

State of Colorado
Methamphetamine Task Force



Second Annual Report
January 2008

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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).

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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 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.

Significant progress was made in 2007 towards developing the *Colorado Blueprint for a Comprehensive Community Response*, which is a starting point for defining a common and comprehensive community response process for the State of Colorado (see Appendix C for an Executive Summary of the *Colorado Blueprint*). This progress was due in part to funding received from El Pomar Foundation and the Daniels Fund. The generous support of these private foundations was, and will continue to be, instrumental in moving forward on the work of the *Colorado Blueprint*. Also, in-kind support from the Colorado Alliance for Drug Endangered Children and the National Alliance for Drug Endangered Child was very 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 and that evidence-based strategies, both short and long-term, address the needs of children, families, communities, and the state. 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 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 partnerships is being formed through the work of the State Methamphetamine Task Force that stretches from the local level to the state level to the national level. The *Colorado Blueprint* provides a general structure to help order the work done in communities by multiple disciplines and to support collective learning about how to most effectively address the complex issues presented by the manufacture, distribution and use of methamphetamines.

In addition to developing the *Colorado Blueprint* with input from local state and national partners, the State Methamphetamine Task Force examined issues related to these areas:

- effects of exposure to methamphetamine chemicals by children,
- effective prevention approaches and strategies in Colorado,
- environmental clean up of properties contaminated by methamphetamine and chemicals used to manufacture methamphetamine,
- the status of Colorado's substance abuse treatment system, and
- the cost of substance abuse to the state of Colorado.

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

The work of the State Methamphetamine Task Force is receiving national attention. One aspect of Colorado's approach to addressing the complex issues associated with the manufacture distribution and use of methamphetamine and other illegal drugs is the comprehensive representation of various disciplines on the Task Force. These diverse members not only contribute expertise and knowledge from their discipline, but also serve as ambassadors to their network of professionals and advocates in promoting a solutions that are comprehensive and collaborative, a dynamic which is at the core of the *Colorado Blueprint*.

In addition, several members of the State Methamphetamine Task Force are involved in innovative approaches to addressing methamphetamine and other illegal drug use in the areas of health (prenatal and childhood exposure to methamphetamine), social services

(intervention with families), law enforcement (collaborative efforts with social services), environmental clean-up (model standards and procedures), prevention (strategic community collaboration) and treatment (innovative approaches to treating addiction to methamphetamine).

The State Methamphetamine Task Force will continue to accomplish the expectations from the legislative mandate listed above. Toward this end, the specific action steps for 2008 include the following:

1. Further develop and refine components of the *Colorado Blueprint*.
2. Create a shared-knowledge base of strategies, programs and practices.
3. Conduct demonstration initiatives related to the Comprehensive Community Response Process.
4. Produce “Knowledge Papers” for each stage of the Comprehensive Community Response Process.
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.

Lastly, the State Methamphetamine Task Force has no legislative proposals to recommend to the General Assembly in this report.

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, Thornton Police Department, serves as Vice Chair for the Criminal Justice System by appointment of Governor Bill Ritter. Commander Moriarty is also the Executive Director of the National Alliance of Drug Endangered Children.

Janet Wood, Director of Behavioral Health Services, Colorado Department of Human Services, serves as Vice Chair for Treatment by appointment of Andrew Romanoff, Speaker of the House of Representatives. Ms. Wood also is a member of the National Advisory Council on Drug Abuse 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 Joan Fitzgerald, President of the Senate. Mr. Esquibel is also 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.

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

In 2007 the State Methamphetamine Task Force has held six meetings on the following dates, times and locations:

- January 26, 2007; 10:00 am-1:00 pm, Colorado Municipal League
- March 23, 2007; 10:00 am-1:00 pm, Office of the Attorney General
- May 25, 2007; 10:00 am-1:00 pm, Colorado Municipal League
- July 27, 2007; 10:00 am-1:00 pm, Colorado Municipal League
- September 28, 2007; 10:00 am-1:00 pm, Colorado Municipal League
- November 30, 2007; 10:00 am-1:00 pm, Cherry Creek Corporate Center

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 Proposals of the Task Force

At this time, there are no legislative proposals to the General Assembly from the State Methamphetamine Task Force.

IV. Introduction and Overview of Task Force Work in 2007

The State Methamphetamine Task Force focused on the priorities and expectations described in the 2006 Annual Report of the Task Force. During the meetings, the Task Force learned about and reviewed key issues related to these topics:

- development of the *Colorado Blueprint for a Comprehensive Community Response* to addressing methamphetamine use and related problems;
- long-term health effects on children exposed to chemicals used to produce methamphetamine;
- Colorado's comprehensive and coordinated approach to prevention;
- environmental clean-up issues;
- Colorado's substance abuse treatment system; and
- the cost of addiction to the State of Colorado

Colorado Blueprint

The development of the *Colorado Blueprint for a Comprehensive Community Response* to address methamphetamine use and related problems was directly related to accomplishing two of the three identified priorities from the 2006 Annual Report of the Task Force, specifically:

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

The Task Force partnered with the National Alliance for Drug Endangered Children (NADEC) and the Colorado Alliance for Drug Endangered Children (CODEC) in an effort to assess current practices in Colorado as well as best practice models generated at a national level. In partnership with NADEC and CODEC, the Task Force created a framework for supporting a comprehensive community response known as the *Colorado Blueprint*. The development of this framework involved multiple local partners of diverse disciplines with experiences in dealing with local issues related to methamphetamine and other illegal drug problems. Thus, the State Methamphetamine Task Force formed a link with people from local communities through the work of the Colorado Alliance of Drug Endangered Children and the National Alliance for Drug Endangered Children. Members

of these groups met on three occasions (February 15, March 13, 2007 and April 18, 2007) and professionals from across nation and members of the National Alliance for Drug Endangered Children held a three-day planning session (April 4-6, 2007) to help to give definition to the various aspects of the *Colorado Blueprint*. A list of these partners appears in Appendix B: Participants in the Development of the *Colorado Blueprint*.

The *Colorado Blueprint* outlines the general strategy of the State Methamphetamine Task Force and creates a roadmap to mobilize a comprehensive community response to protect children, families and communities from the effects of methamphetamine and other drug abuse, and includes these main components, which are described in more detail below in Section V:

- Learning Process for Evidence-Based Practice
- Shared Practice Framework
- Comprehensive Community Response

In addition, a Community Resource Assessment tool emerged as a functional means to identify and assess 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.

Most importantly, the *Colorado Blueprint* offers a framework that can be easily adopted for a comprehensive community response to any emerging social issues that affect the health, safety and well-being of communities.

The *Colorado Blueprint* was shared with members of the National Alliance for Drug Endangered Children from other states through a variety of meetings and presentations. The responses to the components of the *Colorado Blueprint* were very positive. Other states are now looking at the work of the Colorado State Methamphetamine Task Force and Colorado Alliance for Drug Endangered Children as a potential model for consideration in their own work in addressing methamphetamine and other illegal drug issues.

In June 2007, the State Methamphetamine Task Force and the Colorado Alliance for Drug Endangered Children prepared and submitted a proposal to the Daniels Fund titled, “Building Colorado’s Community-Based Capacity: Protecting Children, Families, and Communities from Methamphetamine, Other Drug Use, and Child Endangerment.” The four primary objectives of the proposed capacity building project were:

- *Establishing a Learning Capacity*: the Colorado project is designed to create a learning community bringing together the interests of policy, science, and practice to create community solutions.

- *Blueprint*: the *Colorado Blueprint* is a framework for defining how partners will individually and collectively address the challenges presented by methamphetamine, other drug abuse, and child endangerment.
- *Demonstration Sites*: Communities will use the *Colorado Blueprint* creating evidence-based solutions to the problems presented by methamphetamine, other drug abuse and child endangerment.
- *Knowledge Base*: Create a *Knowledge Base* for accumulating and disseminating evidence-based strategies related to methamphetamine and drug endangered children.

The amount of funding requested was \$361,910, and the Daniels Fund generously awarded \$200,000 in September 2007. More details about this capacity building project appear below in Section V: Progress on 2007 Priorities.

