

Drug Policy Task Force

Date: June 9, 2010 Time: 1:00 – 5:00

Attendees:

Chairs

Grayson Robinson/Arapahoe County Sheriff – Chair

Task Force Members

Don Quick/District Attorney, 17th Judicial District

Maureen Cain/Colorado Criminal Defense Bar

Carmelita Muniz/Colorado Association of Alcohol and Drug Service Providers

Tom Raynes/Deputy Attorney General's Office

Miles Madorin/Deputy District Attorney, 1st Judicial District

Nancy Feldman/Manager Victims of Crime Unit, Division of Criminal Justice

Doyle Forrestal/Colorado Behavioral Health Care Council

Christie Donner/Executive Director Colorado Criminal Justice Reform Coalition

Pat Steadman/Colorado State Senator, 31st District

Paul Thompson/Peer 1

Shane Bahr/ State PSC Coordinator/ Colorado Judicial Department

Dolores Poeppel/ Colorado State Patrol, Victim's Assistance Unit

Absent:

Bill Kilpatrick/Chief of Golden Police Department

Reo Leslie/Colorado School for Family Therapy

Regina Huerter/Executive Director, Denver Crime Prevention and Control Commission

Greg Long/Chief Deputy District Attorney, 2nd Judicial District

Evie Hudak/Colorado State Senator, 19th District

Brian Connors/Public defender

Kathleen McGuire/Public defender

Dan Rubinstein/Chief Deputy D.A., 21st Judicial District

Mark Hurlbert/District Attorney, 5th Judicial District

Jim Welton/Inspector General, Dept. of Corrections

Sean McAllister/Defense attorney

Mark Waller/State Representative

Rod Walker/Deputy Chief, Colorado Springs Police Department

Issue/Topic:	Discussion:
Welcome and Introductions	<p>Grayson Robinson welcomed the members of the Drug Policy Task Force and reviewed the agenda.</p> <p>Membership changes were addressed, including the addition of Dolores Poeppel and Rod Walker as well as the resignation of Dean Condor.</p>

Issue/Topic:	Discussion:
Legislative Update	<p>Senator Pat Steadman spoke about his experiences during the past legislative session. All the CCJJ proposals were passed with little or no change. The fact that the CCJJ bills were revenue neutral was important and assisted in their passage. With the passage of the sentencing bill (HB 1352) it is anticipated that a projected total of \$52.8 million dollars in savings will be shifted from incarceration to treatment over the next 5 years.</p> <p>Senator Steadman was asked if he received any “pushback” from his fellow legislators. If he did, what were their main concerns? Knowing what questions are in the minds of legislators can be useful as the task force prepares to continue its work.</p> <ol style="list-style-type: none"> 1. Of note, all the bills passed this year were house bills. 2. The only thing that had to be worked out was the drug offender surcharge and ensuring that the money collected was directed to the treatment part of the bill. 3. One snafu was discovered. The drug offender surcharge was allocated toward treatment, but the bill failed to increase Judicial’s spending authority. 4. The only bill that had any trouble was the escape bill. On the last day, all the Senate Republicans voted against it on third reading. <p>Was there a sense by the legislature that these CCJJ bills were just the first step and that there may be other bills coming next year?</p> <ol style="list-style-type: none"> 1. HB-1352 had the feeling that this was the first step from the CCJJ and that there would be a multi-prong, multi-year process. After seeing the far-reaching fiscal impact of HB-1352, it is important to proceed at a measured pace. 2. Do we want to step back and see what the result of HB-1352 is before we proceed? The group must remember that the largest impact we could have is to reduce recidivism. As we proceed, we need to make sure that the treatment is effective in reducing recidivism. <p>Sheriff Robinson spoke on how the other sheriffs feel about the multiple DUI bill. They still feel that this is a step toward public safety. Sheriff Robinson expects to see an increase of 400 – 420 inmates in his jail in the next year. The Sheriffs’ Conference is next week and there will be a discussion on the agenda about out-of-county placements for those jails that exceed their capacity.</p>

Issue/Topic:	Discussion:
Treatment Funding Working Group Update	<p>Kim English presented information on the funding working group. This group is preparing a “white paper” which will address the questions raised by the Commission and task force members. It is also intended to educate interested parties on the rationale for the need to synchronize behavioral health treatment</p>

with service availability. The white paper will discuss treatment effectiveness and make recommendations to the Commission.

