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2004 Colorado State Strategy:  
Edward Byrne Memorial State and  
Local Law Enforcement Assistance  
Program

Submitted to the  
Office of Justice Programs, Bureau of Justice Assistance  
United States Department of Justice  
by the  
Division of Criminal Justice  
Colorado Department of Public Safety  
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## **I. Executive Summary**

The 2004 Colorado State Strategy for the Edward Byrne Memorial State and Local Law Enforcement Assistance program represents Colorado state government's plan for the application of grant funds under the Byrne Formula Assistance program administered nationally by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. This plan outlines the direction Colorado intends to take to reduce the trafficking and use of illegal drugs and for the improvement of components of the criminal justice system during the next four years.

In Colorado, the Division of Criminal Justice, Colorado Department of Public Safety, administers the Byrne Formula Assistance Program. Annually, DCJ provides approximately 80 grants to numerous units of municipal, county and state government agencies throughout the state of Colorado in pursuit of the goals of reducing illegal drugs and improving the criminal justice system. At least 60 percent of Byrne Formula funds are awarded to local government agencies. During 2004, Colorado anticipates the distribution of approximately \$6 million under this program.

This strategy includes the following sections, as required by the Bureau of Justice Assistance:

### **Data and Analysis**

Data shows that Colorado has a significant problem in the production and trafficking of methamphetamine, as well as other illegal drugs, comparable to other states in the western U.S. Unlike most other states in the entire country, however, Colorado residents use more illegal drugs than all but a small number of other states.

### **Resource Needs**

At least \$25.2 million is needed to support the state's drug task forces, provide appropriate substance abuse treatment for those who depend on public resources for treatment, support needed system improvement projects and sustain basic research for criminal justice programs in Colorado in 2004.

### **Priorities and the National Drug Control Strategy**

Colorado's strategic priorities conform closely to the national goals of the National Drug Control Strategy for 2003 and 2004.

### **Selected Programs**

Colorado's Drug Control and System Improvement Advisory Board plans to support projects in ten program areas in 2004. They include: demand reduction, task forces, crime prevention, improved enforcement, career criminal prosecution, system improvement, information systems, evaluation, alternatives to incarceration and treatment. Priorities are drug enforcement, treatment, evaluation and system improvement.

### **Coordination Efforts**

Programs made possible through Byrne resources are well coordinated with other federal and state programs with similar purposes largely because they are administered by a single state agency, the Division of Criminal Justice. Few other states organize their criminal justice programs within a single agency.

## II. Data and Analysis

Authorized by Congress in 1988, the Edward Byrne Memorial State and Local Law Enforcement Program offers opportunities for grants to state and local government agencies for the purpose of improving the functioning of the criminal justice system. The Byrne program emphasizes projects that address serious offenders and violent crimes. In practice in Colorado, illegal drug manufacturing, trafficking and distribution usually are the categories of crimes most often targeted by the system improvements made possible through Byrne grants.

Illegal drug use in Colorado ranks as an important concern for law enforcement agencies and the criminal justice system because:

- Coloradoans consistently are more frequent users of illegal drugs than residents of most other states. (Source: *National Household Survey on Drug Abuse, Substance Abuse and Mental Health Administration; Alcohol and Drug Abuse Division of the Colorado Department of Human Services, 1999-2001 data.*) See **“Drug Abuse and Treatment Trends in Colorado”** below.
- Drug treatment opportunities are fewer in Colorado than in most other states. (Source: *National Household Survey on Drug Abuse, 2001 data.*) See **“Drug Abuse and Treatment Trends in Colorado”** below.
- Illegal methamphetamine production due to clandestine lab operations became a significant problem in Colorado beginning three years ago, although the state recorded a large drop in the number of methamphetamine lab and methamphetamine equipment seizures in 2003. (Source: *National Drug Intelligence Center, U.S. Department of Justice; and Rocky Mountain High Intensity Drug Trafficking Area, 2003 assessments.*) Methamphetamine represents a significant threat to Colorado as a readily available drug also due to the importation activities of Mexican drug trafficking organizations. (NDIC, 2003 assessment.) See **“Methamphetamine Enforcement”** below.

### **Drug Abuse and Treatment Trends in Colorado**

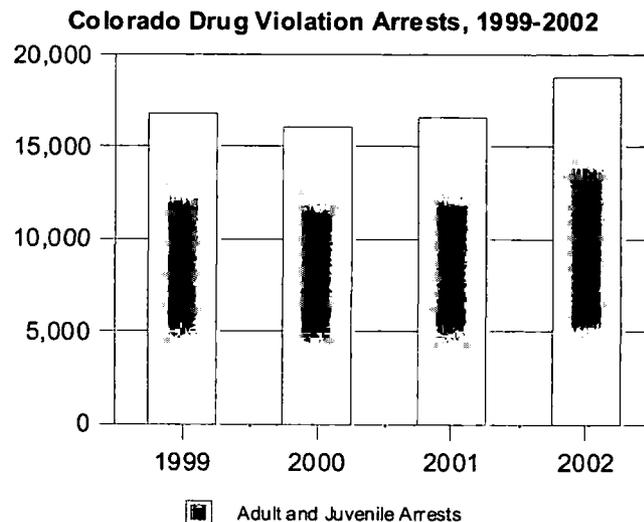
The National Drug Information Clearinghouse compiles the most complete and comprehensive data regarding drug abuse trends in Colorado. In September 2003, the Office of National Drug Control Policy’s Drug Policy Information Clearinghouse released a “Profile of Drug Indicators” in Colorado, using NDIC data.

This section of the 2004 Byrne Strategy utilizes the ONDCP Colorado profile, along with information from the FBI, the Colorado Bureau of Investigation and questionnaires completed by task force commanders at the request of the Division of Criminal Justice.

Here are significant trends in Colorado:

- During 2002, 18,890 arrests were made in Colorado for drug violations. Of this total, 15,144 were adults and 3,746 were juveniles, according to FBI reports. Arrests during 2002 represent an increase of 14 percent over drug violation arrests in 2001.

The following chart portrays arrest trends in Colorado.



## Methamphetamine in Colorado

**Availability and Purity:** According to the ONDCP and NDIC, methamphetamine is a primary drug threat to Colorado and is commonly abused in homes, public venues such as nightclubs and raves, and other private locations. Crystal methamphetamine, also known as “glass” in Colorado, is becoming increasingly available throughout the state and has tested as high as 90 percent pure. Purity levels for methamphetamine vary throughout Colorado, although the overall purity levels – especially of Mexican produced methamphetamine -- have been dropping significantly in recent years. The DEA reports, however, that in 2002, “a reversal of this trend was noted as significantly more potent Mexican methamphetamine began to appear.” Locally produced methamphetamine historically is of a higher potency than that imported from Mexico.

**Use:** A December 2003 report, “Patterns and Trends in Drug Abuse: *Denver and Colorado*,” from the Alcohol and Drug Abuse Division of the Colorado Department of Human Services and written by Bruce Mendelson, M.P.A., notes:

“Most amphetamine and methamphetamine indicators have increased in the past two years. Specifically, methamphetamine treatment admissions reached their highest level ever in the first half of 2003, and amphetamine related deaths from 1999 through 2002

more than doubled over the prior four year time period. Also, local treatment clinicians say that some stimulant users have switched from cocaine to methamphetamine because of the price, availability and longer lasting high.”

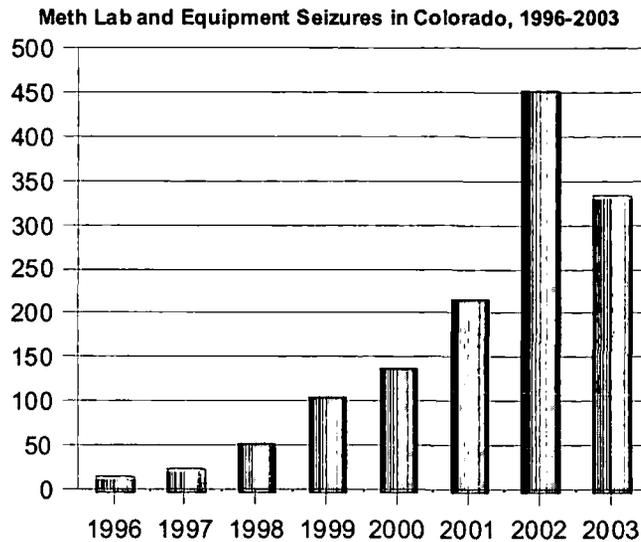
The state Alcohol and Drug Abuse Division report underscores federal agency assessments indicating that methamphetamine is the state’s primary street-drug abuse problem, with marijuana suggested as the second-ranking street-drug abuse problem.

**Trafficking:** NDIC notes in its May 2003 Colorado Threat Assessment that most methamphetamine available in Colorado is produced by Mexican drug trafficking organizations and criminal groups in Mexico, California and Arizona. Mexican drug trafficking organizations and, to a lesser extent, Mexican criminal groups transport wholesale quantities of methamphetamine into Colorado from Mexico via southwestern states or from production sites in California and Arizona. Caucasian criminal groups and local independent dealers also produce significant quantities of methamphetamine throughout the state.

**Perspective:** The Office of the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reports that methamphetamine remains the number one drug threat in the Rocky Mountain region, but that the second greatest threat varies by state in the Rocky Mountain HIDTA region. In Colorado, the second greatest threat is cocaine. In contrast to Colorado, the second greatest threat in neighboring Utah is club drugs and in adjacent Wyoming, it is marijuana.

**Production:** The number of clandestine methamphetamine laboratories and laboratory equipment seizures in Colorado grew significantly between 2001 and 2002, following similar trends in other western U.S. states. Statistics about lab and lab equipment seizures in Colorado are difficult numbers to compile due to the fact that no single database is used for all law enforcement operations. In 2002, for example, DEA reports that 483 labs were seized in Colorado, but Rocky Mountain HIDTA reports the number as 452. The higher DEA figure represents seizures by DEA as well as state and local law enforcement agencies; whereas, HIDTA statistics do not include seizures made by DEA. The chart below uses HIDTA data and is useful to demonstrate lab and lab equipment seizure trends rather than actual numbers. The statistic reporting the number of seizures includes labs, lab equipment and lab dump sites.

