



Rural Law Enforcement Methamphetamine Initiative

State Strategic Plan KANSAS

August 2010



Rural Law Enforcement Methamphetamine Initiative KANSAS Table of Contents

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Rural Law Enforcement Methamphetamine Initiative KANSAS Strategic Plan: Background

In 2010 Kansas was one of seven states selected to participate in the Rural Law Enforcement Methamphetamine Initiative (RLEMI) launched by Strategic Applications International in partnership with the Bureau of Justice Assistance, U.S. Department of Justice. The goal of the RLEMI is to focus efforts to reduce the production, distribution, and use of methamphetamine in rural states. As part of the state's participation in the RLEMI, Kansas has been tasked with developing and implementing a comprehensive strategic plan to assist rural law enforcement in addressing methamphetamine.

In June 2010 representatives from 11 Kansas agencies and organizations attended the *National Rural Law Enforcement Methamphetamine Summit* in Denver, Colorado and began the strategic planning process. During activities and brainstorming sessions at the Summit the participants from Kansas identified the key focus areas on which the strategic plan would be based. The Kansas Task Force Addressing Methamphetamine and Illegal Drugs and the State Methamphetamine Coordinator then collaborated to establish goals and objectives, develop action steps, and format the strategic plan included in this document. The strategic plan will provide a clear roadmap for the Kansas Task Force Addressing Methamphetamine and Illegal Drugs as we strive to mitigate the consequences of methamphetamine production, distribution, and use in rural Kansas communities.



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Rural Law Enforcement Methamphetamine Initiative KANSAS Strategic Plan: Overview

Goal #1: *Increase access to accurate data related to methamphetamine.*

Objective 1) Improve the accuracy of methamphetamine seizure and laboratory incident data reported by law enforcement

Objective 2) Identify and compile new and existing sources of methamphetamine treatment admissions and DEC data

Goal #2: *Secure funding to enhance the efforts of law enforcement, treatment and prevention to address methamphetamine.*

Objective 1) Pass legislation implementing a wire money transfer assessment in order to establish a funding stream for methamphetamine enforcement, treatment and prevention efforts

Goal #3: *Increase access to treatment for individuals abusing or dependent on methamphetamine.*

Objective 1) Promote the implementation of drug/problem solving courts in rural communities

Objective 2) Identify, and advocate for the usage of, best practices for providing methamphetamine treatment to offenders

Goal #4: *Promote public policies to reduce methamphetamine manufacturing.*

Objective 1) Support the implementation of the electronic pseudoephedrine monitoring program

Objective 2) Evaluate the capacity of the state to support legislation rescheduling pseudoephedrine as a Schedule III controlled substance

Goal #5: *Increase public awareness and professional knowledge about methamphetamine.*

Objective 1) Implement a statewide methamphetamine prevention media campaign

Objective 2) Implement a multidisciplinary community methamphetamine education curriculum in rural communities

Objective 3) Offer education to professionals to increase their knowledge of methamphetamine

Goal #6: *Increase community capacity to respond to the needs of Drug Endangered Children.*

Objective 1) Increase the number of rural communities engaged in DEC initiatives

Objective 2) Raise awareness about DEC issues



Rural Law Enforcement Methamphetamine Initiative KANSAS Strategic Plan: Summary of Goals and Outcomes

Goal #1: *Increase access to accurate data related to methamphetamine.*

The lack of accessible and accurate data related to methamphetamine represents an ongoing challenge for Kansas agencies. Anecdotal evidence clearly indicates that meth lab incidents and dumpsites recorded in the El Paso Intelligence Center (EPIC) system are underreported. Law enforcement officers and prosecutors in Kansas require enhanced tools and resources to address meth manufacturing and importation. However, due to the inadequacies of the current reporting environment, it is very difficult to articulate the impact of importation and the need for greater resources. Isolating the number of children affected by parental meth use or manufacture is an additional challenge. With no data available, agencies rely on insufficient estimates to gauge the number of children impacted by meth. In order to obtain community and financial support for efforts to address meth, access to reliable data demonstrating the level of the problem is critical.

