

State of Colorado
Methamphetamine Task Force



Sixth Annual Report
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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

Overview of the State Methamphetamine Task Force

The core purpose of the State Methamphetamine Task Force and partners is to provide leadership and a statewide strategy to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use and to identify and improve the well-being of drug endangered children. The Task Force also monitors emerging drug abuse issues in order to respond proactively and mitigate escalation of potential negative impacts on the people and communities of Colorado.

Given the complexity of responding effectively to methamphetamine and other illegal drug issues, in 2006 and again in 2009, the Colorado General Assembly acknowledged the need for 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. The 2009 Colorado General Assembly reauthorized the Task Force for a second four-year period from January 2010 to January 2014 (see Appendix A for State Methamphetamine Task Force Membership). To this end, the State Methamphetamine Task Force is mandated by the Colorado General Assembly 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 manufacture, distribution and use of methamphetamine manifest a complex set of issues that affect a variety of social systems. Therefore, a multifaceted approach is necessary for effectively addressing the impact on children, families and communities. The cornerstone priority of the State Methamphetamine Task Force was establishing a *Colorado Blueprint* for comprehensively addressing methamphetamine and other illegal drug use and the affects these drugs have on communities, families, and children. A network of partners was formed in 2007 to conduct demonstration initiatives with leadership from the Colorado Alliance for Drug Endangered Children and financial support from the Daniels Fund for implementing the Comprehensive Community Response Process of the *Colorado Blueprint* (see Appendix B for details on the *Colorado Blueprint*).

The network of partners was extended with the formation of a State Action Team for the Colorado Rural Law Enforcement Methamphetamine Initiative in 2010, a multi-disciplinary partnership that assisted law enforcement and rural communities in assessing service needs, coordinating efforts and keeping communities safe and free from the dangers of methamphetamine and other drugs.

Generous financial support from the El Pomar Foundation and the Daniels Fund has been instrumental in moving forward the work of the State Methamphetamine Task Force and the *Colorado Blueprint*. 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* and assisting communities. In addition, the U. S. Department of Justice/Bureau of Justice Assistance funded the Colorado Rural Law Enforcement Methamphetamine Initiative, which is managed under the auspices of the Colorado Alliance for Drug Endangered Children.

Summary of 2011 Priorities

Several priorities of the State Methamphetamine Task Force from 2010 were carried over into 2011:

- Provide support and technical assistance to local communities.
 - In a lead role with participation of several other State Methamphetamine Task Force members, the Colorado Alliance for Drug Endangered Children continued to offer technical assistance to local communities.
 - The Rural Law Enforcement Methamphetamine Initiative (RLEMI) assisted rural law enforcement and rural communities in continuing to address the impact of methamphetamine use, production and distribution. The RLEMI demonstrated an approach to connecting existing programs and resources to help local communities better address needs related to the use, production and distribution of methamphetamine and the impact of methamphetamine and other drug use on children and families.
- Understand and address issues related to prescription drug abuse in Colorado.
 - The State Methamphetamine Task Force fostered coordination and collaboration with other groups to address the increase in prescription drug abuse in Colorado.
- Completing the State Methamphetamine Task Force Data Dashboard.
 - A State data dashboard template with key social indicator data related to methamphetamine and other drugs was developed for the purpose of monitoring trends in methamphetamine use, production, distribution, and trends of other drug abuse to inform policy decisions.

- Disproportionately affected populations.
 - The main focus in this area continues to be pregnant women and substance-exposed newborns.
 - The Substance Exposed Newborns Committee of the Task Force generated the recommendations and action steps that were vetted with numerous stakeholders based on the Five Points of Intervention:
 1. Pre-pregnancy Awareness of Substance Use Effects
 2. Prenatal Screening and Support.
 3. Identification of Alcohol or Drug Exposure at Birth
 4. Responding to Infant and Parent's Needs
 5. Responding to Needs of Substance Exposed Children Throughout Their Lives

Two new priorities emerged in 2011:

- Legislative options for reducing methamphetamine production.
 - Law enforcement is documenting a re-emergence of methamphetamine production in the southwest United States that is just beginning to emerge in Colorado. One means of mitigating this trend is to pass legislation making products with pseudoephedrine available only by prescription in our state.
- Increase in school drug violations and adolescent marijuana use.
 - The availability of marijuana through prescriptions to adults is also making marijuana accessible to adolescents. The members of the State Methamphetamine Task Force looked at a variety of sources of data to understand the increase in school drug violations and adolescent marijuana use.

Summary of Key Policy Issues in 2011

Substance Use Screening of Pregnant Women: The State Methamphetamine Task Force is proposing legislative action to add language to state statute that assures primary care professionals that any positive results for substances obtained through medical screening for purposes of prenatal care of a woman who is pregnant, or determining if she is pregnant up until the time of delivery, is not admissible in any criminal proceedings. The rationale is that this will increase substance abuse interventions and referrals by physicians.

Reducing Methamphetamine Production: Through unanimous approval, the State Methamphetamine Task Force expressed support for limiting access to pseudoephedrine products through legislation in order to mitigate an increase in meth production in Colorado.

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 the Governor. Commander Moriarty is the Senior Vice President of Education and Outreach of the National Alliance of Drug Endangered Children.

Charles Smith, Ph.D., Director of the Division of Behavioral Health, Colorado Department of Human Services, serves as Vice Chair for Treatment by appointment of the Colorado Speaker of the House of Representatives.

José Esquibel, Director of Interagency Prevention Systems, Prevention Services Division, Colorado Department of Public Health and Environment, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate.

