

From Me to We:



REPORT OF THE METHAMPHETAMINE PREVENTION NETWORK SUMMIT



Presented to the Santa Barbara County
Board of Supervisors

January 2007

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Report of the Methamphetamine Prevention Network Summit

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Executive Summary

The Santa Barbara County Board of Supervisors requested information about the impacts of meth on the county as departments reported that services were being strained, and circumstances such as county jail overcrowding, waiting lists for detoxification and overwhelming caseload for child welfare services were attributed, in part, to meth abuse. A report outlining the available data about meth, compiled by the County Executive Office along with other County departments, was provided to the Board in December 2006 and included plans for a Methamphetamine Prevention Network Summit.

The Summit was hosted by the Santa Barbara County Inter-Agency Policy Council (IAPC), made up of the Directors of Social Services, Alcohol, Drug and Mental Health, Probation, Housing and Community Development, Public Health and Child Support Services Departments. This report summarizes the results of the Summit, held December 14, 2006, as well as recommendations to be considered by the Board of Supervisors.

The Summit was envisioned as one in a series of phases to achieve collaboration among stakeholders and to maximize the effectiveness of available resources. The Summit was attended by 125 representatives

from community groups, community-based organizations (CBOs), recovering residents and family members, schools, elected officials, County and City law enforcement, and social services agencies. The goals of the Summit included: 1) Identify and agree on inter-agency goals and strategies; 2) Prioritize evidence-based strategies that fit our County; 3) Agree on an infrastructure to support achieving our goals and implementing strategies.

During the summit, several recurring themes were emphasized by the participants: improved collaboration, coordination and communication of all affected individuals, businesses and agencies, both public and private; build upon the efforts of existing local anti-drug community coalitions; increase the availability of information and coordinated data collection in order to facilitate measurement of the actual impacts; development of strategies for effective public outreach to communities and citizens across the county.

At the conclusion of the Summit, agreement was reached on the need to assemble a group (or Methamphetamine Prevention Network) to continue to develop these and other strategies and subsequently implement them. It was agreed that a Planning Team would convene in order to define

the scope, membership and responsibilities of this Network. Additional regional bilingual and culturally appropriate public forums will be conducted throughout the spring of 2007 as part of a plan to involve local citizens and professionals from different communities across the county with particular attention to underrepresented groups.

The recommendations detailed in this report would enhance current efforts in combating meth in a number of ways. The Board can provide support to the proposed Network through endorsement of the Network and endorsement of a project manager and designation of a Board liaison. In addition, the development of a coordinated data system would facilitate improvement in departments' ability to measure and track outcomes related to meth. Furthermore, enlisting the support of City governments within Santa Barbara County will be beneficial in achieving their cooperation and buy-in, as well as providing additional support to existing local coalitions and agencies that will implement the strategies. As demonstrated in this report, the Summit presented a unique opportunity to galvanize community leaders and bring together their collective resources to combat meth in the community.

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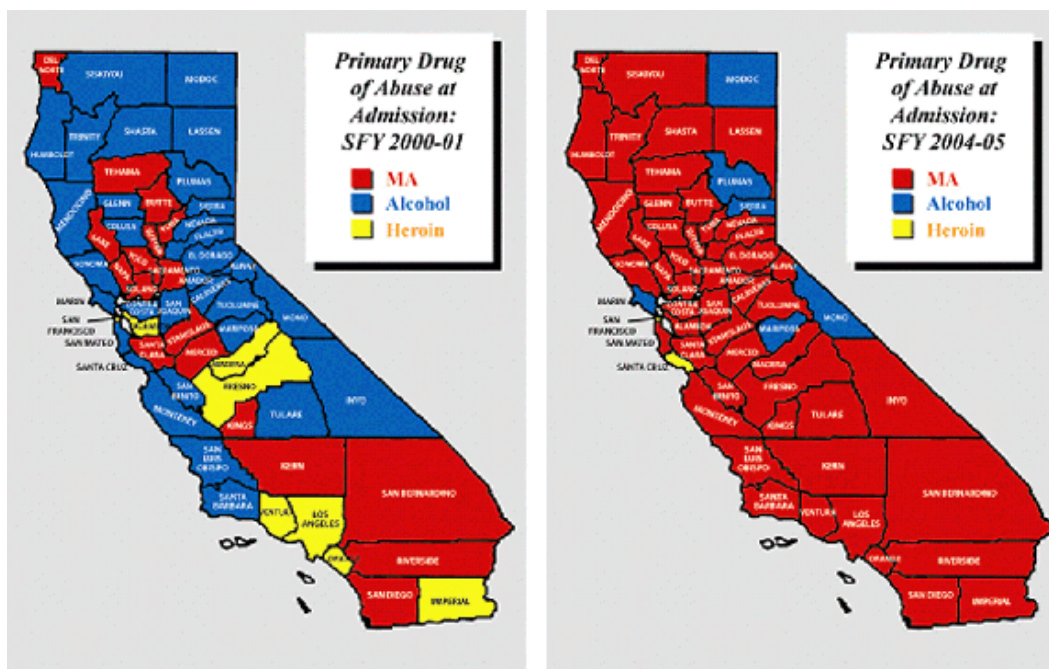
Introduction