By increasing the reliability of EPIC data, local law enforcement agencies in rural jurisdictions will have the meth lab data needed to pursue increased funding, as well as access to additional training opportunities and needed equipment. With access to reports detailing data related to meth treatment admissions and Drug Endangered Children, both state agencies and community organizations will be better positioned to demonstrate need when applying for funding to address these issues. Improving the accuracy of our data collection now will provide Kansas with a baseline against which to measure the impact of our strategies to address meth.

Outcomes:

- Streamlined systems improving the efficiency of local law enforcement reporting EPIC data.
- Increased understanding by local law enforcement of the critical importance of reporting all meth lab incidents and dump sites.
- A data report, easily accessible on multiple websites, detailing meth treatment admission trends at the state and county level.
- A report, easily accessible on multiple websites, utilizing diverse data sources to illustrate the number of Drug Endangered Children impacted by meth at the state and county level.

Goal #2: *Secure funding to enhance the efforts of law enforcement, treatment and prevention to address methamphetamine.*

Like many states, Kansas has grappled with dramatic budget cuts in recent years. Unfortunately law enforcement, treatment, and prevention efforts to counter meth have not been spared these reductions in funding. Rural law enforcement officers identify the lack of resources, equipment and training as one of the most significant challenges hampering their efforts to address meth. Budget cuts have affected the availability of prevention and treatment resources as well. Establishing a wire transfer assessment would create a funding stream to support the work of law enforcement, prevention and treatment professionals which would greatly enhance efforts to provide a comprehensive approach to addressing meth in rural areas. This designated, sustained funding source would support the efforts of rural law enforcement by creating additional staff positions as well as a funding pool for case-specific investigative resources.

Outcome:

- Passage of a wire transfer assessment with generated funds dedicated to addressing meth.

Goal #3: *Increase access to treatment for individuals abusing or dependent on methamphetamine.*

Although meth treatment admissions have trended downward slightly in recent years, there remains a pressing need to increase access to appropriate treatment programs. One population in critical need of treatment services is individuals who have been charged with or convicted of drug crimes. Due to budget cuts, treatment programs are no longer available in prisons. Drug courts, a particularly promising method for providing treatment to meth-using offenders, are located in only a handful of communities in the state.

Law enforcement officers and prosecutors in rural areas recognize the importance of accessible and appropriate treatment services for meth offenders. When a meth-using offender participates in the recovery process, it reduces the likelihood that he or she will reoffend and the entire community benefits. Through the development of comprehensive blueprints to implement drug courts in rural communities and increase community treatment options for offending populations, Kansas will position itself to access the necessary resources to better meet the demand for treatment.

Outcomes:

- A comprehensive plan for applying for federal drug court funding in one rural jurisdiction.
- A plan to pursue funding to support meth treatment for offenders. The plan will be based on an understanding of the treatment needs of offenders and best practices for serving this population.

Goal #4: *Promote public policies to reduce methamphetamine manufacturing.*

In 2005 pseudoephedrine was reclassified as a Schedule V drug, moving cold and allergy medications containing pseudoephedrine behind the pharmacy counter and creating limitations on the quantities consumers could purchase. Rescheduling pseudoephedrine led to a swift and dramatic drop in meth labs in Kansas. However, purchasing records are maintained on paper logs and the investigative value of this legislative change has been minimal for law enforcement. Rural law enforcement officers identify combating “smurfing” to be one of their greatest challenges related to meth due to the extraordinary amount of staff time needed to develop a case. “Smurfing” is the practice of individuals travelling to multiple pharmacies to purchase pseudoephedrine in quantities over the maximum limit, often times using false identification.

