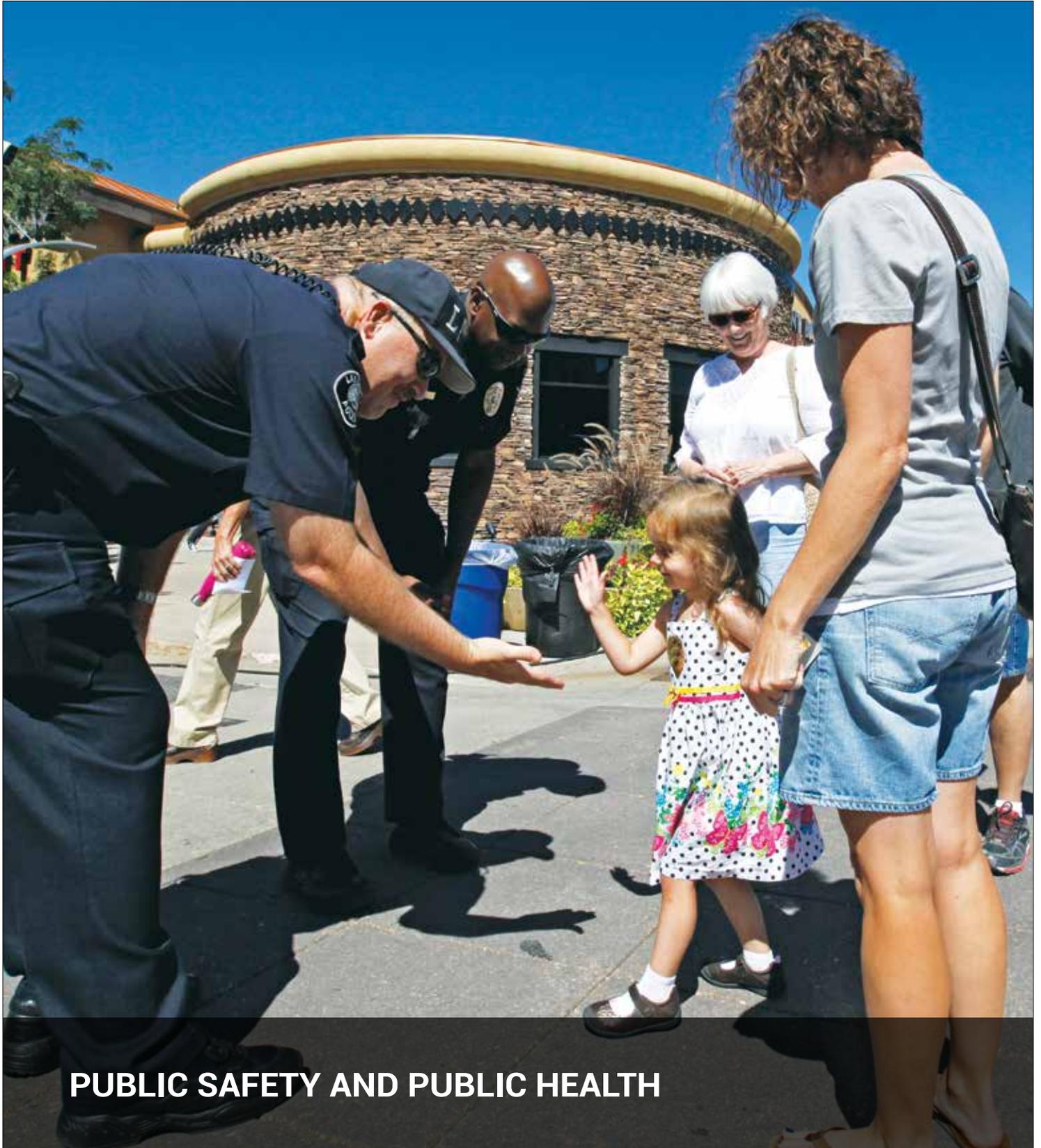


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Vol. 95, No. 5, October 2019



