

State of Colorado

Methamphetamine Task Force



Seventh Annual Report

January 2013

John Suthers
Colorado Attorney General
Task Force Chair

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 8-18.5-103(6)(d)(I-III).

John Suthers, Chair
Colorado Attorney General

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

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

Marc Condojani, Vice Chair, Treatment
Director, Community Treatment and Recovery Programs
Division of Behavioral Health
Colorado Department of Human Services

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

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

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

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

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

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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 data and related issues in order to respond proactively and mitigate escalation of potential negative impacts on the people and communities of Colorado. Recent issues include the increase in Colorado of prescription drug abuse and the use of marijuana by youth.

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 (see Appendix A for State Methamphetamine Task Force Membership).

The 2009 Colorado General Assembly reauthorized the Task Force for a second four-year period from January 2010 to January 2014. 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.
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 (see Appendix B for details on the *Colorado Blueprint*).

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*.

The State Methamphetamine Task Force seated two committees in 2012:

- The Substance-Exposed Newborns Steering Committee, co-chaired by Kathryn Wells, MD, and Jade Woodard, Executive Director of Colorado Alliance for Drug Endangered Children, prepared a set of recommendations for *Serving Families Impacted by Prenatal Substance Use* approved by the State Methamphetamine Task Force.
- The State Methamphetamine Task Force Data Committee, chaired by José Esquibel, collaborated with a State Epidemiology and Outcomes Workgroup, a network of people and organizations working together to collect, examine and report substance use and relevant mental health data in Colorado to help monitor emerging epidemiological trends in support of planning, policy and resource allocation efforts.

The State Methamphetamine Task Force also coordinated efforts with the regional office of the U. S. Drug Enforcement Administration in support of two National Prescription Drug Take Back events held in Colorado during 2012 that collected and destroyed 30,035 pounds of prescription and over-the-counter medications.

Generous financial support from the El Pomar Foundation continues to be instrumental in moving forward the work of the State Methamphetamine Task. In-kind support from the Colorado Alliance for Drug Endangered Children and the National Alliance for Drug Endangered Children is of value to the State Methamphetamine Task Force in assisting communities.

Summary of 2012 Priorities

- Provide support and technical assistance to local communities.
 - In a lead role with participation of several members of the State Methamphetamine Task Force, the Colorado Alliance for Drug Endangered Children continued to offer technical assistance to local communities.
- 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. This included support for and coordination in implementing two pharmaceutical take back events in 2012 in Colorado and coordination with planning efforts of the National Governors' Association's Prescription Drug Abuse Project, co-chaired by Governor John Hickenlooper and Alabama's Governor Robert Bentley.

- Increase in school drug violations and adolescent marijuana use.
 - The availability of marijuana through Colorado’s medical marijuana industry 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. Of particular concern in 2012 was the proximity of marijuana dispensaries to schools, which was addressed by U. S. Attorney John Walsh (District of Colorado) with letters issued to dispensaries located within 1,000 feet of schools to relocate or close to avoid federal prosecution.

- Disproportionately affected populations.
 - The main focus of this priority is pregnant women and substance-exposed newborns. The Substance-Exposed Newborns Steering Committee of the Task Force finalized the recommendations and action steps that were approved by the State Methamphetamine Task Force in May 2012: (<http://www.coloradodec.org/substanceexposednewborns.html>).
 - The State Methamphetamine Task Force proposed the following language with regard to substance use screening or pregnant women, which was passed by the Colorado General Assembly as House Bill 2012-1100:

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.

Summary of Key Policy Issues in 2012

Reauthorizing the Task Force Enabling Legislation

- The current enabling legislation of the State Methamphetamine Task Force sunsets in January 1, 2014. The State Methamphetamine Task Force is proposing legislative action to reauthorize the Task Force as the “Colorado Drug Abuse

Trend and Response Task Force” to better reflect the focus of the current Task Force in monitoring and collaboratively responding to current and emerging drug abuse problems in Colorado beyond, but still inclusive of, methamphetamine use, production and distribution.

II. State Methamphetamine Task Force

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

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

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

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 the Colorado President of the Senate.

Marc Condojani, Director of Community Treatment and Recovery Programs in 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.

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

In 2012 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.:

- March 23, 2012
- May 4, 2012
- August 3, 2012
- November 2, 2012

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 two committees in 2012:

- Substance-Exposed Newborns Steering Committee: Kathryn Wells, MD and Jade Woodard, Co-Chairs.
- Data Committee: José Esquibel, Chair.

III. Legislative Recommendation of the Task Force

It is proposed that the Colorado General Assembly reauthorize the State Methamphetamine Task Force under the revised name “Drug Abuse Trend and Response Task Force” for the period of January 2, 2014 through January 1, 2018, for the purpose of monitoring and collaboratively responding to current and emerging drug abuse problems in Colorado beyond, but still inclusive of, methamphetamine use, production and distribution.