Effects of Exposure to Methamphetamine Chemicals by Children

Dr. John Martyny of the National Jewish Hospital and Research Center presented research findings on the long-term health effects of chronic exposure for children of persons using or manufacturing methamphetamine in the home. His findings indicate that respiratory function deficits in children of methamphetamine users are the most likely result of chronic/long-term exposure by children. His studies also indicate that the children will have resultant behavioral health problems due to the combination of chronic exposure to methamphetamine environments and subsequent maladaptive parenting that can accompany methamphetamine addiction. Dr. Martyny reported that researchers in Colorado Springs and Thornton manufactured methamphetamine in a controlled environment and both reported dangerous levels of chemical exposure in carpets, furniture, in the walls, and in the air. The Los Alamos National Laboratory is researching controlled long-term manufacture in home-like settings, essentially mimicking the conditions of an illegal residential methamphetamine lab.

The findings of Dr. Martyny and his associates not only underscore the health impact of exposure to methamphetamine use on children but also the health impact on those who enter homes where methamphetamine is, or was, used and/or manufactured. This research also has important implications for ensuring effective environmental clean-up of contaminated properties.

Prevention

Effective prevention approaches and strategies are long-term, comprehensive, multi-strategic (involving individuals, families, schools, health care, media, law enforcement agencies, and community organizations), and designed to prevent substance use of any category. In addition these approaches identify needs, resources, and infrastructure within the community to conduct effective prevention and identify and analyze multiple data sources to understand how substances such as methamphetamine are impacting communities and what populations are being affected by problems related to methamphetamine manufacturing, distribution and use.

At the national and state levels it is recognized by prevention professionals that methamphetamine prevention and education should follow established prevention principles and should be part of the broader prevention and intervention education efforts that target all forms of drug use. Guiding principles for effective prevention include:

- involvement of many segments of the community;
- clearly identifying target populations, motivations, risk factors and demographics so that programs are tailored to address specific needs of local communities recognizing the multigenerational characteristics associated with methamphetamine use and manufacturing;
- prevention and education programs should be guided by research and evaluation findings;
- programs should be evaluated to determine effectiveness;
- parents and other adults should participate in any prevention program designed for youth; and
- community methamphetamine prevention efforts should target both youths and potential new young adult users.

Within the Colorado state government system there is an effort to coordinate prevention efforts, particularly efforts related to children and youth prevention services and programs. The Colorado Prevention Leadership Council is an interagency collaborative group that is coordinating and integrating approaches to implementing effective community-based prevention. One of the members of the Colorado Prevention Leadership Council is Stan Paprocki, Director of Prevention with the Alcohol and Drug Abuse Division within the Colorado Department of Human Services, who provided members of the State Methamphetamine Task Force with information on the specific framework for community-based prevention that is shared across various state departments and is being implemented in numerous communities across the State of Colorado. This framework is also promoted at the national level as an effective approach for addressing methamphetamine problems within the context of the overall approach to substance abuse prevention.

The common framework that is currently being utilized for implementing community-based prevention efforts in many Colorado communities serves as the framework under the prevention component of the *Colorado Blueprint*, and is known as the Strategic Prevention Framework. This framework calls for collaborative community approaches conducting the following:

- **Assessment:** Profile population needs, resources and readiness to address problems and gaps in services
- **Capacity:** Mobilize and/or build capacity to address identified needs and problems.
- **Planning:** Develop a comprehensive community strategic plan
- **Implementation:** Implement evidence-based, resilience-building prevention programs

- Evaluation: Monitor process, evaluate effectiveness, sustain effective programs, and improve or replace those that fail.

For specific details on effective approaches for methamphetamine prevention, consult *Prevention Works! Methamphetamine: A Resource Kit*, which can be downloaded at www.colorado.gov/plc/resources.html, along with the Prevention PowerPoint presentation delivered by Stan Paprocki.

Environmental Clean-up

Colleen Brisnehan, Environmental Protection Specialist with the Colorado Department of Public Health and Environment, and Brian Hlavacek, Tri-County Health Department, presented on the current approaches for conducting methamphetamine lab clean up in Colorado. Ms. Brisnehan reported on the Colorado Revised Statutes that impact environmental and health concerns related to methamphetamine manufacture and use. Existing legislation provides a directive that the State Board of Health establish clean-up standards for methamphetamine laboratories. These standards include operational requirements for clean-up activities for drug laboratories and areas of contamination, and shall be based on the 2003 guidance document for clean-up prepared by the Hazardous Materials and Waste Management Division of the Colorado Department of Public Health and Environment.

Furthermore, Colorado legislation established clean-up requirements and responsibilities for property owners and a process for certifying that a clean-up has been completed in accordance with the standards set by the Board of Health. Subsequently, in January 2005, the Colorado State Board of Health adopted stringent standards for contamination clean-up. Ms. Brisnehan reported some of the challenges in implementing the standards, such as problems with clean-up oversight and verification, property tracking and disclosure, and contractor oversight.

Similarly, Mr. Brian Hlavacek reported on the Tri-County Health Department (Adams, Arapahoe, and Douglas Counties) Board of Health as an example of local response to methamphetamine clean-up. The Tri-County Health Department Board of Health passed regulations that incorporated the state regulations, which established the authority for the Tri-County Health Department to oversee property cleanup including performing verification sampling to ensure safe chemical levels, and manage clean-up efforts by qualified and trained contractors. In addition, the Tri-County Health Department has established safe clean-up guidelines for contaminated properties and has developed internal standard operating procedures to ensure a comprehensive health and environmental response. These standard operating procedures are written to include a multi-agency response to contaminated properties including involvement with Law Enforcement, Hazmat Team/Fire Department, Health Department, and County Social Services. Mr. Hlavacek's report highlighted several challenges the Tri-County Health Department is experiencing in implementing this systemic response to methamphetamine

laboratory clean-up, including decline in property values, prolonged vacancies of properties, timely reporting, and long-term health implications.

More information on environmental cleanup can be downloaded at:

www.tchd.org/methlab.htm, or

www.cdphe.state.co.us/op/regs/boardofhealth/101403methlabrules.pdf.

Treatment

Status of Colorado's Substance Abuse Treatment System

Treatment findings within the State of Colorado are showing success in treating those who are addicted to methamphetamine. Effective treatment options range from medical outpatient detoxification to intensive residential treatment. Carmelita Muñiz, Executive Director of the Colorado Association of Alcohol and Drug Service Providers (CAADSP), presented to the State Methamphetamine Task Force on the status of substance abuse and dependence treatment in Colorado. The CAADSP is an organization dedicated to the partnership, collaboration, and support of systems focused on substance abuse and dependence, prevention and treatment, and policy change toward improved access and quality of those systems.

Colorado's current substance abuse and dependence treatment system incorporates 290 licensed treatment providers operating 653 treatment sites under the umbrella of the Alcohol and Drug Abuse Division of the Behavioral Health Services section of the Colorado Department of Human Services. Licensed agencies provide treatment and specialized services of varying intensities and durations through a range of treatment modalities including:

- residential non-hospital detoxification;
- medically managed detoxification (residential and outpatient);
- opiate replacement treatment (e.g., Methadone and Buprenorphine maintenance);
- therapeutic communities;
- intensive and transitional residential treatment; and
- intensive and traditional outpatient treatment.

Methamphetamine is the most geographically dispersed illicit drug in the state. Despite the fact that 55% of the state's population lives in the Denver-Boulder area, only 35% of methamphetamine users in treatment live in that area. Treating methamphetamine addiction entails addressing these additional issues:

- engaging methamphetamine users in treatment;
- understanding the five stages of recovery from methamphetamines:
 - withdrawal
 - honeymoon
 - the wall

- adjustment
- resolution; and
- setting up appropriate support systems through wraparound services.

Areas needing improvement in Colorado’s substance abuse treatment system include:

- engaging the primary healthcare field in screening of substance abuse;
- providing services for people with co-occurring disorders (substance abuse and mental health);
- ongoing follow-up of client progress after discharge from treatment; and
- developing Colorado’s capacity to adopt, promote and integrate a “science to service” agenda that promotes best practices and has at its core a workforce strategy that meets our current challenges and prepares us for the future.