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

In 2011 the State Methamphetamine Task Force held four meetings at the Colorado Municipal League on the following dates between 10:00 a.m. and 1:00 p.m.:

- February 4, 2011
- May 6, 2011
- August 5, 2011
- November 4, 2011

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

The State Methamphetamine Task Force seated three committees in 2011:

- Substance Exposed Newborns Committee: Kathryn Wells, MD and Jade Woodard, Co-Chairs
- Prescription Drug Abuse Committee: Dan Rubinstein, Chair
- Data Committee: José Esquibel, Chair

III. Legislative Recommendations of the Task Force

It is proposed that the Colorado General Assembly add the following language to state statute:

No information relating to substance use not otherwise required to be reported pursuant to C.R.S. 19-3-304, obtained as part of a screening or test for purposes of prenatal care, of a woman who is pregnant or determining if she is pregnant up until the time of delivery, shall be admissible in any criminal proceeding. Nothing in this section should be interpreted to prohibit prosecution of any claim or action related to such substance use based on independently obtained evidence.

The intent of the proposed language is to assure primary care professionals that any positive results for substances obtained through medical screening is not admissible in any criminal proceedings. The rationale is that this will increase substance abuse interventions and referrals by physicians.

IV. Milestones and Progress on 2011 Priorities

The following milestones mark the progress made by the State Methamphetamine Task Force and partners with regard to the 2011 priorities:

- Maintained an ongoing focus on supporting community level collaboration aimed at identifying and serving children and families impacted by substance use in partnership with the Colorado Alliance for Drug Endangered Children.
- Partnered with the Colorado Alliance for Drug Endangered Children and Colorado Rural Law Enforcement Methamphetamine Initiative Coordinator to assist rural law enforcement agencies and communities in assessing service needs, coordinating efforts and keeping communities safe and free from the dangers of methamphetamine and other drugs.
- Identified the need for state legislation to limit access to pseudoephedrine products through legislation in order to mitigate an increase in methamphetamine production in Colorado.
- Partnered with the U.S. Drug Enforcement Administration, the State of Colorado Prescription Drug Take Back programs of the Colorado Department of Human Services and the Colorado Department of Public Health and Environment on two statewide prescription drug take back events held in May 2011 and October 2011 that collected a total of 25,744 pounds of unused and unwanted household medications.

- Fostered the partnership between the Colorado Department of Education and Media Salad, a market intelligence company, that produced a fact sheet and a four-page brochure titled “What’s the Big Deal: How Marijuana Harms Youth” for use by educators and parents. The materials were distributed to all school districts in Colorado and are available online at: www.cde.state.co.us/DropoutPrevention/Resources.htm.

V. Policy Issues

A. Substance Use Screening of Pregnant Women

The Colorado State Methamphetamine Task Force supports the Colorado Substance-Exposed Newborn Steering Committee in pursuing policy solutions associated with prenatal substance use screening of pregnant women in the 2012 Legislative Session.

Interventions during the period from when a woman discovers she is pregnant and extending until she gives birth should focus on the identification of substance use and referrals that facilitate treatment or related services. The critical issues during this period include how and by whom maternal substance use is identified as well as what is done with this information.

It is recommend that the medical systems that interface with women utilize the opportunity to educate them about the risks of alcohol and drug use in pregnancy as well as identify families at risk, based on the following for baseline and periodic ongoing screening:

- a) Universal testing has merit based on the potential to identify substance abuse disorders during pregnancy in order to support interventions that enhance the health of both the mother and the fetus and lead to a greater likelihood for a successful pregnancy and positive birth outcome.
- b) The question of whether or not one needs to obtain informed consent prior to engaging in testing is predicated upon the following:
 - (1) In *Ferguson v. City of Charleston*, 532 [U.S. 67](#) (2001), the Supreme Court ruled that testing for the purposes of criminal prosecution without the mothers consent violated her 4th amendment rights.
 - (2) Assuring that in the State of Colorado: No information relating to substance use not otherwise required to be reported pursuant to C.R.S. 19-3-304, obtained as part of a screening or test for purposes of prenatal care, of a woman who is pregnant or determining if she is pregnant up until the time of delivery, shall be admissible in any criminal proceeding, not prohibiting prosecution of any claim or action related to such substance use based on independently obtained evidence.

- c) Universal substance use testing is recommended as the standard of care for all pregnant women. Guidance to address the following factors is recommended:
- (1) Standardized scripting that explains that the purpose of substance use testing is in regard to the health and well-being of the mother and child and not designed to punish the mother for her use.
 - (2) Testing needs to be utilized as an opportunity to educate pregnant women about the risks of alcohol and drug use during pregnancy regardless of the result.
 - (3) If a test is positive, referral for further assessment, support, and/or treatment, if indicated, should be made to a specialized women's treatment provider.
 - (4) Establish strong relationships with community-based agencies in order to better integrate with agencies to provide resources and referral options.
 - (5) As mandated reporters of child abuse, members of the medical system would be required to make a report to the Colorado Department of Human Services when there is suspicion that a child is currently being endangered. This would not apply to the unborn child. A decision to report should be based on the provider's assessment of the situation and not solely a positive test. Every attempt should be made to work collaboratively.

B. Reducing Methamphetamine Production

The State Methamphetamine Task Force approved supporting the legislation proposed in 2011 to make pseudoephedrine available by prescription only in the State of Colorado. The legislation introduced in the 2011 session of the Colorado General Assembly did not make it out of committee.

It is the position of the State Methamphetamine Task Force, in concurrence with that of the Colorado Drug Investigators Association, that the State of Colorado must address the availability of pseudoephedrine products to decrease local meth production and prevent Colorado pharmacies from being "smurfed" by sophisticated groups of suppliers and producers.

Commander Jerry Peters and Sgt. Jim Gerhardt of the North Metro Drug Task Force presented information to the State Methamphetamine Task Force on the re-emergence of methamphetamine production in the southwest United States that is just beginning to re-emerge in Colorado. One means of mitigating this trend is to pass legislation making products with pseudoephedrine available only by prescription in our state.

Current Situation:

- Meth lab incidents have increased by 61 percent across the U.S. from 2007-2009.
- Metro-Denver lab seizures and leads are significantly increasing.

- Clean up costs average \$5,000 – \$10,000 per lab with no guaranteed of federal funding.
- Methamphetamine seizures increased 32 percent across the U.S. from 2007-2009.

