best practices and model programs will further support the formation of statewide, is also intended to share effective and efficient collaborative practices for healing families impacted by substance abuse.

  Furthermore, the Online Learning Community serves as a key tool in the State Methamphetamine Task Force's and Colorado DEC's statewide outreach plan for the future. While the relationships with the "learning sites" are invaluable, and sure to result in new and innovative solutions, it is important to establish a

means for connecting groups and individuals in every Colorado county and Tribal Nation who are addressing the impact of methamphetamine and other drugs on children, families and communities. These contacts will expand the directory in the Learning Community, and more importantly, provide counties with access to a powerful statewide network.

VI. Priorities for 2009

The strong relationship between the State Methamphetamine Task Force and Colorado DEC provides a much needed connection with legislators and policy makers in the state to the practitioners in the field who are working with the children and families on a day to day basis. Colorado DEC has developed strong relationships with those in the field, representing the grassroots movement; thus, allowing Colorado DEC to accurately represent the needs of communities (comprised of urban, rural, and frontier counties) to the policy makers. Currently, Colorado DEC and the SMTF are focused on five major projects, including:

1. To foster an aligned response by eliminating barriers to collaboration through education across agencies and community organizations to debunk myths about law enforcement, treatment and social services and by creating incentives for collaboration.

2. Developing measures that are implemented at the community level and designed to measure the outcomes of efficient and effective coordinated responses to intervention in drug endangered children's lives.

3. Create and release Position Papers on relevant state policy issues, a current example is the issue of substance exposed newborns and perinatal substance abuse.

4. Work collaboratively with other initiatives taking place in Colorado to ensure a united voice with a common mission to protect and serve children and families to help break the cycle of substance abuse and violence.

5. Identify, compile and disseminate best practices within each discipline.

These activities will be heavily influenced by experts in each field practicing in local Colorado communities, and therefore will be relevant and effective across Colorado.

The primary challenge with substance abuse and drug endangered children is manifest in coordinating the social and political systems charged with preventing, intervening, and treating these cases. In this regard, a second award of funds from the Daniels Fund in the amount of $200,000 will allow for the State Methamphetamine Task Force and the Colorado Alliance for Drug Endangered Children to continue its partnership work with the learning sites in 2009. With these funds, the main goal for 2009 is to continue to build

the capacity of Colorado DEC to support effective and sustainable state and community efforts to protect children, families, and communities from substance abuse. The key objectives and strategies are:

- Objective 1: Provide Training and Technical Assistance to the "learning sites."

  Strategy 1: Identify Data Needs & Evaluation Tools

  Strategy 2: Establish DECSYS Tracking System as a Data Collection Tool in Colorado.

  Strategy 3: Create a Community Resource Assessment Process.

  Strategy 4: Provide additional training and technical assistance as requested by Learning Sites, Colorado DEC Members, and the State Methamphetamine Task Force (SMTF).

- Objective 2: Build relationships with all of Colorado's Counties and Tribal Nations

  Strategy 5: Outreach to all Colorado Counties and Tribal Nations.

  Strategy 6: Host Colorado DEC Conference.

- Objective 3: Create a Colorado DEC and SMTF Learning Community.

  Strategy 7: Maintain Colorado DEC Website as a Colorado Resource Center, clearinghouse of information, and networking tool.

  Strategy 8: Document learning from the SMTF, Colorado DEC Membership, and "learning sites" and incorporate into an online Learning Community.

  Strategy 9: Identify statewide opportunities for practice and policy improvements, and release position papers with the SMTF, completed by December 2009.

- Objective 4: Increase capacity, through fundraising, partnerships, and data analysis to develop sustainable infrastructure.

  Strategy 10: Support creation of National, State, and Local Partnerships.

  Strategy 11: Develop long-term sustainable business and funding plans.

Additional priorities related to populations that are adversely affected by methamphetamine use are presented in the following section.

VII. Draft Action Plan to Promote Public Safety, Partnerships, and Safety for Populations Critically Affected by Methamphetamine

Colorado was one of twenty states and territories selected to participate in a National Summit to Promote Public Safety, Partnerships, and Safety for Populations Critically Affected by Methamphetamine held in Washington, D.C., November 16 – 19, 2008. Members of the Colorado Action Team for this summit were:

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

Leslie Herod, Policy Analyst, Governor's Office of Policy and Initiatives

Stan Paprocki, Director of Prevention Services and State of Colorado National Prevention Network Representative, Division of Behavioral Health, Colorado Department of Human Services

Nicholas Taylor, Ph. D., Taylor Behavioral Health, Delta County

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

Ralph Wilmoth. Director, STI/HIV, Colorado Department of Public Health and Environment

Mark Thrun, M.D., Denver Public Health

Tonya Wheeler, Addiction Counselor, ARTS and President of Advocates for Recovery

Carmelita Muniz, Director, Colorado Association of Alcohol and Drug Service Providers

Steve Holloway, Director, Primary Care Office, Colorado Department of Public Health and Environment

Dennis Dahlke, Program Director, Peaceful Spirit Southern Ute Treatment Center

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

Lori Moriarty, Executive Director, National DEC Resource Center

Bert Singleton, Access to Recovery, Project Director, Division of Behavioral Health, Colorado Department of Human Services

A draft action plan was developed by the team, consisting of three areas of special concentration:

1. Defining the future of the State Methamphetamine Task Force with the recommendation to reauthorize the Task Force, 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 these three tasks related to the needs of women affected by methamphetamine and other drug use:

    - Complete the paper on exposed newborns and perinatal substance use and vet the paper through the State Methamphetamine Task Force, the Colorado Summit Action Team, as well other groups throughout the state.
    - 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.

