

DRUG POLICY TASK FORCE

Recommendations presented to the
Colorado Commission on Criminal and Juvenile Justice
November 18, 2011

FY12-D1. Legislative Proposal for Treatment Funding Consolidation and Reporting

Recommendation Synopsis: Consolidation of the Drug Offender Surcharge Cash Fund (to include the HB-1352 GF appropriation) and the Drug Treatment Fund (created in SB03-318) into a single fund (Correctional Treatment Cash Fund). In addition, consolidation of the three oversight bodies into a single decision making body.

DISCUSSION

Legislative Intent of the Bill: *The intention is to increase efficiency and foster cross-agency collaboration in the delivery of treatment to people under supervision of the criminal justice system and enhance reporting requirements on specific treatment outcomes and programs.*

Background/Problem: *Currently, there are three major funding sources for substance abuse treatment for people in the criminal justice system including, Drug Offender Surcharge revenues, funding per HB10-1352, and funding per SB03-318. Each of these three funding sources has its own fund in state statute, has a separate oversight and/or decision-making body (with different membership), and different permissible uses of the funds and reporting requirements.*

Recommendation Details - Proposed Solutions:

Suggestions were offered to the Drug Policy Task Force within the Colorado Criminal and Juvenile Justice Commission (CCJJ) by the Interagency Advisory Committee on Adult and Juvenile Correctional Treatment (IACAJECT), Interagency Task Force on Treatment (ITFT), HB-1352 Advisory and the CCJJ Structure Work Group.

- a) The fund would retain interest earned and at year end all unexpended monies would remain in the fund as re-appropriated funds.
- b) Consolidation of the three oversight bodies into a single decision making body would include one voting representative from each statutorily named department, division, office or professional association; Department of Corrections, Judicial Department (Division of Probation Services), Department of Public Safety, Department of Human Services, Office of the State Public Defender, Colorado District Attorneys Council, Colorado Sheriff's Association and Colorado Counties Association. The new body will have 8 voting members.
- c) The statutorily identified purposes for the funds will be consolidated and expanded to include data collection, analysis and administrative support. The following would be approved purposes:
 1. Screening
 2. Testing
 3. Assessment/Evaluation
 4. Education
 5. Statewide conference
 6. Treatment- assessed substance use and co-occurring disorders
 7. Recovery support services- to be defined by oversight body
 8. Data collection, data analysis, and administrative support

[HANDOUT with amendments]

d) The populations to be served with funds shall be:

1. Diversion: adult and juvenile
2. Probation: adult and juvenile
3. Parole: adult and juvenile
4. Community corrections
5. Jail

e) Enhance the data collection and reporting on treatment outcomes for people in the criminal justice system. Although treatment-related detail is already collected by treatment providers through the DACOD system maintained by Division of Behavioral Health there has not been a history of reporting this information to criminal justice system stakeholders. DBH would be required to report the following details by treatment program (organized by Judicial District):

1. Referring criminal justice agency
2. Treatment program name and location (county and judicial district)
3. Client name and demographic information including gender and ethnicity
4. Level of treatment delivered
5. Actual length of time in treatment
6. Discharge status (with reasons for negative discharge)
7. Special licenses held by the treatment program (offender, youth, gender specific, bi-lingual, etc.)

[NOTE: Section f) was eliminated by the Task Force and, thus, was not considered by the Commission.]

~~f) It is not currently possible to include either a client's assessed treatment need level or a risk/need assessment score. DACODS does not have a field for either of those variables. DBH has been working on an electronic dashboard report on each treatment program that receives funding. The dashboard would include performance indicators like: length of stay in treatment, any reduction of drug use during course of treatment, any change in employment status, any change in housing, and any change in criminal involvement. A prototype of the dashboard will be in the field by the end of the year. DBH is also in the process of developing its Offender Management System (OMS) which would ultimately envision linking databases with probation, parole and drug courts to collect and report progress information on all offender clients receiving treatment services. The concept is similar to the DRS (DUI/DWAI Reporting System) which shares information that has been implemented with DUI clients in treatment who are also under criminal justice supervision.~~