In 2003 the number of seizures dropped, also following trends in most other western U.S. states where methamphetamine production, trafficking and use blossomed during the mid to late 1990s. The number of seizures for 2003 was a preliminary number at the time this strategy was compiled, but most task force commanders agree the drop is accurately reported at 36 percent as reflected in the chart below.



Not all Byrne-funded drug task force commanders noted a drop in lab seizures in 2003. Small jurisdictions in Colorado, such as the Eastern Plains Drug Task Force in sparsely-populated north central Colorado and adjacent to the Kansas state line, reported a large increase in seizure and arrest activity. In December 2003, the Eastern Plains Drug Task Force reported the arrests of 11 people in six days on drug charges and confiscated approximately five pounds of methamphetamine. Included in the Eastern Plains activity report was news of the arrest of the Yuma, Colorado, fire chief and his girlfriend. Police found three pounds of methamphetamine in the fire chief's house.

The Delta/Montrose Drug Task Force in western Colorado reports similar enforcement activity. The immediate trend seems to be that small labs are being pushed out of urban and suburban areas into remote, rural areas of Colorado.

As small labs in rural areas of Colorado are seized and as law enforcement efforts continue to discourage independent production of methamphetamine in rural areas, most regional task force commanders believe the result will be a trend to more "super labs." Super labs are operations that produce large amounts of methamphetamine in a short period of time. Predictions such as this one from Colorado's drug task force commanders are based on patterns seen in other states, which Colorado has followed consistently.

**Endangered Children:** During the past two years, a great deal of important work has been accomplished in Colorado through the leadership of Lt. Lori Moriarty of the North Metro Task Force to protect children from the hazards of clandestine methamphetamine labs in their homes.

Task forces in metro areas have discovered that 30-35 percent of seized methamphetamine labs are in places where children are also present. This statistic is consistent with the experience of law enforcement agencies in California. Lt. Moriarty sought and obtained grants from the Division of Criminal Justice and other agencies to

provide a mobile decontamination trailer for children from a clandestine lab site. The decontamination trailer will go into service in 2004 throughout the Front Range of Colorado.

Lt. Moriarty took the cause of improving the safety of children as well as first responders to methamphetamine lab situations further in 2002 and 2003. With another grant from the Division of Criminal Justice, a toxic exposure study was conducted under the auspices of National Jewish Research Center and Hospital in Denver, the nation's leading pulmonary research facility. National Jewish principal investigator Dr. John Martyny announced the results of the study in a news conference in Denver in January 2004. DEA administrator Karen Tandy participated in the news conference. The study revealed the extent to which all household objects from refrigerators to nightstands are contaminated by methamphetamine from clandestine labs.

The Colorado Regional Community Policing Institute (CRCPI), a program of the Division of Criminal Justice, recently received grants for two new methamphetamine training programs, one of which will address the needs of drug endangered children. The second new training program will review the findings of the National Jewish study about toxic exposures to first responders at cook sites for emergency room personnel. The drug endangered children training program will be offered to a variety of audiences, ranging from interested citizens to social service workers and first responders. In addition to the two new training opportunities, CRCPI also offers a class to help citizens recognize clandestine lab operations in their neighborhoods and a class for first responders.

Toward the end of 2003, the effects of two new laws proposed by Governor Bill Owens in the 2002 session of the Colorado General Assembly became apparent. The laws significantly strengthened the state's methamphetamine precursor laws and child protection laws. Both of these measures assisted enforcement efforts and contributed toward the increase in drug violation arrests in Colorado during 2003 and in increasing the safety of truly innocent victims of illegal methamphetamine production.

### **Methamphetamine Policy Conclusions**

The statistics and trends reported by NDIC, Rocky Mountain HIDTA, DEA and task force commanders support several conclusions about methamphetamine use in Colorado during 2003. The conclusions are:

- ✓ Colorado follows the western U.S. trend of fewer small clandestine methamphetamine seizures, which likely resulted from increased enforcement activities assisted by statutory changes passed by the Colorado legislature and signed by the Governor in 2002.
- ✓ The purity of methamphetamine available in Colorado increased in 2003. There is no evidence that demand for the drug has decreased.

- ✓ Colorado will likely enter a phase of methamphetamine production that shifts somewhat from small independent labs to super labs. Methamphetamine remains the number one drug threat in Colorado, so enforcement efforts aimed at methamphetamine should continue with the highest priority, while investigative tactics may require some changes due to changes in production.
- ✓ Efforts to further study the toxic environment of clandestine labs should be encouraged due to the experience of metro area task forces with children present at lab seizures and due to the alarming results of the National Jewish study.

## **Cocaine and Other Drugs in Colorado**

**Cocaine Availability and Purity:** According to NDIC's September 2003 drug indicator profile for Colorado, cocaine is considered a significant drug threat to Colorado. Powder cocaine is readily available throughout the state and crack cocaine is available in urban population areas. Cocaine is the drug most often associated with violent crime in Colorado. Retail quantities of powder cocaine sell for \$70-125 per gram. Crack use is declining but remains available in Colorado's larger metropolitan areas.

According to the DEA, enforcement activities reflect a steady supply of cocaine coming into the metropolitan areas of Colorado. Cocaine is generally sold in ounce and pound quantities, however, trafficking organizations in Denver deal in multi-kilogram quantities supplied directly from Mexico. Crack is generally only available in street level amounts of one gram or less in Denver.

**Marijuana Availability and Purity:** NDIC reports that marijuana is readily available in multi-pound quantities throughout Colorado. A highly potent form of marijuana called BC Bud is also easily obtainable but significantly more expensive.

**Heroin Availability and Purity:** NDIC says that the most common types of heroin available in Colorado are Mexican black tar heroin and brown powdered heroin. New heroin users in Colorado are often young adults who smoke or snort the drug rather than inject it. NDIC says the practice of smoking or snorting heroin in Colorado is due to a misconception that this practice is safer and less likely to lead to addiction.

DEA indicates that, "While the estimated number of heroin users has remained stable, the Colorado Department of Health notes a disturbing demographic shift toward users under 25."

The NDIC publication Narcotics Digest Weekly of December 30, 2003, includes a comment about Colorado's heroin situation.

"Law enforcement reporting indicates that the demand for heroin in Colorado and adjacent states is increasing and that Mexican drug trafficking organizations (DTOs) are increasingly using Denver as a regional transportation hub to meet this demand. These DTOs routinely

hire illegal Mexican immigrants to transport multiounce to kilogram quantities of Mexican black tar and brown powdered heroin to Denver, where some of the drug is broken down and sold in ounce quantities to retail distributors in the city. The remainder, most of the heroin, is transported to markets in Colorado, Montana, Nebraska, Utah, Wyoming, and other nearby states in private vehicles.”

**Club Drugs:** NDIC reports that club drugs are increasing in availability and use in Colorado, although the DEA says that the market for club drugs has been saturated in Colorado and that raves are not particularly common place throughout the state. When they do occur, raves are most likely to be located in Denver and Colorado Springs.

Interestingly, Rocky Mountain HIDTA maintains a different perspective on club drugs in Colorado: “Colorado, like Utah, is seeing an increasing problem with club drugs particularly Ecstasy or MDMA. Rave parties have become common as has the use and distribution of a variety of club drugs including MDMA, GHB and LSD. Wyoming has not yet experienced the significant problem that exists in Colorado and Utah but has seen an increase in club drugs in their state.”

The DEA also notes, “Ketamine and GHB have been surfacing frequently and increasingly in the Denver Field Division's investigations. LSD in liquid form is readily available in the metropolitan areas of Colorado. It is growing in popularity with the same young, predominately white user population.”

### **Drug Abuse in Colorado in National Perspective**

Colorado’s illegal drug use problem should startle anyone who examines the statistics. Colorado ranks among the top category of states in the number of people of all ages who have used illegal drugs during the past month.

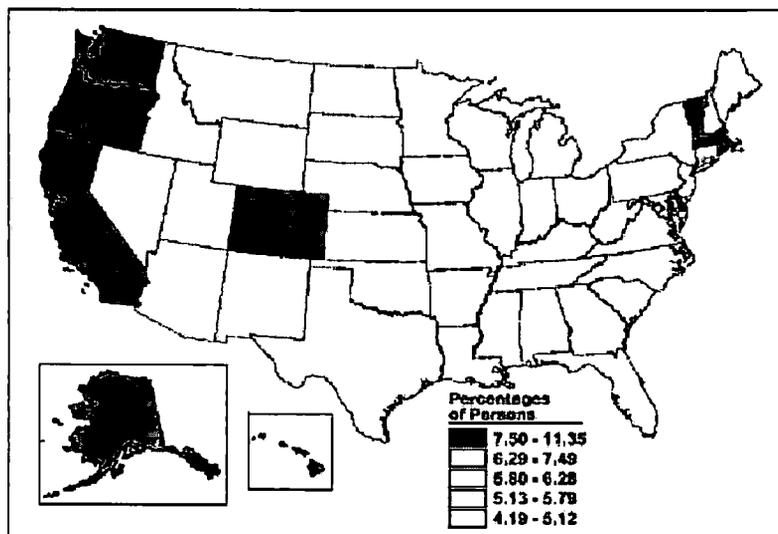
According to survey information updated in December 2003 by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, the states showing the highest percentage of illegal drug users among residents who are 12 years old and older, are Alaska, California, Colorado, Delaware, Hawaii, Massachusetts, Oregon, Rhode Island, Vermont and Washington. In this top category, between 7.5 and 11.35 percent of the population has used an illegal drug during the past month. Also within this ranking, Colorado’s rate falls at the high end. Colorado’s rates have continued to place the state among those with high illegal drug use rates for the past four years at least.

The 1999 SAMHSA household drug use survey showed that more people in Colorado used marijuana in the month prior to the survey than in any other state in the nation. The 2000 household drug use survey dropped Colorado to the Number 2 position.