The next steps include inviting members of the action team to attend meetings of the State Methamphetamine Task Force, continue meetings of the Substance Exposed Newborns Subcommittee, participating in monthly conference calls organized by the Substance Abuse and Mental Health Services Administration, and completing quarterly progress reports. Members of the action committee have all taken responsibility for the forward movement of the plan, and will be responsible for reporting back on their progress.

VIII. Data: Methamphetamine and Other Drug Abuse and Related Issues

A. Highlights of Methamphetamine Data for Colorado

Data from the National Drug Intelligence Center Strategic Overview of the Methamphetamine Situation in the West Central Region indicates the production of methamphetamine is decreasing throughout the West Central Region of the United States (National Drug Intelligence Center, *National Methamphetamine Threat Assessment 2008*). In Colorado, the number of laboratory closures/incidents has declined from 151 in 2005 to 46 in 2007.

In Colorado, the main illegal drugs of abuse among those who sought treatment in 2007 are marijuana (38%), methamphetamine (28%) and cocaine (20%). The average age of first use of marijuana as reported by individuals who sought treatment in Colorado in 2007 was reported as 14, while the average age of first use of methamphetamine was reported as 22, and the average age of first use of cocaine was reported as 23 (Drug/Alcohol Coordinated Data System, Division of Behavioral Health, Colorado Department of Human Services. Compiled by the Denver Epidemiology Work Group, Bruce Mendelsen, 2008).

Table 1 on the following page provides demographic information on individuals who were admitted into treatment services in 2007 in Colorado. The table compares methamphetamine use reported in 2007 with methamphetamine use of treatment clients reported in 2005 and with other drugs of abuse reported by clients in 2007.

In 2008, the members of the State Methamphetamine Task Force discussed the importance of utilizing data to inform policy discussions and setting priorities for addressing methamphetamine and other substance abuse problems in Colorado. In this regard, the potential uses of data include:

- informing and educating various audiences;
- conducting ongoing surveillance to detect trends;
- assessing issue to support planning;
- planning for the implementation of policies and programs; and
- evaluating efforts.

The ability to act in any of these areas is greatly improved by having a ready and reliable set of data and data management infrastructure.

In 2009, the State Methamphetamine Task Force will work to identify a core set of indicators deemed useful for ongoing efforts to utilize data on methamphetamine, other substances of abuse, and related problems. This will include discussions about organizing the data within a management information system and the use of a data committee to examine data and answer questions related to future efforts in addressing methamphetamine, other substances of abuse, and related problems.

Table 1:
Statewide Treatment Admission Demographics: January 1 – December 31, 2007
(Source: Colorado Department of Human Services. Division of Behavioral Health)

	Meth (n=4,913)	*Meth 2005 (n=4,645)*	Cocaine (n=3,374)	Marijuana (n=5,781)	Heroin (n=1,223)	Other Opiates (n=961)
Total Admits (% includes alcohol admits)	**18%**	*19%*	12%	21%	4%	3%
Gender						
Male	**54%**	*53%*	61%	77%	67%	48%
Female	**46%**	*47%*	39%	23%	33%	52%
Has Kids						
	44%	*47%*	45%	33%	27%	46%
Race/Ethnicity						
White	**80%**	*81%*	43%	52%	70%	84%
Black	**2%**	*1%*	18%	14%	7%	3%
Hispanic/Latino	**16%**	*14%*	35%	30%	21%	13%
Other	**3%**	*3%*	4%	4%	4%	1%
Age						
17 & Under	**2%**	*4%*	2%	29%	0.2%	1%
18-24	**23%**	*27%*	13%	29%	14%	15%
25-34	**48%**	*38%*	29%	26%	33%	35%
35-44	**25%**	*23%*	34%	12%	23%	23%
45-54	**8%**	*7%*	21%	5%	21%	20%
55+	**1%**	*0.4%*	2%	0.5%	10%	7%
Mean Age*	**31.3**	*28.5*	36.1	25.0	37.5	36.2
MeanOnset Age*	**22.1**	*21.5*	23.3	14.2	24.7	27.2
Mean Yrs to Trt*	**8.6**	*7.5*	11.4	9.2	8.0	7.6

B. Access to Recovery Client Data: Methamphetamine Use

Access to Recovery services are described in Section IX.B.1 below.

The following data tables include information on methamphetamine use as reported by individuals who have received treatment through the Colorado Access to Recovery (ATR) project since February 2008. Out of a total 2,033 individuals who have sought treatment through ATR, 689, or 33.9%, screened into the project as self-reported methamphetamine users. Of these individuals, 601 reported using methamphetamine at least one day within the past 30 days (Note: A total of 88 individuals reported using methamphetamine at initial screening but did not report use in the past 30 days).

The following tables present information on the 601 individuals who reported methamphetamine use in the past 30 days, and include demographic information, co-occurring substance use (other substances used in addition to methamphetamine), and information related to their employment, housing and criminal justice involvement.

ATR Demographic Information for Methamphetamine Users

- The largest percentage of methamphetamine users enrolled in ATR were between the ages of 25-34 (42.8%).
- The majority of methamphetamine users were male (58.9%).
- The majority of methamphetamine users were identified as White/Caucasian (69.2%).