Kansas pharmacies and law enforcement agencies will soon begin participating in the NPLeX electronic pseudoephedrine monitoring program. This real-time sales monitoring program is expected to reduce “smurfing” and will be a valuable investigative tool for rural law enforcement officers as they seek to eliminate illegal purchases of pseudoephedrine. Action steps encouraging full cooperation by pharmacies, efficient implementation of the program in law enforcement agencies and public understanding of the program benefits will ensure that rural jurisdictions obtain the maximum benefit from the monitoring program.

Outcomes:

- Implementation of the pseudoephedrine monitoring program with participation by at least 90% of pharmacies.
- A recommendation from the Kansas Task Force Addressing Methamphetamine and Illegal Drugs regarding rescheduling pseudoephedrine as a Schedule III drug. The recommendation will be based on a clear understanding of the benefits, harms and challenges associated with rescheduling.

Goal #5: *Increase public awareness and professional knowledge about methamphetamine.*

Over the last five years Kansas has experienced a dramatic reduction in meth lab seizures. However, law enforcement continues to be assailed by problems related to meth importation and drug trafficking networks. The decrease in lab activity has led some community members and policy makers to conclude that the problems caused by meth in Kansas have also dwindled. If the public perceives the meth problem in Kansas to be “solved,” it will be difficult to solicit necessary support for funding requests, increased treatment resources, and prevention strategies.

Ongoing awareness efforts are necessary to ensure that the public perception of the meth problem in Kansas is accurate. As new and dangerous meth manufacturing methods, such as the “one-pot method,” become increasingly prevalent in rural areas of the state, community members and professionals must be informed of these emerging trends. Educational opportunities for professionals must be readily available. Law enforcement efforts to address meth, especially in rural communities, are strengthened when retailers report sales of suspicious items, social service providers identify families affected by meth, and prosecutors effectively prosecute meth cases.

Outcomes:

- Office of National Drug Control Policy meth public service announcements aired in multiple media markets across the state.
- Implementation of the Meth 360 curriculum in a minimum of 5 rural communities.
- A minimum of 7 educational opportunities provided for professionals.

Goal #6: *Increase community capacity to respond to the needs of Drug Endangered Children.*

Since the concept was first introduced in the state, Kansas has been deeply engaged in the Drug Endangered Children movement. The Kansas Alliance for Drug Endangered Children has successfully developed curricula, hosted annual conferences and implemented DEC programs throughout the state. However, despite this strong history, the majority of Kansas counties do not have DEC programs in place and many law enforcement officers remain unaware that this model for assisting children exists.

Kansas must continue to increase awareness among community members and train additional professionals in best practices for responding to Drug Endangered Children. Because DEC programs serve as a launching point for interdisciplinary collaboration and offer communities an opportunity to leverage existing resources, the benefits of DEC programming can be particularly valuable in rural areas where resources are especially limited. DEC programs also offer potential long-term benefits for law enforcement. When children and families at risk are identified early and offered appropriate services, these interventions can break the intergenerational cycle of substance abuse in the family and reduce the number of drug related problems in the community.

Outcomes:

- Implementation of Drug Endangered Children programs in a minimum of three additional communities.
- Increased Juvenile Intake participation in community-level DEC programs.
- Increased community awareness of the risks faced by children living in meth environments.