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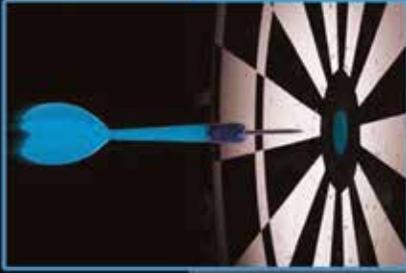
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About some of our contributors



Heather Brooks has served as city manager with the City of Alamosa for the past six years. Her municipal experience spans 25 years, including seven municipalities in Colorado, Kansas, and Missouri. Brooks is an ICMA Credentialed Manager with a Bachelor of Science in Business Administration from the University of Northern Colorado and a Master of Public Administration from the University of Kansas. Over the course of her career, she has worked with multiple stakeholders and community partners to address a diverse spectrum of community projects, priorities, and issues.



Julie George is the former policy director for LiveWell Colorado. George provided critical leadership for LiveWell's advocacy and policy efforts to inspire and support elected officials, decision-makers, and other stakeholders to advance federal, state, and local policies that increased access to physical activity in Colorado. She also oversaw LiveWell Colorado's HEAL Cities & Towns Campaign, which helps municipalities adopt policies that increase access to healthy food, active living, and healthy workplaces. Julie holds a master's degree in public administration from the University of Colorado and a bachelor's degree in political science from Columbia University.



Kristi Kelly is recognized as one of the country's 50 most powerful women in cannabis and one of the top 100 political cannabis influencers. She is the executive director of Marijuana Industry Group. She now maintains marijuana and hemp interests and consults in the

licensed space outside of Colorado. She is a founding board member of the Fourth Corner Credit Union, a founding trustee of CannAbility Foundation, and currently sits on the (Colorado) Governor's Marijuana Education Oversight Committee and the Colorado Task Force for Drunk and Impaired Driving. She was the lead profile in the book *Breaking the Grass Ceiling: Women, Weed & Business* and was recently profiled in *The Guardian*. Her story has also been featured in *The Washington Post*, *60 Minutes*, *Bloomberg/Businessweek*, *The New York Times*, and more.



Mayor Linda Olson was elected to the Englewood City Council in 2009. She has been passionate about housing, poverty, and neighborhood stabilization during her tenure. Most recently, Mayor Olson has focused on challenges related to affordable housing and those experiencing homelessness. She is a professor at the University of Denver, where she received her PhD in communications studies, and directs their undergraduate leadership studies programs. Dr. Olson's teaching focuses on collaborative leadership, community change, and ethics. In her free time, Linda loves to travel, read, and take long walks with her husband and Labradoodle named Teela.



Nancy VanDeMark is the interim president and CEO at Mental Health Colorado. She has worked in the mental health and substance use field for more than 30 years, most recently as the director of the Office of Behavioral Health in the Colorado Department of Human Services.



Renee Goble is the Denver assistant city attorney. Her practice involves managing all aspects of commercial litigation within the City of Denver's Municipal Operations Department. She investigates, prosecutes, and defends contract matters for all city agencies and departments and litigates general commercial disputes in federal and state courts and administrative hearings. She is the lead condemnation lawyer for the City and County of Denver and has litigated condemnations involving several projects. She is currently managing the City and County of Denver opioid lawsuit against the manufacturers and distributors who are complicit in this nationwide epidemic.



Ryan Luby joined the Denver City Attorney's Office as a public information officer in early 2019 after more than a decade as an investigative reporter in local television. He previously worked at Denver7, KOB-TV in Albuquerque, New Mexico, KETV-TV in Omaha, Nebraska, and KCCI-TV in Des Moines, Iowa. Luby is a graduate of the School of Journalism at the University of Missouri. Most recently, he won a regional Emmy Award in the coveted Investigative Report category for his *Unlicensed, Unpunished* series of stories that aired on Denver7.