Table 2: Age of self-identified methamphetamine users who sought treatment through ATR

Age Group (yrs)	N	Percent
13-17	5	0.8
18-24	106	17.6
25-34	257	42.8
35-44	151	25.1
45-54	77	12.8
55-64	4	0.7
65+	1	0.2
Total	601	100.0

Table 3: Gender of self-identified methamphetamine users who sought treatment through ATR

Gender	N	Percent
Male	354	58.9
Female	245	40.8
Transgender	2	0.3
Total	601	100.0

Table 4: Race/Ethnicity of self-identified methamphetamine users who sought treatment through ATR

Race/Ethnicity	N	Percent
Black	16	2.7
Asian	4	0.7
American Indian	5	0.8
Native Hawaiian	1	0.2
Alaska Native	0	0.0
White	416	69.2
Hispanic/Latino	82	13.6
Multiracial (more than one race/ethnic category selected)	51	8.5
No racial or ethnic category selected	26	4.3
Total	601	100.0

ATR Data on Drug Use by Methamphetamine Users

- Of the 601 individuals enrolled in ATR that reported using methamphetamine at least one day within the past 30 days:
    - a total of 199 individuals (33.1%) reported using only methamphetamine in the past 30 days.
    - A total of 402 individuals reported using methamphetamine and other substances in the past 30 days. The table below lists co-occurring drug use.

- The most commonly reported substance that was reported by methamphetamine users was alcohol (72.4%) followed by marijuana (66.2%).

Table 5: Co-Occurring Drug Use by ATR Methamphetamine Users

Note: Substances used by less than 10 individuals are not included in the following table.

Co-Occurring Drug Use	N	Percent
Alcohol	291	72.4
Marijuana/Hashish	266	66.2
Cocaine/Crack	180	44.8
Benzodiazepines	53	13.2
Percocet	46	11.4
Heroin	45	11.2
Oxycontin/Oxycodone	41	10.2
Hallucinogens	29	7.2
Morphine	18	4.5
Tylenol 2,3,4	18	4.5
Codeine	14	3.5
Diluadid	12	3.0
Non prescription Methadone	12	3.0

Inhalant	10	2.5
Total	402*	100.0

*N may sum to more than total as individuals could select multiple drugs.

ATR Data on Living Situation of Methamphetamine Users

- The majority of meth clients enrolled in ATR reported being housed (79%) at intake. Of these individuals;
  - over one-third (36.4%) reported owning or renting their house, and
  - one-third (33.4%) reported staying in someone else's apartment.
- Approximately 12% of individuals were homeless, and were living on the street or in a shelter.

Table 6: Living situation of methamphetamine users who sought treatment through ATR

Living Situation	N	Percent
Housed	**475**	**79.0**
Own/Rent	*219*	*36.4*
Someone else's apartment	*201*	*33.4*
Halfway house	*6*	*1.0*
Residential Treatment	*5*	*0.8*
Other	*44*	*7.3*
Street/Outdoors	**49**	**8.2**
Institution	**45**	**7.5**
Shelter	**21**	**3.5**
Missing	**11**	**1.8**
Total	**601**	**100.0**

ATR Data on Employment of Methamphetamine Users

- Close to one-third of methamphetamine users enrolled in ATR were employed either full or part time at intake (32.5%).
- The majority of individuals (34.8%) reported that they were unemployed but looking for work.

Table 7: Employment status of methamphetamine users who sought treatment through ATR

Employment	N	Percent
Employed- Full time	120	20.0
Employed- Part Time	75	12.5
Unemployed, looking	209	34.8
Unemployed, disabled	18	3.0
Unemployed, volunteering	1	0.2

Unemployed, not looking for work	142	23.6
Other	22	3.7
Missing	14	2.3
Total	601	100.0

ATR Data on Criminal Justice Involvement of Methamphetamine Users

- Over half of methamphetamine users enrolled in ATR were on parole or probation at intake (53.4%).
- Close to one-quarter (22.6%) were awaiting charges, trial or sentencing at the time of intake.

Table 8: Criminal Justice involvement of methamphetamine users who sought treatment through ATR

Criminal Justice Involvement	N	Percent
Arrested 1+ times in past 30 days	98	16.3
Arrested 1+ times in past 30 days on a drug related offense	49	8.2
Spent 1+ nights in jail/prison in past 30 days	111	18.5
Currently awaiting charges, trial or sentence	136	22.6
On Parole or Probation	321	53.4

IX. Issues Examined on the Impact of Methamphetamine Use

There are a number of innovative projects occurring within the State of Colorado to specifically address the affects of methamphetamine abuse and addiction, and some of the members of the State Methamphetamine Task Force are involved in the implementation of these projects. This section highlights several projects.

A. Drug Exposed Newborns

—Kathryn Wells, MD, Medical Director, Denver Family Crisis Center

Dr. Wells' area of research is in regard to the impact of methamphetamine exposure to newborns and infants as well as the policy implications for newborn substance exposures. She emphasizes the need to look at the research as well as the practice aspects for meeting the needs of drug-exposed infants.

Research shows that it is much better to educate women at the early stages of pregnancy about how drugs effect fetal development and better yet is to get to the mothers prior to their pregnancy. There are several national studies being done on this issue:

- Dr. Barry Lester is conducting research on prenatal methamphetamine exposure and child development. Women are enrolled in the research study prior to pregnancy and are tracked through the birth of the child and then the researchers follow-up on the mother and child. The results are indicating cocaine exposed babies and methamphetamine exposed babies have a lot in common. The methamphetamine-exposed children will be followed for a longer time to determine if there is a difference from those exposed to cocaine. This study is ongoing.

- Dr. Linda Chang is conducting a study on the early brain development of infants after prenatal methamphetamine exposure. Babies have somewhat of "plastic brains" meaning that they may be able to change after prenatal methamphetamine exposure.