The use of methamphetamine (meth) has affected many parts of the country, beginning in the west and spreading eastward over the last several years. As the use of the drug has become more prevalent, jurisdictions in various parts of the country have grappled with ways to stem the tide. Meth has been an issue in select counties in California for many years, and now that meth abuse and other associated problems are spreading throughout the state and east, a statewide and national furor has ensued about tackling the problem. Historically, California led the US in drug lab seizures,

however, recent studies show that the number of seizures has dramatically dropped as the production of meth has been exported to Mexico. One contributing factor is that many basic approaches to reduce the manufacturing of meth have been implemented, such as moving non-prescription medications behind the counter to limit the availability of the ingredients that can be used to produce meth. Consequently, San Diego and Imperial Counties have become a main “transshipment zone” for a variety of drugs – including methamphetamine – smuggled from Mexico.¹ The following figures illustrate the increase in

meth as the primary drug of choice at admission to treatment in California between State Fiscal Years (SFY) 2000-01 to 2004-05. In SFY 2000-01 meth was identified as the primary drug of choice mainly in southern and inland California counties; by 2004-05, it became the primary drug of choice statewide, with the exception of only a few northwestern and coastal counties.

¹ “Briefs & Background, Drugs and Drug Abuse, 2006 California Factsheet,” US Drug Enforcement Administration, June 2006. 2 Jan. 2007. <<http://www.usdoj.gov/dea/pubs/states/californiap.html>>



Images courtesy of California Department of Alcohol and Drug Programs, presented to Directors Advisory Council December 7, 2006.

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Facts About Meth

- ✓ Methamphetamine is a powerfully addictive stimulant.*
- ✓ Meth is associated with serious health conditions, including memory loss, aggression, violence, psychotic behavior (such as paranoia, hallucinations, repetitive motor activity) and potential heart and neurological damage. It also contributes to increased transmission of infectious diseases, especially hepatitis and HIV/AIDS.*
- ✓ Meth has long lasting effects: 50% of cocaine is removed from the body in 1 hour; 50% of meth is removed in 12 hours.*
- ✓ Meth is known by a variety of street names including *meth*, *speed*, *crank*, *crystal*, *CR*, *vitamin C*, *ice*, *go-fast*, *chalk*, and *glass* and is cheaper than cocaine or heroin, therefore affordable to more people.
- ✓ Meth can be easily manufactured in anyone's garage, at a great profit and its production leaves five pounds of waste, often toxic, for every pound of meth produced.
- ✓ Fortunately, some of the effects of chronic methamphetamine abuse appear to be, at least partially, reversible. Certain forms of drug treatment have been shown to be effective in reducing methamphetamine abuse.*
- ✓ In Santa Barbara County, 46-58% of youth and 53-63% of adults (rates vary by region) successfully completed treatment for methamphetamine abuse in publicly-funded treatment programs in FY 05-06 (as defined by Federal Substance Abuse & Mental Health Services Administration)
- ✓ Most meth users in Santa Barbara County are young adults: 64% of those in publicly funded treatment between 2004-2006 were between the ages of 21-40.
- ✓ In 2005 78% of drug-related bookings to Santa Barbara County Juvenile Halls were for meth.
- ✓ Approximately half (52%) of the approximately 300 children in out-of-home placement on July 1, 2006 in Santa Barbara County were removed from their homes due to abuse or neglect resulting from parental use of methamphetamine.

* National Institute on Drug Abuse. Research Report Series - Methamphetamine Abuse and Addiction.
<http://www.drugabuse.gov/ResearchReports/methamph/methamph3.html#DIFFERENT>

Assessing the cost of meth to the state and local systems is a challenge, as agencies collect information differently, and often do not collect data specific to meth. Some jurisdictions have attempted to determine the cost of meth, such as the San Diego County Association of Governments (SANDAG), which estimated the cost of the "system's response to a single methamphetamine-related criminal case in San Diego County was almost \$94,000."² The study looked at "one defendant's arrest and incarceration history ... and the cost of her contacts with publicly-funded entities, such as law enforcement, local and state detention facilities, probation, parole, and treatment providers."

SANDAG completed this study to draw attention to how just one case can result in a number of different costs over time and across many systems, and while it hopefully is an extreme scenario, suggests the cost ramifications for local systems are substantial.

² "Meth Use Has Many Costs," SANDAG Criminal Justice Research Division, Vol. 8 Issue 10, October 2006. 2 Jan. 2007.

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Background



“From Me to We is a new benchmark for bringing together a broad-based coalition of public and private agencies, organizations, services and other stakeholders to fight the impact of methamphetamine.”