Law enforcement data indicates that many local methamphetamine users have returned to making their own product and the large scale Mexican labs have returned to southern California. Both types of operations are relying on a practice known as “smurfing” wherein individuals go to multiple pharmacies to buy products that contain pseudoephedrine (buying up to the legal limit) and then selling what they acquire to methamphetamine producers. There were several Colorado meth lab seizures in 2010 where this trend was identified.

California, Arizona, and Utah drug enforcement officers also reported highly sophisticated “smurfing” operations involving large groups of Mexican citizens, who are provided with multiple false identification cards, and are “smurfing” tens of thousands of pseudoephedrine pills in major U.S. western cities to be used in large-scale labs in California.

California sought to make changes in its laws to make the acquisition of pseudoephedrine products harder to acquire. The concern for Colorado is that the large-scale meth producers will shift their operations from California to nearby western states that do not have laws restricting access to pseudoephedrine.

In preparation for the 2011 Legislative Session of the Colorado General Assembly, the Colorado Drug Investigators Association put forth a recommendation for additional controls over pseudoephedrine, the key precursor to manufacturing methamphetamine.

Senate Bill 11-196 was introduced but failed to clear the Health and Human Services Committee of the Colorado General Assembly. The bill sought to make pseudoephedrine products available only through prescription and to change penalties for unlawful distribution, manufacturing, dispensing, and/or sale of controlled substance.

In addition, a proposed Senate Joint Memorial (11-003) of the Colorado General urging the U.S. Congress to designating pseudoephedrine and ephedrine as prescription drugs did not pass through committee. The Senate Joint Memorial urges the U.S. Congress:

- a) to work in collaboration with the states to augment state and local initiatives for appropriate training for police and fire department personnel, for research, and for social services and treatment programs to curb methamphetamine manufacturing, distributing, and use;
- b) to work with the states to further restrict access to precursor ingredients of methamphetamine and to avoid passing legislation that would preempt state legislation that further restricts access to precursor ingredients of methamphetamine; and
- c) to work to further restrict the importation of methamphetamine and its precursor ingredients.

VI. State Methamphetamine Task Force 2011 Priorities

A. Support and Technical Assistance to Local Communities

One of the mandates for the Colorado State Methamphetamine Task Force is to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use. In this regard, the Task Force assigned the Colorado Alliance for Drug Endangered Children (Colorado DEC) as the lead in the provision of support and technical assistance to local communities. The focus of this assistance is in two main areas:

- support to county level alliances for drug-endangered children, and
- support for rural local law enforcement and rural communities and professionals serving communities that are negatively affected by methamphetamine and related issues.

Colorado DEC exists to promote the health, safety, and well-being of drug endangered children through statewide training, technical assistance, and advocacy. Colorado DEC is poised to significantly impact the functioning of communities across the state and dramatically increase the identification of and services provided to drug endangered children.

Over the past several years, Colorado DEC provided support to thirty Colorado counties, hosted three annual conferences, and launched the DECSYS Tracking System. In addition, Colorado DEC formed several new partnerships and spearheaded multiple innovative projects related to the identification of and services to drug endangered children and families. Colorado DEC offered various technical assistance opportunities, including meeting facilitation, strategic planning, statewide networking, policy advocacy, a resource inventory process, data collection and evaluation practices, collaborative relationship building, and documentation of efforts.

Additionally, Colorado DEC supported National DEC in pilot testing and rolling out the Core DEC training. The Core DEC training is intended to increase the identification of drug endangered children, engage multiple professionals in collaborative solutions, and address issues of deep level collaboration. The implementation of the Core DEC training and statewide technical assistance is essential in order to provide a common focus for local communities to move forward in improving the lives of drug endangered children and enable professionals involved in the criminal justice, child welfare, and treatment systems to function more efficiently and effectively.

In January 2011, Colorado DEC hosted a Training of Trainers for the Core DEC Curriculum and there are now twenty-nine certified Core DEC Trainers in Colorado. In addition, Colorado DEC was the host agency for the Colorado Rural Law Enforcement Methamphetamine Initiative. The community outreach and relationship

building increased our ability to address the unique challenges of rural communities and supports the success of many other projects.

The Colorado DEC program that most directly impacts children is Drug-Endangered Children's Reporting System (DECSYS). DECSYS helps drug endangered children by allowing law enforcement and social services to more effectively communicate when a child is at risk. This communication allows that child to be identified earlier and to start receiving services, if warranted. Other Colorado DEC programs help children by supporting child welfare and law enforcement professionals in helping drug endangered families heal so they may provide a healthy environment for their child. In summary, quantitative results tracked and outlined above include the number of people trained, the amount and type of technical assistance provided, the number and outcome of projects implemented, and perhaps most important, the increased identification of drug endangered children and helping these children and their families link with collaborative community resources. In August 2011, Colorado DEC was awarded a grant from the United States Department of Justice Office of Community Oriented Policing to continue the expansion of DECSYS across the state.

Colorado DEC also spearheaded two major initiatives over the past two years. The first is a partnership with the Division of Adult Parole and Community Corrections to increase the identification of drug endangered children. Community Parole Officers are a noteworthy example of the opportunity that exists to identify drug endangered children that are in the homes of or being parented by the most dangerous and high level offenders just as they are released from prison and throughout their transition into the community. In 2011, Core DEC Trainings were provided to all sixteen parole offices in Colorado. These trainings include additional information about mandatory reporting and working with Child Welfare.

The second initiative is the formation of the Colorado Substance Exposed Newborns Steering Committee. Substance abuse during pregnancy is a widespread and concerning problem and there is inconsistency across the state regarding the screening for and identification of drug-exposed infants. Colorado DEC and the State Methamphetamine Task Force have partnered to address this issue across Colorado. Colorado DEC will continue activities as a part of these initiatives into 2012 and beyond.