Bruce Mendelson, M.P.A., chief researcher for the Colorado Division of Alcohol and Drug Abuse, says Colorado seems to occupy the second or third highest percentage of adult drug use (illegal drugs as well as alcohol) among all the states from year to year in

the annual SAMHSA household drug use survey. Mendelson believes Colorado's consistently high levels of drug use are related to the state's youthful population and participation in outdoor recreational activities, such as skiing. Colorado's ski areas, he notes, are notorious for illegal drug use as well as alcohol use.

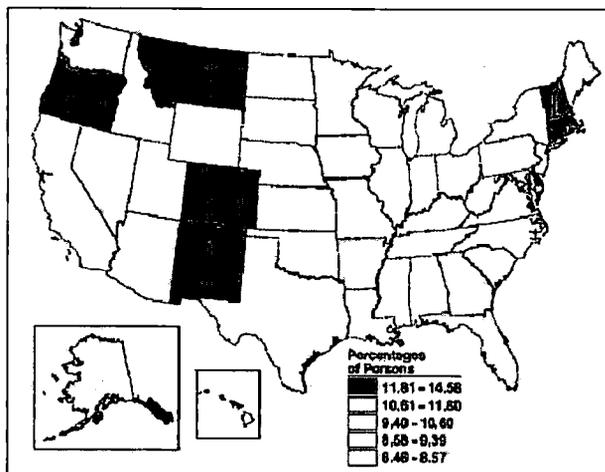
The map below comes from a SAMHSA web page and portrays illegal drug use in states by **all residents at 12 years of age and older**:



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

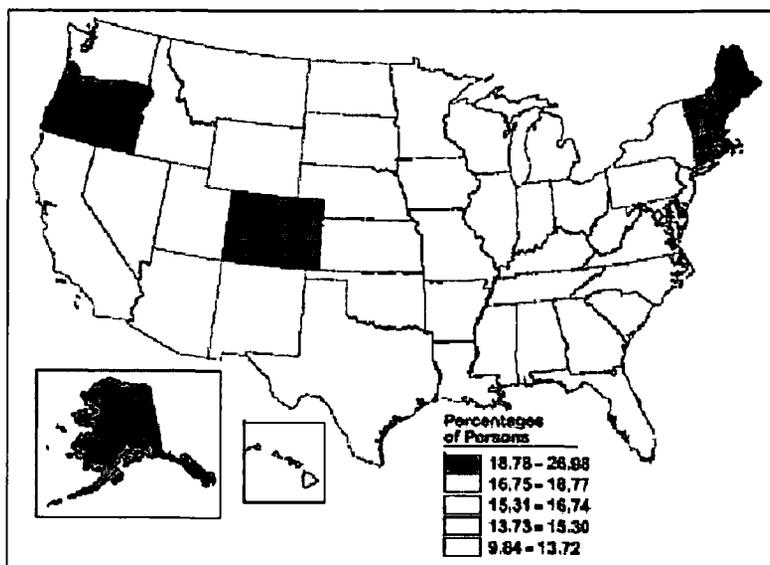
Colorado's illegal drug use, as portrayed on the national map and in comparison to other states, graphically demonstrates the state's unusually severe illegal drug use situation.

The map of illegal drug use percentages among **youth from 12 to 17** looks like this:



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

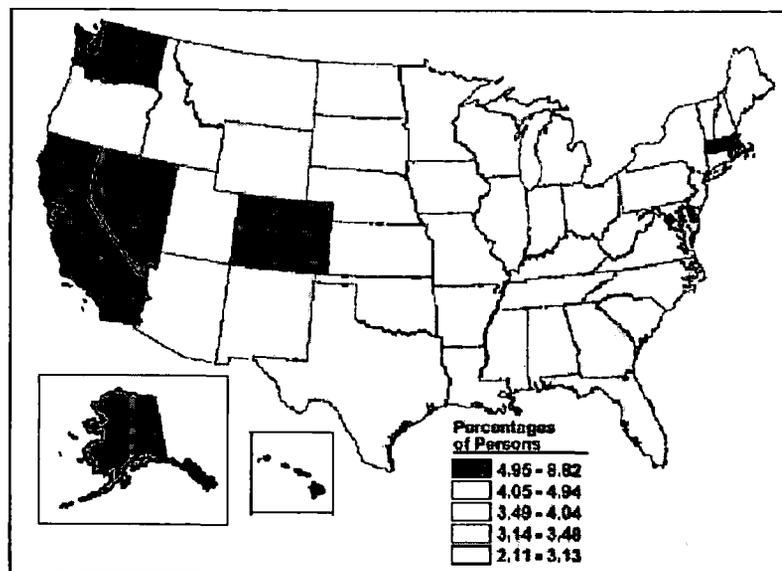
For illegal drug use percentages among those aged 18 to 25, the map looks like this:



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Finally, for person from age 26 and older, here is the national map:



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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## **Alcohol and Drug Abuse Division Report to Colorado Legislature, 2003**

On October 31, 2003, the Colorado Alcohol and Drug Abuse Division submitted a report to the Colorado General Assembly outlining the state's most important substance abuse, treatment and prevention needs. The report cited the following information about the state's substance abuse problems:

- There are an estimated 250,000 substance abusers in Colorado in the 12 years of age and over population. That's about 7% of the general population.
- Colorado ranks 16% higher than the national average in per capita consumption of beverage alcohol. For example, in 1999 Coloradoans drank 2.1 gallons per person of absolute alcohol, versus 1.77 gallons per person nationally.
- According to the 2000 National Household Survey on Drug Abuse, Colorado ranked 2nd among the 50 states in both past month use of marijuana and in past month use of any illicit drugs.
- The drug-related death rate per 100,000 population in Colorado increased from 9.3 in 1990 (300 deaths) to 11.5 (515 deaths) in 2002, or by 24%.
- Colorado ranks 2<sup>nd</sup> in severity nationwide on the overall Substance Abuse Problem Index, 5<sup>th</sup> on the Alcohol Problem Index, and 13<sup>th</sup> in severity nationwide on the Drug Problem Index.

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## **Drug Treatment Trends in Colorado**

**Funding for Treatment:** State and local funding for substance abuse treatment in Colorado has been reduced significantly in the past two years due to budget and resource limitations.

The most recent comprehensive examination of Colorado's drug treatment expenditures was released in 2001 by the National Center on Addiction and Substance Abuse Treatment of Columbia University. The study was funded by a variety of public and private sources, including the federal National Institute on Alcohol Abuse and Alcoholism.

Using budget data from states in the 1998 budget year, the Center on Addiction and Substance Abuse Treatment (CASA) researchers calculated that the average per capita spending by state government for substance abuse treatment was \$299. Colorado's per

capita amount in 1998 was \$217. The highest per capita amount was spent by the District of Columbia at \$812, followed by Alaska at \$532. The lowest amounts were spent by North Dakota at \$155 and South Carolina at \$158.

In the same CASA study, Colorado invested 12.4 percent of the state government 1998 budget dollars for substance abuse treatment. The national average was 13.1 percent of state government budgets. New York's percentage was the highest at 18 percent, followed by Massachusetts at 17.4 percent. Lowest of the jurisdictions were Puerto Rico at 6.1 percent and South Carolina at 6.6 percent.

Both figures reflect only the amounts provided by state government. Amounts from local governments, private insurance and private payers are not included in the CASA study.

The 2001 CASA study shows Colorado was not far different from the average state in 1998 in relative expenditures for treatment. More recent national comparisons have not been compiled, but since all but two states in the nation reported significant budget shortfalls for 2002 and 2003, state funding for treatment cannot be expected to remain comparable to amounts in 1998.

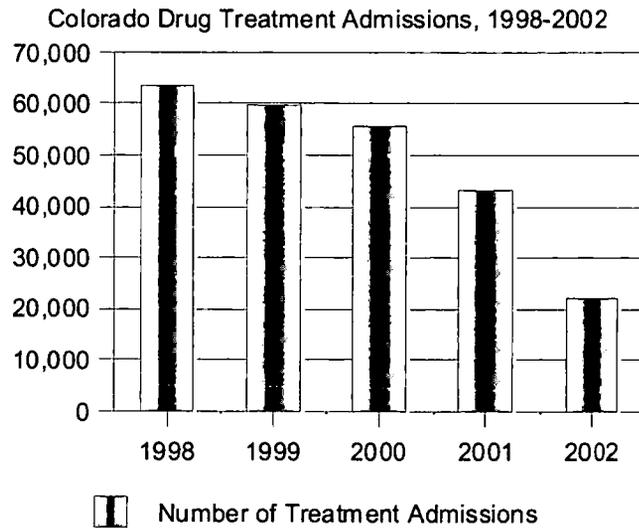
The October 2003 report from the Alcohol and Drug Abuse Division to the Colorado General Assembly noted the following statistics about Colorado's treatment services needs:

- There are approximately 250,000 substance abusers in Colorado, or 7.2 percent of the 12 and over population.
- The public sector currently provides treatment services to only about 20,000 of these individuals, or 8.1 percent.

The ADAD report concluded, "The public sector treatment system needs to expand to serve a larger proportion of substance abusers."

In state fiscal year 2003, ADAD indicates that \$33 million was spent on client care programs and approximately \$2.23 million was spent on administration costs. Of the total budget of \$35.2 million for ADAD programs in 2003, only about \$9.5 million came from the state's general fund, supplemented with \$1.4 million in case funds. For all services provided by ADAD, including administration costs, federal and other grants paid for 69 percent of the total costs.