These specific public policy recommendations and opportunities were presented to the State Methamphetamine Task Force for consideration:

- Treat substance abuse and addiction as the public health issue it is.
- Support State efforts to develop client centered systems of care, such as wraparound services.
- Continue to support a comprehensive approach to dealing with substance abuse and addiction.
- Increase the substance abuse prevention, intervention, treatment and recovery capacity, specifically in rural, mountain, and eastern plains of Colorado.
- Increase substance abuse screening and diagnosis.
- Increase residential and outpatient services capacity.
- Train and educate primary health on Brief Intervention/Brief Treatment with a focus on the non-dependent user.
- Support state efforts to increase access, quality and effectiveness of co-occurring (substance abuse and mental health) services.
- Expand access to prevention, intervention and treatment services.
- Expand screening and diagnosis of Fetal Alcohol Spectrum Disorders.
- Parity in insurance coverage.
- Build sustainability around grant funded initiatives like Colorado SBIRT (Screening, Brief Intervention, Referral and Treatment), Access to Recovery and Prevention Strategic Framework/Colorado Prevention Partners.

Cost of Substance Abuse to the State of Colorado

Susan Foster of the National Center on Addiction and Substance Abuse at Columbia University provided the latest information on a revised report titled “Shoveling Up II: The Cost of Substance Abuse to Government.” The key areas of impact include:

- morbidity & mortality;
- violent & property crimes;
- family breakup & child maltreatment;

- homelessness & poverty;
- poor academic performance; and
- job productivity loss.

Each of these impact areas contributes to a costly burden on our state health care, justice, education, and human services systems. In response, the various state government systems spend resources to shovel up the consequences rather than on the root cause of the problem. Columbia University conducted an unprecedented analysis of the impact of substance abuse on State of Colorado budget, examining these sixteen areas:

Adult Corrections	Juvenile Justice
Capital Spending	Mental Health
Child Welfare	Prevention
Developmental Disabilities	Public Safety
Elementary & Secondary Education	Regulation & Compliance
Health Insurance/Services for Special Populations	Research
Income Support	State Workforce
Judiciary	Treatment

The analysis indicates that the cost burden of substance abuse to the State of Colorado is around \$845.9 million.

The *Shoveling Up II* report also highlights the specific cost impact on Colorado’s health care system, justice system, education system and social welfare system. The report offers these recommendations for more cost effective investment of taxpayer dollars:

- Use public funds and systems to prevent and spot the problem, intervene, treat and manage substance abuse.
- Launch an extensive public health and education campaign for families, schools, and communities.
- Integrate addiction treatment into mainstream medical and ancillary health practice.
- Use regulatory powers to stop predatory practices of alcohol and tobacco industries.
- Make a massive investment in research into the neurological, biological, psychological, emotional, spiritual causes of substance abuse and addiction and the ways to prevent and treat it.

V. Progress on 2007 Priorities

After reviewing the requirements outlined in C.R.S. 18-18.5-103(4-5), the members of the Task Force agreed upon the following three priorities for 2007:

- Priority 1: Utilize data to specifically identify problems and issues related to methamphetamine in the State of Colorado.
- Priority 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.
- Priority 3: Investigate collaborative models on protecting children and other victims of methamphetamine production, distribution, and abuse.

The progress towards these priorities are discussed in relationship to the specific expectations that were outlined in the First Annual Report of the Methamphetamine Task Force (2006)

- i. Maintain a comprehensive and broad systems approach in addressing and responding to methamphetamine abuse and related issues, in particular, of drug-endangered children, including the identification of long-term solutions.

Progress—

At the January 26, 2007 meeting of the State Methamphetamine Task Force, a process was proposed that honors the work conducted in Colorado over the last several years in addressing the effects of methamphetamine use and production on children. The Task Force sought the integration of current efforts to establish appropriate policy for the prevention, intervention and treatment of methamphetamine related problems. In order to accomplish this goal, the National Alliance for Drug Endangered Children (National DEC) offered to facilitate planning sessions partnering the work of the State Methamphetamine Task Force with that of the Colorado Alliance for Drug Endangered Children (Colorado DEC). The main purpose of this collaboration was to connect policy efforts with the every day experiences of practitioners with first hand understanding of the impacts of methamphetamine use in their community in order to inform the development of the *Colorado Blueprint*.

The State Methamphetamine Task Force and Colorado Alliance for Drug Endangered Children convened a Working Group with representatives from a variety of disciplines to assist in giving definition to the *Colorado Blueprint* for addressing methamphetamine issues in communities. The Working Group meetings were facilitated by Dr. Brian Mattson, deputy Director of the National

Alliance of Drug Endangered Children, Commander Lori Moriarty, a Vice Chair of the State Methamphetamine Task Force, and José Esquibel, also a Vice-Chair of the State Methamphetamine Task Force. A list of participants in the series of meetings is found in Appendix B: Participants in the Development of the *Colorado Blueprint*.

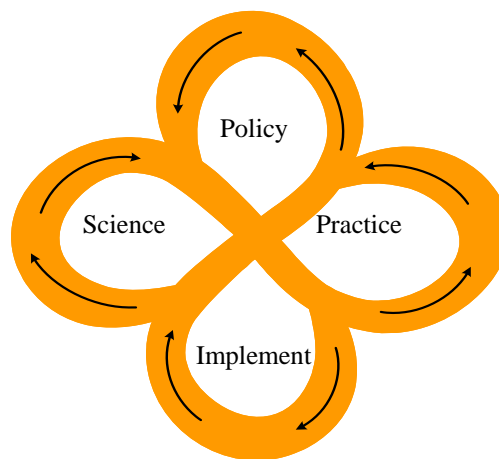
The *Colorado Blueprint* incorporates processes, tools and techniques vetted across the State of Colorado and across the nation to explore a variety of challenging social policy issues. The *Colorado Blueprint* is intended to guide the development of capacity for a comprehensive and broad approach to dealing with methamphetamine and other critical social issues that impact multiple systems in communities. This includes the increased capacity for:

- Comprehensively establishing the nature of the problem and examining the role of the variety of public and private agencies in improving outcomes.
- Systematically developing programs, activities, and processes for meeting client, community, and system needs.
- Learning across programs with different target populations and diverse approaches.
- Understanding causes of methamphetamine problems and the relationships between core program components—addressing these underlying causes—and outcomes.
- Creating collaborative and integrative capacity and activities.
- Assessing organizational networks and supporting infrastructure and consequently, the capacity to sustain, improve, and extend services.
- Replicating programs across jurisdictions and with different populations
- Assessing and adapting programs for their impacts on specific target populations.
- Integrating cultural philosophies and expectations into planning and service delivery processes.
- Integrating evidence-based practice (EBP).
- Identifying, valuing, and leveraging common ground.
- Integrating principles of practice across organizations to derive system efficiencies and client engagement.

At the core of the combined effort of the State Methamphetamine Task Force and Colorado Alliance for Drug Endangered Children is a continuous learning process involving policy, implementation, practice, and science. As illustrated in Figure 1: Learning Nexus for Evidence-Based Practice, knowledge is developed and used as a part of a continuous interaction between science and practice in an ongoing learning process. Practitioners identify practices used to produce success in their role as service providers. These practices are formulated into research questions and shared with science for controlled scientific testing. In this respect, practice feeds science with questions to be tested and the results are fed back to practice for adoption and institutionalization.

The learning cycle also incorporates policy formulation and management. Legislative and agency policy also guide agency practice. It is imperative that policies support the use of the evidence-based strategies, remove unnecessary barriers, and set performance standards for assessing the merit of these efforts in local implementations. In Colorado, the policy-practice-science nexus is also used to clarify roles and responsibilities and align effort. By clarifying these roles and responsibilities, Colorado expects to improve the opportunities for these three entities to engage one another in the production and use of evidence-based strategies.

Figure 1: Learning Nexus for Evidence-Based Practice



- ii. 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.

Progress—

The initial analysis of state data was conducted in 2006 by members of the Data Committee of the State Methamphetamine Task Force. In addition, there were four recommendations to the State Methamphetamine Task Force:

- create and increase capacity of interagency data collection systems to link in order to allow for more thorough and accurate surveillance and data collection on methamphetamine;
- conduct an evidence literature review of programs, practices, and policies that have been shown to impact methamphetamine use;

- interview key local stakeholders to understand local efforts that are taking place and share information with other areas, particularly rural areas that may have limited funding to deal with such issues; and
- develop a cost savings/cost avoidance model that illustrates the monetary burden methamphetamine use has on various state systems and the dollars that would be saved by prevention, intervention and treatment efforts.