IV. Milestones and Progress on 2012 Priorities

The following milestones mark the progress made by the State Methamphetamine Task Force and partners with regard to the 2012 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.
- Put forth and advocated for language in 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.
- 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 April 2012 and September 2012 that collected a total of 30,035 pounds of unused and unwanted household medications.

V. Policy Issues

A. Substance Use Screening of Pregnant Women

The Substance-Exposed Newborn (SEN) Committee presented to the State Methamphetamine Task Force the final version of the SEN *Serving Families Impacted by Prenatal Substance Use: Recommendations for Policy and Practice (2012)* and the Task Force approved the recommendations.

The aim of the recommendations “is to clearly identify the challenges of addressing the problem of substance exposed newborns and provide information and recommendations that will help policy makers, service providers, and other interested parties in Colorado meet CAPTA [Child Abuse Prevention and Treatment Act] requirements.”

The first policy initiative based on the recommendations was legislation proposed by the State Methamphetamine Task Force 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 following language was proposed and became part of House Bill 2012-1100:

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.

Colorado's HB12-1100 passed and was signed into law by Governor Hickenlooper.

B. Meth Lab Cleanup Training and Certification

In Colorado, there are currently no training or experience requirements for meth lab cleanup contractors, and there are only minimal qualifications for consultants (they must be industrial hygienists), none of which are specific to meth labs. In areas with no local oversight (which is the case in most areas of the state) property owners have no way to know if contractors and consultants are qualified and are properly cleaning up the property. In many cases, it is not until an owner tries to sell the property that they find out the property is still contaminated.

Senate Bill 2012-162 was proposed by Senator Lois Tochtrop as a measure to establish a training and certification program for meth lab cleanup contractors and consultants, providing property owners with a way to ensure that contractors and consultants are qualified. This proposed bill did not pass. The bill would have given authority to the Colorado Department of Public Health and Environment to enforce against cleanup contractors and consultants who do not comply with the requirements of the cleanup regulation established by the Board of Health in 2005.

Senator Tochtrop plans to reintroduce legislation for training and certification of meth lab cleanup contractors and consultants in 2013.

C. Exposure to Mold Associated with Indoor Marijuana Growing Operations

Representatives of the Colorado Drug Investigators Association presented evidence to the State Methamphetamine Task Force from a study of health risks of indoor marijuana growing operations (MGOs) and the physical protection measures that law enforcement organizations are beginning to take when dismantling MGOs. The health risks are also of concern for individuals who work in marijuana growing environments, which include residential settings, as well as for the health of children who live in or visit residential settings where marijuana is grown.

The Colorado Drug Investigators Association in partnership with Dr. John Martyny, Associate Professor of the Department of Medicine at National Jewish Health, completed the most extensive study to date of the health risks of indoor MGOs. The study is available online at www.cdiausa.org (click on the Press Release tab).

In the past several years, the number of indoor MGOs in Colorado has increased, including operations within homes, high density housing complexes, as well as commercial buildings. None of these locations are designed for such activity.

The principal concern with indoor marijuana grow operations is the presence of excessive mold spore levels due to the elevated temperatures, humidity, and organic material in these operations. Over 60% of the MGO's that we sampled had mold spore levels that exceeded outdoor levels by at least ten times. In some cases, the levels were in excess of one hundred times the outdoor level.

It is very possible that individuals working for long periods of time in these facilities could develop pulmonary problems such as hypersensitivity pneumonitis, asthma, and allergic rhinitis.

Also, THC, the active ingredient in marijuana, was found to be present on many environmental surfaces. Although adults would not normally be expected to show symptoms, children exposed to this contamination may have some health risk.

The findings of the study recommend risk management policies and practices for workers of indoor MGOs and for law enforcement personnel that encounter indoor MGOs, such as protective clothing and equipment. In addition, there are policy considerations that need to be discussed and implemented with regard to children and indoor MGOs.

VI. State Methamphetamine Task Force 2012 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. 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 four annual conferences, and launched the Drug Endangered Children Tracking System (DECSYS). 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.

B. 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 during pregnancy has generated much discussion and debate throughout many service systems that interact with this population.

Members of the Substance-Exposed Newborns (SEN) 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 final recommendations of the SEN Steering Committee were approved by the State Methamphetamine Task Force in May 2012 and are available online at <http://www.coloradodec.org/substanceexposednewborns.html>.

The recommendations are 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.

With the passage of House Bill 12-1100, efforts are being coordinated with partners on educating health and primary care professionals about the importance of substance use screening of pregnant women. A grant was awarded by The Colorado Trust to the Colorado Alliance of Drug Endangered Children to convene regional meetings across Colorado with health and primary care professionals.