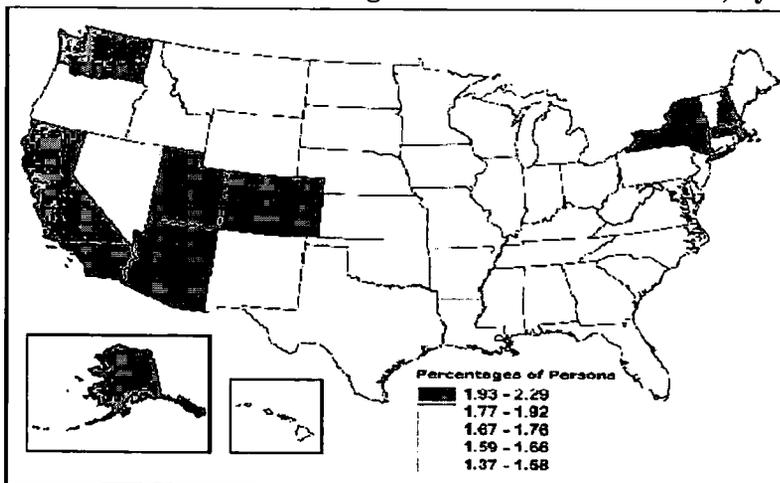
**Colorado Treatment Admissions Trends:** The SAMHSA Office of Applied Studies recently updated states' treatment admissions data. Nationally, treatment admissions decreased slightly (around three percent) in 2002 compared to the prior year. The drop in admissions in Colorado, however, was far more significant than the national figure. Here is a look at the number of treatment admissions in Colorado beginning in 1998:



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), based on data submitted by states to TEDS through January 23, 2004.

**Demand for Treatment:** SAMHSA’s 2000 National Household Survey on Drug Abuse – the most recent survey data available at this time -- describes the nation’s ability to provide treatment services to those who need it but are unable to receive them. Once again, Colorado falls into the highest tier of states not providing treatment to those aged 12 and older who need it.

**Percentages of Persons Aged 12 or Older Needing But Not Receiving Treatment for an Illicit Drug Problem in the Past Year, by State: 2000**



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

**Substance Abuse Treatment for Offenders:** The federally funded Residential Substance Abuse Treatment (RSAT) grant program provided states with substantial funding for the treatment of prisoners in the state corrections system until the current

fiscal year when Congress abruptly eliminated all funding to RSAT. Most states, including Colorado, were not prepared for the abrupt termination of the RSAT program and had not developed alternatives for funding prisoner drug treatment at the same level. Colorado's 2003 RSAT grant amounted to more than \$900,000.

Colorado's RSAT program served about 500 prisoners each year with residential treatment programs of six- to 12-months' duration. Because the Colorado legislature had already cut in half funding for treatment services provided by the Department of Corrections, when the federal 2003 RSAT funding cycle ends, the Division of Criminal Justice predicts the state will no longer be able to provide Therapeutic Communities (TC) treatment for inmates. Multiple evaluations have established the cost-effective success of TCs for treating serious substance abuse problems.

Colorado has reached the point at which the most severe cases of substance abuse among prisoners will go without appropriate treatment opportunities.

Prior to the extreme budget-cutting years of 2002 and 2003, the state's Interagency Advisory Committee on Adult and Juvenile Correctional Treatment in December 2001 issued an "Analysis of Offender Substance Abuse Treatment Needs and the Availability of Treatment Services." The committee includes representatives of the state departments of human services (alcohol and drug abuse division), corrections, judiciary and public safety. Even at that time, in a comparatively fat budget year, the committee said, "...that gaps in substance abuse treatment are concentrated at the most intense levels of treatment. This would indicate that sufficient treatment is not available for the highest-risk and highest-need offenders across the state... Therefore, there is a need for increased funding for the more intense levels of substance abuse treatment for offenders." The committee also noted that there were gaps in treatment services specific to the needs of women and recommended increased funding for female-specific substance abuse treatment.

**Substance Abuse Treatment and Prevention for Juvenile Offenders:** As with adults in the corrections system, juvenile offenders will see their options for treatment and related prevention services evaporate within the year. The Colorado legislature eliminated all youth-directed prevention funding two years ago, but in the current fiscal year Governor Bill Owens restored some of the prevention funding using his discretionary authority over federal funds awarded to the state. The Governor's action provided more than \$1 million to the Tony Grampsas Youth Crime Prevention program. In past years, the legislature had appropriated as much as \$7 million to the Grampsas program. Without the Governor's action, there would have been no youth crime prevention dollars available for local prevention project. The likelihood of general fund appropriations being made to the Grampsas program is nonexistent for the foreseeable future.

During the current 2004 session of the General Assembly, the legislature's budget committee voted to remove two-thirds of the budget for Colorado's thirteen-year old juvenile intervention program, known as SB 94 program. The SB 94 program, intended to

relieve overcrowding in the state's juvenile detention and corrections facilities, by providing community based options to incarcerating juvenile offenders. If the legislative committee's action to eliminate funding is sustained by the full legislature and the governor, yet another opportunity to identify substance abuse in youthful offenders will evaporate. Funding for the state's juvenile diversion program – in operation for almost 25 years – was eliminated in the 2002 legislative session.

During the past five years, Colorado has gone from a fairly typical state where treatment and prevention opportunities are provided to both at-risk youth and adult offenders to a state where virtually no such programs will be provided at all. The long term implications clearly are that large numbers of substance-abusing prisoners will be released and will be far more likely to reoffend, while juveniles who might have been headed toward chronic substance abuse but diverted from that course by programs no longer in existence, will add yet higher numbers to the state's future prison population.

### **Policy Implications for Drug Abuse and Treatment Trends in Colorado**

Data and analysis of Colorado's drug abuse and treatment trends show:

- ✓ Colorado continues to register significant illegal drug threat problems with methamphetamine, primarily; and, secondarily, cocaine use. Marijuana is more widely abused but does not present the same threat as methamphetamine and cocaine to the safety of the public, to public and individual health, to commerce and general well-being of the state.
- ✓ Colorado displays a disproportionate substance abuse problem – which includes alcohol abuse -- interpreted either from a national or a regional perspective. Colorado has more substance abusers than its neighbors and than most other states.
- ✓ Drug manufacturing and trafficking in Colorado remain major threat issues, although not at the same level as in several adjacent states. While those adjacent states have overwhelming problems with Mexican drug trafficking organizations, they do not share Colorado's higher substance abusing population.
- ✓ Substance abuse treatment opportunities, other than those provided through insurance or private-pay arrangements, are shrinking rapidly in Colorado, and treatment opportunities for adult offenders as well as treatment and prevention opportunities for juvenile offenders have become nearly nonexistent.
- ✓ Projects that support the state's law enforcement efforts toward illegal drug manufacturing and trafficking clearly are justified and should remain a high priority under the Byrne program.
- ✓ Projects that provide appropriate substance abuse treatment, especially to those offenders in the criminal justice system and to those at risk of offending, clearly are justified and should remain a high priority for Byrne program funding support.

## Colorado Crime Trends

### Crime in Colorado Went Up in 2002 While Nation Went Down

The nation experienced a drop in its crime rate of 1.1 percent in 2002 compared to the rate in 2001, according to the FBI, but Colorado's crime rate remarkably headed in the opposite direction. Colorado's rate – based on major crimes included in an index crime rate – increased 10.2 percent during the same period.

The following chart was developed by the Colorado Bureau of Investigation and contained in its 2002 Crime in Colorado report:

**Colorado 2002 Statewide Major Offenses**

Offenses	Year	Number of Offenses	Actual Percent Change	Average Crimes per 100,000	Percent Change Based on Population Increase
Homicide*	2001	143	21.7%	3.2	18.75%
	2002	174		3.8	
Rape**	2001	1,701	17.4%	38.5	15.06%
	2002	1,997		44.3	
Robbery	2001	3,283	4.7%	74.3	2.10%
	2002	3,445		76.4	
Burglary	2001	26,312	13.6%	595.6	11.25%
	2002	29,894		662.5	
Auto Theft	2001	19,373	11.9%	438.5	9.57%
	2002	21,679		480.5	
Total	2001	50,812	12.5%	1,150.1***	10.2%
	2002	57,189		1,267.4***	

Excludes Negligent Manslaughter

\*\*Beginning in 1996 the definition of rape used by Colorado Law Enforcement Agencies was changed to more closely match the Colorado Revised Statutes. As a result the new definition is broader than the definition used by the FBI. Therefore, the total number of rape offenses may appear larger than the national average and the total number of Colorado statewide offenses reported in prior years.

\*\*\*Due to rounding in categories, the total number of offenses does not match the actual rate.

2001 Estimated Population 4,418,410 - Crime Index Value 44.18

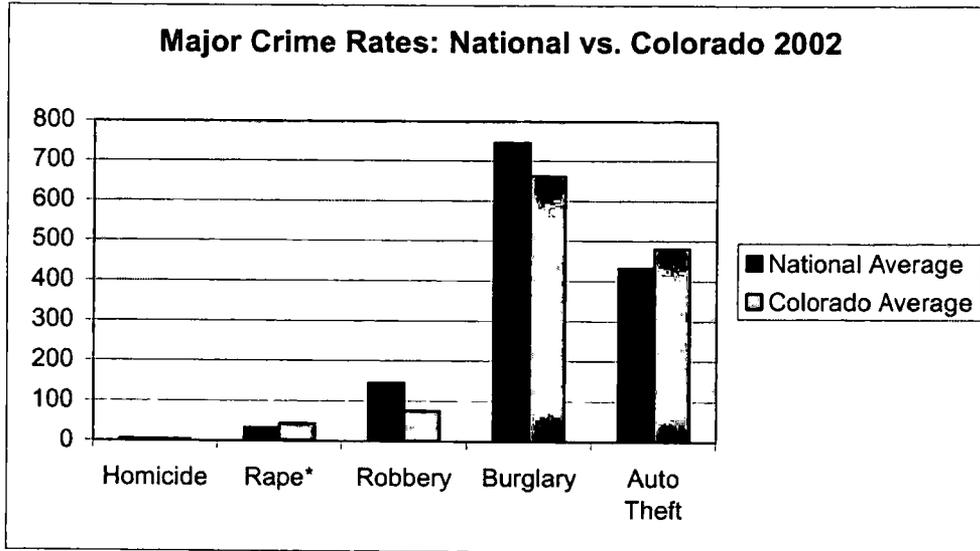
2002 Estimated Population 4,512,400 - Crime Index Value 45.12

(Source: Colorado Division of Local Government)

Despite the increase in major crimes in Colorado in 2002 compared against 2001 statistics, rates for most major crimes in Colorado remained under national rates. The notable exception was auto theft, which continues a strong, long-term trend upward in Colorado and is a much more significant problem in the state than in the nation as a

whole. Rate comparisons for rape are difficult due to differences in the way Colorado law defines offenses as rape. Colorado's definition is much broader than most states; therefore, more such crimes are being reported for the state compared to reports entering the national data system.