Of these four recommendations, progress was made toward accomplishing the first recommendation. It is expected that in 2008 as many as six state departments will begin work on health and social indicator data sharing agreements to address common priorities. This effort, which is being co-led by the Colorado Prevention Leadership Council and Collaborative Management Program, is intended to enhance long-range integrated and comprehensive planning around common priorities at the state and local levels. It is also expected that this cross-systems coordination regarding data will assist in improving resource utilization and the assessment of the impact of services on social and health indicators. In addition, this effort will also serve to improve linkages across state systems for a variety of data related to methamphetamine issues.

The remaining three recommendations require financial resources, for which the State Methamphetamine Task Force sought but did not receive private funds to specifically implement them.

- iii. Produce as “State of the State Report Card” for the State Methamphetamine Task Force and the State Legislature and articulate a multiple-pronged approach involving prevention, detection, intervention and treatment.

Progress—

Work still needs to be done on producing a “State of the State Report Card.” This work will be assisted by the upcoming task in 2008 to catalogue the various activities, tools and resources that are being utilized or are available for addressing the multi-faceted issues brought on by methamphetamine use.

Excellent progress was made in 2007 in articulating a multiple-pronged approach involving prevention, detection, intervention and treatment, resulting in the *Colorado Blueprint’s* framework for a Comprehensive Community Response Process.

The Comprehensive Community Response is a means of clarifying the variety of roles and responsibilities of discipline and community partners working at different stages of access to services by individuals and families affected by methamphetamine and other illegal drug use and related problems. Figure 2, below, outlines the seven stages, or decisions points:

- 1) Prevention (stop drug use in the first place);
- 2) Identification (identify illegal drug users and children of illegal drug users at the earliest time to provide opportunities for intervention);
- 3) Assessment and Initial Response (what actions and/or services are needed to assist individuals, children and families)
- 4) Decision Making (what is the most effective collaborative response and who should be involved);
- 5) Intervention (provide and link services to assist individuals, children and families);
- 6) Transition (help recovering users of methamphetamine and/or other illegal drugs and their families get back into the community, i.e. work, schools); and
- 7) Sustainability (help recovering users of methamphetamine and/or illegal drugs to stay clean and sober).

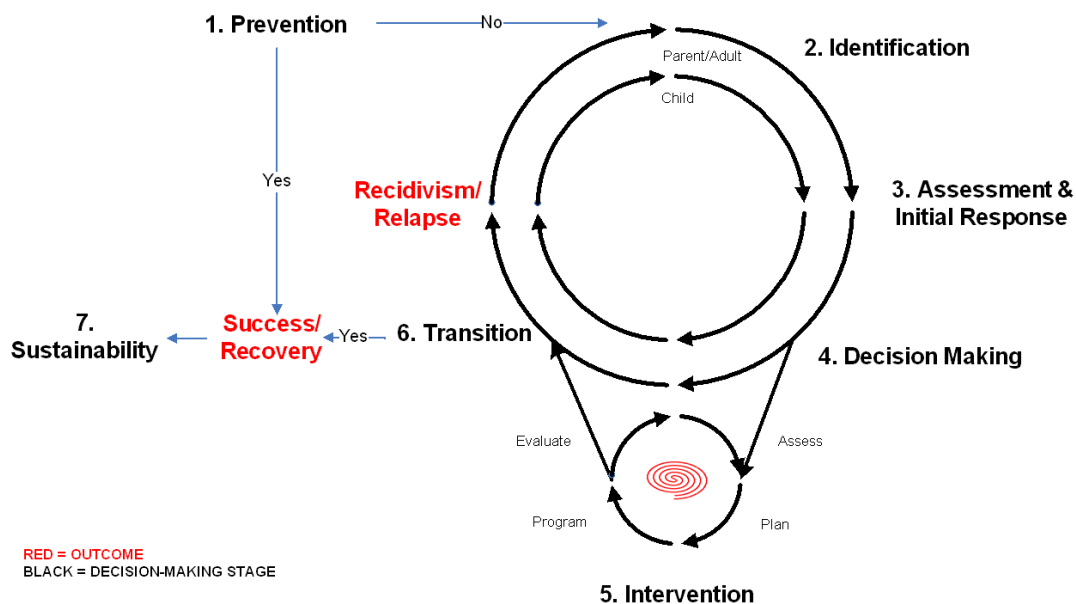
The decision points involve a variety of actors and work processes, and are appropriate targets for identifying evidence-based knowledge and approaches for addressing the challenges presented by methamphetamine and other drugs.

The Comprehensive Community Response serves to:

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

The Comprehensive Community Response maps the process for managing adult and child methamphetamine and other illegal drug cases. It will be used to highlight the major decision points, decision makers, roles, and responsibilities, decision-making criteria, and the options available to the decision makers providing a common understanding for planning and innovation.

Figure 2: Comprehensive Community Response



- iv. Establish a blueprint that will assist in comprehensively addressing other drugs of abuse and their effects on communities and families that include community planning and reasonable outcomes that can be achieved by communities.

Progress—

The partnership of the State Methamphetamine Task Force and the Colorado Alliance for Drug Endangered Children was critical for the development of a blueprint to address the complex issues of methamphetamine and other illegal drug use. The issues require a multi-faceted strategy that includes prevention, law enforcement, courts, probation, social services, treatment, mental health, medical, child welfare, education, public health, non-profit organizations, and the community. As such, solutions need to be crafted that focus on addressing three fundamental needs:

1. Need for locally based plans. Local communities are often in need of a strategy or plan, which effectively looks out for the child, the substance using parent(s) and more efficiently uses the various resources required to care for these children.
2. Need for local, multi-disciplinary groups to own the problem. Effectively solving these problems requires the involvement of community members,

representing multiple professions who can collaboratively build and execute a tailored plan. Community members include first responders, child protective services, law enforcement, medical and mental health professionals, prosecutors and county attorneys, probation, child advocates, substance abuse prevention and treatment providers, and other community leaders, as well as the general public.

3. Need for better communication systems, data, metrics, and protocols and systems integration. In general, the problem has been addressed in relative isolation by various disciplines. Professional groups often do not share critical information with other groups. Successes and failures are ill defined and rarely shared among communities or disciplines. Children are often not identified nor followed, or treated appropriately.

These identified needs shaped the necessary components of the *Colorado Blueprint* with a focus on the formation of community-based partnerships to encourage existing agency personnel to coordinate their mutual interests, resources, and responsibilities to meet the needs of the target population. The *Colorado Blueprint* was articulated and defined through a series of meetings with local community professionals and advocates. This blueprint provides a general structure to help order the work done in communities and to support collective learning interests.

The *Colorado Blueprint* is described through a collection of diagrams tied to planning strategies within which disciplines and communities identify their practices and assess how effective they are in achieving specific outcomes. The two main diagrams are used to elicit the underlying rationale in local practices, the Comprehensive Community Response (Figure 2 above) and Shared Practice Framework (Figure 3 below). Previous work has demonstrated significant continuity in the work done across systems to address the risks and needs posed to children and adults as a result of involvement with methamphetamine. In fact, there is remarkable convergence in the outcomes, practices, rationale, science and criteria used by the variety of disciplines involved in the response to these cases.

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* design emphasizes a shared set of organizational and case specific performance objectives. There is both variety and commonness in

the approaches to address methamphetamine and other drug problems. The *Colorado Blueprint* is intended to:

- help participants from various discipline understand their individual and collective roles in achieving outcomes for children and families;
- encourage systems to articulate a clear purpose, shared logic models, and planning tools to reveal their full social and organizational patterns.
- ensure that efforts across community groups and systems are well coordinated and the evidence-based strategies, both short and long term, address the needs of children, families, communities, and the state; and
- align efforts and outcomes for children and families with work conducted in local communities, the state, and the nation.

In 2008, funding from the Daniels Fund and staff hired through the Colorado Alliance for Drug Endangered Children will support the implementation of *Colorado Blueprint* Demonstration Sites through which several Colorado communities will be offered technical assistance in using the *Colorado Blueprint* for implementing a comprehensive community response to the problems presented by methamphetamine, other drug abuse and child endangerment and for identifying and implementing evidence-based solutions.

- v. Coordinated and consistent message regarding how to effectively address methamphetamine abuse and drug endangered children.