- Dr. Penny Grant's study is on the evaluation of children removed from clandestine methamphetamine laboratories.

- Dr. Nena Messina is conducting a study on retrospective analysis of medical and developmental outcomes of methamphetamine-exposed children. The findings are limited to what data is collected at the time.

In Colorado, there are three main research studies related to drug-exposed children:

- Colorado Systems Integration Model for Infants (C-SIMI);
- Healthy Tomorrows Grant; and
- Second-Hand Exposures (in collaboration with the University of Montana).

The emerging issues across the country and in Colorado regarding drug-exposed children include:

- Increasing number of pregnant women and children affected by maternal use of methamphetamine
- Advancing research on fetal alcohol spectrum disorders and alcohol-related neurodevelopmental disorders.
- Renewed proposals of State legislators aimed at both fetal alcohol exposure and maternal abuse of illegal drugs.
- Child Abuse Prevention and Treatment Act (CAPTA) amendments of 2003; amendment require states to have in place policies and procedures to better identify substance-exposed newborns and serve their families - some states are putting forward varied kinds of legislation in this area - many do not agree that prosecution is the best way to handle the problems.

With regard to the Colorado Systems Integration Model for Infants grant, this is a 60-month project:

Primary Objective – To develop and test a new model that integrates best proactive approaches from the child welfare, drug treatment, legal and health care systems involved with substance-exposed infants and their families.

Core Components – Increase identification of substance affected newborns through comprehensive assessment and service to substance affected newborns and their families.

Proposed Outcomes – Improve birth outcomes as evidenced by full term, healthy neonates and infants; assurance of the safety of infants deemed at risk secondary to familial substance use and enhanced parent-child relationship.

Primary Partners – Denver Department of Human Services, Denver Health and Hospital Authority, Colorado Department of Human Services, Kempe Children's Center and JFK Partners

The most challenging aspect of the C-SIMI project is integrating systems. Colorado has been very lucky that we have a number of passionate people who are ready to work together to fix this problem

B. Treatment

1. Funds for Methamphetamine Treatment: Access to Recovery Grant

—Bert Singleton, ATR Project Director, Division of Behavioral Health/Colorado Department of Human Services

Colorado Access to Recovery (ATR) is a federally funded initiative expanding access to substance abuse treatment and recovery support services to over 6000 people over a three-year period. The Colorado Office of the Governor in conjunction with the Division of Behavioral Health was awarded a three-year grant by the Center for Substance Abuse Treatment in October 2007 to expand existing treatment capacity and recovery support services in the state, to increase client choice of treatment provider, and to enhance the participation of community and faith-based organizations in providing support for individuals with substance abuse problems.

One of the priority populations for the ATR grant is methamphetamine users. The other priority is youth age 25 and younger.

The Access to Recovery grant is a voucher-based, fee for service approach and must offer clients at least two options for choosing a service provider.

Eighty-five percent of the ATR funds must be utilized for providing vouchers for services with the remaining fifteen percent going to administrative functions of the project.

The focus is on residents of Colorado Springs, the metro Denver area and communities along the I-25 corridor and the Western Slope.

A process for accessing treatment and recovery support services has been instituted and follows these basic steps:

- Anyone that might need services calls a single call center.
- A brief screen is completed on the phone, and eligibility is verified.
- An appointment is given to an employee assistance provider and the assessment is administered to determine the type of treatment or help needed.
- An electronic voucher is created and a copy of the voucher is given to the person with the address of the place they need to go to.

Data for ATR indicates that methamphetamine users are seeking treatment through ATR services (see Section VIII for specific ATR methamphetamine data).

ATR has provided the opportunity to help people access treatment and recovery support services and there has been particular success on the Western Slope in Delta County with regard to recovery services. Meth-Free Delta County (MFDC) took advantage of a unique opportunity to partner with ATR administrators to help provide these services to Delta County residents. MFDC is a non-profit organization that was formed in 2007 specifically for the purpose of helping community members throughout Delta County to work together to help prevent the causes of drug use, to help those currently addicted to drugs and to help protect the community from the ravages of drug use. The community-based treatment project has been a major focus of MFDC and so investment was high from the community leaders to explore ways in which ATR recovery support services could be implemented in Delta County.

Lastly, the State of Colorado is receiving attention at the federal level because the way our state is connecting ATR with the SBIRT initiative (Screening, Brief Intervention, and Referral to Treatment), which fosters substance use screenings in primary health care settings. SBIRT is another grant awarded to the Office of the Governor and the Department of Human Services.

2. Treatment Funding Allocation from State Legislature to Judicial Districts

—Tom Quinn, Division of Probation, State Judicial Branch

In 2003, Senate Bill 03-318 reduced penalties for drug use and possession and set up a fund generated from savings due to reduced prison bed occupants. From this fund the State Legislature allocated $2.2 million for State Fiscal Year 2008 to go to local drug treatment planning teams in each judicial district that administer the funds. The teams are made up of a probation officer, a prosecutor and a defense attorney. Each local team allocates the funds to whatever drug treatment is of greatest need for offenders in their district. The teams also decide which gaps need to be filled and

which services added or expanded. Another $2.2 million has been allocated for State Fiscal year 2009.

In late June 2008 there was a conference of these local teams to hear from state and national experts in the areas of treatment and collaboration. The training was well received, and a follow up survey shows that additional training and team building is needed at the local level.

C. Colorado Problem Solving Courts (Drug Courts)

—Shane Bahr, Court Program Specialist, Planning and Analysis Division
Colorado Judicial Branch

Chief judges at the national level have adopted the term "problem solving courts," which serves as an umbrella designation for a variety of specialty courts, including Drug Courts

What are problem-solving courts?