**Rural Law Enforcement Methamphetamine Initiative
KANSAS
Strategic Plan: Goals, Objectives & Action Steps**

| Goal #1: Increase access to accurate data related to methamphetamine. | | |
|--|---|-----------------|
| Objective 1 Improve the accuracy of methamphetamine seizure and laboratory incident data reported by law enforcement | | |
| Action Steps | Responsible Parties | Timeline |
| 1a) Meet with KBI KIBRS Unit staff to discuss using existing KIBRS data to back-fill EPIC reports on prior meth lab incidents. | <ul style="list-style-type: none"> • KBI • RSMC | September 2010 |
| 1b) Determine the feasibility of developing a system for local law enforcement to report lab incidents over the phone to KBI Help Desk staff for entry onto an EPIC form. | <ul style="list-style-type: none"> • KBI • RSMC | October 2010 |
| 1c) Determine the feasibility of assigning a KBI crime analyst to complete all EPIC reporting electronically into the NDSS Database. | <ul style="list-style-type: none"> • KBI • RSMC | October 2010 |
| 1d) Meet with administrative staff at the KBI, Attorney General's Office and Governor's Office to gain support for efforts to improve EPIC data reporting and collection. | <ul style="list-style-type: none"> • KBI • AG's Office • Governor's Office | October 2010 |
| 1e) Identify a liaison between the KBI KIBRS Unit and the Attorney General's Office to improve communication regarding EPIC reporting. | <ul style="list-style-type: none"> • KBI • AG's Office | November 2010 |
| 1f) Draft and send a joint letter from the KBI, Attorney General's Office and Governor's Office to local law enforcement leadership emphasizing the importance and utility of accurate EPIC data and requesting local accountability in submitting EPIC reports. | <ul style="list-style-type: none"> • KBI • AG's Office • Governor's Office | November 2010 |
| 1g) Partner with the KBI KIBRS Unit to develop a mechanism for local law enforcement to identify the source of seized methamphetamine on the Kansas Standard Offense Report. | <ul style="list-style-type: none"> • KBI • RSMC | December 2010 |
| 1h) Identify jurisdictions utilizing effective practices for EPIC reporting and consider replication in other areas of the state. | <ul style="list-style-type: none"> • KBI • Local LE • RSMC | December 2010 |
| 1i) Determine criteria and select a minimum of 5 rural counties to target with EPIC reporting training and technical assistance. | <ul style="list-style-type: none"> • KBI • RSMC | January 2011 |
| 1j) Develop and implement a training module on EPIC reporting for inclusion in regional records clerk | <ul style="list-style-type: none"> • KBI | March 2011 |

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| trainings performed by the KBI KIBRS Unit. | • RSMC | |
| 1k) Develop and implement a training module on EPIC reporting for inclusion in the law enforcement 40 hour clandestine laboratory certification course. | • KBI • RSMC | March 2011 |
| 1l) Pursue increased opportunities for law enforcement officers from rural and tribal jurisdictions to become clandestine laboratory certified. | • KBI • Local LE • RSMC | Ongoing |
| 1m) Assess whether educational approaches have resulted in an improvement in EPIC reporting. | • KBI • RSMC | July 2011 |
| Objective 2 | | |
| Identify and compile new and existing sources of methamphetamine treatment admissions and DEC data | | |
| Action Steps | Responsible Parties | Timeline |
| 2a) Compile a list of organizations and agencies with potential sources of DEC-related data. | • RSMC | September 2010 |
| 2b) Determine feasibility of identifying the number of foster care cases in which meth use is a contributing factor. | • SRS CFS | September 2010 |
| 2c) Collect data regarding the number of children living in homes with adults receiving treatment for meth addiction. | • SRS AAPS | September 2010 |
| 2d) Draft DEC-identification questions for inclusion in the Juvenile Intake software system currently being redesigned. | • JJA • KADEC • RSMC | December 2010 |
| 2e) Collaborate with the Kansas Alliance for DEC Data Committee to produce a report summarizing available DEC data and identifying ongoing data gaps. | • KADEC • RSMC | February 2011 |
| 2f) Contact privately funded treatment centers to obtain the number of individuals undergoing treatment for meth addiction. | • RSMC | September 2010 |
| 2g) Gather FY05—FY10 treatment data regarding parolees, Senate Bill 123 clients and youth in JJA custody. | • SRS AAPS • KDOC • JJA | December 2010 |
| 2h) Utilize SRS AAPS data for FY05—FY10 regarding reasons for admission, gender, age, number of children in the home, and county of residence to identify longitudinal meth treatment admission trends. | • SRS AAPS • RSMC | November 2010 |
| 2i) Develop a report on longitudinal meth treatment admission trends. | • SRS AAPS • RSMC | January 2011 |
| 2j) Publish the DEC and meth treatment admission reports on websites including Methpedia.org, KBI, SRS, Kansas Methamphetamine Prevention Project and Kansas Alliance for DEC. | • RSMC | March 2011 |

Goal #2: Secure funding to support the efforts of law enforcement, treatment and prevention to address methamphetamine.