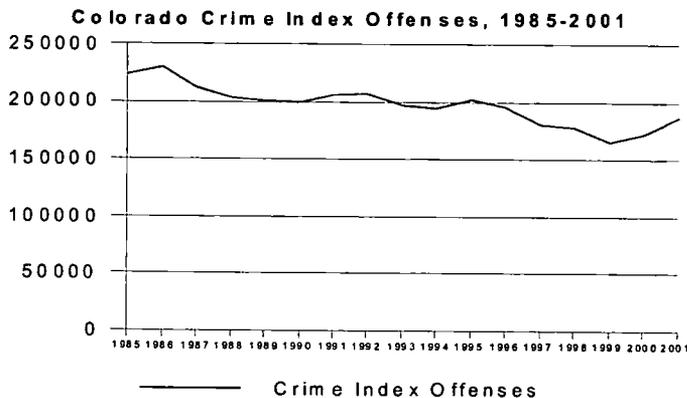
The following chart shows the comparison of major crimes in Colorado compared to national rates:



Rates consist of number of reported crimes divided into corresponding 100,000 inhabitants.

\* Beginning in 1996 the definition of rape used by Colorado Law Enforcement Agencies was changed to more closely match the Colorado Revised Statutes. As a result the new definition is broader than the definition used by the FBI. Therefore, the total number of rape offenses may appear larger than the national average and the total number of Colorado statewide offenses reported in prior years.

In the past several years, Colorado index crimes began showing increases. Starting in 1985, index crimes began dropping – a trend that continued until recently. In the past several years, the trend appears to be reversing itself. Here is a chart of crime index offenses from 1985 to 2001:



## **Major Population Center Drug Trends: Denver and Colorado Springs**

### **Denver**

**General Description of the Denver Metro Area:** According to RealEstateColorado.net, “Denver has more than doubled in population since 1960. The City & County of Denver had a population of 554,636 in 2000, making it larger than the entire population of Wyoming (which has 480,000 people). The six-county metro area has a population of 2.4 million.”

Denver is both a city and county. Its physical size has not increased substantially during the past 30 years, with the main exception of land annexed to build a new airport 15 years ago. The median Denver household income in 2000 was \$39,500. The percentage of individuals in Denver whose incomes is below the poverty level is 14.3 percent.

“Denver’s metro population,” according to RealEstateColorado.net, “has increased by 29.8 percent since 1990. Denver is the 20th largest metro area in America, and has the 10th largest downtown area. The City & County of Denver has a diverse ethnic population including 11.1 percent African American; 31.7 percent Hispanic; 2.8 percent Asian and 1.3 percent Native American. Metro Denver has an ethnic population of 5 percent Black; 18 percent Hispanic; 3 percent Asian; 1 percent Native American and 3 percent multi-racial.

“Denver is the most educated city in the U.S. Denver has the greatest percentage of high school and college graduates of any major metropolitan area in the U.S. 92.1% of the population in the metro area have high school diplomas and 35% have at least a bachelor’s degree, according to the U.S. Census. The national average is 81.7% for high school diplomas and 23% with a college degree.

“Denver also is the nation’s baby boomer capital, with the highest percentage of boomers of any major city, according to the 1998 U.S. Census. One third of the city is between age 35 and 54. Including small cities, only two had a higher percentage than Denver -- Santa Fe and Anchorage. Among major cities, percentage of boomers is: Denver 32.8%; Seattle 31.5%; Atlanta 31.4%; Washington 31.4%; Portland OR 31.4%; San Francisco 30.8%.”

Denver’s Drug Strategy 2003, released by Mayor Wellington E. Webb in June 2003, describes Denver’s substance abuse challenges:

- Rates of binge and chronic drinking are about 40 percent higher among Denver adults than among adults nationwide.
- Denver residents are hospitalized for alcohol-related illnesses at nearly twice the national rate.
- Drug-related hospital emergencies occur in Denver at 2 ½ times the national rate.
- Denver’s alcohol-related death rate is more than 50 percent higher than the national average.

- Drug-related AIDS cases are diagnosed in Denver at twice the national rate. Denver arrests and imprisons drug offenders at more than twice the rate nationwide.

The City and County of Denver proper represents less than a fourth of the total metro area's population. Characteristics of Denver's substance abuse problem may or may not be typical of the larger metropolitan area. Most suburban communities believe they cannot be compared accurately to Denver. No comparable metro-wide information is available on the regional substance abuse situation.

**Metro Denver Drug Trends:** A Denver city profile published in January 2004 by the National Drug Intelligence Center noted, "Cocaine, heroin, and methamphetamine pose the most significant drug threats to Denver. Marijuana also poses a serious threat. Other dangerous drugs such as MDMA and diverted pharmaceuticals also are available and abused."

While cocaine is mentioned first as a threat for the *city* of Denver by NDIC, the *metro* Denver region continues to experience methamphetamine as a serious threat. The North Metro Task Force and the West Metro Task Force produce the greatest number of methamphetamine lab seizures in Colorado, although the Colorado Springs task force, which is not funded by the Byrne program, also ranks at the top of the list of law enforcement agencies producing the most methamphetamine related arrests each year.

Metro Denver has a large number of active gangs. One Byrne-funded task force focuses on gangs primarily. Many of these gangs are associated with drug trafficking groups.

Denver is home to the Rocky Mountain Regional High Intensity Drug Trafficking Area (HIDTA) office. Denver's central location as a transportation hub for illegal drug trafficking as well as the region's uncharacteristically high illegal drug use were dominant factors in its HIDTA designation in 1993.

## **Colorado Springs**

**General Description of Colorado Springs:** The population of the City of Colorado Springs is 360,890, according to the 2000 census. It occupies a land area close to the center of the state of Colorado of 185.7 square miles. The median age of a resident of Colorado Springs is 33.6 years. Median household income in 2000 was \$45,081. Of residents 25 years old and older, 90.9 percent graduated from high school; 33.6 percent are college graduates; 12.2 percent hold graduate or professional degrees.

The ethnic profile of Colorado Springs is:

- White Non-Hispanic 75.3 percent
- Hispanic 12.0 percent
- Black 6.6 percent
- Other race 5.0 percent
- Two or more races 3.9 percent
- American Indian 1.9 percent

- Korean 0.8 percent

**Colorado Springs Drug Trends:** The most recent ONDCP drug indicator profile of Colorado Springs was published in May 2000. No other more recent research specific to Colorado's second-largest city could be found. The 2000 ONDCP Colorado Springs profile cited a 1995 telephone survey indicating that 44.1 percent of adult residents in the Colorado Springs area has used marijuana at least once in their lifetime. It also found that 14.4 percent of adults had been diagnosed with an alcohol or drug problem at some point in their lifetime.

A regional drug task force in Colorado Springs that does not utilize state or federal funds consistently ranks among the state's top three task forces in the number of methamphetamine-related arrest and seizure statistics. Local law enforcement leaders identify methamphetamine as the area's most important drug enforcement concerns.

## **Data and Analysis Conclusions**

Using the data and information assembled for the 2004 Byrne Strategy for Colorado, several conclusions become glaringly apparent:

- 1) Colorado continues to experience significant drug trafficking, manufacturing and use problems. In particular, Colorado stands out as a state in which the use of illegal drugs is common among all age groups. Colorado's substance abuse problems are much worse than in nearly all other states. Drug enforcement, therefore, must continue as a high priority in Colorado.
- 2) Substance abuse treatment in Colorado is inadequately funded, leaving large numbers of abusers without any treatment options. State funding for treatment services has been slightly less than the national average amounts until the past several years when state treatment funding was reduced sharply. More resources devoted to treatment services are needed desperately.
- 3) Colorado's violent crime rates recently have begun an upward trend, in stark contrast to similar national figures. Crime reduction initiative should be launched immediately in order to bring Colorado's trend into alignment with the national reductions in violent crime.

### III. Resource Needs

#### Drug Enforcement

Nearly all enforcement activities aimed at Colorado's illegal drug trafficking, manufacturing and use environment are conducted by multi-jurisdictional drug task forces. During 2003, the Byrne program supported 17 drug task forces. By mid-2004, the Division of Criminal Justice anticipates supporting 19 drug task forces with Byrne program grants. Rocky Mountain HIDTA provides funding for task forces in 17 counties in Colorado. Out of 21 task forces in Colorado, three do not receive funding support from either Byrne or Rocky Mountain HIDTA. The Division of Criminal Justice estimates that drug task forces in Colorado currently cost approximately \$10.4 million annually. The estimate is based on local match amounts required for Byrne grants (\$3.7 million), Byrne federal award amounts (\$2.7 million) and federal HIDTA grants to Colorado task forces (\$4 million).

In a survey of Byrne funded task force commanders, respondents were asked to assess the impact of a potential loss of all Byrne funds on their respective task forces. Only two or three task force commanders reported that their task forces could continue without Byrne support. Most indicated that, should federal funds for task forces disappear, local support to continue task forces would evaporate. Local law enforcement and city officials would interpret a reduction of federal funds for task forces as a message that drug enforcement was no longer a national priority.

For 2004, the Division of Criminal Justice received requests for a total of \$3,339.42 in Byrne funding from 19 task forces. DCJ anticipates being able to provide about \$2.9 million through the Byrne program for 2004. **Based on the amount of requests received, therefore, the total resource needs in support of task forces is estimated at \$11 million for 2004.**

#### Drug Abuse Treatment

In October 2003, the Alcohol and Drug Abuse Division provided a committee of the Colorado Legislature a summary of substance abuse treatment needs in Colorado. Here is the ADAD treatment needs estimate:

- The estimated number of current substance abusing/dependent population 12 and older in Colorado is 249,788, based on state and national survey data.
- The estimated current substance abusing/dependent population who are not in treatment is 202,627.