- Problem solving courts "focus on closer collaboration with the service communities in their jurisdictions and stress a collaborative multidisciplinary; problem-solving approach to address the underlying issues of individuals appearing in court" (National Institute of Corrections)

- Problem Solving Courts are the umbrella over:
    - Adult Drug Court — Mental Health Court
    - Juvenile Drug Court — Driving Under the Influence (DUI) Court
    - Re-Entry Courts — Family/Dependency and Neglect Courts
    - Truancy Courts — Domestic Violence
    - Commercial/Business — Child Support Court

- State Profile
  In Colorado, Counties have developed their own problem-solving courts. The District Attorneys and courts go to different agencies to get grants to fund the specialty courts. Everything done has been very grass roots. A survey was conducted to find out what type of courts have been instituted in the judicial district. In Colorado, there are currently:
    - 53 operational problem solving courts
    - 12 more are in the planning process
    - these courts are serving over 25,000 defendants/clients
    - the most common drugs used by offenders are alcohol, marijuana, methamphetamine, and cocaine.

  There are plans being made to streamline problem-solving courts in Colorado and include best practices as well as to provide training for DUI courts.

- Operational Problem Solving Courts in Colorado—
  - Adults Drug Courts (17 or 33%)
  - Juvenile Drug Courts (9 or 16%)
  - Family/Dependency and Neglect Courts (10 or 17%)
  - Driving Under the Influence (DUI) Courts (3 or 5%)
  - Adult Mental Health Courts (2 or 4%)
  - Juvenile Mental Health Court (1 or 2%)
  - Prostitution Drug Court (1 or 2%)
  - Truancy Courts (3 or 6%)
  - Juvenile Delinquency (1 or 2%)
  - Other (6 or 12%)

- Problem Solving Courts in the Planning Stages—
  - Adult Drug Courts (2 or 17%)
  - Juvenile Drug Courts (2 or 17%)
  - Family/Dependency and Neglect Courts (4 or 33%)
  - DUI Courts (2 or 17%)
  - Mental Health Court(1 or 8%)
  - Other (1 or 8%)

The *Drug Courts Bulletin, May 2005, states this*: "We know that treatment works but we can't always get them into treatment. The courts have learned that forced treatment does work."

At the federal level, there is recognition that Drug Courts are an effective strategy for communities facing methamphetamine issues:

- Drug courts tackling the methamphetamine epidemic have demonstrated that the following are among the most effective strategies for helping methamphetamine addicts—
  - Intensive community supervision and monitoring.
  - Ongoing accountability with increased court hearings.
  - Longer treatment periods.
  - Treatment for co-occurring mental health disorders.
  - Implementation of evidence-based treatment.

- "The primary tool for fighting methamphetamine addiction and trafficking is the drug court, which combines intensive drug rehabilitation services for addicts with legal requirements to complete treatment."
  —C. West Huddleston III, Bureau of Justice Programs *Bulletin*, May 2005

- State of Colorado Legislative Request for Information

  - "Judicial Department, Trial Courts, Trial Court Programs ---The Department is requested to develop a general strategy and plan regarding the provision of drug courts statewide, including in rural areas, and to provide a report on this

plan to the Judiciary Committees of the House and Senate by December 31, 2008."

D. Role and Use of Drug Data in Setting Priorities and Policies

—José Esquibel, Vice Chair/State Methamphetamine Task Force; Jim Adams-Berger, ONMI Institute; Carole Broderick, OMNI Institute; and Summer Wright, OMNI Institute

The State Methamphetamine Task Force engaged in several discussions regarding the role and utilization of data for policy-making decisions. One agreed upon priority is setting up the framework and processes to collecting key health and social indicator data regarding methamphetamine, other substances, and related problems.

Processes and protocols need to be established for gathering and analyzing available data on a yearly or every other year. The Governor's Data Protocol Development Council will be instrumental in establishing the broader framework and templates for data sharing that can then be utilized for methamphetamine and other drug use data sharing.

A central recommendation to the State legislature and state departments is the importance of utilizing data to inform policy-making and funding decision and for enhancing designs of collaborative responses across disciplines.

In 2009, the State Methamphetamine Task Force will work on determining which health and social indicators should be monitored over time and address data infrastructure issues related to collecting the data for these indicators.

A preliminary update on methamphetamine data for the State of Colorado was prepared and presented to the State Methamphetamine Task Force in November 2008. A full report is expected to be completed by September 2009 in time for the development of final recommendations to the State General Assembly before the Task Force sunsets at the end of December 2009.

E. SBIRT (Screening, Brief Intervention, and Referral to Treatment)

SBIRT Colorado is a grant awarded to the Office of the Governor in October 2006. The main intent of SBIRT is to institute substance abuse screening as a part of regular visit in any health care setting to intervene with risky use of substances, much like diabetes is screened regularly.

SBIRT Colorado provided funds for the Colorado Clinical Guidelines Collaborative to work with physicians on the development of a clinical guideline for substance abuse screening, brief intervention and referral to treatment for physicians and health care professionals. In August 2008, a double-sided 1 page clinical guideline was completed and is being distributed to over 9,000 primary care physicians. An event was held at the

Governor's mansion in September 2008 to introduce the guidelines. To date, over 20,000 individuals have received a screening, and only 2% of those who screened positive for high-risk use of alcohol or other drugs were found to be in need of treatment.