Joni Gray

Supervisor, Fourth District
(Welcoming Remarks from the Methamphetamine Prevention Network Summit)

Many state and local governments have struggled with how to deal with the production, distribution and abuse of this destructive drug. Meth has been identified as a considerable problem facing the County of Santa Barbara with far-reaching consequences affecting individuals, families, communities and many branches of government. In response to a request from the Santa Barbara County Board of Supervisors for information about the impacts of meth on the local system, the County Executive Office and other County departments provided a report detailing available data to the Board in December 2006.

Meanwhile, parallel efforts were being undertaken by a variety of agencies and community groups interested in minimizing the devastating impacts of meth. Some of those efforts included:

- Fighting Back Santa Maria Valley – conducted community forums on meth;
- Sheriff’s Department – allocated an officer to conduct community presentations on meth;
- Lompoc Parents – parents of a meth user established a support group for parents which meth users also began attending, making for an unlikely alliance;
- Fighting Back Santa Barbara

– conducted forums on meth;

- Carpinteria Cares for Youth - conducted a forum on meth;
- District Attorney’s Office – developed the Drug Endangered Children (DEC) Protocol to outline the responsibilities of frontline responders in addressing child and worker safety issues for children exposed to drugs;
- ADMHS – hosted the UCLA Integrated Substance Abuse Programs community training; adopted research-based treatment curriculum and provides ongoing treatment for those abusing methamphetamine; developed a radio campaign to encourage treatment for meth abuse (which was replicated in San Bernardino County).

These agencies, along with others in the community, identified a growing need for a coordinated approach to deal with meth to include increasing communication and information dissemination between a multitude

³ *Methamphetamine and the Impact on Santa Barbara County: A Report to the Board of Supervisors*, available at www.dontw8.info

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of agencies, as well as collaborating to ensure the effective use of limited resources. This includes a need for agreed-upon themes and cohesive messages to be communicated that are countywide in scope and specific to the various regions. Consequently, when representatives from a variety of disciplines, both public and private, took up the call for action, the Santa Barbara County Inter-Agency Policy Council (IAPC) offered to host the Santa Barbara County Methamphetamine Prevention Network Summit as the first in a series of steps to address meth. The IAPC intended to facilitate a collaborative approach to devise strategies against the meth epidemic, and bring together representatives of community groups, Community Based Organizations (CBOs), recovering residents and family members, schools, elected officials, County and City law enforcement, and social services agencies. In addition, the IAPC created a Planning Committee composed of representatives of some of these groups and enlisted the expertise of Angela Goldberg, San Diego Meth Strike Force Coordinator, to facilitate the Summit.

The Summit was attended by 125 key representatives from a wide array of stakeholder groups. The Summit opened with an address by Fourth District Supervisor Joni Gray and was followed by comments from Santa Maria Police Chief Danny Macagni and a local resident recovering from meth, Kelly Rodriguez. In addition, Angela Goldberg presented information about efforts to combat meth in San Diego County and, a panel composed of representatives from the Alcohol, Drug and Mental Health Services (ADMHS), Probation, Social Services (DSS) and Sheriff's Departments presented key data to provide context for the day's activities. The panel pointed out that increased admissions to publicly-funded treatment programs, a marked increase in the prevalence of meth in drug-related bookings to juvenile halls and anecdotal information suggesting a massive proportion of drug possession/sales arrests for meth show the pervasiveness of meth in Santa Barbara County. The incidence of meth has been on the rise in the county, reflected in the following indicators:



“Many good ideas came from the experts in the fields of law enforcement, education, social services and community services. From these we hope to build a local strategy that will engage all our partners in finding ways to eradicate meth from our cities and community.”

Kathy Gallagher, 2006
Chair, Human Services
Inter-Agency
Policy Council
and Director,
Santa Barbara
County
Department of
Social Services



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- In FY 00-01 meth was reported as the primary drug of choice for 19% of clients at admission to treatment; by FY 05-06, 31% of clients reported meth as the primary drug of choice at admission, making it the number one primary drug of choice in Santa Barbara County, as well as statewide (34% in State Fiscal Year 2004-05).
- For Drug Court participants that tested positive for drug use, meth accounted for 55% (218 tests) in Santa Maria; 42% (204 tests) in Lompoc; 33% (110 tests) in Santa Barbara, according to the Probation Department.
- Substance abuse was identified as a factor in 68% of new Santa Barbara County child welfare cases opened in FY 04-05
- Admissions to detoxification for methamphetamine have led to plans for opening an additional detox program site in Lompoc.

Summit participants were divided between three groups (Educated Communities and Professionals; Meth Free Families and Children; Safe Neighborhoods) with attention to achieving balance in the disciplines represented in each group. Attendees were asked to identify community

needs, existing resources and strategies, and then to propose new strategies for application in the various regions of Santa Barbara County with respect to each group's subject matter. Subsequently, each group was to prioritize the proposed strategies according to greatest need, existing resources and strategies, community readiness and identify the most effective at accomplishing desired results, based on evidence-based strategies shared during the Summit general session. As the following illustrates, each group was asked to focus on one of these areas with specific defined goals in mind. Due to the variety of expertise represented in each of the three groups, some of the strategies developed and summarized in this report may overlap, which reiterates the interrelationship between prevention, treatment and law enforcement efforts. The theme for the day was "From Me to We" to highlight the need for collaboration with a particular emphasis on 'What Citizens and Local Communities Can Do' to accentuate that this problem must be dealt with by members of the community as well as involved agencies.