<p><b>81% of the 250,000 Coloradoans abusing or dependent on substances are NOT in treatment programs.</b></p>
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- The current number of substance abusers/dependents who are in some type of publicly or privately funded formal (i.e., residential or outpatient) treatment as estimated from current client data and a survey of treatment programs that don't routinely submit client data to the Alcohol and Drug Abuse Division is 47,161. This number represents treatment demand that has been met.
- The substance abusing/dependent population not in treatment but ready to seek treatment (unmet demand) is 5,471.
- The unmet demand that would be the responsibility of publicly funded treatment programs (public share of unmet demand) is 1,696 individuals.

**Only 3% of the abusing or dependent population not yet in treatment are ready to seek treatment.**

**Outreach resources to increase client readiness are needed to tap into the remaining 97%.**

**An additional \$10.5 million would enable ADAD to offer publicly funded treatment to those currently wanting it.**

**ADAD estimates it would cost an additional \$10.5 million to close the current treatment gap for those wanting but currently not receiving treatment.**

The Alcohol and Drug Abuse Division estimate of \$10.5 million needed annually for treatment services to those who currently abuse drugs including alcohol is probably a significant underestimate of needs because the total population of those needing treatment is based on a study using data from 1995.

### **System Improvement**

As described in greater detail in Section IV of the Colorado 2004 Byrne program strategy, the Drug Control and System Improvement Advisory Board to the Division of Criminal Justice several years ago consolidated many of the 29 federal program purpose areas into a shorter list of 14 purpose areas called Program Abstracts. The consolidation eliminated some of the duplication and redundancy found in the federal purpose area list.

One program area into which two federal purpose areas were consolidated is known by its Abstract name as System Improvement. The two federal purpose areas called Case Management for Special Populations and System Improvement now comprise the System Improvement Abstract.

For 2004, the Division of Criminal Justice received 16 proposals for System Improvement Projects, with a total request of \$1,665,911 for funding. DCJ anticipates funding nine of these proposed projects for a total of \$853,382.

The estimate of resource needs for System Improvement projects is a minimum of \$1,665,911, based on the proposals received. Because some types of Case Management

for Special Populations projects typically include substance abuse treatment for offenders, however, the total need for System Improvement projects is considerably higher due to the fact that the Colorado legislature has denied funding for treatment services for the most severe cases of substance abusing offenders. With the lack of virtually any state general funding for conducting Therapeutic Communities treatment services for prisoners, **the total need is likely to be close to \$3 million, based on the budget cuts that have been made as well as total requests made for 2004 System Improvement projects.**

## **Research**

Criminal justice system research in Colorado now is virtually entirely dependent on the identification of grants to support research activities. State general funds appropriated for research activities in major state departments no longer exist. In the current state fiscal year, which began July 1, 2003, general fund appropriations for previously funded offender treatment research activities in the Department of Corrections were eliminated.

While legislation authorizing the Division of Criminal Justice calls upon DCJ to research criminal justice trends and issues, the state legislature does not provide general fund support for criminal justice research. Over the years, the Colorado legislature consistently has called upon the Division of Criminal Justice to conduct specific criminal justice research projects – the Youth Offender System, Sex Offender Management, Prison Population Studies, among others – by seeking grant funds.

The Division of Criminal Justice is, at the same time, the State Administering Agency for Byrne, and other Office of Justice Programs grants, and the state Statistical Analysis Center (SAC). The SAC has evaluated many DCSIP-funded programs, starting with a two-year evaluation of multi-jurisdictional task forces in 1989. Other evaluations include recidivism studies of several community corrections programs, the Denver Drug Court, and the state prison's therapeutic community for sex offenders. This activity reflects the Division's commitment to evaluating Byrne-funded programs.

Other kinds of criminal justice system research, particularly in the field of juvenile crime and violence, have been conducted by the University of Colorado Center for the Study and Prevention of Violence in Boulder. Some of this work has been funded by DCJ with Byrne and other program funding, as well as through grants from other OJP offices, private foundation funding from The Colorado Trust and from the Carnegie Corporation, among others.

To support research for the most compelling criminal justice system issues requires a minimum of approximately \$700,000 in order to maintain existing research staff in the Office of Research and Statistics at the Division of Criminal Justice. Total needs for criminal justice system research easily exceeds this amount. **The minimum need, however, is \$700,000.**

## Colorado Byrne Program Funding Trends, 2000-2004

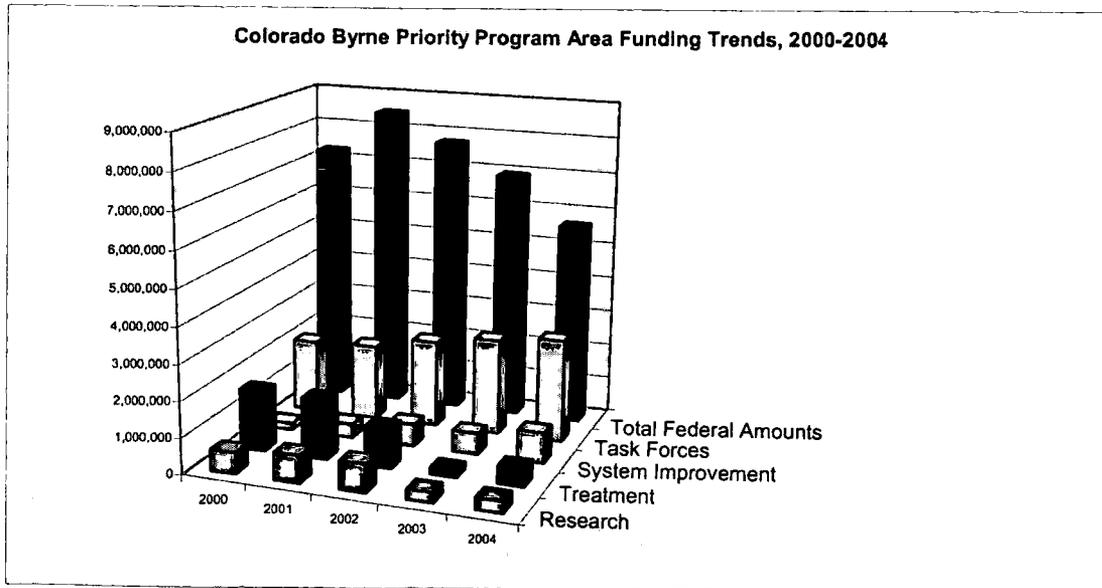
In order to assess the pattern of funding support for projects recommended by the Drug Control and System Improvement Advisory Board, the Division of Criminal Justice analyzed how Byrne program funds have been invested during a five-year long period.

During this period, members of the Advisory Board consistently supported the same four program priorities while identifying certain program characteristics that would be regarded with an enhanced standing in the competitive process used to determine which projects would be funded.

Enhancements include mental health needs for those at risk of being involved in the criminal justice system and methamphetamine enforcement among task forces. A System Improvement project example that was supported by the Advisory Board with the mental health enhancement is the Jefferson County Crisis Intervention Team, which has been a highly successful effort to train police officers in their ability to recognize and appropriately deal with persons with mental illness. CIT began in Jefferson County and has been expanded to officers from other metro Denver counties.

In developing a funding trend analysis, the Division of Criminal Justice produced the following chart portraying funding invested in the priority program areas. Among other things, the chart shows that funding for treatment programs has dropped significantly during the four years prior to 2004. Funding support for treatment also has dropped.

As a result of the trend analysis, members of the Advisory Board recommended increased funding for treatment projects in 2004. A change in the trend is shown with the inclusion of 2004 funding recommendations in the chart below.



## **Resource Needs Conclusions**

Assessing accurately the resource needs for the kinds of projects that can be supported with Byrne funding and that have been identified as priorities by members of the Advisory Board is a very difficult task. The true needs are elusive. Some local needs remain unidentified because local agencies will not file an application for a needed project when they cannot provide the required match amounts. The surest fact about criminal justice funding needs in Colorado is that general fund appropriations in Colorado's four priority areas at the municipal, county and state levels of government have been sharply reduced during the past several years, making all jurisdictions more reliant on federal grant programs like the Byrne program to achieve progress in criminal justice functions.

The Colorado Division of Criminal Justice staff has remained vigilant in the need to ensure that funding decisions follow established, published priorities. In pursuit of this need for vigilance, DCJ analyzed funding trends in the four priority areas during the past several years. Members of the Advisory Board examined the trends and kept them in mind for their funding recommendations meeting for 2004. The result was that members of the Advisory Board acted in 2004 to reverse downward funding trends for treatment services and research projects. This action aligned their stated priorities with funding recommendations in 2004, reversing trends seen in the prior four years.

## **IV. Colorado Priorities and the National Drug Control Strategy**

### **Colorado's Drug Control and System Improvement Advisory Board Priorities:**

In July 2003, members of the Drug Control and System Improvement Advisory board met in a public meeting to identify 2004 Byrne program priorities. Advisory Board members are appointed by the Governor and include criminal justice system professionals associated with law enforcement, prosecution and adjudication, corrections, treatment, juvenile crime, state government, the state legislature and private citizens who have demonstrated an interest in criminal justice system programs.

Advisory Board members agreed to four priority program areas for the Colorado drug control strategy. They include:

1. Drug Task Forces
2. System Improvement
3. Treatment
4. Research and Evaluation

In addition to the program areas above, Advisory Board members reaffirmed their concern about Colorado's methamphetamine manufacturing, distribution and use problem, the need to develop programs ensuring effective prisoner reentry into society, and Colorado's lack of services for those with mental illness who become involved in the criminal justice system. These three areas of special emphasis were expressed to convey the Board's special focus for drug task force, system improvement, treatment and research projects.

The four priorities identified for the 2004 Colorado drug control strategy remain consistent with the priorities identified for each of the past five years of drug control projects in the state.