Also during 2011 Colorado DEC developed a new program called the Family and Community Connections Program (FCCP). FCCP features a collaborative network of important community resources that facilitate drug endangered child and family healing and recovery. These include individual/play therapy, basic needs, medical care, parenting support, substance abuse treatment, and child developmental screening, to name but a few examples. The hope is to prevent the next generation from engaging in substance abuse and criminal behaviors so these children may grow into healthy, responsible, productive citizens.

The Annual Colorado Drug Endangered Children Conferences have been held in 2009, 2010, and 2011. The conference increases awareness of drug endangered children issues, helps professionals network with others from diverse disciplines, and facilitates a deeper understanding of the issues and solutions. The 2011 conference, “Increasing Our Impact: Breaking the Cycle for Drug Endangered Children” consisted of over 280 participants and focused on strategies to maximize our impact in working with children and families, with a heavy emphasis on risk, resiliency, and breaking the cycle for families.

See Section VII (State Methamphetamine Task Force Partnerships) for additional information about Colorado DEC and the Rural Law Enforcement Methamphetamine Initiative.

B. Identification of Model Approaches to Addressing Methamphetamine Issues

The Colorado Rural Law Enforcement Meth Initiative (RLEMI), funded by a grant from the U.S. Bureau of Justice, linked existing resources within communities and across counties to enhance activities to serve children, youth, families and community members in twelve counties in Eastern Colorado. In two years, the RLEMI demonstrated an approach to connecting existing programs and resources to help local communities better address needs related to the use, production and distribution of methamphetamine and the impact of methamphetamine and other drug use on children and families.

Nicola Erb served as the project coordinator and led the RLEMI State Action Team, which included members of the State Methamphetamine Task Force. After completing a comprehensive needs assessments of methamphetamine and substance abuse issues and concerns in fifteen rural counties, the State Action Team agreed to focus on twelve counties in the Eastern part of Colorado. The needs of the communities were varied, but primarily focused on:

- law enforcement training;
- coordinating available prevention and treatment services;
- expanding drug endangered children training and protocols; and
- expanding participation within these areas in the Drug-Endangered Children’s Reporting System (DECSYS), a tool developed to effectively collaborate on drug endangered children cases between law enforcement and social services.

Throughout the spring and summer of 2011 a number of workshops were conducted, covering topics such as:

- Basic Narcotics Investigations;
- Investigating Drug Trafficking Networks;
- Core Drug Endangered Children Training;
- Recovery Coach Training;

- Recovery Support Systems;
- DECSYS Introduction and Training; and
- Circle of Parents in Recovery Support Group Facilitator Training.

A rural contacts database was created, enabling over 700 rural professionals and community members to access resources, conference information, webinars, and trainings, as well as information about family and drug issues from a number of entities involved in RLEMI statewide. The database of contacts will be maintained by the Colorado Alliance for Drug Endangered Children.

Also, RLEMI identified a continuing concern regarding the lack of Meth Lab Certified Investigators on the entire Eastern Plains. RLEMI staff approached the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), the certifying agency, and the Rocky Mountain Information Network (RMIN), a U.S. Bureau of Justice funded program, to provide the 40-hour training for the eastern plains region, even though they are not specifically in Rocky Mountain HIDTA region. The staff of the Rocky Mountain HIDTA responded that it is simply “the right thing to do” and RMIN has agreed to fund the training if RLEMI helps to organize the event. The training is expected to be held in February 2012, dependent upon the work of the volunteers that plan to continue support of the RLEMI State Action Team. These two U. S. Bureau of Justice projects (RMIN and RLEMI) have found a way to meet a very serious need in this region. The class will be open primarily to Eastern Plains attendees and HIDTA will conduct the training program.

With the end of federal funding in October 2011, the Colorado Rural Law Enforcement Meth Initiative made a transition to become the Rural Institute for Substance Abuse and Families. Funding is being sought to pay for the lead coordinator of the institute and associated activities in the amount of \$80,000-\$100,000.

C. Disproportionately Affected Populations: Pregnant Women and Substance-exposed Newborns

Due to the health and social consequences for infants and families resulting from prenatal substance use, the identification of women who are using alcohol and other drugs (AOD) during pregnancy has generated much discussion and debate throughout many systems that interact with this population.

Members of the Substance-Exposed Newborns Steering Committee of the State Methamphetamine Task Force worked on the clear identification of the issues and information that will assist policymakers, service providers and other interested parties in Colorado in meeting the requirements of the U.S. Child Abuse Prevention and Treatment Act (CAPTA). The Committee drafted recommendations for collaborative strategies to address the use of alcohol and other drugs by pregnant and parenting women as well as the environmental conditions for children and infants that were vetted with various stakeholder groups in 2011.

The recommendations organized around the five points of intervention:

- **Pre-pregnancy Public Awareness of Substance Use Effects:** Promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members.
- **Prenatal Screening and Support:** Identification of substance use in pregnant women and referrals that facilitate access to treatment and related services for women who need those services.
- **Identification at Birth:** Identification of substance use by pregnant women to provide early access to intervention and/or treatment for the mother/infant dyad.
- **Immediate Postnatal Services for Newborns and Families:** Enhance the developmental assessment and corresponding provision of services for the newborn as well as the family immediately after the birth event.
- **Respond to Child & Family Needs Throughout Their Lives:** Encourage ongoing provision of coordinated services for both child and family.

Overall, these recommendations are designed to establish a common vision for addressing substance use during pregnancy and the postnatal period. This approach encompasses the unique and individual needs of each family within the context of the larger systems and extends beyond one moment in time in striving for a future that is healthy and successful for both the child and the family. This goal can be achieved by supporting the use of effective or promising policies, practices, and programs and evaluating success based on outcome measures to further guide future interventions. Implementing these strategies will support continued efforts to:

- Improve identification and support of pregnant and/or parenting women using AOD and their children.
- Increase utilization of specialized women's substance abuse treatment services.
- Increase utilization of prenatal care for women using alcohol and other drugs.
- Reduce number of children experiencing abuse and neglect related to parental alcohol and other use.
- Improved birth outcomes related to prenatal alcohol and other drug exposure.
- Improved multidisciplinary communication and cross system collaboration related to issues of prenatal alcohol and other drug use.