William Woody is the communications manager and a public information officer for the City of Montrose. He was a 25-year veteran journalist, retiring in 2016 from the USA Today Network. Woody lives in Montrose with wife Jeana and two kids, Wilson and Stella.

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Colorado's local policymakers step up to protect young people from nicotine addiction

Alison Reidmohr, Colorado Department of Public Health and Environment tobacco communication strategist

Coloradans are proud to live in a place that prioritizes good health. That may explain why so many are dismayed to discover their kids are becoming addicted to nicotine and tobacco products.

Although fewer high school students than ever are smoking cigarettes, Colorado now has the highest vaping rate in the nation among its high school students. On average, one in three Colorado high school students currently use some kind of tobacco product. More than one in four are vaping. The Colorado Department of Public Health and Environment has joined the U.S. Surgeon General, Food and Drug Administration, and Centers for Disease Control and Prevention in calling youth vaping an epidemic.

Part of the reason vaping has become so popular may be that many think it is harmless, believing they are inhaling nothing more than flavored water vapor. Although nine in 10 Colorado high school students think smoking cigarettes is risky, only half think vaping is risky.

More than 95% of vaping products sold in American convenience stores contain nicotine, the drug in cigarettes that makes them addictive. Nicotine is dangerous for young people, putting them at risk for mood disorders and challenges with impulse control, attention, and learning. Nicotine can lead to addiction not just to vaping but to cigarettes as well. When young people use nicotine, it is as if they are building an onramp for addictive tendencies in their brains. In fact, vaping is linked with later cigarette smoking and other harmful activities, including marijuana use and risky sexual behavior.

Many at the state and federal level are working to educate youth and adults about the risks of vaping. And local policymakers are playing a crucial role in shifting perceptions in Colorado.

Proven solutions

Although vaping is a relatively new problem in addiction, the same strategies that reduced youth smoking are also having an impact on youth vaping.

Almost half of Colorado high school students who vape report buying their vape product themselves, despite state laws that should prevent them from doing so. More report buying from brick-and-mortar locations than online. That is because Colorado is one of only a handful of states that do not license tobacco sellers. Without a license, there is very little infrastructure in place to make sure tobacco retailers are not selling to kids. A local retail license (www.tobaccofreeco.org/protect-coloradans/retailer-licensing) remedies that issue by charging a small fee that pays for fair, consistent enforcement of tobacco laws.

When a better enforcement structure for existing laws is in place, it is possible to expand the laws that protect young people from nicotine addiction. Raising the age of tobacco sales to 21

(www.tobaccofreeco.org/protect-coloradans/t21) helps reduce access to tobacco from friends and family. Restricting the sale of flavored products can make vaping devices less appealing to youth, 80% of whom start with a flavored product.

Another approach is to keep public places smoke-free and limit where people are allowed to smoke and vape. Recent research shows that kids who lived in states where vaping was not allowed in public places were more likely to understand that vaping is risky. This approach protects everyone from the air pollutants generated by vaping, which can include heavy metals and other potentially dangerous chemicals.

The good news is that Colorado recently banned vaping indoors. More than 28 communities led the way by expanding smoke-free protections and establishing support for comprehensive smoke-free laws. The new statewide law went into effect July 1, prohibiting vaping in all indoor public places. For more information on the new law, visit the Tobacco Free Colorado website (tobaccofreeco.org/smokefree). To report a violation of the law, contact your local public health agency.

Local leaders protect the next generation

Rural areas in Colorado have been at the forefront in combating youth vaping. One notable early adopter is the City of Aspen, which opted to license tobacco retailers and increase the legal age for buying tobacco to 21. It was the first local government in the state to do so, but it was not the last. Now, six communities have adopted a "T21" law, including the community of Edgewater (youtu.be/spJzPSu2EVI).

La Junta and Rocky Ford (youtu.be/FvN6ImLuvPI) also adopted licensing for tobacco retailers to reduce their high rates of illegal sales to minors. After realizing the state was not conducting enough checks to consistently enforce

the tobacco laws in their town, La Junta partnered with the Otero County Health Department to take action.