### **National Drug Control Strategy Priorities (2003 and 2004)**

- 1) **Stopping drug use before it starts**
- 2) **Healing America's drug users**
- 3) **Disrupting the market**

**National Priority #1: Stopping drug use before it starts.** The National strategy suggests that projects featuring education and community involvement can be encouraged under this priority. Included in education and community-based projects such as the Drug-Free Communities Support

Program and a new Parents Drug Corps, the National strategy also suggests that student drug testing may be appropriate in pursuit of this priority.

**National Priority #2: Healing America's drug users.** The second National priority emphasizes greater availability of treatment opportunities for those who have no other access to treatment. The National strategy specifically identifies the need to increase treatment opportunities for abusers in the criminal justice system. It also calls for increased support for family, friends and others to intercede with those who are fighting to overcome substance abuse.

**National Priority #3: Disrupting the market.** The third National priority supports drug interdiction efforts, both domestic and across the nation's borders. Stopping both the suppliers and transporters of illegal drugs falls within this priority.

**National Drug Control Strategy Performance-Based Goals.** The National Strategy set two- and five-year performance-based goals, using year 2002 National Survey data as a baseline. The two-year performance-based goal is to reduce illegal drug use by ten percent. The five-year performance-based goal is to reduce illegal drug use by 25 percent. The goals apply to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade children; and to adults of age 18 and older.

**National Drug Strategy Emphasis for 2004.** In March 2004, ONDCP announced that the nation's drug strategy for 2004 would create new initiatives to reduce prescription drug abuse, including prescription drug monitoring programs and other efforts to prevent the use of any prescription drug for a non-medical purpose.

The Division of Criminal Justice supports the ONDCP initiative for 2004. During the past five years, a group known as the Colorado Prescription Drug Abuse Task Force has been studying prescription drug abuse in the state. It identified the need for a prescription drug-monitoring program and, three years ago, successfully introduced a bill in the Colorado legislature to create a monitoring program. The legislature did not pass the bill due to a lack of resources. Other grant opportunities that could be used to establish a monitoring program, such as the Byrne program, were not pursued by the Task Force due to the lack of match funding required for an application. Any national initiative designed to address prescription drug abuse could complement the existing work of the Colorado Task Force.

## **Association of Colorado Drug Control Priorities with National Priorities**

Colorado's priorities' relevance to national priorities correspond according to the following table:

<b><u>Colorado Priorities for 2004</u></b>	<b><u>ONDCP National Priorities for 2003 and Beyond</u></b>
# 1: Drug Task Forces	National Priority #3: Disrupting the market
# 2: System Improvement	National Priority #3: Disrupting the market; National Priority #1: Stopping drug use before it starts
#3: Treatment	National Priority #2: Healing America's drug users
#4: Research and Evaluation	National Priorities #1, 2, 3; also a federally mandated program area

## V. Selected Programs

### **The Colorado Approach Toward Program Areas**

The list of Congressionally authorized purpose areas for the Byrne formula grant program presently includes 29 enumerated purpose areas. In recent years, Congress amended the list to include such areas as homeland security projects and Neighborhood Watch-like projects. The addition of some of the newer purpose areas sometimes creates redundancies for existing program areas. One federal purpose area, for example, encompasses drug law enforcement in urban areas, and another nearly identical purpose area encompassing drug law enforcement in public housing. Since public housing is rarely found outside urban areas, Colorado eliminated federal redundancies by consolidating and simplifying separate purpose areas into about half the federal number.

The Colorado Drug Control and System Improvement Advisory Board approved 14 program purpose areas for Colorado. Colorado's purpose areas, in some instances, encompass more than one federal purpose area and are constructed in a somewhat more general manner in order to shorten the list of purpose areas. Colorado's program areas are officially called "program abstracts" because they describe the general classification of the kinds of projects that may be funded. Grant applicants align their requests with an abstract, rather than the federally designated program area, when completing an application.

### **Selected Program Areas for 2004**

Advisory Board members selected ten program areas for potential funding support in 2004. The 2004 Colorado program areas are:

- Demand Reduction
- Multi-jurisdictional Task Forces
- Crime Prevention
- Improved Enforcement
- Career Criminal Prosecution
- System Improvement
- Information Systems
- Evaluation
- Alternatives to Incarceration
- Treatment

The chart below summarizes the relationship of federal purpose areas to Colorado abstract names and numbers, whether the program area will be included in 2004 grants and an identification of the program area's relationship to the national drug strategy.

### Byrne Program Purpose Areas and Selections for 2004

<b>Federal Purpose Area Number and Description</b>	<b>Colorado Abstract Number and Name</b>	<b>Selected for 2004?</b>	<b>National Priority Number</b>
(1) Demand reduction education programs in which law enforcement officers participate	(7) School Resource Officer / Law Related Education	<b>Yes CO Priority 2</b>	<b>#1</b>
(2) Multi-jurisdictional task force programs that integrate Federal, State and/or local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations	(8) Multi-jurisdictional Task Force	<b>Yes  CO Priority 1</b>	<b>#3</b>
(4) Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions	(1) Community Crime Prevention	<b>Yes  CO Priority 2</b>	<b>N/A</b>
(7A) Improving the operational effectiveness of law enforcement through the use of crime analysis techniques, street sales enforcement, schoolyard violator programs, gang-related and low-income housing drug control programs	(10) Improving Law Enforcement	<b>Yes  CO Priority 2</b>	<b>#3</b>
(8) Career criminal prosecution programs, including the development of model drug control legislation	(11) Complex Crimes Prosecution Unit	<b>Yes CO Priority 2</b>	<b>#3</b>
(10) Improving the operational effectiveness of the court process by expanding	(2) Drug Court	<b>No</b>	<b>N/A</b>

prosecutorial, defender and judicial resources and implementing court delay reduction programs			
(13) Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders	(3) Therapeutic Communities (5) Offender Treatment Programs	<b>Yes</b> <b>CO</b> <b>Priority 3</b>	<b>#2</b>
(15B) Criminal justice information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems)	(6) Information Systems	<b>Yes</b>	<b>Mandated</b>
(15A) Developing programs to improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug-dependent offenders, and enhancement of State and local forensic laboratories	(13) System Improvement  (4) Case Management for Special Populations  (9) Case Management for Sex Offenders	<b>Yes</b> <b>CO</b> <b>Priority 2</b>	<b>#3</b>
19) Drug control evaluation programs which State and local units of government may utilize to evaluate programs and projects directed at State drug control activities	(12) Research/Evaluation	<b>Yes</b> <b>CO</b> <b>Priority 4</b>	<b>Mandated</b>
(20) Providing alternatives to prevent detention, jail and prison for persons who pose no danger to the community	(14) Alternatives to Incarceration	<b>Yes</b> <b>CO</b> <b>Priority 2</b>	<b>N/A</b>

<u>2004 Program Area Name</u>	<u>Year Approved</u>	<u>Description</u>
Demand Reduction	1994; revision approved 1997	<p>In Colorado, Demand Reduction programs encompass school resource officer projects. School resource officer projects provide outreach services to students in school, which may include drug use prevention education, crime prevention education and similar educational services. The DCSIP Advisory Board in Colorado does not provide funding support for DARE programs or other kinds of prevention efforts that have not been validated as effective with recognized research.</p> <p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> <li>1. Number of children in programs.</li> <li>2. Number of adults in programs.</li> <li>3. Number of officers providing demand reduction training.</li> </ol>
Multi-jurisdictional Task Force	1994; revision approved 1998	<p>Multi-jurisdictional task force programs integrate two or more law enforcement agencies that share a team of investigators, among other functions, for the purpose of enhancing and coordinating enforcement efforts. Colorado's task forces pursue drug and gang crimes that often cross jurisdictional lines.</p> <p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> <li>1. Number of offenders arrested.</li> <li>2. Number of offenders prosecuted.</li> <li>3. Number of drug seizures.</li> <li>4. Quantity (by weight and drug) seizure.</li> <li>5. Value of property forfeited.</li> </ol>
Crime Prevention	Revision approved 2001	<p>Community crime prevention projects include community and neighborhood based efforts designed to assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions experiencing specific public safety issues. Examples of community crime prevention projects include: Crime Prevention through Environmental Design (sometimes abbreviated as CPTED); Neighborhood Watch; National Night Out Against Crime; community policing projects developed through formal problem solving approaches; and projects designed to reach high risk youth</p>

		<p>through outdoor activities.</p> <p><b>PERFORMANCE MEASURES:</b></p> <ol style="list-style-type: none"> <li>1. Number of citizens involved in programs.</li> <li>2. Number of children and youth served by programs.</li> <li>3. Number of elderly citizens served by programs.</li> <li>4. Number of these programs based in rural jurisdictions.</li> </ol>
Improved Enforcement	1995; revision approved 1997	<p>Improving Law Enforcement Projects include those which expand the capacity or improve the efficiency and effectiveness of law enforcement services. Employing crime analysis techniques to identify ways in which improvements can be implemented, strengthening street drug sales enforcement, initiating schoolyard violator programs and launching gang-related and low-income housing drug control programs are some of the types of projects that can be supported in this program area. Other examples are: Drug-free School Zone Enforcement; Integrated Criminal Apprehension Program (ICAP); Arson Prevention and Control; Preserving the Crime Scene; Drug Dog/Canine Acquisition and Training/K-9 Unit; Violent Fugitives Arrest Squad.</p> <p><b>PERFORMANCE MEASURES:</b></p> <ol style="list-style-type: none"> <li>1. Number of offenders arrested.</li> <li>2. Number of offenders prosecuted.</li> <li>3. Number of drug seizures.</li> <li>4. Quantity (by weight and drug) seizure.</li> <li>5. Total value of assets forfeited.</li> </ol>
Career Criminal Prosecution	1998	<p>Renamed Complex Crimes Prosecution by the Colorado Advisory Board, this program area addresses needs within Colorado's judicial districts for additional prosecutors for specific types of cases. Most typically, additional prosecutors are supported for drug prosecution efforts.</p> <p><b>PERFORMANCE MEASURE:</b> Number of career criminals prosecuted.</p>
System Improvement	1998	<p>System Improvement projects are those that improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug dependent offenders; and enhancements of state and local forensic laboratories.</p>

