

Drug Policy Task Force

Date: February 8, 2012 Time: 1:30 p.m.

Attendees:

Members

Grayson Robinson/Arapahoe County Sheriff, CCJJ Member / Chair
Eric Philp / Probation Services / Judicial Department / CCJJ Member
Maureen Cain / Colorado Criminal Defense Bar
Carmelita Muniz / Colorado Association of Alcohol and Drug Service Providers
Evie Hudak / Colorado State Senator, Senate District 19
Brian Connors / State Public Defender's Office
Kathleen McGuire / Douglas County Office of the Public Defender
Christie Donner / Colorado Criminal Justice Reform Coalition
Chris Brousseau / District Attorney's Office, 1st Judicial District
Rod Walker / Colorado Springs Police Department
Christine Flavia / Division of Behavioral Health
John O'Dell / Parole Board

Absent:

Tom Raynes / Colorado District Attorney's Council
Bill Kilpatrick / Golden Police Chief / CCJJ Member
Don Quick / District Attorney, 17th Judicial District / CCJJ Member
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
Terri Hurst / Colorado Behavioral Healthcare Council
Pat Steadman / Colorado State Senator, Senate District 31
Dan Rubinstein / District Attorney's Office, 21st Judicial District
Mark Hurlbert / District Attorney, 5th Judicial District
Tim Hand / DOC – Division of Parole
Mark Waller / State Representative, House District 15
Katherine Spicer / Private Defense Counsel

Issue/Topic:	Discussion:
Welcome and Call to Order	Grayson Robinson called the meeting to order at 1:41 p.m.

Issue/Topic:	Discussion:
Public Comments	Mike Elliott, Medical Marijuana Industry Group, announced that they are preparing a public information campaign concerning teen usage and medical marijuana. The message is emphasizing that patients should be sure to keep their medicine safe, secure and away from unauthorized users. The group will send letters and posters to medical marijuana providers. The funding of this campaign is a big issue and they are looking for a state partner.

Issue/Topic:	Discussion:
<p>Prevention Working Group Action</p>	<p>Carmelita Muniz presented the recommendation from the Prevention Working Group. The working group brought this recommendation before both the CCJJ Juvenile Task Force and the Juvenile Justice and Delinquency Prevention Council to ask for their input.</p> <p>The Prevention Working Group's priority is data collection. There is a need to obtain good, effective data so the state can make appropriate decisions surrounding substance abuse treatment. The working group is hoping to add this recommendation as an amendment to SB12-046.</p> <p><u>Recommendation:</u> In order to assure the state is successful in obtaining state level data, school districts and related schools shall participate, if selected, in the random sample generated by the federal Center for Disease Control (CDC) that supports administration of the Healthy Kids Colorado Survey (HKCS). School District participation would never exceed seven schools and seven classrooms per selected school.</p> <p>Discussion:</p> <ol style="list-style-type: none"> 1. The CDC pays for the survey and staff to assist the schools in collecting this data. The CDC survey focuses on risk factors for high school students and is done every two years. 2. Sen. Hudak stated she is a co-sponsor of SB12-46 and the bill is already under extensive scrutiny by stakeholders who examine every amendment. Adding another amendment may be difficult. The Prevention Working Group would have to bring the recommendation to the stakeholder group quickly because the bill is being discussed by the Education Committee on Thursday, February 16th. 3. The recommendation needs to clarify the type of data it is collecting. Sen. Hudak's bill is also asking for data, but of a different kind. The data collection piece in the bill has been one of the central areas of contention by stakeholders. Sen. Hudak will have to look closely at where to put the recommendation in the bill. 4. The next Commission meeting is in March. The normal path a recommendation follows is to first be vetted by the initiating Task Force; then it sent to the Commission as a whole for discussion. However, to meet the February 16th deadline DCJ staff will electronically send the recommendation to Commission members to vote on.

Ms. Muniz made a motion to support the recommendation with the clarifying language. Brian Connors seconded the motion.

The recommendation passed unanimously by a voice vote.