Each of the three groups reviewed the issues specific to their topic area and the following summarizes the efforts of each group in developing strategies to combat meth.

Methamphetamine Summit Sponsors

- Aegis Medical Systems, Inc.
- Fighting Back Santa Barbara
- Fighting Back Santa Maria Valley
- Good Samaritan Services
- Lompoc Police Department
- Lompoc Valley Community Health Care Organization
- Lompoc Valley Recovery Task Force
- Santa Barbara Police Department
- Santa Maria Bonita Unified School District
- Santa Maria Police Department
- Zona Seca

Santa Barbara County:

- Advisory Board on Alcohol & Drug Problems
- Alcohol, Drug & Mental Health Services Department
- Child Support Services Department
- Department of Social Services
- District Attorney's Office
- Executive Office
- Housing & Community Development Department
- Probation Department
- Public Health Department
- Sheriff's Department

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Educated Communities and Professionals

Overview

The Educated Communities and Professionals (ECP) group focused primarily on prevention approaches; however, while prevention professionals were represented in the group, the main theme of the strategies emphasized a system-wide, multi-discipline collaborative approach. The group was composed of about 40 representatives from public health, social services, law enforcement, city governments, schools and an array of community agencies.

The ECP group was asked to assess needs, current resources and strategies with respect to the following preliminary goals:

1. Increase awareness among community members about the prevalence of methamphetamine problems, and of the risk and harms associated with it.
2. Increase methamphetamine prevention knowledge and skill among professionals across a wide spectrum of disciplines, particularly law enforcement, treatment agencies, public health clinics, social service agencies, teachers, property managers, and restaurant and bar staff.

3. Reduce risk of individual health effects of methamphetamine use.

Community Needs

Participants examined prevention needs and concerns in each of the county regions. The needs identified included: the development of specific social marketing and outreach education programs to target groups of different cultures, languages, ages, genders, sexual orientations, as well as special needs, such as homeless, domestic violence survivors, and intravenous drug users. Another identified need was outreach education and training to health care workers, teachers, and parents.

Existing Strategies

Existing strategies and programs were discussed and evaluated and it was concluded that while existing strategies were successful in their respective areas, there was no county-wide or regional structure to coordinate these programs or duplicate their efforts. The most prominent existing strategies identified and reviewed by the ECP group are summarized below:



“The Fighting Back Santa Maria Valley Coalition represents over 12 sectors of the community focused on prevention and education for families and adolescents. We are currently responsible for providing teacher in-service trainings; public, faith-based and civic group educational forums on alcohol, tobacco, and other drugs, including methamphetamine, to over 1,500 community members.”

Teresa Menchaca,
Executive Director, Fighting
Back - Santa Maria Valley

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“It’s obvious that our collective approach to our meth problem needs re-thinking. We need to expand our investment in effective prevention approaches that build on the foundation of ‘we.’ ”

Al Rodriguez

Assistant Director, ADMHS — Alcohol and Drug Program

- Methamphetamine Prevention Media Campaigns, including Spanish and English radio advertisements funded and developed by Santa Barbara County ADMHS; and Meth Prevention public service announcements (PSAs) and Power Point presentations on Santa Maria TV channels funded and developed by Santa Maria Valley Fighting Back.
- Community Education & Forums: Peer to peer presentations, Free for the Weekend youth activities and public forums conducted by Santa Maria Valley Fighting Back; ADMHS forums and workshops to the broad community, faith community, physicians and community based agencies on meth issues; the Sheriff Department’s law enforcement and drug awareness education to the public.
- Training for staff and professionals, including the Sheriff Department’s community training and workshops, and ADMHS training to public sector staff on the signs and symptoms of meth use and how to better manage clients that may present under the influence of meth.

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Educated Communities and Professionals: Proposed Strategies

The ECP Group emphasized that any new strategy to address the identified needs must include culturally competent approaches, including culturally competent goals and objectives specific and relevant for target populations of different languages, cultures, ages, genders, sexual orientations, homeless, survivors of domestic violence, and other identified target groups. The group prioritized strategies, by using the nominal group technique and multi-voting, as follows:

- ✓ Use public education and media strategies that are coordinated around one clear anti-methamphetamine theme to increase the public's knowledge of the nature and scope of the problem. It was advised that culturally appropriate themes and information be developed for specific target populations, rather than one global message;
- ✓ Use community-based coalitions, including existing grass roots organizations (such as Carpinteria Cares for Youth, Lompoc Valley Task Force among others), local government entities, the business community, schools, youth-serving organizations and the faith community to employ multidiscipline, culturally relevant evidence-based education and mobilization strategies to promote social norms that discourage use and increase awareness of the dangers of methamphetamine use among all age groups;
- ✓ Train professionals who are likely to come into contact with methamphetamine users and parents in the community to identify the signs of use so they will be able to intervene more effectively.