The draft recommendations and related materials are posted online at:
www.coloradodec.org/substanceexposednewborns.html

D. Data Committee

1. Substance Use Data Dashboard

The Substance Use Data Dashboard is a Web-based utility to run data queries on select substance use data indicators spanning over a period of ten years to show Colorado trends in substance use. The intent of the dashboard is to assist the State Methamphetamine

Task Force and other groups of policymakers in understanding substance use trends in Colorado in order to inform policy development and/or collaborative action to address emerging trends. The dashboard can also be used by community groups for needs assessments and collaborative planning to determine strategies for local substance abuse prevention, intervention and treatment efforts, as well as law enforcement interventions and community response to local substance use trends.

The members of the Data Committee vetted and identified six domains that comprise a Substance Abuse Data Dashboard. The six domains are:

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

See Appendix C for a status report on the substance use data dashboard.

2. Patterns and Trends in Drug Use: Denver and Colorado, 2010

A summary of drug trends for 2010 were compiled and presented to the State Methamphetamine Task Force by Kristen Dixon, M.A., L.P.C., Colorado Department of Human Services, Division of Behavioral Health.

Methamphetamine Use Trends

Methamphetamine exceeded cocaine in statewide treatment admissions since 2003, and it was more common than all but marijuana among drug admissions in the Denver/Boulder area during 2005 and again in 2009 and 2010. The proportion of statewide methamphetamine admissions has been on a steady decline since 2005, but remained stable from 2009 to 2010 at 25 percent of admissions to treatment. Denver area treatment admissions have realized slight decreases since 2007 and also remained stable from 2009 to 2010 at 19 percent. The Denver area rate of methamphetamine emergency department visits reached its peak in 2005 (76 per 100,000) and steadily declined to 33.9 per 100,000 in 2009. Similarly, the Denver rate of stimulant hospital discharges (which are predominantly methamphetamine) increased from 2000 (44 per 100,000) to 2005 (129 per 100,000) but then steadily decreased through 2008 (60 per 100,000). However, the Denver rate of stimulant hospital discharges increased slightly in 2009 (66 per 100,000). Most methamphetamine indicators remained stable or realized slight increases in 2010. Methamphetamine items seized and identified have declined overall from 2006 (50 kilograms) to 2008 (26 kilograms), while clandestine methamphetamine laboratory closures have decreased steadily since 2003. However, methamphetamine availability increased in 2010, due to heavy trafficking from Mexico.

Marijuana Use Trends

Excluding alcohol, marijuana abuse has continued to result in the highest number of treatment admissions in Denver and statewide in Colorado annually since 2000. After decreasing from 40 to 34 percent from 2002 to 2006, statewide marijuana treatment admissions have continued to rise to 38 percent in 2010. Likewise, after declining from 39 percent in 2004 to 37 percent in 2007, Denver/Boulder metropolitan area (greater Denver) marijuana treatment admissions increased to 39 percent in 2010. Notable increases were also realized in the rate of marijuana hospital discharges in Denver from 2000 (140 per 100,000 population) to 2009 (223 per 100,000) and in the rate of Denver area emergency department (ED) visits from 2004 (50 per 100,000) to 2009 (124 per 100,000). In the Denver area samples, cannabis/marijuana ranked second, at 25 percent, of the drugs analyzed in 2010 in the National Forensic Laboratory Information System (NFLIS). Rocky Mountain Poison and Drug Center (RMPDC) marijuana calls ranked number one for the first time and nearly doubled in volume, from 54 calls in 2009 to 107 calls in 2010. Almost all marijuana indicators increased in the last year.

Cocaine Use Trends

In 2010, cocaine ranked third in statewide and Denver metropolitan treatment admissions, but admissions for both areas decreased from 2009. Cocaine has accounted for the highest number and rate of illicit drug hospital discharges in Denver since 2000. Cocaine had the highest number and proportion of Denver area illicit drug ED reports since 2005; however, in 2010, cocaine ED visit rates fell below marijuana ED rates for the first time. Although both indicators are ranked first, they both realized decreases in 2009. Also, despite a declining trend, cocaine accounted for the highest drug-related mortality percentage (of total drug-related mortality cases) in Denver from 2003 through 2009. Cocaine had the highest number of statewide illicit drug-related calls to the RMPDC each year from 2004 through 2009, except for 2005 (calls related to methamphetamine were higher) and 2010 (marijuana and methamphetamine calls were higher). In the Denver area samples, cocaine ranked first at 34 percent of the drugs analyzed in 2010 in the NFLIS laboratory system. However, despite the high ranking in virtually all the indicators, cocaine trends were all down.

Opioid Use Trends

While the statewide and Denver area proportions of heroin treatment admissions declined steadily from 2001 through 2008, both statewide and Denver area proportions increased in 2009. Statewide heroin treatment admissions remained stable in 2010 at 10 percent; Denver area increased to 14 percent. The rate of Denver area heroin ED visits increased from 2004 (33 per 100,000) to 2007 (53 per 100,000) and remained stable in 2009. Denver heroin mortality was a significant percentage of total Denver drug mortality from 2003 through 2009. Overall, heroin trends were mostly upward (slightly) or stable. Both statewide and Denver area other opioid treatment admissions increased from 2001 through 2009. In 2010, statewide other opioid treatment admissions increased to 10 percent and Denver area treatment admissions remained stable at 9 percent. Likewise, the

rate of Denver other opioid hospital discharges has steadily increased, along with the proportion of other opioids among Denver drug mortality cases. Other opioid trends were mostly upward.

Other Substance Use Trends

While not significant among statewide or Denver area treatment admissions, benzodiazepine emergency department visits and mortality cases in Denver have increased from 2003 through 2008 and 2009, respectively.