Issue/Topic:	Discussion:
<p>Strategic Planning for Upcoming Year</p> <p>Action</p>	<p>Grayson Robinson explained that the CCJJ will sunset in 2013. With that in mind, the Drug Task Force has 10 months to move forward on significant issues before the next legislative session and 15 months until the end of the CCJJ. Sheriff Robinson asked if the group believes we still need a Drug Task Force.</p> <ol style="list-style-type: none">1. Probation is beginning to see ways into the treatment of offenders. We need to continue to target treatment – getting the right data to providers.2. How can we get more treatment dollars? There is difficulty in providing aftercare.3. The concentration of the Drug Policy Task Force has been on street drugs. There is still a lot of work to be done on individuals who have prescription drug use or chronic alcohol abuse problems. Can the task force expand its scope of work?4. Heroin is the drug of choice for juveniles. Drug trafficking organizations are distributing balloons full of heroin to get the young hooked. We need to educate the young people about heroin.5. We need to identify a tight knit set of priorities that can be addressed within the next 10 months.6. Is the drug grid still part of the task force’s priorities? Yes. The simplification of the criminal code also needs to happen. Is there anything else that can be done in the sentencing area?7. The Structure Group has worked on the sentencing grid with to the intention of sending it to the Comprehensive Sentencing Group to see if they could use it as a template for their own work. Is this the right track to take? The Comprehensive group is further behind in its efforts. There may not be enough time to wait.8. Can the grid be reviewed with work being done at the lower level of offenses? The higher the level of offense the more pushback that has been received. Can we work on the lower level of offenses and offenders with a lower risk and move something through for them?9. What about the juvenile system? A lot of juveniles are out there with substance abuse and mental health issues that get them into the criminal justice system. Can we assist the Juvenile Task Force in simplifying the juvenile code?10. Is there a group somewhere that oversees the juvenile issues regarding funding? The consolidation of treatment dollars has groups that are tracking the usage of treatment dollars for adults. There is no such entity tracking the usage of treatment dollars for juveniles.11. If the state is going to insist on getting data driven information, the state needs to invest in a system to collect the data. There is core information that each agency needs to collect that should feed into a central data base. Can we craft statutory language that would mandate the collection of certain data so we get the right information to make informed

decisions? Are we asking the right questions? Should we mandate the collection of the data? The Statewide Traffic Records Advisory Committee (STRAC) has developed a data warehouse concerning traffic records. This was not done through statute, but through memorandum of understanding (MOU). They knew the questions they wanted answers to before they started collecting data. Maybe we can use their system. The state does not want to take on the function of collecting and analyzing data.

12. Those individuals who are still considered “inmates of DOC” are still not eligible for the recent improvements in health care benefits.
13. Block grants for substance abuse and mental health are going to be merged. There is concern about how those funds will be used. They want to make sure the block grant funds are going toward individuals who will not receive the benefits from the improvements in health care.
14. Other states have been able to get Medicaid to help pay for treatment of offenders. Colorado has not been successful in this. Can we work on changing this?
15. In terms of prevention, what are the key issues that this group should focus on? We should focus on reforming the juvenile justice system. How is this different from what the Juvenile Task Force is doing? Prevention is an opportunity for us to intervene as early as possible with adolescents. If they don’t succeed in school, they have a tendency to get involved in substance abuse. Maybe we should encourage existing entities to use tools that are already out there.
16. The Task Force cannot do all these things. Which ones should be targeted for the next 10 months? Do we make the decision now? Sheriff Robinson will discuss the topics identified today with the absent members of the task force members to get their feedback. Then in March we will narrow down our area(s) of focus.
17. How are we going to accomplish these target areas?
 - a. Treatment:
 - i. Current legislation with regard to the consolidation of funding. What is the bottom line? What do we want to do with the consolidation of funding? It is a matter of taking the legislation and the distribution plan and holding people accountable to make sure those funds did make a difference. We should require the jails to give feedback on their usage of 1352 funds. Do the entities who receive 1352 funds need assistance? We may be asking them to do things a different way. Service providers found that there were some unfunded mandates for them when accepting these funds.
 - ii. Treatment providers delivering services. Things are improving, but when it comes to service delivery we are hoping DBH will require data collection on outcomes. We need to be clear about what treatment is and who provides it. There are over 300 treatment providers in DBH’s system; however, only 40 are public entities. Part of the data collection should be the risk levels of the offenders. Lower risk offenders are usually more successful in their treatment.
 - iii. Prescription Drug: Is there something we can do that is not already being done? Can we do drug prevention at the school level through education? It is a school safety issue.
 - iv. Issues surrounding the changes in health care. The federal aid

that is coming will only be enough to help 10,000 individuals. However, there are 143,000 individuals who qualify for the aid. There will be a 45 day lottery for qualifying individuals to fill out the application and submit it. A lot of qualified individuals are in jail or prison. Can we help them fill out the forms? Sheriffs will not have the manpower to do this.