“... any new strategy to address the identified needs must include culturally competent approaches, including culturally competent goals and objectives specific and relevant for target populations of different languages, cultures, ages, genders, sexual orientations, homeless, survivors of domestic violence, and other identified target groups.”

**Educated Communities
and Professionals Group**

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Meth-Free Individuals, Families and Children

Overview

The Meth-Free Individuals, Families and Children group (MFIFC) focused on the provision and coordination of services to the individual affected by meth and those directly impacted by their use. The scope of the group's discussion included drug treatment and recovery services, including individual and group counseling, residential, Perinatal and detoxification services, with particular attention to youth services. In addition, this group assessed the services for the children of meth users, and/or other family members such as parents in the case of youth meth users, and resources to better serve them.

Given the varied roles of the group participants, the MFIFC group chose a regional perspective to review needs and develop strategies for the county as a whole. Participants brought a range of expertise to the group and included representatives from: the faith community, concerned citizens, community groups that focus on meth issues, the treatment/recovery community, and public agencies including the County Executive Office, ADMHS, Probation, DSS, and law enforcement.

Participants were asked to consider the following preliminary goals in assessing needs and designing strategies to support meth-free individuals, families and children in the community:

1. Reduce the harm to children associated with methamphetamine use and production.
2. Improve coordination between public and private agencies that work with individuals, children, and families on methamphetamine problems.
3. Improve support for individuals and families in recovery from methamphetamine abuse or addiction.

Community Needs

The review of the current needs indicated that, in general, current countywide resources are not adequate to deal with the potential "storm surge" that is pending given the increase in meth use among varying age groups (8-80). A subject that emerged was the need for a comprehensive data collection and monitoring system to enhance understanding of the scope of the problem. This includes understanding the risk factors that contribute to the use of meth, elements such as recidivism rates and whether users

Voices from the Community:

"Using meth was the most self-destructive thing I've ever done. I lost my children, went to jail, and became homeless. Now after 11 months of treatment and recovery, I have learned that I will always be an addict, but I don't ever have to use meth again."

Kelly Rodriguez

"As a parent, you can't lose hope. At first, I felt death was the only option, but I found support in others and found a way to help my son. Having the community's support was a critical component of his recovery."

Cindy Strange

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are residents or relocated to the county. In addition, the group expressed a need for information about the outcomes for children exposed in utero and the subsequent impacts on their development

Participants identified a need for additional treatment resources and agencies qualified to supply services and a need for a commitment to serve communities that are geographically isolated. Moreover, there are insufficient foster care placement resources to provide safety for children when their families are unable to care for them. Additional needs included: resources for youth in recovery, housing for families in recovery, and additional detoxification/residential treatment programs. Furthermore, the group identified a need for implementation of treatment modalities that incorporate life skills components, involve families in the recovery process, and provide self-help alternatives to 12-step models to adequately support those desiring to become meth free. The issue of limited resources is compounded by the lack of funding, outside of Medi-Cal, to support treatment and recovery programs.

The group emphasized the need for a more immediate and coordinated response by the affected agencies with better

linkage between the courts, law enforcement, individuals/families, and service providers. A need for community education to improve awareness about the signs of meth use and available resources prior to law enforcement or child welfare services involvement was also identified.

Existing Strategies

Participants identified existing resources and strategies utilized within our communities that support the meth-free lifestyle. The group concluded that while these programs were successful in their respective areas, there was no county-wide or regional structure to coordinate these programs or duplicate their efforts. The most prominent existing resources identified were:

- A wide range of alcohol and drug programs including detoxification beds, short and long term residential programs, outpatient programs, Perinatal services, co-occurring disorder programs, sober living homes, private therapists, 12-step programs, private treatment programs, and the Sheriff's Treatment Program (STP).
- Individual community efforts including, but not limited to Santa Maria and Santa Barbara Fighting

Back, Carp Cares, the Lompoc Valley Recovery Task Force, and the UCSB AOD taskforce.

- Various public and community partnered committees including, but not limited to the Substance Abuse Treatment CORE, Perinatal Action Team, Offender Treatment Program (OTP), the Juvenile Justice Coordinating Council (JJCC), the Juvenile Justice Delinquency Prevention Committee (JJDPC), Therapeutic Policy Council, and Domestic Violence Solutions.
- Adult and Juvenile Drug Courts.

Determining the community's readiness to deal with the concerns and needs identified resulted in more questions than answers for the group. While participants were generally ready to deal with the concerns that arose, there was a sense that the general population may not be aware of the significant impacts of meth. Participants expressed concerns that misconceptions about the effectiveness of treatment may be a potential barrier to action and the community's willingness to respond. Overall, this emphasized the need for providing accurate education and information to the community.