Beyond abuse of illicit drugs, alcohol remained Colorado’s most frequently abused substance and accounted for the most treatment admissions, emergency department data, poison center calls, drug-related hospital discharges, and drug-related deaths.

E. Increase in School Drug Violations and Adolescent Marijuana Use

The availability of marijuana through prescriptions to adults is also making marijuana accessible to adolescents. The members of the State Methamphetamine Task Force looked at a variety of sources of data to understand the increase in school drug violations and adolescent marijuana use.

Data from the Colorado Department of Education shows an increase in expulsion of students from school due to drug offenses:

Ten Year Comparative Trend Data – Total Drug, Alcohol, and Tobacco Public K-12 School Incidents (disciplined)

Incident Type	2000-2001	2009-2010
Drug violations	4,675	5,048
Alcohol violations	1,259	1,038
Tobacco violations	2,590	1,552
Total number of ATOD	8,524	7,638

Because the available data does not specify the specific drugs involved in the school offenses, additional data from statewide data sources and from local school districts was examined to help understand the increase in school drug offenses.

State level data on youth marijuana use, access, and perception of risk is available from the statewide administration of the Health Kids Colorado Survey and shows an increase in 30-day marijuana use from 22.7 percent in 2005 to 22.8 percent in 2009 and available at (www.cde.state.co.us/cdeprevention/healthykidscolo.htm). Just over one-quarter (26 percent) of the high school students surveyed reported riding in a car in the past 30 days with someone who had smoked marijuana and 15percent reported driving a car in the past 30 days after smoking marijuana themselves. Additionally, over two-thirds (69.2 percent) of students surveyed reported that they believed that if a youth smoked marijuana in the areas where they lived, that youth would not be caught by the police.

Stacy Hollenbech, Safe and Drug Free School Coordinator for Adams 12 School District, and Kaye Boeke, MS, an evaluator with the Partnership for Families and Children, presented data findings specific to students of Adams County from a survey of over 27,000 students over a period of three years. Here are some key findings from the survey:

- 30-day use of marijuana among 9th-12th grade students increased from 19percent in 2008 to 30 percent in 2010.
- 15percent of 9th-12th grade students reported driving after smoking marijuana.
- 26percent of 9th graders report using marijuana in the last 30 days.

(Source: *2010 Adams County Student Survey*, 2011, published by the Adams County Youth Initiative; www.acyi.org/content/adams-county-data)

Additional information was provided to the State Methamphetamine Task Force by Christian Thurstone, MD, a child, adolescent and addictions psychiatrist who serves as medical director of the Substance Abuse Treatment Education and Prevention (STEP) program at Denver Health and Authority. Of eighty teens admitted for substance abuse treatment at STEP, 50percent reported they obtained marijuana from a person with a medical marijuana card. Dr. Thurstone emphasized that THC, the active drug in marijuana, produces physical and psychological addiction. In 2005 the national Institute on Drug Abuse reported that about 9 percent of people who use marijuana become dependent on it, and the number increases to about one in six among those who start using it at a young age, and to 25 to 50 percent among daily users (*NIDA Research Report: Marijuana Abuse*, July 2005, NIH Pub. No. 00-3859. Bethesda, MD. NIDA, NIH, DHHS, www.drugabuse.gov/ResearchReports/Marijuana/default.html).

In response to the growing concern of the increased accessibility and use of marijuana by adolescents, Janelle Krueger, the representative of the Colorado Department of Education to the State Methamphetamine Task Force partnered with Christine Tatum of Media Salad, a market intelligence company, to produce a fact sheet and a four-page brochure titled “What’s the Big Deal: How Marijuana Harms Youth.” The materials were distributed to all school districts in Colorado and are available online at www.cde.state.co.us/DropoutPrevention/Resources.htm.

VII. State Methamphetamine Task Force Partnerships

A. Colorado Alliance for Drug Endangered Children

Jade Woodard, Executive Director
Colorado Alliance for Drug Endangered Children
www.coloradodec.org

The Colorado Alliance for Drug Endangered Children (Colorado DEC) exists to promote the health, safety, and well-being of drug endangered children through statewide training, technical assistance, and advocacy. Children are drug endangered when their caregiver’s

substance use, or involvement in the illegal drug trade, results in child abuse, child neglect, and/or interferes with their ability to provide a safe and nurturing environment. The partnership between the State Methamphetamine Task Force and Colorado DEC strengthens the work of both groups by providing a link between policy makers and local grassroots movements.

Colorado DEC has four primary goals:

- Increase statewide recognition of the challenges facing children in substance using environments and the positive outcomes associated with collaboration;
- Provide support to communities and organizations to increase the identification of and services to drug endangered children through collaborative community responses;
- Develop and implement projects to collect accurate quantitative and qualitative data on the scope of DEC issues; and
- Support development and dissemination of innovative and effective practices, programs, and policies related to substance abuse and child welfare issues in Colorado.

These goals are accomplished through five primary focus areas:

- training and technical assistance to local communities and organizations;
- the Drug Endangered Children Reporting System (DECSYS);
- the Family and Community Connections Program;
- the Colorado Substance Exposed Newborns Steering Committee; and
- identification of drug endangered children by Community Parole Officers.

Additionally, Colorado DEC hosts an annual conference as a networking forum for professionals who share a passion to help children and families impacted by substance use.

B. Rural Law Enforcement Methamphetamine Initiative

Nicola Erb, RLEMI Coordinator

Colorado was one of seven states awarded funding that supports the Colorado Rural Law Enforcement Methamphetamine Initiative (RLEMI). The Colorado RLEMI consists of a collaboration of agencies and leaders who support rural communities that are negatively affected by methamphetamine and related issues. The Colorado State Methamphetamine Task Force supported the Colorado Alliance for Drug Endangered Children as the convening agency for the Colorado RLEMI and for employing a Rural State Methamphetamine Coordinator with the grant funds.

Funding for the RLEMI project ended in October 2011 and funds in the amount of at least \$80,000-\$100,000 are being sought to continue the work as the Colorado Rural Institute for Substance Abuse and Families.