Progress—

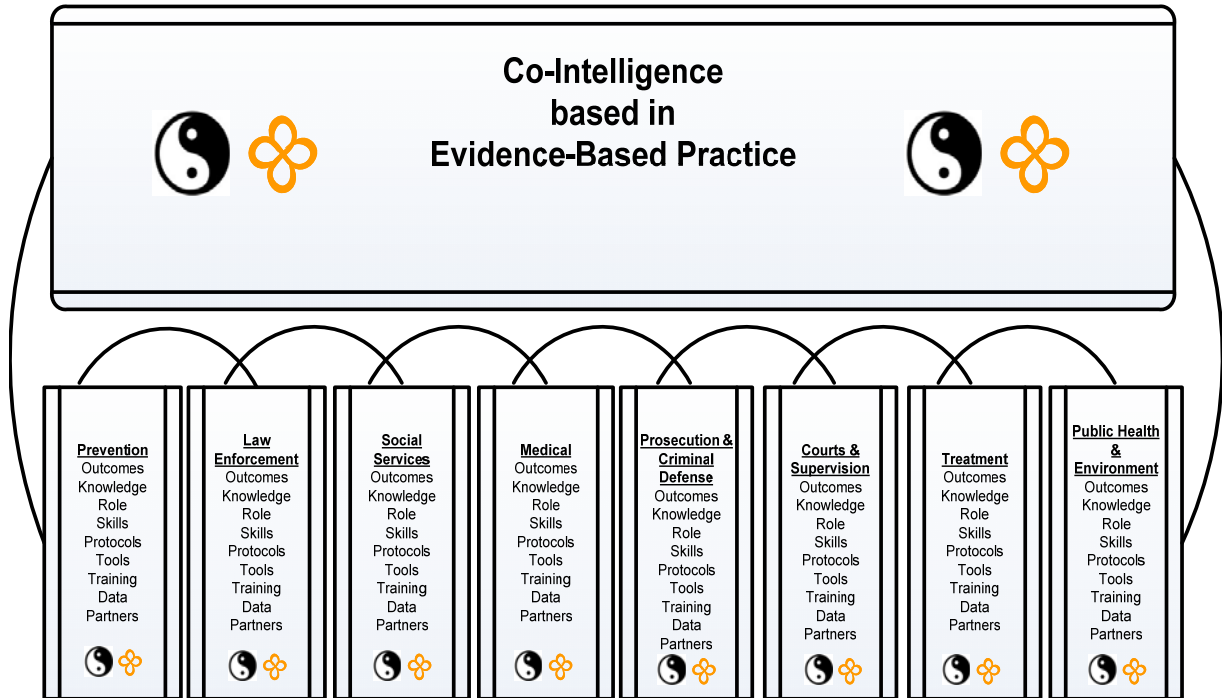
The components of the *Colorado Blueprint* represent the articulation of a coordinated and consistent message regarding how to effectively address methamphetamine and other illegal drug use and drug endangered children. These components include:

- the Learning Nexus for Evidence-based Practice (Figure 1);
- the Comprehensive Community Response (Figure 2);
- the Shared Practice Framework (Figure 3)
- the Community Resource Assessment (discussed in item vi, which follows).

An important aspect of Colorado's coordinated and consistent message is a shared knowledge base. Figure 3 illustrates a Shared Practice Framework for specifying practices within and across disciplines highlighting the areas of convergence and the areas of unique expertise tied to roles in each discipline. One of the intents of the *Colorado Blueprint* is to have a shared understanding of the state-of-the-art practices relied on individually and collectively by various disciplines to achieve

outcomes. A shared knowledge base will emerge as partners in community systems are asked to articulate what, how, why, and for whom their work is done. The process is expected to reveal opportunities to create and share knowledge, and see the strengths, weaknesses, and opportunities for aligning effort. It will also inform a coordinated and consistent message regarding how to effectively address methamphetamine abuse and drug endangered children.

Figure 3: Shared Practice Framework



- vi. Devised a tool for collecting and compiling the best ideas from across the state on approaches to address methamphetamine abuse and drug endangered children.

Progress—

There are local and national efforts working to identify, collect, synthesize, and share practices that are evidence based. In an effort to organize this task in the State of Colorado, the Community Resource Assessment (CRA) was developed (see Appendix D for a copy of this tool). The CRA is tool for specifying the fundamental logic used by a particular program, initiative, or policy that is being implemented. In doing so, the CRA produces a logical map that decision makers may use to better understand and evaluate practices in the community. The CRA asks compelling questions about the efficacy of a program/initiative, the infrastructure requirements to run and sustain the program/initiative and how the effort is integrated with others in the community.

Individuals or organizations at the local level will be asked to articulate what, how, why, and for whom their work is done. The following questions, which are part of the CRA, are used to facilitate discussions within and across disciplines:

- Who does your agency serve?
- What needs do those you serve have?
- What roles and responsibilities does your agency have?
- What does your agency do to accomplish these roles and responsibilities?
- What outcomes is your agency trying to achieve?
- What is the primary expertise/knowledge used to perform your role?
- What tools are used to support this work?
- What types of training are required to perform role?
- What other agencies/groups do you work with in performing these roles?
- What information do you receive and share with other agencies/groups?
- Are there formal protocols to coordinate your work with other agencies/groups?

Over the course of 2008, it is expected that the CRA will begin to be utilized across the State of Colorado and the results will be compiled and eventually made accessible to the public in electronic format, preferably an interactive web-based format.

- vii. Identify resources needed for supporting local communities in implementing the most effective models and practices for methamphetamine prevention, intervention and treatment, environmental cleanup and criminal justice responses.

Progress—

From the first meeting, the State Methamphetamine Task Force has striven to become a contributor to the overall landscape of community response to methamphetamine and related issues rather than focusing solely on prescriptive oversight. In January 2007 the State Methamphetamine Task Force identified the El Pomar Foundation and Daniels Fund as potential sources of funding. The State Methamphetamine Task Force secured a grant of \$50,000 from El Pomar in May 2007 for Website/IT development in order to establish a shared Internet knowledge base.

Additionally, the State Methamphetamine Task Force and the Colorado Alliance for Drug Endangered Children collaborated on a proposal to the Daniels Fund, and received a grant award of \$200,000 in September 2007 for funding joint work on the *Colorado Blueprint*, including funds to hire two staff members responsible for collecting and compiling Community Resource Assessments and working with representatives of the proposed *Colorado Blueprint* Demonstration Sites. The grant also supports the Colorado Alliance for Drug Endangered Children to disseminate the knowledge base of current Colorado initiatives and efforts that are

addressing the effects of methamphetamine and to educate stakeholders regarding current best practices.

The organizations of several members of the State Methamphetamine Task Force were also successful in acquiring funds for work related to various methamphetamine issues:

- Dr. Kathryn Wells of Denver Health Medical Center received a grant for research on the effects of prenatal methamphetamine exposure.
- Dr. Nick Taylor of Delta County received \$175,000 from the Daniels Fund for the Delta Project, a community-based treatment model for those with substance dependence.
- Dr. Wayne Maxwell, Executive Director of Island Grove Regional Treatment Center in Weld County, announced that his organization will serve as the fiscal agent for grant written in partnership by the Collaborative Management Interagency Oversight Groups of Larimer and Weld Counties. The federal grant award for the proposed Northeast Colorado Child Welfare Project is in the amount \$2.4 million a year for three years. The grant was issued by the Administration on Children, Youth and Families in U.S. Department of Health and Human Services. The project will focus on increasing the safety, well-being, and permanency of children in Larimer and Weld Counties who have become involved with the child welfare system as a result of their or their family members' involvement with methamphetamines. Services provided will include a full continuum of integrated mental health and substance use disorder treatment, as well as a variety of support services for the children and their families.
- The Colorado Department of Public Safety received two grants. One through Community Oriented Policing in the amount of \$29,300 for law enforcement training and another from the MacArthur Foundation for \$100,000 for juvenile assessment.
- Additionally, through the work of the Office of Behavioral Health in the Colorado Department of Human Services the State of Colorado and various partners, the State of Colorado was awarded the Access to Recovery Grant in the amount of \$13,600,000 for a three-year period from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. The grant will provide vouchers to pay for substance abuse treatment for adolescents and young adults under the age of twenty-five, and part of the funds are specifically allocated for the treatment of methamphetamine abuse and dependence.
- Through the efforts of Tom Quinn, Director of Probation Services with the Colorado State Judicial Department, the American Probation and Parole

Association will be providing some technical assistance to assist local probation departments in a process to increase treatment for methamphetamine abuse and to organize local collaboration toward that end. Colorado is one of the states that will receive this technical assistance through a competitive process.

