

Drug Policy Task Force

Date: May 11, 2011 Time: 1:30 – 4:30

Attendees:

Grayson Robinson/Arapahoe County Sheriff, CCJJ Member / Chair
Bill Kilpatrick / Golden Police Chief / CCJJ Member
Maureen Cain / Colorado Criminal Defense Bar
Carmelita Muniz / Colorado Association of Alcohol and Drug Service Providers
Brian Connors / State Public Defender's Office
George DelGrosso / Colorado Behavioral Healthcare Council
Christie Donner / Colorado Criminal Justice Reform Coalition
Dolores Poeppel / Victims Assistance Unit, Colorado State Patrol
Brenidy Rice for Shane Bahr/Judicial Department
Rod Walker / Colorado Springs Police Department
Christine Flavia / Division of Behavioral Health
John O'Dell / Parole Board
Don Quick / District Attorney, 17th Judicial District / CCJJ Member
Kathleen McGuire / Douglas County Office of the Public Defender

Absent:

Reo Leslie / Colorado School for Family Therapy / CCJJ Member
Regina Huerter / Denver Crime Prevention and Control Commission/ CCJJ Member
Greg Long / District Attorney's Office, 2nd Judicial District
Evie Hudak / Colorado State Senator, Senate District 19
Pat Steadman / Colorado State Senator, Senate District 31
Mark Hurlbert / District Attorney, 5th Judicial District
Tom Raynes / Colorado District Attorney's Council
Matt Durkin / District Attorney's Office, 1st Judicial District
Tim Hand / Department of Corrections
Sean McAllister / Private Defense Attorney
Mark Waller / State Representative, House District 15
Dan Rubinstein / District Attorney's Office, 21st Judicial District (by phone)
Shane Bahr / Problem Solving Courts, Judicial Department

Issue/Topic:	Discussion:
Welcome and Review of Agenda	Grayson Robinson called the meeting to order at 1:41 and reviewed the day's agenda.

Issue/Topic:	Discussion:
Update on Current Legislation	<p>Maureen Cain gave an update on bills that originated in the Drug Task Force.</p> <ol style="list-style-type: none"> 1. HB 11-1268 concerning the unintended consequences for first time DUI offenders created by last year's DUI bill (HB 10-1347): <ol style="list-style-type: none"> a. The bill was amended to include language that removed any cap on civil liability of DUI offenders. The amendment was later removed and passed. 2. HB 11-1189 concerning bail bond conditions for third-time DUI offenders: Passed. 3. SB11-134 concerning the addition of certain drugs to the statutory list of schedule I controlled substances: <ol style="list-style-type: none"> a. This bill is expected to pass today. Effective July 1, use and possession of these drugs will be a misdemeanor offense. The sale, manufacture and distribution will be a felony offense. 4. HB 11-1064 concerning a parole presumption pilot program for certain drug offenses: <ol style="list-style-type: none"> a. This bill creates a pilot program to facilitate parole approval and services for inmates currently incarcerated with a controlling sentence for drug possession. The bill passed unanimously. 5. SB 11-96 concerning the exclusion of simple possession as a qualifying habitual offense: Passed unanimously. 6. HB 11-1167 concerning the sealing of drug conviction records passed. <ol style="list-style-type: none"> a. The first test case will be in Jefferson County. Maureen and Christie Donner will put together a training piece for law enforcement. 7. HB 11-1261 concerning the establishment of a per se limit for driving under the influence of marijuana failed. <ol style="list-style-type: none"> a. Laura Spicer asked that the Commission re-introduce the bill during the next session. b. A public education campaign should precede the re-introduction. The opponents to the bill were well organized and showed up in force. c. From the medical marijuana side it was argued that statistics show driving fatalities are declining. More research needs to be done on the number of accidents resulting from marijuana use. The rights of medical marijuana patients need to be discussed. 8. SB 11-186 concerning an alternative bonding measure failed. <ol style="list-style-type: none"> a. Had the bill passed, it would have allowed counties or judicial districts to use alternative bonding systems. The bondsmen came out in force against the bill. b. Sheriff Robinson would like the bill to be re-introduced and expects proponents to work on the bill over the summer. 9. Last year's HB 10-1352, resulted in \$6.1 million that will be allocated for substance abuse treatment for next year. The Judicial department had spending authority for this money. The IACAJCT meeting will be on May 26th to discuss how this money will be distributed.

George DelGrosso stated, as a treatment provider organization, that the Drug Task Force has been a resource for them. Treatment providers need to be more educated on the issues discussed by this Task Force.

Lobbying CCJJ bills tended to fall to groups interested in specific bills. Departmental lobbyists are used on some, but not all, CCJJ bills. Maureen discussed the need for a cohesive way to lobby CCJJ bills. This is an issue that should be raised with the Commission.