Objective 1

Pass legislation implementing a wire money transfer assessment in order to establish a funding stream for methamphetamine enforcement, treatment and prevention efforts

| Action Steps | Responsible Parties | Timeline |
|---|---|----------------|
| 1a) Contact Oklahoma representatives to gather details about the wire money transfer assessment legislation and obtain a copy of the bill. Identify hurdles, lessons learned and strategies for passing the legislation. | <ul style="list-style-type: none"> • KBI • RSMC | August 2010 |
| 1b) Evaluate the number and amount of wire transfers that occur in Kansas, and determine the location of any wire transfer “hot spots.” | <ul style="list-style-type: none"> • RSMC | September 2010 |
| 1c) Produce an estimate of the amount of funds that could be generated through an assessment of wire transfers. | <ul style="list-style-type: none"> • RSMC | September 2010 |
| 1d) Assess the feasibility of passing legislation implementing a wire money transfer assessment, including potential sources of support and opposition. Develop a strategy for dealing with opposition. | <ul style="list-style-type: none"> • KBI • RSMC | September 2010 |
| 1e) Determine uses for funds generated by the assessment, such as: <ul style="list-style-type: none"> • creating a centralized pool of funding for law enforcement agencies to access case-specific investigative support, • sustaining the Rural State Methamphetamine Coordinator position, and • increasing access to meth treatment services in rural areas. | <ul style="list-style-type: none"> • KBI • RSMC | September 2010 |
| 1f) Draft legislation and distribute to partners for feedback. | <ul style="list-style-type: none"> • KBI • RSMC | September 2010 |
| 1g) Identify legislators who will sponsor the legislation. | <ul style="list-style-type: none"> • KBI • RSMC | October 2010 |
| 1h) Introduce the legislation. | <ul style="list-style-type: none"> • Legislator(s) | January 2010 |
| 1i) Meet with lobbyists from partner agencies to develop support for the legislation. | <ul style="list-style-type: none"> • RSMC | Ongoing |
| 1j) Support passage of the legislation. | <ul style="list-style-type: none"> • All partners | Ongoing |

Goal #3: Increase access to treatment for individuals abusing or dependent on methamphetamine.

Objective 1

Promote the implementation of drug/problem solving courts in rural communities

| Action Steps | Responsible Parties | Timeline |
|---|--|-----------------|
| 1a) Collaborate with entities interested in establishing drug/problem courts to form a multidisciplinary workgroup tasked with developing a plan to implement additional drug/problem solving courts in rural areas. | <ul style="list-style-type: none"> • Local LE • OJA • SRS AAPS • KDOC • JJA • RSMC | December 2010 |
| 1b) Convene a meeting of professionals who have participated in prior unfunded drug/ problem solving court applications to discuss lessons learned. | <ul style="list-style-type: none"> • OJA • SRS AAPS • KDOC • RSMC | February 2011 |
| 1c) Meet with the providers and lobbyist for the Kansas Association of Addiction Professionals to establish support. | <ul style="list-style-type: none"> • OJA • SRS AAPS • KDOC • RSMC | February 2011 |
| 1d) Identify existing drug court programs in the state and schedule a site visit to a minimum of one drug court to observe drug court proceedings and gather lessons learned. | <ul style="list-style-type: none"> • Local LE • OJA • SRS AAPS • KDOC • JJA • RSMC | March 2011 |
| 1e) Research federal drug court funding. | <ul style="list-style-type: none"> • RSMC | March 2011 |
| 1f) Explore the possibility of pursuing federal drug court grant funds by utilizing a collaborative grant writing model relying on the grant writers of state agencies including SRS/KDOC, the Attorney General's Office and Kansas Highway Patrol. | <ul style="list-style-type: none"> • Local LE • OJA • SRS AAPS • KDOC • JJA • RSMC | April 2011 |