- v. Block Grants: The combining of block grants and the subsequent shift to individuals who are not covered by health care that still need treatment. Of the number of offenders treated, 60% are there for DUI charges. Block grants do not pay for DUI offenders. We should track the sources of funding and its usage.

b. Prevention:

- i. Early intervention and prevention for adolescents: Part of the discussion is about funding and sentencing. However, it is something that should be handled by the Juvenile Task Force. We don't want to get into the mindset that prevention is a juvenile-only topic. How about adults? This is beyond the ten to fifteen month timeline we have and will distract us from other priorities. Probation will focus treatment on offenders who have a deferred sentence. These are the low risk offenders. This is the prevention population. Prevention for adults would also include wrap-around services of literacy, employment, housing and parenting classes. Is there a role for us in this group to look at the Summit model from Grand Junction or Boulder's Pace Program or specialty courts? Yes.
- ii. Pushing entities to apply evidenced based practices: This goes back to the implementation and accountability piece in the treatment funding.

c. Data:

- i. Building a state research data system: There are several state task forces working on various issues that all say that we need a data collection system. Does the system already exist?
- ii. Identifying core data that would be collected by all entities and submitted to the state resource center: We have the talent that could develop what the core data elements are. How you implement the collection of the core elements is another matter. Can be done through an MOU. Everyone collects data. We may want to do a landscape on who is already collecting data and what exactly are they collecting. Then we can integrate it. We don't want to "reinvent the wheel" if the data is already being collected. This is a multi-year effort. The data is out there. How do we share that data? DBH has a DUI database that can be accessed by probation and the treatment providers. The issue is to identify the question(s) we want answered. Then there may be a database out there with the information that can answer the question. As Probation re-writes its case management system, they are looking at ways to pull out information in different ways.

Issue/Topic:	Discussion:
March Meeting	We will continue to prioritize our areas of focus and will establish a plan for how the Task Force will pursue these priorities.

Meeting adjourned at 4:15 p.m.

Areas and subareas of possible focus (from the White Board, created during the meeting):

- Sentencing
 - Reform (grid)
 - Possibly Break down into smaller pieces (prescription drugs?).
 - Simplicity and clarity of drug sentencing laws.
- Juvenile System
 - Sentencing changes similar to those proposed for adults statutes.
 - Prescription drugs - this is a school safety issue.
 - Consolidate funding sources
 - Statewide group for treatment funding consolidation
 - Early intervention/prevention with adolescents.
- Prevention
 - Early intervention/prevention -- adults?
 - Expand Summit video model
 - Apply to other jurisdictions.
 - Push everyone to use EBP with consolidation
- Data
 - Build a statewide research data system.
 - Want to make sure we're collecting the right data.
 - There is limited practical data.
 - Should it be mandated? How?
 - Should create a landscape of what is already being collected and by whom.
 - There is a lot of data out there. It may be more of a data sharing issue.
 - What EXACTLY do we want to know?
 - Determine the core data to be collected.
 - Can't just ask for all possible data with no concretely expressed purpose.
 - Dashboard measures (Note from Chrissy - these can only be used to PRESENT data, not collect it).
 - Take a look at what the Statewide Traffic Records Advisory Committee (STRAC) has done.
- Treatment
 - Changes in health delivery.
 - Consolidation of funding legislation
 - Implementation and accountability
 - Including jails (return of investment)
 - Treatment providers and delivery of services (EBP)
 - Quality of services
 - Need to be clear about what is meant by treatment and who delivers it.
 - Track funding source changes.
 - The following may be being taken care of/addressed by another group:

- Possible policy issues with changes in healthcare.
- Block Grant changes
 - Treatment funding
 - Will offenders be covered?
- Identify and remove barriers to allow access to funding.
- Miscellaneous
 - Not intending to decriminalize all drug crimes.
 - Treatment money may be earmarked which could be problematic.
 - The fact that this TF needs 75% approval (A and B combined) could be preventing items from moving through to the Commission.
 - Other TFs only use simple majority to pass recommendations.

*This list is based on white board notes created at the February 8, 2012 CCJJ Drug Policy Task Force meeting.
Prepared by Christine Adams, Division of Criminal Justice, Office of Research and Statistics.*