Melanie Scofield, La Junta city clerk, pointed to the following benefits of licensing tobacco retailers:

- Comprehensive enforcement: A local license is an umbrella to promote strong tobacco sales laws for current and newer products.
- Self-sustaining fee structure: Licensing fees support local enforcement, local education, and local administration.
- Accountability among retailers: Local governments know where products are being sold and conduct local checks to promote compliance.
- Protection from tobacco addiction: Licensing helps prevent youth tobacco purchases and addiction and reduces health care costs for La Junta.

New opportunities for local action

As of July 1, a new state law has gone into effect that removes penalties previously imposed on local governments for licensing tobacco retailers, particularly cigarette retailers. Many communities are now considering licensing retailers, raising the legal sales age to 21, and more measures in an effort to address youth vaping in their jurisdiction.

The Colorado State Tobacco Education and Prevention Partnership (STEPP) funds local health departments and legal technical assistance experts to support local communities that are ready to protect youth from tobacco addiction. Together with local policymakers and city and county staffs, they can pass policies proven to prevent young people from becoming addicted to any nicotine product.

To learn more, visit the Tobacco Free Colorado website (tobaccofreeco.org) or contact your local public health agency.

Aspen's ban on all flavored tobacco products

By Ann Mullins, Aspen councilmember



It began with a conversation between Aspen Councilmember Ann Mullins and Dr. Kim Levin, at the time the Pitkin County Board of Health medical officer, in January of 2017. Just as the number of teen smokers was finally decreasing, the introduction of e-cigarettes, flavored tobacco products, and vaping has resulted in an upswing in tobacco use by teens. Across the country, school administrators and medical professionals have begun to recognize an epidemic of e-cigarette use by teenagers, with Colorado having a notably high rate of teen vaping. A survey from 2017 reported that 27% of Colorado middle school and high school students had used a tobacco product, and e-cigarettes were used more than any other tobacco product.

The U.S. Surgeon General has warned that use of flavored tobacco products establishes the habits that lead to long-term tobacco addiction. Councilmember Mullins and Dr. Levin began to put together a plan to address this threat to our youth.

The most effective way to address this problem is to put coordinated policies in place. The following five policies, when implemented, can be a powerful deterrent to teen tobacco use.

- 1) T21 (21 is the legal age for buying tobacco products)*
- 2) Retail licensing
- 3) Tobacco/nicotine tax
- 4) Compliance/enforcement
- 5) Full flavor ban*

**1 and 5 may have limited success without 2 and 4.*

The first step in the plan was engaging the other councilmembers through one-on-one conversations and gaining support for the initiative. This resulted in a work

session with presentations by Dr. Levin and other concerned professionals, where our strategy was formulated.

In June 2017, two proposed ordinances, raising the legal age for purchase of tobacco and nicotine products to 21 and requiring sellers of both tobacco and electronic nicotine delivery systems to have city-issued licenses, were combined into one law and passed by the citizens of Aspen. Sellers are required to pay a one-time license fee of \$500, and fewer than a dozen Aspen retailers sell tobacco-related products. At the time, Aspen was willing to forgo as much as \$75,000 in annual tobacco tax revenue, the result of passing both requirements. State law has since changed, and municipalities considering implementing these requirements no longer need to forgo their portion of state tobacco tax revenue.

In November 2017, the City of Aspen voted on a ballot issue that would tax a pack of cigarettes up to \$4 and an additional 40% tax would be added on other tobacco and nicotine products. The ballot issue passed and currently there is a \$3 per pack tax, which will increase by 10 cents annually until it reaches \$4.

The Department of Environmental Health makes at least two inspections a year of the licensed businesses, with violations resulting in first-time fines of \$500 and possible license suspension. The fines increase with each subsequent violation.

On May 21, 2019, the Aspen City Council passed a partial ban on flavored tobacco/nicotine products, which stipulated that all flavors but menthol would be banned. On June 10, 2019, the ordinance was reconsidered, and the Council passed a full ban on all flavored tobacco products.