In early 2013, seven regional meetings will be held with local professionals that interface with pregnant women and/or newborns to raise awareness of the issue of substance use during pregnancy, identify barriers to addressing the issue, and develop regional action plans. These plans will vary from community to community, but it is expected each will include elements related to screening and education of pregnant women regarding substance use, available treatment resources, and community responses to the issue. The Substance-Exposed Newborns Steering Committee will partner with communities moving forward to support them in implementation of their action plans.

C. Data Committee: Substance Use Data Dashboard

The Substance Abuse Data Dashboard was designed based on input from the State Methamphetamine Task Force Data Committee in conjunction with the State Epidemiological and Outcomes Workgroup and focuses on key substance use data indicators. The dashboard displays data from multiple sources in a visual and interactive way to allow users to monitor related and relevant trends over time and among demographic or geographic groups.

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.

Two tabs have been built for the dashboard: 1) consumption (30-day substance use, and alcohol and drug-related treatment admissions) and 2) consequences (substance-related judicial filings, and alcohol and drug-induced mortality).

Members of the State Methamphetamine Task Force expressed interest in data on treatment discharges, treatment admission for prescription drug use, referrals to treatment by health care providers as a result of health care reform, and distinguishing between court-ordered and voluntary treatment admissions.

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. Colorado DEC accomplishes this mission through the following objectives:

- Education and awareness among community based agencies to increase statewide **recognition of children living in substance using environments** through education, training, and technical assistance including, but not limited to, Core DEC Training, collaborative workshops, community assessment, strategic planning, and agency DEC policy development and evaluation.
- Identification and communication between agencies to increase the **identification of drug endangered children** and enhance communication between child welfare and law enforcement agencies through the Drug Endangered Children Tracking System (DECSYS), a unique web-based tracking tool that allows for timely and appropriate discovery of drug endangered children so they may be linked with child welfare services, as needed. DECSYS also allows for the **collection and analysis of accurate data on the scope of DEC issues**, which in turn guide Colorado DEC and community approaches so they are relevant to the specific needs of the community.
- Access to immediate and long-term support services for families in need to provide **support to communities and organizations** that increase the services for drug endangered children and their families through Colorado DEC's *Family and Community Connections Program*.
- Advocating for systemic and policy change to support the **development and dissemination of best practices**, DEC guidelines, and policy regarding child welfare issues in Colorado related to substance abuse.

These objectives are accomplished through four program areas:

- Education and Outreach.
- The Drug Endangered Children Reporting System (DECSYS).
- The Family and Community Connections Program.
- The Colorado Substance-Exposed Newborns Steering Committee.

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.

The partnership between the State Methamphetamine Task Force and Colorado DEC strengthens the work of both groups by providing a link between policymakers and local grassroots movements.

B. National Pharmaceutical Take Back Initiative

*Helen Kaupang, Diversion Group Supervisor
U.S. Drug Enforcement Administration, Denver Field Office*

The U.S Drug Enforcement Administration (DEA) coordinated two collaborative efforts this year with state and local law enforcement agencies to remove potentially dangerous outdated and unused controlled substances from the nation's medicine cabinets. In Colorado, the DEA's Denver Field Division Office partnered with the Governor's Office, the Attorney General and his staff, the Statewide Methamphetamine Task Force, Colorado State Patrol, Colorado Department of Public Health and Environment, Colorado Division of Behavioral Health, Peer Assistance Services, Rocky Mountain Poison and Drug Center, CO HELP, and the Colorado Prescription Drug Abuse Task Force.

The National Pharmaceutical Take Back Days in 2012 (April and September) provided an opportunity for the public to dispose of expired, unwanted, or unused pharmaceutical controlled substances and other medications with oversight by local law enforcement agencies. 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 and for the destruction of items collected.

The April event garnered 17,775 pounds of medications and over-the-counter pharmaceuticals collected at 126 sites managed in collaboration with 96 local law enforcement agencies. The September event collected 12,260 pounds from 136 sites in Colorado involving 90 local law enforcement agencies. All drugs were collected by DEA from local law enforcement and disposed of by incineration.

In 2012, headway was made in collecting medications and over-the-counter pharmaceuticals from retirement communities, nursing homes, military bases, and college campuses.

C. Colorado Meth Project

Kent MacLennan, Executive Director

Colorado Meth Project

www.coloradomethproject.org

Although methamphetamine use among teens has decreased in Colorado there is concern about an increase in the availability of methamphetamine and the drop in price.

Since 2009, one main focus of the Colorado Meth Project is reaching people, mainly youth, via the Internet and social media (<http://colorado.methproject.org>). The effort has proven very effective in reaching large numbers of individuals, mainly teens and young adults:

- More than 1.3 million people have accessed the interactive national Meth Project Web site.
- The national Meth Project's videos have garnered more than 56 million video views online since the launch in November.
- There are now over 300 pieces of interactive content as part of Ask MethProject.Org (<http://methproject.org>).