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| 1g) Develop a plan for replicating successful drug/problem solving court models, including identifying a rural judicial district to apply for funding. | <ul style="list-style-type: none"> • Local LE • OJA • SRS AAPS • KDOC • JJA • RSMC | June 2011 |
| Objective 2 Identify and advocate for the usage of best practices for providing methamphetamine treatment to offenders | | |
| Action Steps | Responsible Parties | Timeline |
| 2a) Identify and research existing meth treatment programs for offenders in the state, including Northwest Kansas Community Corrections. | <ul style="list-style-type: none"> • KDOC • SRS AAPS • RSMC | December 2010 |
| 2b) Research methodology, cost and success rates for meth treatment programs for offenders in other states, including the Montana Department of Corrections meth treatment model. | <ul style="list-style-type: none"> • KDOC • SRS AAPS • RSMC | January 2011 |
| 2c) Identify and research best practices for offender treatment programs. | <ul style="list-style-type: none"> • KDOC • SRS AAPS • RSMC | January 2011 |
| 2d) Determine the number of inmates and parolees in need of meth treatment. | <ul style="list-style-type: none"> • KDOC • SRS | January 2011 |
| 2e) Research potential funding sources and meet with the SRS/KDOC grant writer to discuss the possibility of a joint grant application. | <ul style="list-style-type: none"> • KDOC • SRS AAPS • RSMC | March 2011 |
| 2f) Support the implementation of the Pathways to Self Discovery and Change curriculum for use with juvenile offenders. | <ul style="list-style-type: none"> • JJA • SRS AAPS • RSMC | Ongoing |

Goal #4: Promote public policies to reduce methamphetamine manufacturing.

Objective 1

Support the implementation of the electronic pseudoephedrine monitoring program

| Action Steps | Responsible Parties | Timeline |
|--|---|----------------|
| 1a) Release statement from the Kansas Task Force Addressing Methamphetamine & Illegal Drugs voicing support for the implementation of the electronic monitoring program. | <ul style="list-style-type: none"> • Meth Task Force • RSMC | September 2010 |
| 1b) Provide assistance as needed to local law enforcement in completing the registration process to access the NPLEx system. | <ul style="list-style-type: none"> • KBI • BOP • RSMC | Ongoing |
| 1c) Upon implementation of the electronic monitoring program, distribute a statewide press release thanking the Board of Pharmacy, law enforcement, pharmacies and other partners for their involvement. | <ul style="list-style-type: none"> • Meth Task Force • RSMC | October 2010 |
| 1d) Develop and distribute public information materials for display in pharmacies to educate consumers about electronic monitoring requirements and benefits of the system's use. | <ul style="list-style-type: none"> • Local LE • BOP • RSMC | December 2010 |
| 1e) Partner with law enforcement and the Board of Pharmacy to monitor the implementation of the electronic monitoring program, including identifying roadblocks. | <ul style="list-style-type: none"> • KBI • BOP • RSMC | Ongoing |
| 1f) Assess the impact of the electronic pseudoephedrine monitoring program on "smurfing" and meth manufacturing incidents. Prepare a brief including feedback from pharmacists and law enforcement on the benefits and drawbacks of the program. | <ul style="list-style-type: none"> • RSMC | June 2011 |