This five-pronged strategy has been successful in other cities. It is relatively new to Aspen, so we have not been able to evaluate results yet, but we are confident we are on the right track to protect our youth and reduce long-term tobacco addiction.

Cannabis industry demonstrates signs of stabilization

By Kristi Kelly, Marijuana Industry Group executive director



Colorado has collected more than \$1 billion¹ in tax revenue since the beginning of cannabis legalization, nearly half of which has gone into one of three funds benefitting schools. There are 40,000 legal, background-checked, occupationally badged owners and employees in direct plant-touching jobs, working in nearly 2,800 state-licensed businesses.² Retail marijuana represents 57% of the current licenses. After more than five years of consistent growth in Colorado's retail cannabis markets and a decade of continuous medical cannabis operations, the industry is demonstrating signs of stabilization.

Colorado was the first legal cannabis economy in the world, making it an epicenter for cannabis policy firsts. The process of being first is more time-consuming, more costly, and riskier than for those that follow. Despite often operating on the same premises, medical and retail licensees were subject to different laws and rules, which in many cases were being developed as businesses were operating. Change was constant. From entrepreneurs and employees to government, being first created opportunities and challenges, representing significant state and local investment.

Some communities embraced the opportunity and collaborated closely with the industry to solve problems, address community impacts, and invest in local infrastructure. Others have been more cautious and vigorously constrained growth until impacts could be better understood. Local control of time, place, and manner has always afforded municipal determination of whether or not to legalize.

It has been more than five years since retail marijuana sales began. The laws and regulations are fairly stable and the industry is established, as evidenced by the hundreds of municipal, state, and foreign delegations who fly to Colorado to witness legalization in action as they contemplate their own systems for legalization. A recent Gallup poll announced that 66% of Americans want to see legalized cannabis – representing the highest polling recorded, and the third consecutive year of increasing support.³

Former Gov. John Hickenlooper has often been quoted saying the “sky hasn't fallen” as it relates to marijuana legalization, and the state's data supports that sentiment. Colorado Department of Public Safety released its “Impacts of Marijuana Legalization in Colorado” report⁴ in late 2018, which pointed to a 52% decrease in marijuana arrests since 2012, including nine large Colorado counties (Adams, Arapahoe, Boulder, Douglas, El Paso, Jefferson, Larimer, Mesa, and Weld) showing an average 46% decrease in marijuana arrests. Denver Police Department separately reported 81% decrease in marijuana arrests.

1 <https://www.colorado.gov/pacific/revenue/colorado-marijuana-tax-data>

2 <https://www.colorado.gov/pacific/enforcement/med-resources-and-statistics>

3 <https://news.gallup.com/poll/243908/two-three-americans-support-legalizing-marijuana.aspx>

4 http://cdpsdocs.state.co.us/ors/docs/reports/2018-SB13-283_Rpt.pdf

Marijuana Industry Group (MIG), the leading trade association for Colorado's licensed businesses, was founded in 2010 by cannabis entrepreneurs to help architect Colorado's earliest medical marijuana regulatory framework and subsequent cannabis business policy. MIG also works collaboratively to address community impacts and offer real-time education, access, and advancement of practical policy. As the oldest, largest, and most diverse trade association in the state, MIG represents the interests of, and advocates on behalf of, the rapidly evolving needs of the leaders of the regulated marijuana industry in Colorado.

Since 2012, more law enforcement officers have been trained in drug recognition (+65%), helping to increase drug detection rates apart from driver behavior, and DUI citations issued by the Colorado State Patrol have decreased by 15% in the same period.

State data has shown no significant change in the number of youth who reported that they had used marijuana with the previous 30 days, which is slightly lower than national data, and shows a 16% decrease in juvenile marijuana arrests from 2012–2017. This was further underscored in a recent American Medical Association study of 1.4 million high school students from 1992 to 2017, showing an 8% decline in high school use in states where marijuana is legal.⁵ There was a 9% decline in self-reported heavy use over the past 30 days.