The Colorado Meth Project Web site is reaching teens where they live all across the state, including rural and frontier regions, via the Web. The Colorado Meth Project's Web site traffic has increased over six fold since the launch of MethProject.org. There have been 7.5 million video views, 950,000 audio stories consumed by Coloradans online.

The Colorado Meth Project has also developed a meth prevention curriculum based on educational and health standards and piloted in thirty-three classes in seven middle and high schools in Colorado.

Appendix A
Membership
State Methamphetamine Task Force

Chair

Attorney General John Suthers

Vice-Chairs

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

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

Treatment: Marc Condojani, Director, Community Treatment and Recovery Programs, Division of Behavioral Health, Colorado Department of Human Services

Members

Governor's Policy Staff Representative: Kelly Perez, 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: Rep. Ken Summers, House District 22, Lakewood

House Minority Leader Designee: Carmelita Muniz, Director, Providers Association

Statewide Child Advocacy: Cody Belzley, Vice President, Colorado Children's Campaign

Major Health Facility: Dr. Kathryn Wells, Medical Director, Denver Family Crisis Center, 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, Montrose

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: Joyce Washington, Title I, Part D Coordinator

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

County Sheriffs of Colorado: Sheriff Stan Hilkey, Mesa County

Colorado Association of Chiefs of Police: Chief Michael Root, Platteville Police Department

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

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

Licensed Pharmacist: Val Kalnins, R.Ph., Executive Director, Colorado Pharmacists Society

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

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

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

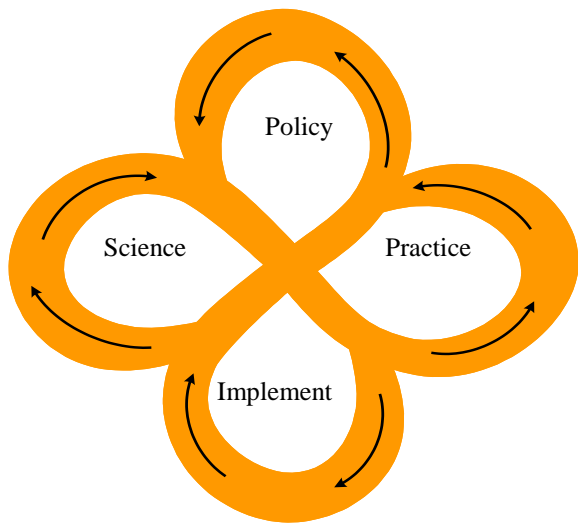


Figure 2: Comprehensive Community Response

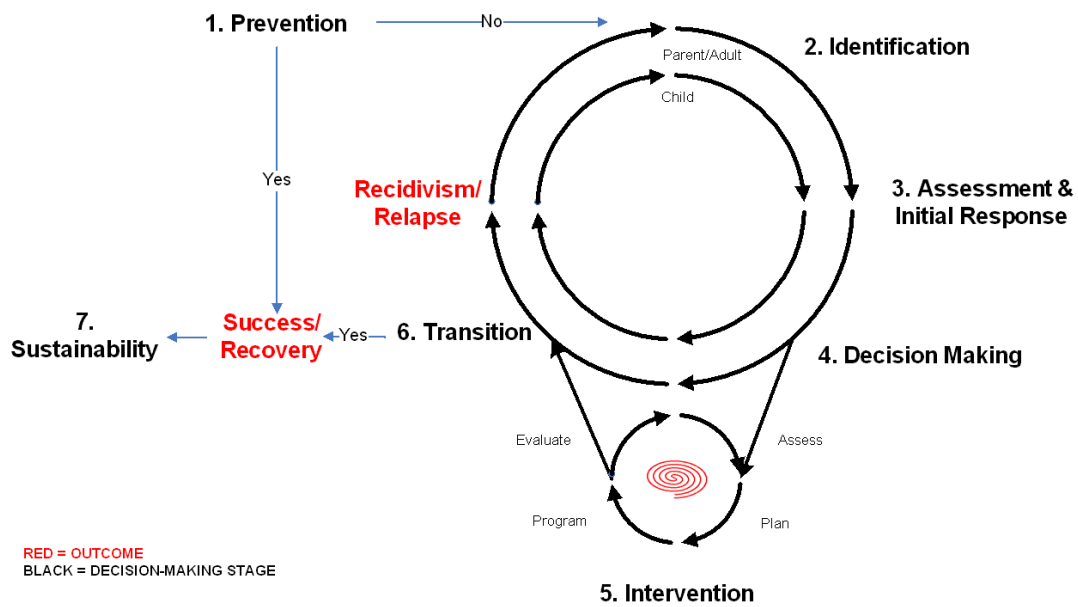


Figure 3: Shared Practice Framework