As of October 2008, outcome data based on six-month follow-up of a sample of individuals who screened positive for illegal drug use indicates a 62% decrease in the number of days they reported using illegal drugs, from 9.4 days at the time they were screened to 3.6 days at follow-up.

An effort is being made to activate the Medicaid codes in the State of Colorado for substance use screening and intervention, which requires legislative action. Also, several health plans have indicated they would pay for substance use screening and intervention services.

F. Adams County Child Protection Project

—Sgt. Jim Gerhardt, Thornton Police Department

It is the stance of the Thornton Police Department that working to address substance abuse issues and protecting drug-endangered children includes collaborating with other groups, such as the fire department, the courts, mental health personnel, and child welfare. In the effort to more effectively intervene when children may be in danger from neglect and abuse, the Thornton Police Department has implemented a Child Protection Project to bridge law enforcement with social services. The core leaders of this initiative are:

- Supervisor Emily Camp – Adams County Social Services Department (ACSSD)
- Sergeant Jim Gerhardt – Thornton Police Department (TPD)
- Commander Jerry Peters – TPD

The intent of the Child Protection Project is to:

- Identify abuse and neglect victims;
- Comply with mandatory reporting requirements; and
- Work collaboratively with partner organizations (changing outcomes).

An effort has been made to study the impact of this project:

- Surveys were administered to patrol officers and intake workers - all shifts were surveyed.
- Training of police officers – the surveys showed where there were gaps in training.
- After-action reporting and evaluations – good chance to discuss and improve the training and relationships.
- Post-pilot surveys were administered to determine what changes were occurring.
- Court and TRAILS review of pilot case were conducted.

Patrol implementation – training is now being offer to all groups.

In June 2007, police officers believe they were appropriately reporting child abuse and neglect and notifying social services when appropriate. Officers did not think they needed to change their behaviors. Training for officers emphasized that:

- drug endangered children have special needs;
- there was a need for immediate response criteria in regard to working with social services; and
- there was a need to explain procedures for protective custody of children.

As result, the Thornton Police Department and Adams County Social Services came up with an immediate call list. It was also decided that there needed to be a focus on the neglect factor, which has not been something officers have paid a lot of attention to.

G. Weld County and Larimer County Regional Partnership

—Kendall Alexander, Erin Hall, Judge Robert Lowenbach and Kelly Schramm

1. Weld County Juvenile Assessment Center's Collaborative Management Program

Purpose:

Work with partner agencies and community organizations to encourage and support collaboration and the active engagement of families, children and youth; leading to improved permanency, safety and family functioning.

Target Populations:

Children, youth and families who are, or are at risk of becoming involved in the child welfare or juvenile justice systems and who are receiving, or would benefit from integrated multi-agency services.

Participating Agencies:

19th Judicial District
- Courts
- District Attorney
- Probation

Weld Board of County Commissioners
Centennial Board of Cooperative Education Services (BOCES)
City of Greeley
Division of Youth Corrections
Families, Youth and Children Commission
Firestone Police Department
Greeley-Evans School District 6
Northeast Behavioral Health

North Range Behavioral Health
Signal Behavioral Health Network
United Way of Weld County
Weld County Chiefs of Police Association
Weld County Department of Human Services
Weld County Public Health and Environment
Weld County School District RE 1
Private Industry

Activities:

- Supporting collaborative management processes and team decision making processes within Weld County – Focusing on the target populations
- Providing support to projects and services throughout Weld County
  - Coordination and oversight of programs and services.
  - Conducting and coordinating assessments of community needs.
  - Sharing and establishing best practices and continuous quality improvement.
  - Arranging for and/or providing technical assistance and cross systems training.
  - Funding support and coordination.

2. Behavioral Health Agencies' Merger

Purpose:

To provide fully integrated mental health and substance abuse treatment in Weld and Larimer Counties.

Description:

As of July 1, 2008 Island Grove Regional Treatment Center dissolved and merged with North Range Behavioral Health (Weld County) and Larimer Center for Mental Health (Larimer County).

3. In-Custody Alternative Placement Program

Purpose:

To target individuals in custody in the Weld County Jail who would be better served by participating in a structured and monitored substance abuse and/or mental health program rather serving a jail sentence.

Participating Agencies:

Weld County Commissioners
Weld County District Attorney's Office
Weld County Sheriff's Office
19th Judicial District, Public Defender

19th Judicial District, Probation Department
Greeley Police Department
North Range Behavioral Health (doing business as Island Grove Regional Treatment Center)
Avalon

Anticipated Outcomes

- Increased jail bed availability; and
- Reduced recidivism.

4. Mental Health and Substance Abuse Partnership in Larimer County

Purpose**:**

To restructure the way services are provided for those with mental illness and substance use disorders, significantly improving our responsiveness to the needs of the 36,000 people in our community who suffer the most from these conditions.

Partner Agencies:

City of Fort Collins
City of Loveland
Colorado State University
District Attorney's Office
Faith Community
Federation of Families for Children's Mental Health
Foothills Gateway, Inc.
Fort Collins Housing Authority
Health District of Northern Larimer County
Larimer Center for Mental Health (and the former Island Grove Regional Treatment Center)
Larimer County Division of Health and Human Services
Larimer County Sheriff's Office
Private Practice Psychologists
McKee Medical Center
Mountain Crest Behavioral Healthcare
Poudre School District
Poudre Valley Hospital
Thompson School District

5. North Colorado Health Alliance – Safety Net Providers

Purpose:

To ensure that all underserved residents of North Colorado have access to appropriate, affordable, comprehensive, quality health care. This community partnership strives to expand access to services, improve the quality of services, and eliminate disparities.