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Meth-Free Individuals, Families and Children: Proposed Strategies

The MFIFC group developed several strategies targeting the preliminary goals set out earlier, then prioritized strategies, by using multi-voting. The top strategies included:

- ✓ Develop a Meth Response Team to address individuals, children, and families utilizing a timely, multidisciplinary approach to service delivery. The Team would provide wraparound care/case management for those in critical need (those released from jail or having children detained in protective custody due to drug-related charges/issues). This approach would be supported by the development of a standardized release of information (ROI) form to enable coordination of services between team members, while adhering to mandatory confidentiality requirements.
- ✓ Establish a Legislative Liaison or Committee which would seek legislative changes to remove barriers to services and fiscal resources that help individuals obtain and maintain a meth free lifestyle. This liaison would address the conflict between regulatory standards and recovery timelines including factors such as eligibility and fiscal resources for treatment and legal mandates regarding Family Reunification under Child Welfare Services. In addition, the liaison would seek to remedy barriers obtaining and maintaining a meth free lifestyle such as inadequate Medi-Cal and insurance coverage for substance use disorders, lack of coverage for detoxification services, and restrictions to obtaining financial assistance for those with legal drug history creating additional barriers to remaining meth free.
- ✓ Establish a One-Stop Transitional Housing Recovery Program to ensure that the services and supports needed to obtain and maintain recovery are present where the individuals and families need it most – where they live. Access to treatment and other supportive services that enhance the life skills of those in residence would promote a holistic approach to recovery and promote a meth free lifestyle beyond the formalized treatment model. In addition, the One-Stop concept would further support a wrap-around approach to service delivery and reduce process barriers to achieving and maintaining sobriety.
- ✓ Develop a Best Practices Training Program for all who work with the meth-affected population. The training program would provide a standardized approach for dealing with meth issues and ensure that clients are receiving services/supports utilizing a best practice, evidence-based approach. Successfully implementing this strategy would require the development of a data collection system encompassing the various agencies involved. Clearly defined outcome measures need to be determined and monitored to gauge and improve the effectiveness of treatment.
- ✓ Interest was expressed in increasing public awareness campaigns and education for professionals providing services. This topic was assigned to the Educated Communities and Professionals Group.

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Safe Neighborhoods

Overview

The Safe Neighborhoods (SN) group was asked to focus on law enforcement-related issues to combat problems related to methamphetamines, including the production and distribution of methamphetamines throughout various areas of the county.

The SN group, like the other groups, was asked to identify the needs, existing resources and strategies, and gauge community readiness for implementing law enforcement strategies that would result in safer neighborhoods. The group was then asked to propose new strategies that could be used in various regions of Santa Barbara County as well as prioritize the proposed strategies according to greatest need and community readiness.

While the focus was primarily on law enforcement issues, the group was inclusive of other agencies beyond law enforcement involved in reducing the effects of meth. The general consensus was that we cannot “arrest ourselves out of the problem.” The group was comprised of approximately 40 participants, including law enforcement representatives, non-profit service providers, property management firms and real estate representatives, and County department representatives.

Methods, strategies, and current resources to address the following preliminary goals were examined:

1. Improve safety in neighborhoods.
2. Disrupt local methamphetamine distribution networks.
3. Reduce “hot spots” for methamphetamine use and/or sales, including housing and hotels/motels.

Community Needs

Existing needs and strategies were brainstormed, including specific programs in the county that address the methamphetamine problem. The group identified the following needs: collaboration with and training for local property managers/owners; improved code enforcement for apartment complexes and multi-housing units in Santa Maria and Lompoc; development of a parent project for the Santa Maria Valley; reducing the availability of drug/methamphetamine paraphernalia by targeting retailers of these products in Santa Maria and Orcutt; increased collaboration within the criminal justice system to better address methamphetamines; development of long-term tracking and outcome measures to monitor progress in addressing methamphetamines and develop ways to better



“I was impressed that we could bring together so many people to talk about this destructive drug; it’s bigger than any one city or community, and we all need to work together to combat it.”

Danny Macagni
Santa Maria City
Police Chief and
2004-06 Chair,
Advisory Board on
Alcohol and Drug
Problems

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"I have seen the scourge of meth abuse spread from one end of this county to the other in the past few years, and I am convinced that this crisis will only be solved by the continuing collaboration between public and private agencies. I am convinced that treatment works, it's effective, but it must have the support from all segments of our society in order to be successful. Failure is not an option."

Superior Court Judge Rogelio R. Flores, Santa Maria, California

collect data specific to meth; development of specific prevention and intervention strategies for different populations (i.e. Latino population). In addition, the need was identified for more drug treatment programs for youth in Santa Maria, as well as additional foster homes.