Coordinated efforts of the cannabis industry, local and state government, elected officials, and law enforcement have been responsive to public safety concerns related to cannabis legalization, and marijuana tax dollars fund state and local education, behavioral health, and youth prevention programs. Legal market operators, employees, and consumers are generally honoring the will of Colorado's voters and laws, while a small group of unregulated growers requires ongoing vigilance.

Illegal grows operate in stark contrast to legal and regulated products that are cultivated and manufactured to conform with testing standards related to pesticides, molds and microbials, and other contaminants, packaged in child-resistant packaging with uniform labeling requirements (including dosing and potency information), and sold in safe, legal businesses to qualified adults. The legal industry has been supportive of identifying resources to help law enforcement to address issues related to illegal cultivation operations on public lands and in private homes.

While research on the medical efficacy of cannabis on specific conditions continues to populate journal headlines, the United States is experiencing an opioid epidemic declared to be a public health emergency.⁶ In a growing body of emerging research, legal marijuana access has served as a substitute for opioid use, helping to offset opioid addiction and death. One recent study attributed the presence of dispensaries to not only a decline in opioid-related harms in counties where marijuana dispensaries were located, but also a slight spillover effect for nonlegal counties, and a decrease on opioid-related admissions to treatment facilities.⁷ The study concludes there is a direct geographic impact on opioid-related harms in communities with access to legal cannabis.

The examples cited above represent state-cited or academic or medically supported, statistically relevant, highly credible references that consistently dispel prohibitionist rhetoric about reefer madness. While there are those who try to manipulate isolated data into sexy anti-marijuana headlines, the vast majority of Coloradans and Americans recognize the truth. This does not mean that the policies or industry are perfect, but neither is it cause to reintroduce cannabis prohibition or constrain progress, innovation, or opportunity.

The 2019 legislative session reflected such sentiments. This was demonstrated in the creation of laws to increase patient access to medical cannabis by adding post-traumatic stress disorder and autism to the approved list of medical conditions that it can be used to treat. Homebound patients and other medical patients will be able to participate in home delivery starting 2020, contingent upon local opt-in. Parent caregivers have more transparent legal guidance. Marijuana hospitality establishments will be allowed to open their doors, creating places for consumers to congregate, also contingent upon local opt-in. Access to cannabis employment and ownership will be easier

for more people, including those disproportionately affected by cannabis prohibition, with an “accelerator” license. And licensees will soon be able to obtain public capital and align private investment requirements to more traditional investment structures, creating symmetry with other legal states that already permit such investment. A hefty overhaul of the medical and retail codes in 2019 creates opportunities for greater business efficiency by harmonizing large portions of the two codes.

These bills were welcomed under Gov. Jared Polis' administration, where the top marijuana position is occupied by a former industry pioneer.

Looking toward the immediate future, the industry asks for municipal support for uniform regulatory requirements; efforts to expand market opportunities for historically excluded audiences, including underrepresented minority participation; and zoning that reflects the benefits of cannabis businesses within communities, not outdated stigmas.

The cannabis industry is defined by entrepreneurship, innovation, and business vigilance necessary to conform with the complex statutory, regulatory, and compliance environment required for successful operations.