Partner Agencies:

Banner Health – North Colorado Medical Center & North Colorado Family Medicine
Island Grove Regional Treatment Center, Inc
North Range Behavioral Health
Sunrise Community Health
Weld County Department of Public Health & Environment
Weld County Medical Society
North Colorado Medical Center Foundation
NCMC, Inc
United Way of Weld County
University of Northern Colorado – College of Natural & Health Sciences
Weld County Department of Social Services
Weld County Government – Board of County Commissioners

6. Regional "Meth" Partnership

Purpose:

To improve permanency outcomes for children by integrating child welfare, judicial, substance abuse and mental health services for families with dependency and neglect cases.

Partner Agencies:

North Range Behavioral Health
Larimer Center for Mental Health
19th Judicial District
8th Judicial District
Larimer County Division of Health and Human Services
Weld County Division of Health and Human Services
Weld County Juvenile Assessment Center
Northeast Behavioral Health
University of Northern Colorado
Colorado State University

The Regional Meth Partnership is supported by a federal grant through the Administration for Children and Families and the Substance Abuse and Mental Health Services Administration ($2,400,000 over 3 years).

Key Strategies:

1. Family Treatment Courts;
2. Intensive, integrated, in-home treatment;
3. Temporary Housing and Other Supports;
4. Training and Regional Coordination; and
5. Enhancing Access to Services

H. Effects of Methamphetamine on Oral Health

—Dr. Brett Kessler, DDS

Objectives of the presentation to the State Methamphetamine Task Force:

- Share some experience from the front line as a dentist regarding methamphetamine.
- Illustrate that prevention strategies work.
- Share model of how dentists can treat the growing health care crisis in our communities; dentists can be effective in getting people help for their addiction.
- Discuss strategies to educate dentists on how to treat "meth mouth."

Dr. Kessler provides dental services for clients of Sobriety House, Inc, Colorado's oldest residential treatment center for alcoholism and drug addiction and serves indigent and the low income population.

- After a meth addict recovers the dentist is the first person they want to see. Many addicts have lost a majority of their teeth due to smoking methamphetamine; it is known as Meth Mouth.

- Work with clients is an expanded model of "Smile Again:"
    - Serving victims of domestic violence.
    - Administered by the Metropolitan Denver Dental Society.
    - 135 dentists serving the public provided more than $510,000 of services to 130 women.

- Dentists want to help:
    - 135 dentists in Denver providing service for victims of domestic violence.
    - The dentists are in need of financial support.

- Patient Interventions:
    - If suspicious of relapse behavior, dentists can be effective via brief interventions:
        - conduct a private consultation; and
        - ask candidly about sobriety.
    - Dentists can be educated on interventions that are not accusatory and express a caring perspective.

Strategies for dentists to help with intervention—

- The best ways to treat meth mouth include:
    - Expand access to treatment.
    - Health insurance – private and public aid.

- Treatment while incarcerated- it is the responsibility of the state to manage the health of inmates. *This should include proper basic dental care*.

- Treatment is a good investment - Every dollar spent toward treatment saves the taxpayer $7.46-$25.00 in costs to society.
  - Cost of addiction treatment is 15 times less than the costs of incarceration.

- Expand Education of Dentists:
  - Dentists are the first point of contact.
  - Expand course work in dental school.

- Dentists teaching Dentists:
  - Utah School for Alcoholism and Drug Addictions.
  - "Dental Think Tank" with respect to substance abuse and dentistry.
  - We can partner with American Dental Association to fill in specifics of these bills.

- The "Meth Mouth Prevention and Recovery Act" —a set of bills at the Federal level to understand and comprehensively address the oral health problems associated with methamphetamine use introduced in July 2007:
  - House Bill – HR 3186 – Larsen/Sullivan.
  - Senate Bill – S 1906 – Baucus/Coleman:
    - Provides funds for prevention.
    - Fund research for the interrelationships between substance abuse and oral health.
    - Determine the scope of how methamphetamine use affects demand for dental care.

- "The Meth Mouth Correctional Costs and Reentry and Support Act" —a set of bills at the Federal level to understand and comprehensively address the inmate oral health problems associated with methamphetamine use introduced in July 2007.
  - House Bill – HR 3187 Baird/Sullivan.
  - Senate Bill – S 1907 Baucus/Coleman:
    - Provides grants to states coping with staggering costs treating prison inmates suffering from meth mouth.
    - Funds research on the oral health status of inmates and their accessibility to dental care.
    - Ensure that dental care is made a part of the Justice Department's re-entry program.

I. Media Campaigns

1. Crystal Darkness

On Wednesday, January 7, 2009 the broadcasters of Colorado are teaming together to air a Telly and Emmy Award winning documentary called Childhelp Crystal Darkness aimed at fighting back against the scourge of crystal methamphetamine. Nearly every broadcaster in the state will be participating and they will be pre-empting all programming to air this in unison. It's an unprecedented event in the history of the state.

Thanks to the generous donated participation by local broadcasters, the program airs at 6:30 p.m. on nearly every TV station in Colorado. Several radio stations will be airing an audio version at the same time. There is also a Spanish version of the documentary that will air on Spanish TV stations at 5:30 p.m. that same day.

The documentary was filmed in Colorado at the end of October and features interviews with Colorado Governor Bill Ritter and the First Lady Jeannie Ritter as well as Attorney General John Suthers, and dozens of community leaders, law enforcement officials, recovery specialists and local recovering methamphetamine addicts.

During the airing of the program, a call center will be set up with local recovery experts with about 80 phones lines ready to answer the calls for information and help. People will be able to call in on the 211 phone number to get assistance.