Existing Strategies

While needs, strategies and programs were discussed and the group concluded that these programs were successful, they recognized that there was no county-wide or regional structure to coordinate these programs or mechanism for duplicating these efforts. The group identified some of the existing strategies, which included: Santa Barbara Regional Narcotic Enforcement Team (SBRNET); Drug Courts, Proposition 36 and specialty courts; Drug Endangered Children (DEC) protocol; Drug testing as part of treatment and during probation; Group Home Placement; DARE; detox services; and the WEED/SEED grant in the Santa Maria area

Regarding "readiness" of the regions within the county to deal with the methamphetamine problem, it was generally agreed that there was an overall awareness of the problem, but there was no consensus about the readiness for action and skills needed for effectively implementing strategies. Greater assessment from the regions is needed regarding this issue and should be part of the community forums planned for early 2007.

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Safe Neighborhoods: Proposed Strategies

Four central strategies were identified by using the nominal group technique and multi-voting. These strategies were further analyzed and specific programs or approaches assigned to them. The strategies in order of priority are:

Increased Collaboration:

- ✓ Increase knowledge about the existing infrastructure and the relationships among the various agencies involved, specifically agencies within the criminal justice system including law enforcement, courts, treatment programs and legislation. Sharing information among the agencies about their respective policies and efforts would enable a more coordinated effort among the organizations.
- ✓ Establishment of a Policy Council, made up of key decision makers, with sub committees for the following areas, at minimum: Educated Communities & Professionals, Meth Free Families and Children, Safe Neighborhoods.
- ✓ Establishment of a grant coordinator to pursue and manage grants that specifically address the meth problem.
- ✓ Create interdisciplinary regional strike teams based on community policing structure to include agencies such as DSS, Law, Fire, Building Code/Zoning and community groups. These teams will identify specific geographical areas, evaluate their unique issues, then develop and implement long term strategies to maximize the available resources to address the problem.

Jail Overcrowding:

- ✓ Build a north county jail to increase capacity and allow for “flash incarceration” and sanctions throughout the Therapeutic Justice System.

- ✓ Pursue the State Prisoner Re-Entry program proposed for North County, wherein state funding would be provided to house state parolees, as a method to assist in funding the north county. This program should include transition programs and vocational training programs.
- ✓ Continue the efforts of the Jail Overcrowding Task Force to identify and implement alternatives to jail, specifically for mentally ill offenders and those with substance abuse issues.

Property Management and Real Estate Liaison Program:

- ✓ Provide training and support to Property Management and Real Estate firms to assist in identifying problems and developing solutions.
- ✓ Establish a specific law enforcement point-of-contact to serve as the central contact for all law enforcement and community policing efforts and to coordinate the previously described strike team.

Prevention and Education for the Entire Community:

- ✓ Provide training regarding methamphetamine to existing Neighborhood Watch associations.
- ✓ Hold forums to inform communities about the circumstances that lead to meth use, and how to recognize the symptoms.
- ✓ Partner with local business and media to disseminate education.
- ✓ Ensure that all agencies in the county are knowledgeable about the Drug Endangered Children Program and the services it offers.
- ✓ Provide information and programs to youth services agencies and programs (i.e. Boys and Girls Club).

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What Citizens and Local Communities Can Do

Providing solutions to a problem of this magnitude requires the personal, professional, and fiscal resources of the entire community. Consequently, based on examples set by other jurisdictions that have developed and implemented meth strategies, citizens and local communities can mobilize to counteract the ill effects of meth, by choosing to:

- Use local access media to share information about methamphetamine problems, promote social norms that discourage use and increase awareness of the dangers of methamphetamine use among all age groups, and mobilize response among neighbors and others in the community.
- Provide information and education to people of all ages through public forums, schools, civic organizations, and other groups.
- Use tool kits and resources provided by the County ADMHS and/or other sources to implement evidence-based prevention approaches in the community.
- Publicly support local law enforcement and retailers when they implement new control strategies to reduce methamphetamine use and related crime.
- Get involved with local coalitions already in place.
- Consider investing time or funding in local agencies that directly deal with the repercussions of meth.
- Individuals seeking help can contact the 211 helpline for referrals to services.
- Learn the signs of meth use/abuse.
- Report any suspicious activity to local police departments;
- Report suspected abuse and neglect of children and incapacitated adults resulting from the use or production of meth to local law enforcement agencies.
- Support local programs in your community and/or neighborhood designed to promote a meth free lifestyle for individuals, children, and their families.
- Become a mentor and positive role model for youth exposed to the use and production of meth.
- Share knowledge and resources across community, city, or regional boundaries including agency and collaborative efforts working together to support meth free individuals, children, and families in all communities.
- Pool knowledge and resources to tap into new funds to support the identified strategies and those yet to be proposed.
- Support meth-free zones in neighborhoods and businesses where individuals, children, and families can seek support when needed.
- Civic, fraternal and community groups can invite law enforcement officials and other agencies to give presentations about methamphetamine at community meetings and forums.