Colorado RLEMI served as the catalyst for building a permanent support structure for rural communities through collaboration, research and networking with professionals in the applicable rural communities affected.

A State Action Team, acting as an advisory board for the Colorado RLEMI, was convened in 2010-2011 to guide the work of the initiative to support law enforcement through community capacity building. The group expressed a strong support for drug endangered children, recovery support systems, and assessing and identifying resources as tools to support the rural communities.

The main outcomes of the Colorado RLEMI are:

- improved coordination between law enforcement and partnering organizations to decrease the negative impacts of methamphetamine;
- increased and measurable collaboration for Drug Endangered Children and 100 percent of reporting through the use of DECSYS reporting system for law enforcement agencies in order to improve services, recovery, and heal the family structure in rural communities;
- decrease in methamphetamine incidents and need for treatment services;
- measurable increase in the ease of access to treatment and to recovery support systems; and
- improved outcomes for children through prevention, intervention, and education.

C. National Pharmaceutical Drug Take Back Initiative

Helen Kaupang, Diversion Group Supervisor

U.S. Drug Enforcement Administration, Denver Field Office

The U.S Drug Enforcement Administration coordinated a collaborative effort with state and local law enforcement agencies on removing potentially dangerous controlled substances from the medicine cabinets of citizens across the nation, including Colorado. Two National Pharmaceutical Take-Back Days in 2011 provided an opportunity for the public to dispose of expired, unwanted, or unused pharmaceutical controlled substances and other medications to law enforcement officers for destruction. The events also provided an opportunity for law enforcement, substance abuse prevention and treatment professional, and the business community to collaborate on providing safe collection sites for citizens regardless of where they reside.

In Colorado, the Denver Division Office of the Drug Enforcement Administration partnered with the Colorado Office of the Attorney General, the State Methamphetamine Task Force, the Colorado Department of Public Health and Environment, and the Colorado Prescription Drug Abuse Prevention Program's "Rx Drugs Not Yours Not Safe" (Division of Behavioral Health and Peer Assistance Services, Inc.), the Colorado State Patrol, the Rocky Mountain Poison & Drug Center, and the CO Help call line to coordinate with local law enforcement on the pharmaceutical drug take back events held on April 30, 2011 and October 29, 2011. More than 25,000 pounds of prescription drugs for safe and proper disposal were collected in Colorado.

Each of the partnering entities helped bring awareness to the dangers of prescription drug abuse and misuse and to support appropriate collection and environmentally safe destruction of drugs. Each partner also participated in recruiting state and local law enforcement agencies to set up collection sites in municipalities across the state of Colorado. All drugs collected were transferred to the Drug Enforcement Administration and transported to an incinerator in Utah for disposal.

The total volume of drugs collected in Colorado through Take Back events in 2010 and 2011 was 35,002 lbs., and nationally it was 995,086 lbs.

D. Colorado Meth Project

Kent MacLennan, Executive Director, Colorado Meth Project
www.coloradomethproject.org

The Colorado Meth Project continued its statewide public messaging and community outreach campaign aimed at teens in 2011, with continued success in raising awareness about the dangers of methamphetamine. According to the Colorado Meth Use and Attitudes Survey that was administered to teens the spring of 2011:

- Availability of methamphetamine has remained essentially unchanged since the 2009 benchmark study, with 17 percent of teens reporting that methamphetamine would be somewhat or very easy to acquire and 8 percent saying they have been offered the drug.
- 97 percent of the target demographic of Colorado teens report having seen or heard the Colorado Meth Project commercials.
- 88 percent of teens see great risk in trying methamphetamine, up nine points from the 2009 benchmark.
- 82 percent of teens agree that their friends would give them a hard time if they were to use methamphetamine, up six points from the 2009 benchmark.
- 88 percent of teens say the Colorado Meth Project ads made them less likely to try or use methamphetamine.

In addition, the Colorado Meth Project continued to successfully engage local communities in the effort, including focused programs in metro-Denver and Mesa,

Morgan, Weld, Larimer, Garfield and Moffat counties, along with continuing activities with the Colorado Alliance of Boys & Girls Clubs across the state. The organization conducted presentations in eight-seven schools and youth-serving agencies in all parts of the state during the year. In addition, the Colorado Meth Project formed its first Teen Advisory Council, made up of fourteen middle and high school students from 11 different communities around Colorado. The Teen Council members are actively engaging their local communities during the 2011-2012 school year. In all, the program reached 16,318 of the youth demographic through direct presentation or curriculum, including 8,465 "at-risk youth," while an additional 97,000 have been indirectly exposed through event-based activities and booths.

In order to further advance these positive results, on November 8, 2011, the Colorado Meth Project launched a major new campaign that challenges teens to consider what they know about Meth, equips them with facts, tools, and resources to understand the risks of the drug and to influence their peers. At the core is MethProject.org, a new website that is designed as a definitive online resource to spark exploration and engagement. It brings to life the breadth of research on the subject in a way that is highly interactive and accessible to young people.

All current efforts across Colorado, from the "Ask" media campaign to our school and community outreach activities, are designed to drive teens to the MethProject.org website.

Appendix A
Membership
State Methamphetamine Task Force

Chair

Attorney General John Suthers

Vice-Chairs

Treatment: Charles Smith, Ph.D., Director, Division of Behavioral Health, Colorado Department of Human Services (Since October 2010)

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

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

Members

Governor's Policy Staff Representative: Karla Maraccini, Policy Advisor

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

Senate Minority Leader Designee: Bob Vette, Commander, West Metro Drug Task Force

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

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

Statewide Child Advocacy: Vacant

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

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

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

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

Mental Health Treatment Provider: Liz Hickman, Ph.D., Centennial Mental Health Center, Inc., Sterling

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 Michael Root, Kiowa Police Department

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

Organization Providing Advocacy and Support to Rural Municipalities: Rachel Allen, Colorado Municipal League, Staff Attorney

Licensed Pharmacist: Val Kalnins, Colorado Pharmacist Society

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: Melissa Gallardo, Manager, Division of Adult Parole, Community Corrections and Youth Offender Systems

State Judicial Department:

Shane Bahr, State Court Administrators Office

Brenidy Rice, State Court Administrators Office

Judge Dan Kaup, 8th Judicial District, Larimer County Justice Center

Appendix B

Colorado Blueprint **Executive Summary**

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

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

The cornerstone priority of the State Methamphetamine Task Force is establishing a *Colorado 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.