		<p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> <li>1. Number of referrals to treatment.</li> <li>2. Number of urinalysis tests (by category: pretrial/probation/parole).</li> </ol>
Information Systems	1995; revision approved 2001	<p>Information systems to assist law enforcement, prosecution, courts and corrections organizations (including automated fingerprint identification systems) fall into this program area. Examples include: Criminal Justice Records Improvement (CJRI) projects; Criminal Justice Information Systems (CJIS); Automated Fingerprint Identification System (AFIS); Prosecution Management Support Systems; Management Information Systems for administrative support; Metropolitan Criminal Intelligence Systems; DUI Data Collection Systems.</p> <p>PERFORMANCE MEASURE: Number of records automated.</p>
Evaluation	1998	<p>This program area focuses on the improvement and expansion of current knowledge about the criminal justice system to improve decision-making and program implementation. When appropriate, experimental designs are encouraged because of their potential relevance to policy making.</p> <p>PERFORMANCE MEASURE: Evaluations completed according to plan.</p>
Alternatives to Incarceration	1998	<p>Alternatives to Incarceration projects provide cost effective alternative sentencing that diverts minimum risk offenders sentenced on non-violent offenses. They provide courts with additional options at sentencing other than traditional incarceration. In addition, these projects may be used as a probation sanction for those offenders who violate the terms and conditions of probation.</p> <p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> <li>1. Number of alternative courts created.</li> <li>2. Number of offenders participating.</li> </ol>
Treatment	1995; revision approved 2001	<p>This program area provides services which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders. Examples of</p>

		<p>projects in this area include treatment for drug addicted offenders; day treatment centers for juvenile offenders; treatment aftercare units; DUI/DWAI rehabilitation and training. These projects are designed to reduce the probability that the offender will commit crimes after release due to the same underlying substance abuse issues as those contributing to the original offense.</p> <p><b>PERFORMANCE MEASURES:</b></p> <ol style="list-style-type: none"> <li>1. Number of children/youth funded.</li> <li>2. Number of adults funded.</li> <li>3. Number of institutional-based programs.</li> <li>4. Number of community-based programs.</li> <li>5. Number of drug or alcohol-focused programs.</li> </ol>
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**Evaluation Requirement: Identification of Program to be Evaluated**

Program Evaluation	Evaluation Type / Evaluator	Target Completion Date
<p><b>Federal Purpose Area 13: Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders</b></p> <p>Which encompasses  <b>Colorado Purpose Areas 3)  Therapeutic Communities, and  5) Offender Treatment Programs  and  Colorado Program Priority 3  National Drug Strategy Priority 2</b></p>	<p><b>Type: Multiple. Process, Outcome, and Impact Evaluation</b></p> <p><b>Evaluator: DCJ  Office of Research  and Statistics (Colorado SAC)</b></p>	<p><b>June 2005</b></p>

The Division of Criminal Justice’s Office of Research and Statistics, which also serves as the state’s SAC, will initiate an evaluation of Federal Purpose Area #13. This Purpose Area includes offender treatment programs that have been recommended by the Advisory Board for funding in 2004. DCJ anticipates that this Program Area will receive approximately \$500,000 in federal funds during 2004 funding cycle. This allocation represents a significant portion of available Colorado program resources and, therefore, warrants an evaluation of the Program Area.

Three juvenile and one adult treatment programs are funded in this Program Area. Three of these programs specifically target drug-involved offenders:

- ❑ Marijuana Treatment Program for Adolescent Probationers (University of Colorado Health Sciences Center's Synergy/Addiction Research and Treatment Services);
- ❑ Integrated Juvenile Substance Abuse Services (Boulder County);
- ❑ CrossPoint Enhanced and Intensive Outpatient Program for adult offenders (University of Colorado Health Sciences Center).

The fourth program targets high-risk youth on the Southern Ute – Ignacio reservation with a Multi-Systemic Therapy (MST) program.

CrossPoint will receive first-year Byrne funding with the 2004 grant cycle. The Marijuana Treatment and the Integrated Juvenile Substance Abuse Services programs are both receiving second year Byrne funding in 2004. The Southern Ute MST program will begin its fourth and final year of Byrne funding this year.

Although the focus of the SAC's evaluation of these programs will be on the treatment program goals and performance measures identified for this Purpose Area, the first component of the evaluation strategy will involve determining the extent to which the activities funded by the awards are actually implemented. Researchers will review all progress reports, identify data elements that appear to be available from each program, travel on-site and meet with program stakeholders and, if possible, observe service delivery. This is an essential component of the agency's evaluation strategy since outcome-based measures assume that the program was implemented as planned. New programs often have delayed start-ups, hiring problems, and client referral problems, among other things, that can affect the outcomes produced. The Purpose Area program goals and performance measures will have greater meaning when placed in the context of successful or unsuccessful program implementation.

To obtain data pursuant to goals of treatment programs (i.e., reduce criminal involvement, reduce the incidence of substance abuse/criminal behavior by offenders, etc.) the evaluator will need to obtain the names of program participants. Evaluators will ask the program director of the four programs receiving funding in this Purpose Area to ask clients participating in the programs to sign research information releases prepared by the SAC specifically for each of the programs. This release will conform to the National Institute of Justice human subject research protocol. Once evaluators have explicit permission to include individuals in the study, they will review case files of each client in each program. This effort will allow evaluators to obtain data on case status, a return to substance abuse (or not) and recidivism. Additional goals of offender treatment programs include the improvement of family skills and communication, the development of a continuum of care model for program participants, improvement in employment/school status, and an increase in successful outcomes by these offenders in their corresponding criminal justice treatment programs.

The evaluator will be dependent on the data recorded in the file to obtain impact measures other than new arrest and new court case filing data. For these latter outcomes, evaluators will search the Colorado Bureau of Investigation's arrest file. The CBI houses

the Colorado Crime Information Center. These data are more complete for adults than juveniles. For that reason, evaluators will rely on the Judicial Department's database for information about new case filings for juveniles. While evaluators will also obtain this data for adults, the court data will likely be the most reliable source of outcome data for the juveniles in the evaluation effort.

From this information, evaluators will prepare a report that specifies research design, data collection methods and findings as these pertain to the treatment program goals and performance measures as specified for Federal Purpose Area #13. Evaluators will collaborate with Byrne program staff to summarize the information in ways that are useful for strategy assessment, modification and further development in future years.

## VI. Coordination Efforts

**Overall Program Coordination:** The coordination of the Byrne program in Colorado with other federal and state criminal justice grant programs has been achieved effectively by assigning responsibility for the administration of all major criminal justice grant programs to the same state agency. Colorado is one of very few states in which a single state agency administers all major OJP formula grants to states.

As Colorado's Byrne SAA, the Division of Criminal Justice administers major OJP criminal justice formula grants, including grants for victims services, violence against women and domestic violence, juvenile justice, sex offender management, community policing training, the Colorado Police Corps, Local Law Enforcement Block grant program and the National Criminal History Improvement Program (NCHIP).

Administering major criminal justice programs through the same agency helps ensure that programs are coordinated philosophically and that there are consistent policies, strategies and administrative practices among the programs. Potential applicants, as well as OJP, deal with only one agency.

Several years ago, the Division of Criminal Justice initiated a quarterly educational opportunity for the chairs and staff of all the division's Advisory Boards to learn about each other's priorities and concerns. The mission of the DCJ Board Chairs Working Group is to collaborate with each other and DCJ Management to provide leadership to Colorado's criminal and juvenile justice systems through: mutual education; support for comprehensive planning; thoughtful coordination; staff and board development; and, promoting best practices.

In addition, SAA staff members regularly attend meetings of every significant federal and state program relevant to the criminal justice field. The Division of Criminal Justice, for example, enjoys an unusually close and cooperative relationship with Rocky Mountain HIDTA, the Denver Drug Strategy Task Force, Drug Task Force Commanders Meeting and others.

### **Coordination of Criminal Justice System Records Improvement**

**Programs:** Improving Colorado's criminal history and offender records continues to be a principal focus for system improvement. As the state SAA, the Division of Criminal Justice can coordinate both the required five percent CJRI set-aside in the Byrne program and the NCHIP program to achieve common goals. Most of these efforts have been focused on improving the state's integrated criminal justice information system. The Colorado Integrated Criminal Justice Information System (CICJIS) was created by statute in 1996 and includes representation of the state's five principal criminal justice functions: law enforcement, prosecution, courts, juvenile corrections and adult corrections. Active participation by representatives from all five functions ensures effective planning and program implementation. This program has been recognized nationally as one of the most successful efforts to share data among state criminal justice agencies.

Through the coordinated use of these funds, CICJIS has been able to improve substantially the quality of criminal history and offender records throughout the state. Felony disposition matching has been fully automated with the Colorado court system, resulting in a match rate in the state's criminal history repository of 90 percent for current court case dispositions. All felony, misdemeanor and domestic violence warrants and protective orders are automatically and electronically transferred from the state's general and limited jurisdiction courts to the state's wanted persons system. Funds are currently being used to update and fully automate the state's sex offender registration and management process. Effective use of these funds to improve the criminal justice system makes Colorado a model for the rest of the country.

**Homeland Security Programs Coordination:** Colorado's criminal justice system grant program, including the Byrne program, and the state's homeland security program are administered by the same state government agency. The same staff that produced Colorado's drug control strategy developed the state's homeland security strategy. Both strategies have been well coordinated for maximum impact on public safety needs throughout the state of Colorado.

Due to the centralized way in which strategies are developed and the Department of Public Safety administers programs and grants, these major programs are well coordinated in Colorado. The Division of Criminal Justice regularly conducts training opportunities for potential grant applicants for all its programs. Potential state and local government agency applicants learn both at these training opportunities as well as through such other media as the DCJ web site and DCJ brochures about the department's grant opportunities.

# Appendix A

Drug Control and System Improvement  
Program- Advisory Board and Staff

**February 18, 2004**

**DRUG CONTROL & SYSTEM IMPROVEMENT  
ADVISORY BOARD**

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