Objective 2

Evaluate the capacity of the state to support legislation rescheduling pseudoephedrine as a Schedule III controlled substance

| Action Steps | Responsible Parties | Timeline |
|--|--|----------|
| 2a) Compile reports evaluating the impact of pseudoephedrine rescheduling in Mississippi and Oregon. Evaluate the impact on consumers, the health care system, law enforcement and meth manufacturing incidents. | <ul style="list-style-type: none"> • RSMC | Ongoing |
| 2b) Monitor efforts by other states to introduce and pass legislation rescheduling pseudoephedrine. Note significant successes, challenges and lessons learned. | <ul style="list-style-type: none"> • RSMC | Ongoing |

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| 2c) Schedule a presentation by Rob Bovett to the Kansas Task Force Addressing Methamphetamine & Illegal Drugs on the topic of lessons learned regarding rescheduling pseudoephedrine in Oregon. | <ul style="list-style-type: none"> • Meth Task Force • RSMC | April 2011 |
| 2d) Determine a Kansas Task Force Addressing Methamphetamine & Illegal Drugs position regarding rescheduling pseudoephedrine. | <ul style="list-style-type: none"> • Meth Task Force | June 2011 |
| 2e) Draft a position paper to distribute to legislators, state officials, professional organizations and community groups. | <ul style="list-style-type: none"> • RSMC | July 2011 |

Goal #5: Increase public awareness and professional knowledge about methamphetamine.

Objective 1

Implement a statewide methamphetamine prevention media campaign

| Action Steps | Responsible Parties | Timeline |
|--|--|-----------------|
| 1a) Contact ONDCP to obtain a DVD and electronic links of meth PSAs. | <ul style="list-style-type: none"> • RSMC | September 2010 |
| 1b) Meet with Public Information Officers from partner agencies to discuss collaboration on PSA distribution, techniques to provide accurate and timely meth information to the media and to compile a list of statewide media partners. | <ul style="list-style-type: none"> • KDHE • KDOC • AG's Office • RSMC | September 2010 |
| 1c) Research and identify possible public and private sector sources to fund a media campaign. | <ul style="list-style-type: none"> • RSMC | Ongoing |
| 1d) Distribute DVDs and electronic versions of ONDCP PSAs to television media markets and partners. Distribute ONDCP print PSA to small newspapers serving rural communities. | <ul style="list-style-type: none"> • RSMC | November 2010 |
| 1e) If funding is not available for a statewide campaign, consider alternative means to distribute television PSAs, including running PSAs at movie theaters and other community events and embedding links on websites and in social media. | <ul style="list-style-type: none"> • RPCs • KDOC • KDHE • RSMC | December 2010 |
| 1f) Collaborate with Public Information Officers from partner agencies to distribute a monthly statewide press release on a rural meth-related topic. | <ul style="list-style-type: none"> • KDOC • KDHE • AG's Office • KBI • RSMC | Ongoing |
| 1g) Develop and distribute a press kit on the topic of meth manufacturing and usage. The kit will include statistics, research, personal stories and opinion editorials for distribution to media outlets, community coalitions and law enforcement agencies throughout the state. | <ul style="list-style-type: none"> • RSMC | February 2011 |

| Objective 2 Implement a multidisciplinary community methamphetamine education curriculum in rural communities | | |
|--|---|-----------------|
| Action Steps | Responsible Parties | Timeline |
| 2a) Meet with Regional Prevention Center Directors to secure their support of the implementation of the Meth 360 educational program. | <ul style="list-style-type: none"> • RSMC | August 2010 |
| 2b) Identify a minimum of 5 rural communities in which to pilot the Meth 360 educational program. | <ul style="list-style-type: none"> • Local LE • RPCs • Treatment providers • RSMC | October 2010 |
| 2c) Identify law enforcement, prevention and treatment professionals in the 5 identified communities to become certified Meth 360 trainers. | <ul style="list-style-type: none"> • Local LE • RPCs • Treatment providers • RSMC | December 2010 |
| 2d) Identify a minimum of 3 target audiences in each community and provide the Meth 360 presentation to each target audience. | <ul style="list-style-type: none"> • Local LE • RPCs • Treatment providers | June 2011 |
| 2e) Review evaluations and survey results and interview trainers as part of an assessment to determine whether to expand Meth 360 to additional communities. | <ul style="list-style-type: none"> • RSMC | July 2011 |
| Objective 3 Offer education to professionals to increase their knowledge of methamphetamine | | |
| Action Steps | Responsible Parties | Timeline |
| 3a) Develop and implement an on-line meth training course for social service providers. | <ul style="list-style-type: none"> • SRS CFS • RSMC | December 2010 |
| 3b) Through conferences, presentations and webinars provide training opportunities to social service providers on the topics of meth, DEC and home visitor safety. | <ul style="list-style-type: none"> • RPCs • KBI • KADEC • RSMC | Ongoing |