Don Quick expressed his frustration with CCJJ bills and the lack of consistency of support. Issues were vetted through the Commission and yet sponsors changed the Commission's intent. There was no internal commitment to hold to the intent of the Commission. Don would like a meeting with individuals from the Capitol to discuss how CCJJ bills are carried by sponsors. Paul Herman stated that these issues regarding how bills are handled is a planned agenda item for the June CCJJ meeting.

Issue/Topic:	Discussion:
<p data-bbox="105 779 521 842">Review of Final Draft of Drug Policy Task Force Fact Sheet</p> <p data-bbox="269 888 357 915">Action:</p> <p data-bbox="94 957 496 1020">Kim will update the Fact Sheet for the June meeting.</p>	<p data-bbox="560 779 1479 877">Regarding the Fact Sheet that was written for the Drug Policy Task Force, Kim English followed up on questions from members following the April meeting. This evolving document was distributed to the group.</p> <p data-bbox="560 919 1515 982">Note: The following information is in regards to the follow-up questions, not the whole document.</p> <p data-bbox="560 1024 1515 1123">Research conducted during the last 10 years shows marijuana use by teens had been declining. However, the latest research shows marijuana use has begun to increase.</p> <ul data-bbox="609 1136 1498 1339" style="list-style-type: none">• Don Quick stated that based on a school survey marijuana use had increased by 50% within a 30 day period between 2010 and 2011. Kim said that this was a dramatic increase and that it may be due to people being more comfortable reporting their use (especially if they have a medical marijuana card). Further research is needed to see if this trend continues. <p data-bbox="560 1381 1463 1444">It is estimated that 10-11% of the general population has a substance abuse disorder as opposed to 65% of the offender population.</p> <p data-bbox="560 1486 1528 1623">Information from Division of Youth Corrections (DYC) on behavioral health issues shows that of the 950 youth discharged, 84% were assessed at intake as needing intervention or treatment services. On co-occurring disorders, 60% of those with a substance use disorder suffer from another form of mental illness.</p> <p data-bbox="560 1665 1528 1764">Research shows that underage smoking and alcohol precedes the use of marijuana. Therefore, marijuana is not the "gateway" drug as originally believed. It appears to be risky behavior (cigarette and alcohol use) that is the "gateway."</p> <p data-bbox="560 1806 1495 1942">Adolescents' heightened sensitivity to drug rewards puts them at an enhanced risk for progressing from drug experimentation to addiction and may also increase the challenge of recovery. Drug-addicted adolescents may have a higher risk of relapse than adults.</p>

	<p>Is there research about substance abuse and learning disabilities, prevention and treatment? Yes. There is a lot of research on fetal alcohol syndrome (FAS). Kim will add a bullet about FAS and cognitive disorders to the document.</p> <p>How does marijuana use affect school performance and cognitive disabilities? This will also be added to the fact sheet.</p> <p>The fact sheet states that maternal absence increases the adult child's chances of being convicted of a crime or being on probation by 75%. Are there any statistics showing the impact of the absence of the father?</p> <p>A statement needs to be made concerning individuals who have undiagnosed mental health issues that are self-medicating.</p> <p>What about women who have had trauma in the past that results mental health and abuse issues?</p>
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Issue/Topic:	Discussion:
<p>Presentation and Discussion on the Prevention Efforts of the Behavioral Health Care Council</p> <p>Action</p>	<p>George DelGrosso introduced Joscelyn Gay of the Behavioral Health Transformation Council (BHTC). In 2007, a task force was formed to discuss behavioral health. This task force developed recommendations that culminated in legislation (SB10-163) and created the Behavioral Health Transformation Council. Behavioral health issues cross areas covered by seven state departments. With the President's health care reform, there will be a minimum health package that will include funds for behavioral health issues.</p> <p>The BHTC is structured along the lines of the Commission. They recognize that behavioral health issues are kept in silos. The Council expects to work with other groups working in this area to streamline the processes.</p> <p>There are three primary areas that the Council will work on: Prevention and Early Intervention; Criminal Justice; and Systems of Care.</p> <p>Prevention and Early Intervention has five areas of focus:</p> <ol style="list-style-type: none"> 1. Implement social / emotional standards into additional system, 2. Help youth transition out of child/youth systems, 3. Complete a review of funding, 4. Create a common assessment tool, and 5. Develop recommendations for wellness in the prevention arena. <p>Criminal Justice has three areas of focus:</p> <ol style="list-style-type: none"> 1. Work force development (e.g., develop expertise on evidence-based programs, coordinate state regulatory efforts), 2. Align services and budgets of the agencies supporting the criminal justice system (e.g., improve access to treatment services and explore a common formulary; coordinate and streamline funding), and 3. Improve coordination of data across systems. <p>Systems of Care: This group is examining continuity of care for individuals and families receiving publically-funded services. This group has four focus areas:</p> <ol style="list-style-type: none"> 1. Establishing a standardized statewide process for credentialing. 2. Information sharing between systems. Specifically developing one

unique identifier (cradle to grave) and electronic data sharing from consumers, providers and advocates.