The focus is on behavioral health treatment. There is a huge intersection between drug addiction and mental illness.

Kim English presented a draft outline of the white paper. It is divided into six sections:

- Section 1: Describes the new treatment and accountability paradigm
- Section 2: Talks about the problem and the significant treatment need
- Section 3: Talks about treatment, relapse and criminal justice policy
- Section 4: Talks about treatment funding
- Section 5: Talks about if treatment works in Colorado
- Section 6: Contains the recommendations

Addiction is a brain disease. Treatment is a process to reprogram the brain to deal with the addiction. During the highly addictive phase of addiction, the brain is not focused on anything other than satisfying the craving. Once there is an interruption in the message from the brain, treatment can provide mechanisms the addict can use to deal with the cravings. Is the criminal behavior an addiction? Or is the criminal behavior there to feed the addiction? The criminal behavior can be addictive in of itself.

The “cookie cutter” method of treating addicts is not effective. There are individuals who commit a crime and may be using drugs and/or alcohol but may not be an addict. The criminal behavior in these people is not driven by drugs. There are others who commit crimes because of their addiction.

The 2008 National Survey on Drug Use and Health found that 9.2% received treatment at a specialty facility that year. Colorado’s prevalence rate for illicit drug and alcohol dependence is higher than the national average. Colorado has 436 treatment programs in 2008. 92% of these were outpatient. The state is not funding the majority of treatment in Colorado. The federal government pays for one-half of the treatment in Colorado. Eleven of Colorado’s 17 Community Mental Health Centers receive funding from the Division of Behavioral Health to provide services to those involved in the criminal justice arena. This information does not include funding provided by the local agencies.

*** Please note that Carmelita has different numbers for the # of treatment programs/facilities; Kim’s numbers came from DBH and/or Janet Wood.***

There are new funding sources that can be directed toward treatment. HB-1347 (DUI Bill) increases persistent drunk driver surcharge from \$50 to \$100. HB-1352 (Drug Bill) savings are directed to expand behavioral health treatment. HB-1360 (Revocation of Technical Violators) directs \$1.5 million to go for comm corr beds for parolees, mental health beds, treatment beds. In this bill, an additional \$1.8 million wrap around for parolees, \$500 thousand for job training and \$150 thousand for mental health services for parolees. The medical marijuana bill has provisions for \$2 million to go toward treatment.

Substance abuse education and treatment availability at DOC has decreased every year since FY 2002 when 3341 offenders received these services. In FY 2008, of the 24,000 inmates identified as needing substance abuse services, only 2131 received substance abuse education or treatment. 76% of these offenders

completed these programs.

The Division of Probation Services emphasizes that while the majority of its clientele need mental health treatment, it is not the most pressing need for their clients. They may need housing, medications or employment first. In FY 2010, \$11 million was allocated to assist with the needs faced by both juveniles and adults. Those convicted of sex crimes comprise 7% of the probation population, yet they consumed nearly one-third of these funds. \$2.5 million went to substance abuse treatment. \$1.2 million went to drug testing. There was a 60% completion rate for probation and a 53% completion rate for treatment. Not everyone on probation needs treatment.

The Division of Behavioral Health has \$10.6 million specified for offenders in FY 2010. \$4.1 million is for funding juveniles and adults with SMI/SEC. \$508,000 is for the Turnabout Program for ages 10-20. STIRRT is a 14 day residential program that can stabilize offenders and is allocated approximately \$562,000.

Colorado relies heavily on money from offenders to subsidize treatment through surcharges and to pay for their own court-ordered treatment. Colorado is 49th in the country for providing funding for behavioral health treatment.

Does treatment work in Colorado? Over half (53.3%) of the individuals in substance abuse treatment who were referred by the criminal justice system successfully completed non-DUI treatment in FY 2009. There are four levels of DUI treatment, all of which had a 90% no re-offend success rate. Peer 1 had a 48.8% success rate in FY 2008. The Haven had a 67.7% success rate.