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| 3c) Provide meth training to prosecutors via the Attorney General's Call. Research both local and national entities as training providers. | <ul style="list-style-type: none"> • AG's Office • KBI | January 2011 |
| 3d) Provide meth training to prosecutors during the Kansas County and District Attorneys Association annual conference. Research both local and national entities as training providers. | <ul style="list-style-type: none"> • AG's Office • KBI | April 2011 |
| 3e) Provide meth training to tribal legal and judicial representatives during the annual Native Nations Law Symposium. Research both local and national entities as training providers. | <ul style="list-style-type: none"> • AG's Office • KBI | April 2011 |

Goal #6: Increase community capacity to respond to the needs of Drug Endangered Children.

Objective 1

Increase the number of rural communities engaged in DEC initiatives

| Action Steps | Responsible Parties | Timeline |
|--|---|-----------------|
| 1a) Support capacity-building objectives and action steps outlined in the Kansas Alliance for DEC strategic plan. | <ul style="list-style-type: none"> • Meth Task Force • RSMC | Ongoing |
| 1b) Produce a tool-kit of DEC protocol best practices for distribution to contacts in counties without protocols in place. | <ul style="list-style-type: none"> • KADEC • RSMC | May 2011 |
| 1c) Partner with JJA to leverage participation of Juvenile Intakes in rural counties without DEC protocols. | <ul style="list-style-type: none"> • KADEC • JJA • RSMC | June 2011 |
| 1d) Identify 3 rural communities that do not currently have DEC protocols in place to receive on-site interdisciplinary training and technical assistance in protocol development. | <ul style="list-style-type: none"> • KADEC • RPCs • RSMC | June 2011 |

Objective 2

Raise awareness about DEC issues

| Action Steps | Responsible Parties | Timeline |
|---|---|-----------------|
| 2a) Support media objectives and action steps outlined in the Kansas Alliance for DEC strategic plan. | <ul style="list-style-type: none"> • Meth Task Force • RSMC | Ongoing |
| 2b) Create a DEC press kit including statistics, research, personal stories and opinion editorials for distribution to media outlets, community coalitions and law enforcement agencies throughout the state. | <ul style="list-style-type: none"> • KADEC • RSMC | February 2011 |

Acronyms

AG: Attorney General

BOP: Board of Pharmacy

DEC: Drug Endangered Children

EPIC: El Paso Intelligence Center

KADEC: Kansas Alliance for Drug Endangered Children

KBI: Kansas Bureau of Investigation

KDHE: Kansas Department of Health and Environment

KDOC: Kansas Department of Corrections

KIBRS: Kansas Incident Based Reporting System

LE: Law Enforcement

Meth Task Force: Kansas Task Force on Methamphetamine and Illegal Drugs

NDSS: National Drug Seizure System

NPLEx: National Precursor Log Exchange

ONDCP: Office of National Drug Control Policy

PSA: Public Service Announcement

RPC: Regional Prevention Center

RSMC: Rural State Methamphetamine Coordinator

SRS AAPS: Social and Rehabilitation Services, Addiction & Prevention Services
Division

SRS CFS: Social and Rehabilitation Services, Children & Family Services Division