3. Develop a universal standardized screening tool to be used across systems.
4. Recovery support services – increase supportive housing and employment options for individuals in recovery from mental health conditions and substance use disorders.

Don Quick would like dialogue between the Council and the Commission to discuss prevention. Can a 501(c)(3) be created to help schools find money for prevention efforts? Currently, the state spends \$4 million on prevention. With the new health care reform package, there may be funds available to use on prevention. We have better research and planning that need funds to implement the plans.

What is the tipping point for funding – we have the plans, but where do you begin to have an impact? A prevention strategy needs to be developed. Do we need to come up with a dollar amount that is needed to make an impact and work backwards by finding funds? Or do we identify the strategy and not attach a dollar amount to it?

What is the Transformation Council doing in the areas of access to treatment and treatment matching? The medication formulary will be key. This will assist in access to medicine and consistency in treatment. There has been training in mental health first aid and CIT training that assists in identifying an individual's needs and obtaining the correct treatment.

If the CCJJ were to focus on finding funds to enable/improve access to treatment, would that be a duplication of the BHTC? No. The Transformation Council is working more on systems alignment and streamlining processes.

A common theme the CCJJ has discussed is identifying individuals within DOC that are there because they have behavioral health issues that caused the behavior that led to their incarceration. After identifying those individuals, the goal would be to remove them from DOC and get them treatment. But the treatment has to be available. The Transformation Council does not have specific plans in this area. Through the new health care system, individuals who have not been able to afford treatment will be eligible. Those folks will be identified and connected with the funds.

When will you know the content of the benefit package? That is unknown. But hopefully within the next six to eight months.

Issue/Topic:	Discussion:
Update from the Treatment Funding Group Action	Tabled until next meeting.

Issue/Topic:	Discussion:
<p data-bbox="94 205 537 310">Future of the Drug Policy Task Force: Where Are We going Next? Action</p> <p data-bbox="94 384 493 489">Carmelita will give a report at the June meeting regarding this Prevention group.</p> <p data-bbox="94 1098 519 1234">Carmelita and Shane Bahr will work on developing a presentation regarding the utilization of healthcare financing funds.</p> <p data-bbox="94 1308 480 1381">The Structure Group will start to meet weekly in June.</p>	<p data-bbox="560 205 878 237">Education and prevention:</p> <ol data-bbox="609 241 1528 562" style="list-style-type: none"> 1. Do we need a presentation to know what is currently happening in prevention? If so, it would have to be specific. 2. We need to create a Prevention group that can develop the “scope of work” and develop priorities. 3. Carmelita Muniz will lead the group. George DelGrosso will assign someone from the Behavioral Healthcare Council. Don Quick will be asked to participate. 4. Carmelita will give a report at the June meeting regarding this Prevention group. <p data-bbox="560 594 1084 625">Access to treatment and treatment efficacy:</p> <ol data-bbox="609 630 1451 741" style="list-style-type: none"> 1. This is not something that will be addressed by the Transformation Council. 2. A strategy needs to be developed. <p data-bbox="560 772 1122 804">Tracking legislation and its impact is important.</p> <ol data-bbox="609 808 1495 1056" style="list-style-type: none"> 1. How do you do it and who does it? 2. This is something that should be discussed by the CCJJ as a whole. 3. Some bills have a report-back requirement as part of its drafting. The current question is has the bill been implemented? This should be tracked. 4. The CCJJ is scheduled to sunset in 2013. We need to work on ensuring the CCJJ continues after 2013. <p data-bbox="560 1098 1057 1129">Utilization of Health Care financing funds:</p> <ol data-bbox="609 1134 1451 1234" style="list-style-type: none"> 1. When the funds become available, how can we ensure they will be appropriately spent? 2. Carmelita and Shane Bahr will work on developing a presentation <p data-bbox="560 1276 764 1308">Structure Group:</p> <ol data-bbox="609 1312 1511 1665" style="list-style-type: none"> 1. The group was planning to develop a sentencing scheme after the legislative session for drug crimes. It is not unusual for states to have two sentencing schemes, the “regular” grid and a drug grid. 2. Will the structure group be able to have a primary meeting sometime in June to develop a strategy? Yes. The members were waiting to be sure the funding stream for treatment is established. 3. The structure group members plan on meeting next week and then weekly in June. 4. The structure group may have to firm up the SPICE/SALVIA drug sentencing as well as a sentencing grid. <p data-bbox="560 1707 1520 1738">The possibility of creating a separate group to discuss the DUI-D was mentioned.</p>

Meeting adjourned at 4:56 p.m.