VI. Priorities for 2008

The State Methamphetamine Task Force will continue to focus on the following three priorities that were identified in the 2006 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 will work 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.
- Establish a process for identifying, collecting, synthesizing, and sharing practices that are evidence-based, including the use of Web-based technology.
- 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*.
- 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

- Educate stakeholders about methamphetamine issues and problems in order to engage them in addressing the issues and to make informed decisions
- 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.
- Maintain partnerships in the areas of prevention, detection, intervention and treatment, and environmental cleanup.
- 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).

VII. State Methamphetamine Task Force Highlights from 2007

There are a number of innovative projects occurring within the State of Colorado to specifically the affects of methamphetamine use and addition, and some of the members of the State Methamphetamine Task Force are involved in the implementation of these projects. This section highlights several projects and provides a summary of state and national networking efforts.

Children Affected by Methamphetamine Manufacture and Use

Kathryn Wells, MD, of Denver Health and a member of the State Methamphetamine Task Force is involved in several projects related to methamphetamine use in Colorado. One is the Colorado Systems Integration Model for Infants (C-SIMI) project, which is in its third year in Denver County and funded by the U.S Department of Health and Human Services/Children's Bureau. Dr. Wells serves as the Principal Investigator of this 5-year project in which the primary objective is the incorporation of best practice approaches from the child welfare, drug treatment and health care systems involved with substance-exposed infants and their families. This project has resulted in the development of a program within Denver Department of Human Services entitled 'Baby Steps' in which assistance is provided to mothers and babies by responding to the complexities of prenatal substance exposure with comprehensive intervention and enhanced and optimal utilization of existing services for healthy infants. This includes infants who are prenatally exposed to methamphetamine.

Dr. Wells is also involved in a collaborative effort with Dr. Andrij Holian and Dr. Sandra Wells, both of the University of Montana's Center for Environmental Health Sciences, in developing a translational research project to help better understand the potential pulmonary effects of second-hand exposures to methamphetamine manufacturing and smoke, especially to children. This study will entail clinical research in Colorado coupled with basic science research in Montana.

Thirdly, Dr. Wells continues to serve on the National Alliance for Drug Endangered Children's Medical/Environmental Work Group. This work group has the following goals for the year 2008:

- Gather, translate and disseminate new information (through website, Quarterly Review, etc) about the affects of methamphetamines on children who are exposed to the drug and the chemicals used to make the drug.
- Identify gaps of what is needed in research.
- Review and update as needed current medical protocols.
- Analyze the state's use of current Drug Endangered Children's Protocol.
- Establish medical evaluation protocols for Level 2 cases.
- Review and update training curriculum and make recommendations about distribution to varied population.
- Explore funding options.
- Participate in and encourage database development.

Also, Denver Health was recently awarded a grant to expand its role in the foster care community. This project is entitled 'Growing Connections for Kids' and is an expansion of an existing collaborative program between Denver Health and Hospital Authority and Denver Department of Human Services. Dr. Wells serves as the Principal Investigator of the project. Through this expansion of the collaborative and coordinated efforts of both agencies, 'Growing Connections for Kids' will provide improved coordination of care by establishing a medical home for each Denver County foster child, including many children from methamphetamine-exposed homes, in order to address chronic and urgent health needs and ensure continuity of care. The project will track each child's medical history through Child Health Passports and a database. A nurse care coordinator will monitor and ensure adequate receipt of care for foster children within their medical home. The goals of the project are to:

- 1) coordinate health care services for children in foster and kinship care;
- 2) ensure every child in foster care has a medical home;
- 3) provide increased preventive health care services; and
- 4) meet or exceed all federal guidelines regarding health care for children in foster care.

Innovative Treatment for Methamphetamine Addiction

Nick Taylor, Ph.D., is a psychologist in Delta County and a member of the State Methamphetamine Task Force who has authored what is being called the Delta Model, a community based treatment model for dealing with methamphetamine addiction. The Delta Model's unique approach to treatment unifies many individuals and professional staff of community agencies around a few straightforward treatment goals designed to address the specific aspects of addiction to methamphetamine. In the Delta Model volunteers work alongside treatment providers and other community stakeholders to help clients stabilize their basic lifestyle functioning and then become meaningfully integrated with a supportive sober community. Important treatment tasks also include learning or

relearning to feel pleasure and learning to change unrealistic and often automatic expectations about methamphetamine.

The Delta Model of methamphetamine treatment offers flexibility and is demonstrating the ease of implementing it in rural settings. Future directions will likely involve making this and other key treatment resources readily available for other Colorado communities. In September 2007, Meth-Free Delta County was able to secure funding from the Daniels Fund to support the design and implementation of this unique and comprehensive approach to treating addiction to methamphetamine.

Colorado Probation

Colorado Probation is concerned with public safety and improving offender competence. With many offenders, abuse of drugs contributed to their criminal acts and inhibits their compliance with conditions of probation. Probation strives to individualize treatment with supervision for each offender.

In many areas of Colorado, methamphetamine is a major drug of choice. The State Methamphetamine Task Force and its actions are an area of great interest to the field of probation. There are a number of probation related initiatives that intersect with the priorities of the State Methamphetamine Task Force, at least tangentially, including the following:

1. There is a new fund administered by the Interagency Task Force on Treatment (ITFT) that provides \$2.2 million to the twenty-two Judicial Districts on a formula basis for allocation by a local Drug Offender Treatment Board, which is made up of a prosecutor, defender, and probation officer. The funds are used for filling gaps in treatment services. Of the plans submitted by these boards, about half specifically mention the provision of treatment for people using methamphetamine. The ITFT is considering the use of the Community Resource Assessment model being drafted by the ITFT in its local planning as well.
2. The American Probation and Parole Association will be providing some limited technical assistance to Colorado Probation to assist local departments in a process to increase treatment for users of methamphetamine and to organize local collaboration toward that end.
3. Colorado Probation has drafted a policy advising line staff on how to engage methamphetamine laboratories as well as other drug laboratories. This policy is expected to be enacted in early 2008 after review.
4. There is ongoing training for Colorado Probation staff on the “Pharmacology of Addiction” and also on “Intervention and Recovery Strategies.” A course on “Relapse Prevention” is also under development.

5. Colorado Probation received authority to spend an additional \$1.5 million for offender treatment from various cash funds this fiscal year, and requested an additional \$2 million authorization for next fiscal year. Some of these funds will be used for methamphetamine related treatment and a portion will be dedicated to addressing shortfalls in rural areas.

State and National Networking Efforts

The State Methamphetamine Task Force attempted to incorporate input from interested professional and advocates from various regions of the State of Colorado in the development of the *Colorado Blueprint*. Stakeholders from Adams, Arapahoe, Boulder Broomfield, Delta, Douglas Denver El Paso Jefferson, Larimer Mesa, Moffat, Montrose, and Weld Counties were represented throughout the *Colorado Blueprint* developmental process, which also included a contingent from Native American Tribal Nations. The work of the *Colorado Blueprint* was also presented at the Colorado Prevention Leadership Council's Prevention Summit on September 11, 2007, in Colorado Springs.

The State Methamphetamine Task Force is also part of a national effort to address the rising methamphetamine epidemic. In conjunction with this effort, members of the State Methamphetamine Task Force presented their work, in the form of the *Colorado Blueprint*, with representatives of other states, Minnesota, Wisconsin, California, Nebraska and Iowa in particular. As a result of this outreach, the State Methamphetamine Task Force has partnered with several national organizations including Partnership for a Drug Free America (The Meth 360 Program), Community Anti-Drug Coalitions of America (CADCA), The National Alliance of Model State Drug Laws, and various professionals in every discipline represented in the National Alliance for Drug Endangered Children Working Groups. Furthermore, other organizations have shown interest in partnership with the State Methamphetamine Task Force, including the Colorado National Guard, the National Center on Addiction and Substance Abuse at Columbia University, and the National Apartment Association.