Summary and Next Steps

Following the separate sessions, participants in the Methamphetamine Prevention Network Summit returned to the general session to review all of the strategies designed by the Educated Commu-

nities and Professionals, Meth-Free Individuals, Families and Children, and Safe Neighborhoods groups. Subsequently, the participants were asked what actions should be undertaken by the

various stakeholders to implement these strategies in order to continue to address meth. The group reached consensus about the following:

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- *Planning Team* – a group of approximately 15 members, composed of leaders from several of the key stakeholders, will be formed to craft criteria for membership and design the actual composition of an ongoing “methamphetamine prevention network” that will provide oversight regarding the implementation of the proposed strategies. As of the date of this report, representatives from the following agencies have agreed to participate: People Helping People; Fighting Back Santa Maria; Zona Seca; Lompoc Police Department; Good Samaritan Shelter; Lompoc Valley Community Health Organization; Santa Maria School District; Superior Court Judge James Iwasko. This Planning Team will be convened in January 2007 and is anticipated to develop recommendations about the network structure by February 2007. These recommendations are expected to be available and accompany the presentation to the Board in February 2007.

- *Methamphetamine Prevention Network* – as discussed above, an infrastructure will be established to: further develop and refine the strategies produced during the Summit and to explore others; establish subcommittees to focus on the three areas (Educated Communities & Professionals; Meth Free Families & Children; Safe Neighborhoods) among others and to implement strategies; conduct ad-

ditional public forums to solicit feedback from the community; establish outcome measures and collect and report data measuring progress on the measures. The infrastructure, made up of both the public and private sector, will be tasked with communication and coordination through a county-wide collaborative approach to maximize available resources. Participants in the Summit expressed interest in establishing this group which may potentially be composed of residents, representatives from community groups (i.e. faith community, property managers, concerned existing anti-drug coalitions), Community Based Organizations (CBOs), recovering residents and family members, schools, elected officials, County and City law enforcement, and social services agencies. This Network is envisioned to have a leadership group to be modeled after the Leadership Council for the 10-Year Plan to End Chronic Homelessness, as well as a part-time Project Manager to facilitate the meetings and serve as staff to the Network. Outcomes will correspond to the strategies the Network implements, and may include:

- Reduction in the number of drug-exposed children cases that occur;
- Reduction in the number of out-of-home placements of children prompted by meth use;
- Reduction in the number of

babies born with exposure to meth in utero;

- Increase in successful completion of treatment by meth users;
- Increase in engagement of traditionally under-represented groups (i.e. Latino community, faith community, etc.);
- Reduction in the jail recidivism rate for meth offenders;
- Adoption of policies or legislation to reduce barriers to the prevention, treatment and interdiction of meth, such as following the San Diego model to prohibit the sale of ‘meth pipes.’

- *Town Hall Meetings* - regional bilingual and culturally appropriate town hall meetings will be conducted as part of a plan to involve local citizens and professionals from different communities across the county. Special effort will be made to reach out to those most at risk for methamphetamine abuse. At these town hall meetings, communities will be engaged in discussions that will generate input on which of the proposed strategies are of highest relevance and importance to them; how best to implement the strategies in the different regional areas and to different target groups; and what support and resources might be mobilized at a community level to support these strategies.

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Conclusion

As illustrated throughout this report, several recurring themes emerged in all three groups, and overlap between the topics was evident. This emphasizes the degree to which these areas (prevention, treatment and law enforcement) are interrelated and that attention must be given to all of them in order to yield positive results. The major themes that emerged during the Summit were:

- Need for improved collaboration, coordination and communication of all affected individuals, businesses and agencies, both public and private.
- Every effort should be made to build upon the efforts of existing local anti-drug community coalitions.
- Need for development of strategies for effective public outreach to communities and citizens across the county.
- Need to increase the availability of information and coordinated data collection in order to facilitate measurement of the actual im-

pacts of this and other issues as they recur.

In conclusion, dealing with the increase in the prevalence of meth will require coordination of all agencies in combating its detrimental impacts on those directly affected by its abuse and the community as a whole. The variety of perspectives brought together at the Summit illustrates the realization in the public and private sectors that actions must be undertaken to address meth and its effects at all levels. At this time, the Board of Supervisors is requested to support the following actions as agencies move forward in these efforts:

1. Support the creation of a Methamphetamine Prevention Network to continue to refine and ultimately implement strategies to combat meth, which will include representatives of stakeholder groups, such as community groups (i.e. faith community, property managers, concerned existing anti-drug coalitions) community-based organizations (CBOs), recovering residents and family members, schools,

elected officials, County and City law enforcement, and social services agencies;

2. Designate a member of the Board of Supervisors, and/or their designee as alternate, to serve as liaison to the Network;
3. Endorse the creation of a part-time Project Manager position within the Alcohol, Drug and Mental Health Services Department, within existing budget allocation, to serve as staff to the Network;
4. Endorse the development of a countywide coordinated data system to facilitate measurement and monitoring of outcomes, in concert with the County Executive Office and General Services;
5. Encourage cities within the County to:
 - a. Designate a member of the City Council and/or appropriate staff to serve on the Network;
 - b. Contribute resources to coalitions in support of their local efforts.

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Human Services Inter-Agency Policy Council

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December 14, 2006**

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