In Colorado, there are 19 adult drug courts, 9 juvenile drug courts, 2 adult mental health courts, and 1 juvenile mental health court. The success is much lower in drug courts for the minority population. This is being examined nationally. More minorities are being incarcerated and not being offered the opportunity to be in a drug court.

Issue/Topic:

Where are we now? Where do we go from here?

Action

Discussion:

Don Quick opened the discussion by stating that law enforcement professionals believe reform is contingent upon good treatment. It is good public safety if the addiction rate can be broken. It is important to have successful treatment that can be measured and verified. If we don't deliver the goods when it comes to treatment, many alliances will be broken.

Paul Herman asked if the Task Force members are satisfied with the direction the group has taken the past year. Is this the time for members to re-examine membership? Should the group bring in new subject matter experts?

1. We need to look at adding individuals who bring value to the discussions as well as experts in specific areas. This is important as we look at money issues.
2. There is a need for someone knowledgeable in Probation services. If there is a gap in membership, now is the time to add someone.
3. There is a need to add someone from DOC who deals with parolees.
 - a. It was suggested adding an expert who deals with parolees with substance abuse needs.

4. Also we need someone from DBH who can attend.

Paul Herman asked where the Drug Policy Task Force should focus next. The members made the following suggestions:

1. Is there a commitment by the Task Force members to continue on? Yes
2. We need to understand treatment effectiveness.
3. Break down funding silos.
4. We need to work on juvenile issues. This is a fundamental piece. Less than 8% of the youth in Colorado who have substance abuse and mental health issues get treatment.
5. Money and funding for treatment. Ensuring capacity.
6. Data sharing or information sharing. The people within the system have to have good information about the individual treatment programs and we have to have a process/system that can be used in transmitting the information to the judges and probation officers. There should be data integrity. (Data and Streamlining Group – Doyle Forrestal) Some of D-14 is being discussed in the Data and Streamlining Group.
7. How do we address treatment standards? There are three groups working on treatment standards. (e.g., DORA)
8. Can we go back to drug groups and drug grids?
9. Can we go back to Option 1 which included habitual criminals, resealing issues and collateral consequences?
10. Can we shift the focus from the back end to the front end? Preventative programs. How can you keep people from going into the system? Can this be tied into juvenile issues / programs?
11. Let's not look at stuff that the Commission voted down.
12. Identify problem areas that should be worked on and identify areas where consensus can be reached and focus on those.
13. What about bail-bonds for repeat DUI offenders?
14. Can we get the legislature and executive branch to collect data better? There may be a necessary change in legislation. What should we track and how can that be done?
15. A lot of broad concepts were approved by the CCJJ, but never put into legislation. Putting the concepts into legislation is difficult. The CCJJ needs to get far more specific.
16. A task force goal should be to develop clear and specific recommendations that should be pushed up to the Commission.
17. Put forth a treatment recommendation that would address when should treatment start? Where should it start? In the jail? Right after the arrest?
18. Look at a continuum of care and where are the gaps in treatment. Gaps in rural areas and co-occurring.
19. There are offenders in prison whose crime has changed. Is there a mechanism that can be in place to re-examine the sentences for those offenders?
20. Would we be willing to release someone earlier from prison because there are better treatment options available to them that are not available in prison?
21. Correcting some unintended consequences of the legislation passed last year.

The recommended directions fall into several categories. This information will be brought to the Commission at its June 11th meeting:

1. Juvenile
2. Education
3. D2 – Treatment funding group (Reggie will continue)
4. Data sharing/information sharing
5. Prevention (Chair to be assigned – Doyle Forrestal?)
6. Assessment/ when does treatment start and where. D-1
7. Continuity of Care (Rural / rural initiative and Co-occurring)
8. Structure (D10, D-11, Clean up/follow up, anything criminal and statutory, bail bond DUI) Tom Raynes and Maureen Cain will continue as chairs.

Meeting adjourned at 4:53 p.m.

Next meeting:

Wednesday, July 14

710 Kipling, 3rd floor conference room

1-5pm