Miscellaneous

- The State Methamphetamine Task Force expressed concern in a letter to Denver Mayor Hickenlooper about possible cutbacks at Denver Department of Environmental Health that could affect the department's ability to clean-up property contaminated by the manufacture and use of methamphetamine. A letter written in response by Nancy J. Severson, Manager with the Denver Environmental Health Department, dated November 29, 2007, affirmed the commitment of the City of Denver to deliver core services consistent with the State law requirements for methamphetamine laboratory clean up.
- *Westword* highlighted the work of Commander Lori Moriarty and the North Metro Task Force and Dr. Kathryn Wells and the Colorado Alliance for Drug Endangered Children in responding to the issue of children found in homes used to manufacture

- Lori Moriarty, a Vice Chair of the State Methamphetamine Task Force, presented on the *Colorado Blueprint* on Colorado Public Radio in August 2007. She also appeared on a CNN special, highlighting the National Alliance for Drug Endangered Children.
- Dennis Dahlke of the Southern Ute Community Action Programs (SUCAP) reported challenges faced by the Southern Ute Indian tribe in regard to methamphetamine use, including the need for geographically convenient treatment centers.
- The Realtors Association has highlighted the need for standardization in clean up and disclosure laws for property used to manufacture methamphetamine. The State Methamphetamine Task Force discussed the implication of new exposure laws and the impact on health departments, police agencies, and the real estate and hotel industries.

Appendix A
Membership
State Methamphetamine Task Force

Chair

Attorney General John Suthers

Vice-Chairs

Treatment: Janet Wood, Director, Behavioral Health Services, Alcohol and Drug Abuse Division and Division of Mental 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, Executive Director, National Alliance for Drug Endangered Children

Members

Governor's Policy Staff Representative: Leslie Herod

President of the Senate Designee: Dave Thomas, Director, Colorado District Attorneys Council

Senate Minority Leader Designee: Vacant

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, Denver Health

Human Service Agency, Child Welfare: Vacant

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

Criminal Defense Bar: Ty Gee 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 Gary Hamilton, Cripple Creek 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: Petra Abram

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 Probation Services
Judge James Hiatt, 8th Judicial District

Appendix B

Participants in the Development of the *Colorado Blueprint*

Co-Leader: Lori Moriarty, Commander, Thornton Police Department, North Metro Drug Task Force; Executive Director, National Alliance for Drug Endangered Children

Co-Leader: Brian Mattson, Ph.D, Deputy Director, National Alliance for Drug Endangered Children

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

Co-Leader: John Martin, Ph.D, Planning, Policy, and Management Consultant for Justice and Human Service Organizations

Participants:

Christina Agosta, Denver District Attorney

Dawn Atkins, Guardian of a child born to parents using methamphetamine

Wayne Atkins, Thornton Police Department

Paula Balser, Savio House

Kathy Bancroft, Denver Police Department

Stephanie Birdwell, Bureau of Indian Affairs, Washington, DC

Colleen Brisnehan, Colorado Department of Health and Environment

Tammie Bueno, North Metro Child Advocacy

Keith Caddy, Montrose Police Department

Debra Campeau, Office the Guardian Ad Litem, El Paso County

Cristi Cain, Kansas Meth Prevention Project, Kansas

Teri Chavez, Denver Police Department

Charlotte Clarke, Office for Victim's of Crime, Washington, DC

Mark Cooney, Wheat Ridge Police Department

Herb Covey, Colorado Department of Human Services

Kris Cowperthwaite, Adams County Social Services

Melinda Cox, Colorado Department of Human Services, Office of Children and Family Services

Colette Cribari, Boulder District Attorney

Craig Dodd, Larimer County Drug Task Force Commander

Nicola Erb, AR DEC Project, Colorado

Larry Etheridge, South Metro Denver Drug Task Force

Carol Flowers, Office of the Child's Representative, Guardian Ad Litem

Heather Gierhart, Mesa County Meth Task Force & US Senator W. Allard

Cindy Giese, Wisconsin Department of Justice, Wisconsin

Donna Goldstrom, Larimer County Health District

Penny Grant, Children's Hospital, Children's Advocacy Center, New York

Tim Griffin, Colorado Department of Corrections, Parole
Rhoda Hafiz, Adams County District Attorney's Office
Lynette Harris, Harcor Technologies/Portaltown
Steve Harris, Portaltown
Eddie Hawkins, MS Police Department Meth Task Force, Mississippi
Tim Hersee, North Denver Metro Task Force
Stan Hilkey, County Sheriffs of Colorado
DuWayne Honahni, Sr., Bureau of Indian Affairs, Washington, DC
Kelly Karson, Boulder County Social Services
Malina King, Adams County Social Services
Chris Labanov-Rostovsky, Division of Criminal Justice
Bill Leonard, Craig Police Department
Kenya Lyons, Division of Criminal Justice
Deon Mahaffie, National DEC Webmaster, Colorado
Johnny Martinez, Denver Police Department
John Martyny, National Jewish Medical and Research Center, Colorado
Cheryl May, Arkansas Criminal Justice Institute, Arkansas
Wayne Maxwell, North Range Behavioral Health, Greeley, CO
Angela Mead, Larimer County Social Services
Beth Mead, Mississippi Police Department Meth Task Force, Mississippi
Emilio Mendoza, Department of Child and Family Services, California
Cindy Miner, National Institute on Drug Abuse (NIDA), Maryland
Ed Mixon, Office of Environmental Information, Washington, DC
Ann Noonan, Boulder County Public Health – Substance Abuse
Chuck Norenberg, Minnesota State Meth Coordinator, Minnesota
Angela Palmer, Mesa County Meth Task Force
Diane Payne, Tribal Law & Policy Institute, Alaska
Bob Poe, MS PD Meth Task Force, Mississippi
Steve Prentup, Boulder Drug Task Force
Thomas Quinn, State Judicial, Office of Probation Services
Shirley Rhodus, El Paso County Social Services
Julia Roguski, Savio House
Janet Rowland, Mesa County Commissioner & Mesa County Meth Task Force
Terrie Ryan-Thomas, Boulder County Social Services
Lisa Sandoval, Jefferson County Children's Alliance
Peggy Schuermann, Florida Child Protection, Florida
Donna Schwartz, Valley Hope
Marjean Searcy, Salt Lake City Meth Initiative, Utah
Ken Slessinger, State Judicial-Probation
Tiffany Sorice, Broomfield District Attorney's Office
Melva Steps, Georgia DEC Project Director, Georgia
Pat Sullivan, Cherry Creek Schools
Bryan Sutherland, Harmony Foundation
Becky Swift, Iowa's Governor's Office, Iowa
Nicolas Taylor, Taylor Behavioral Health
Regina Walter, El Paso County Drug Court, Colorado

Kathryn Wells, Denver Health Medical Center, Colorado
Sandra Wells, University of Montana
Sharon Wisniewski, Arizona DEC Coordinator, Arizona
MaryPat Woodard, Betty Ford Center – Children’s Program
Loretta Wyrick-Severin, Kansas Meth Prevention Project, Kansas
Pedro Zabala, County of Denver Human Services, Office of Drug Strategy

Appendix C

Colorado Blueprint **Executive Summary**

A Comprehensive Community Response to Addressing 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 Blueprint* 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