2. Colorado Meth Project

The Colorado Meth Project is based on and affiliated with the Montana Meth Project. The Montana Meth Project is a large-scale media-marketing approach aimed at reducing first-time methamphetamine use through market research, public service messaging, public policy, and community outreach.

The integrated program consists of an ongoing, research-based marketing campaign —supported by community outreach and public policy initiatives— that graphically communicate the risks of methamphetamine to the youth. In 2009, Colorado Meth Project will launch a large-scale, statewide public messaging campaign across television, radio, billboards, newspapers, and the Internet, targeting Colorado youth ages 12 –17.

The Executive Director of the Colorado Meth Project is Kent MacLennan. A Board of Directors and an Advisory Council for the Colorado Meth Project were formed at the end of 2008 to guide the effort in Colorado.

The Colorado Meth Project recognizes that Colorado is ahead of the curve in efforts to address the impacts of methamphetamine and substance abuse on our children, families, and communities. Staff of the Colorado Meth Project is eager to learn about the community efforts happening across the state and are willing to collaborate with community groups. To that end, the Colorado Meth Project does not plan to launch their media campaign until at least Spring 2009 in order to provide the opportunity to build partnerships with local communities in Colorado.

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; Executive Director, National Alliance for Drug Endangered Children

Members

Governor's Policy Staff Representative: Leslie Herod

President of the Senate Designee: Mitch Morrissey, District Attorney, Denver District Attorney's Office

Senate Minority Leader Designee: Laura Russman, MPS, Executive Director, Apartment Association of Southern Colorado

Speaker of the House Designee: Carmelita Muñiz, Director, Colorado Association of Alcohol and Drug Service Providers

House Minority Leader Designee: Representative Stella Garza Hicks

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 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 James Hiatt, 8th Judicial District, Fort Collins, CO

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 if 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.

In addition, a Community Resource Assessment tool (see Appendix D below) emerged as a functional means for identifying and assessing the efficiency, infrastructure, sustainability, and compatibility of specific approaches, programs, and initiatives that are addressing methamphetamine issues within the State of Colorado and across the nation. The information collected through the Community Resource Assessment will be made accessible to local communities seeking credible approaches, programs and initiatives that will assist in effectively addressing methamphetamine use and related problems.

The *Colorado Blueprint* is entering phase two of development. 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

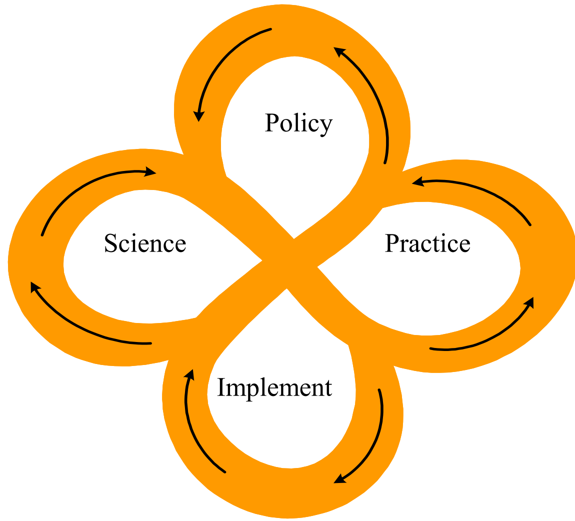


Figure 2: Comprehensive Community Response

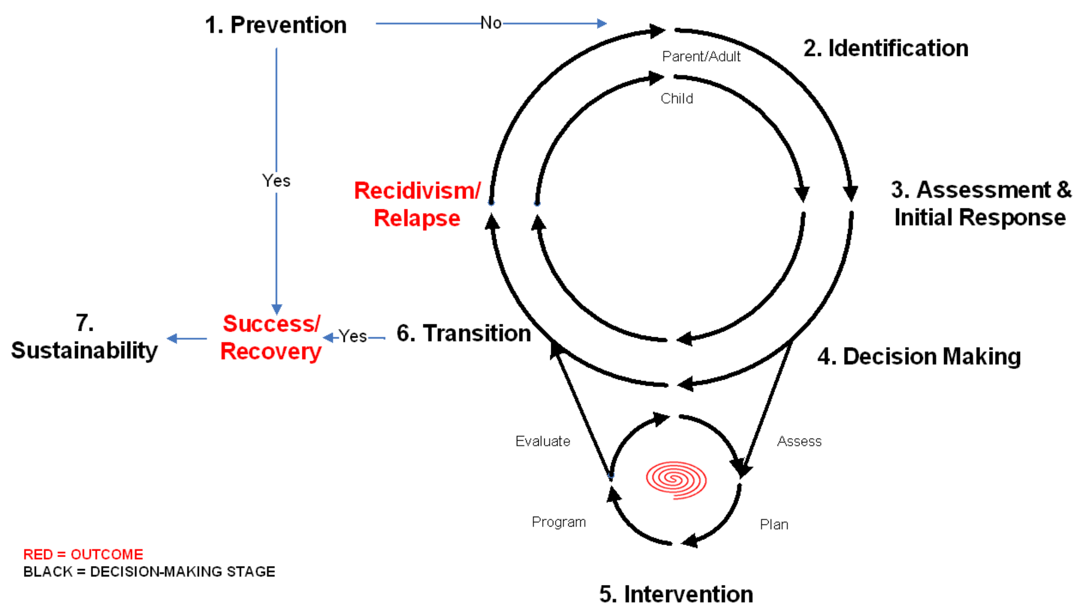


Figure 3: Shared Practice Framework