- f) Local 318 boards will be re-constituted to ~~include~~ **ALLOW FOR THE INCLUSION OF ADDITIONAL MEMBERS**, one from community corrections boards, one local parole representative (sheriff of designee) and one representative from local government to representative to represent county jails. **BOTH JUVENILE AND ADULT SUBSTANCE ABUSE AND CO-OCCURRING TREATMENT NEEDS WILL BE CONSIDERED.**
- g) The role of the local 318 boards will be expanded to allow local 318 boards to coordinate with the single decision making body regarding the allocation of treatment dollars from all funding sources in order to meet the local treatment needs.
- h) The single decision making body shall prepare an annual treatment funding plan ~~pursuant to a formula~~ that will ~~allow for~~ **CONSIDER** a fair and reasonable allocation of resources throughout all regions of the state. The single decision making body shall develop this plan based on the available data and in consultation with the local 318 boards. The re-constituted SB 318 boards should tender recommendations to the single decision making body based on Assessed local needs and the information available to the re-constituted boards as to what the most effective treatment programs would be to meet those needs.
- i) Additional stakeholders may be invited to participate in meetings but would not be a voting member. The oversight body would be responsible for developing the funding **ALLOCATION FORMULA plan** between agencies, how to gather input on local needs, the annual conference budget and a mechanism to retain drug courts as a high priority, a plan for data collection and analysis, and any written guidelines or policies governing the operations of the oversight body.

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FY12-D2. Public safety requires that drivers not be impaired from alcohol, cannabis, or any other medication or drug, while operating a motor vehicle.

DISCUSSION

Accidents are the fifth leading cause of death in the U.S. and nearly half of these are motor vehicle accidents. Motor vehicle accidents are the leading cause of death in those under 30. Drunk drivers are involved in 25% of motor vehicle fatalities, and many accidents involve drivers who test positive for cannabis.¹ Public education campaigns and proactive, preventive messaging regarding cannabis use and driving should follow the lead of MADD campaigns.

FY12-D3. Government entities should expand and improve efforts to collect and share data related to drugged driving and traffic fatalities with the purpose of producing a single annual report on the characteristics of all drivers (living and dead) involved in fatality crashes.

DISCUSSION

Strategies to decrease traffic fatalities and incidents are dependent on our understanding of these events. Current data collection efforts involve multiple parties and multiple reporting efforts, and face regulatory limits and HIPPA protections, resulting in a fragmented approach with problems of data quality and missing data. The Colorado Department of Transportation should be given the authority to convene relevant parties to facilitate the production of an annual motor vehicle incident and fatality report.

FY12-D4. Increase the number of Drug Recognition Experts (DREs) ensuring sufficient coverage in rural and frontier areas of the state.

DISCUSSION

A DRE is a law enforcement officer who has received specialized training and has been certified by the International Association of Chiefs of Police to evaluate and determine if a subject is behaviorally impaired, what drug category(s) is/are causing the impairment or if a medical condition is causing the impairment. A law enforcement officer will often ask for assistance from a specialized DRE officer if they are having difficulty determining the cause of impairment. Colorado had 173 certified DRE officers in 2010. The number of DRE certified officers is growing and is estimated to soon reach 200 in Colorado; however experts estimate the need to be 250-300.² Rural and frontier parts of the state frequently do not have immediate access to DREs. Funding for more DREs is a challenge at both state and local levels.

¹ Sewell, Poling & Mehmet (2010) citing the National Highway Traffic Safety Administration and the Center for Disease Control and Prevention.

² Glenn Davis, Manager of Impaired Driving Programs, Office of Transportation Safety, Colorado Department of Transportation.

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FY12-D5. A strong public education campaign that focuses on disseminating information to dispensary owners, customers and the public is a priority to enhance public safety on the roadways.

- a. The campaign should mention the severe impairment that results from the combined use of marijuana and alcohol.**
- b. A sub-campaign should target young people because they are prone to engage in risky behavior.**
- c. The Department of Revenue Medical Marijuana Enforcement Division should impose labeling requirements on receipts from dispensaries stating that patients should not consume cannabis and drive.**

DISCUSSION

Impaired driving significantly decreases public safety. The success of the MADD campaigns should inspire the method and underscore the need for a broad-based public education campaign aimed at the public, youth, and medical marijuana patients.