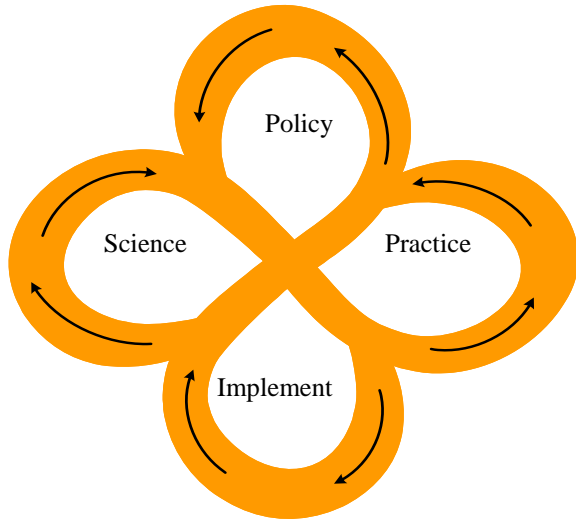


Figure 2: Comprehensive Community Response

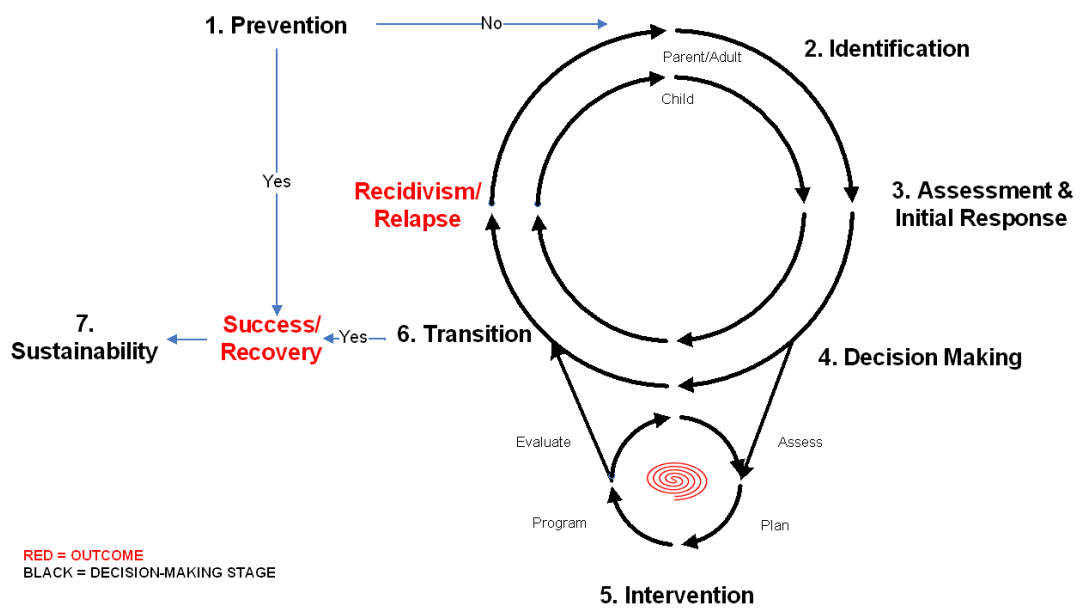
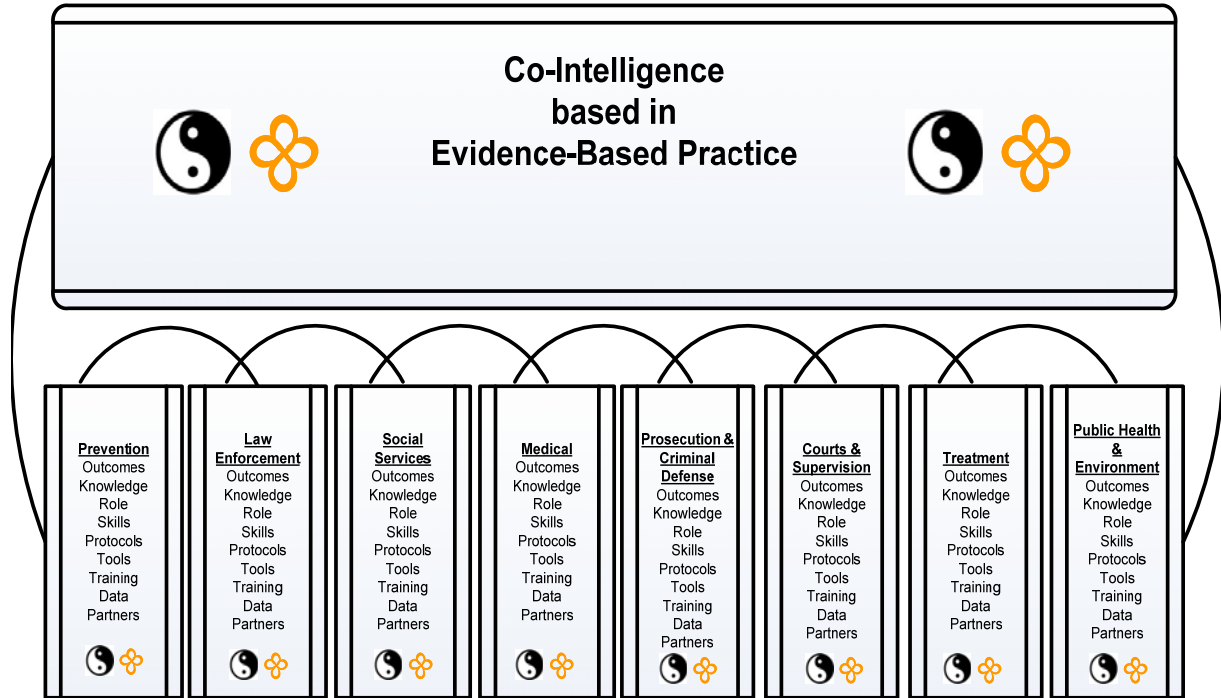


Figure 3: Shared Practice Framework



Appendix D

Community Resource Assessment (CRA)

There is mounting interest in human services and justice systems to align program and organizational efforts with evidence-based knowledge. The evidence-base knowledge informs approaches capable of producing outcomes. The evidence-based knowledge creates opportunities to improve prevention, intervention and treatment strategies to meet the variety of outcomes desired by systems serving children, families, and adults.

In order to take advantage of the evidence-based knowledge, communities and systems must create learning environments where the logic of the program/initiative is explicit and aligns approaches with outcomes. By mapping these connections, providers are able to explore the alignment of their work with evidence-based knowledge to identify ways of improving existing effort.

As systems engage in efforts to determine their value, they are generally confronted by several challenging realities:

- evidence-based programs are expensive and don't always address the needs of the community;
- traditional practices are well institutionalized and difficult to change;
- moving towards an evidence-based ideal requires new knowledge and skills; and
- very little is known through research about the effectiveness of traditional practices.

The *Community Resource Assessment (CRA)* is a tool that systems can use to clarify how the work being done helps produce outcomes. The CRA asks a series of questions to elicit the logic of programming efforts and helps link these findings with intended outcomes.

In doing so, the CRA produces a logical map that decision makers may use to better understand and evaluate practices in the community. The CRA asks compelling questions about the efficacy of a program/initiative, the infrastructure requirements to run and sustain the program/initiative and how the effort is integrated with others in the community. The resulting components are the foundation for gauging the potential of the program successfully achieving targeted outcomes.

Name of Organization:

Contact Person:

Contact Email:

Contact Phone #:

Title of the Initiative:

Current funding level:

Current source of funding:

Geographic location(s) of the services provided:

Total numbers served in the previous year:

Which disciplines are active partners in implementing this approach? Please identify specific partner agencies by name.

Community Groups
Identify the specific partner organization(s)

Child Advocacy Centers
Identify the specific partner organization(s)

Courts and Supervision
Identify the specific partner organization(s):

Environmental Health
Identify the specific partner organization(s):

Families/Family Advocates
Identify the specific partner organization(s):

GAL
Identify the specific partner organization(s):

Law Enforcement
Identify the specific partner organization(s):

Medical
Identify the specific partner organization(s):

Parole
Identify the specific partner organization(s):

Probation
Identify the specific partner organization(s):

Public Health
Identify the specific partner organization(s):

Prevention
Identify the specific partner organization(s):

Prosecution and Criminal Defense
Identify the specific partner organization(s):

__Social Services

Identify the specific partner organization(s):

__Treatment (substance abuse, mental health, domestic violence)

Identify the specific partner organization(s):

Brief Program Description (limit to 150 words):

COMMUNITY RESOURCE ASSESSMENT (CRA)

Roles & Responsibilities

- **What do you do?**
 - What mandates guide your program?
 - What expectations do others hold of your program?

Assessed Need & Nature of the Problem

- **Who do you serve and what do they need?**
 - What data did you use to identify the need and determine if this program will meet your need?
 - What population does your program serve and what are their needs?
 - What are the needs of the other professions that are involved?
 - What is the demand for your program or initiative?

Outcomes—Service Population and Community Partnership

- **What do you want to happen?**
 - What are your short term goals?
 - What are your long term goals?
 - How will you measure progress toward your goals?

Practices and Skill Requirements

- **What do you need to do in order to reach your goals?**
 - What services do you offer and why were those services chosen?
 - How will your services and activities lead to the outcomes you desire?
 - How will you measure progress toward your goals?

Partnership Network

- **Who do you need to work with in order to make your program successful?**
 - How is your program integrated with outside partners (sharing of locations, sharing of staff, referrals, sharing of information)?
- What role do these partners play?

Organizational Infrastructure

- **What do you need to do to get the job done?**
 - How is the program supported financially?
 - What sort of planning or advisory council guides the program?
 - What staffing (both numbers and skills/training) are needed?
 - What facilities and equipment are needed?