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

- Action Step #1: Further develop and refine components of the *Colorado Blueprint*.
- Action Step #2: Create a shared-knowledge base of strategies, programs and practices.
- Action Step #3: Conduct demonstration initiatives related to the Comprehensive Community Response Process.
- Action Step #4: Produce “Knowledge Papers” for each stage of the Comprehensive Community Response Process.
- Action Step #5: Utilize the refined *Colorado Blueprint* for articulating a statewide strategy for developing and implementing a stronger planning and implementation capacity at community, county and state levels to protect children, families and communities from the effects of methamphetamine and other illegal drug use.

Figure 1: Learning Nexus for Evidence-based Practice

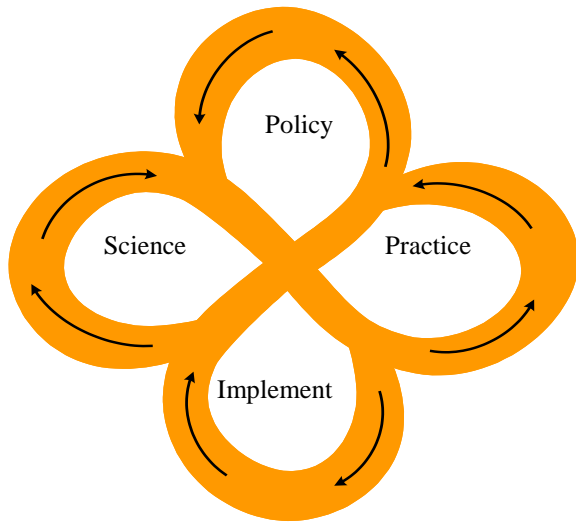
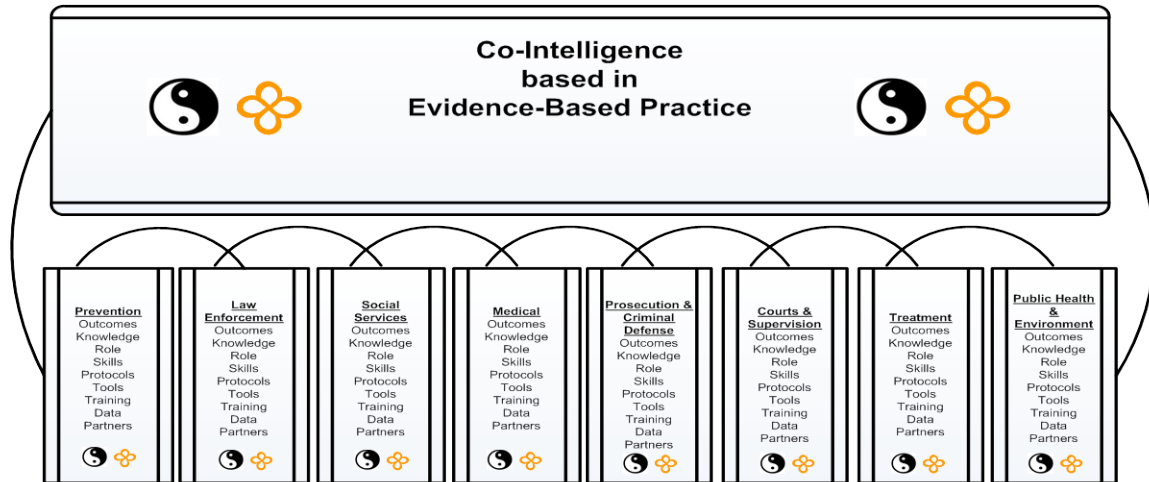


Figure 2: Comprehensive Community Response

Figure 3: Shared Practice Framework

Building Horizontal Alignment

Tuesday, April 03, 2007



APPENDIX C

State Substance Use Data Dashboard Status Report to the Methamphetamine Task Force on the

The graphic below depicts the basic structure of the Colorado State Epidemiological Work Group (SEOW)/State Methamphetamine Task Force Substance Use Data Dashboard. The dashboard is being developed with Dundas Dashboard data using a SQL back end to store the data.

The overarching structure of the data set will reflect a life cycle model organized as data clusters in the left column of the page (currently showing as tool box). These cluster will be (roughly):

- General information about state rates using Youth Risk Behavior Survey data and other higher level data sets
- Drug/Alcohol Coordinated Data System (DACODS) treatment admission data
- Discharge data including information on successful treatment effects
- Substance abuse related hospital discharge data
- Substance abuse related mortality data

The following functions are being built into the into the dashboard:

1. Top Right corner:
 - Drop down selection of years for which data are to be shown – single, range, or all.
 - Drug type drop down shows selected drugs based on DACODS drug categories.
 - Locations based on appropriate geography given the indicator (county, Division of Behavioral Health region) and allows for multiple selections.
2. Multiple graphics per page dependent on the selected indicator set and available data categories (age, race, gender).
3. Selection boxes to turn of individual graphic displays.
4. Annotations as hover overs to describe data.
5. Report export functions.

Currently, coordination is occurring with the Colorado Department of Human Services/Division of Behavioral Health to obtain the selected data elements. We have and are deploying DACODS admission data.

Dollars from the State Methamphetamine Task Force were used to support initial development of the dashboard structure, meetings involving State Methamphetamine

Task Force Data committee members (who are now integrated into the larger SEOW effort, and staff time to organize and structure data.

Basic Template for the Substance Abuse Dashboard