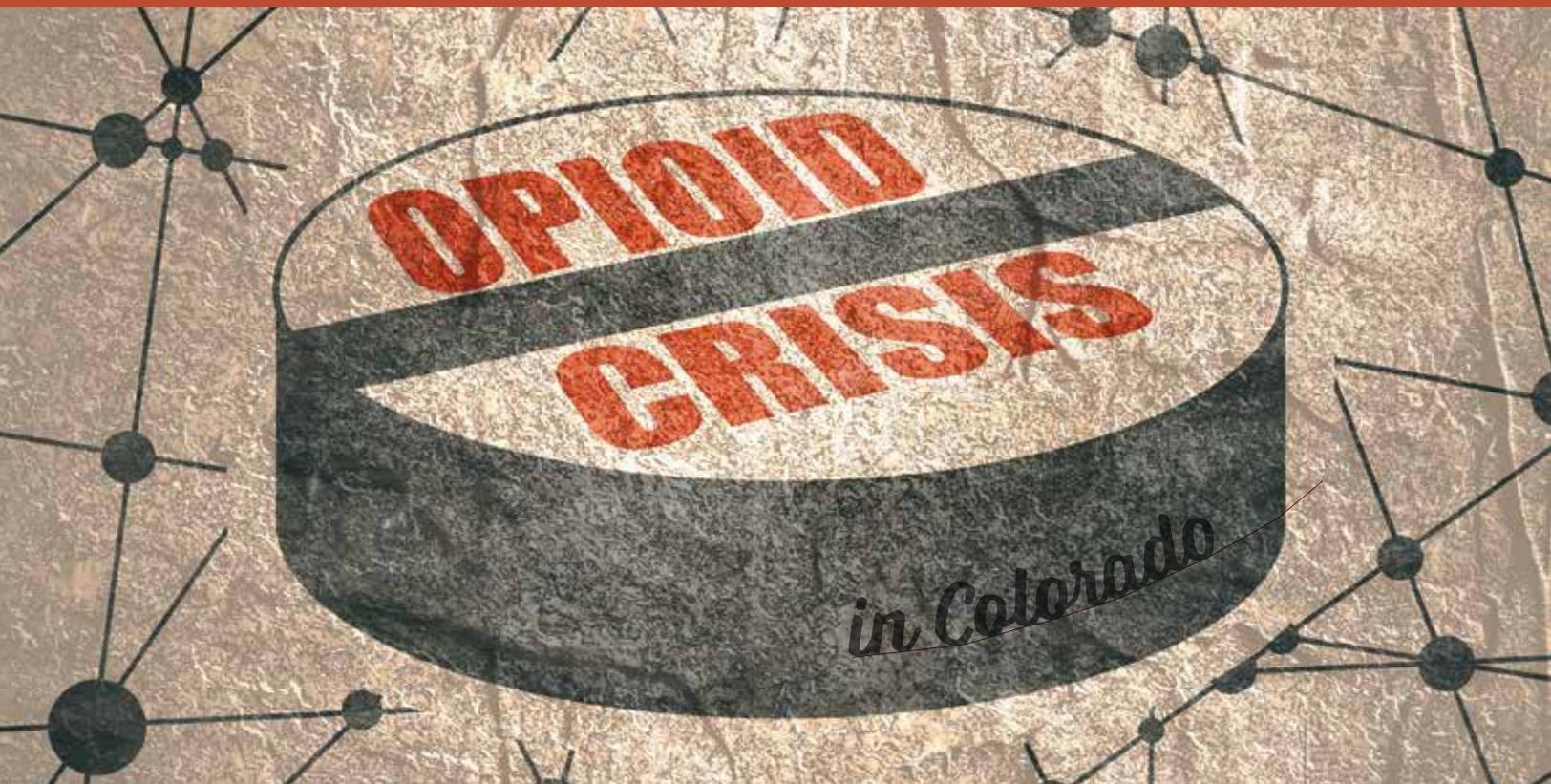
There are benefits to creating a supportive cannabis business environment, which can stimulate local economic drivers such as job creation and tax generation, and also create small business and innovation opportunities, reinvigorate empty real estate, and help reduce opioid-related impacts. Colorado entrepreneurs are willing participants in discussions about the ongoing effects of public health and safety, and the industry has proven responsive to addressing community and safety concerns. The industry is committed to the success of medical and retail cannabis legalization, and also to the success of the communities where participants live and operate.

5 <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2737637?guestAccessKey=5e4e41eb-ec96-4641-86f9-b5c89cc7cc48>

6 <https://www.hhs.gov/opioids/about-the-epidemic/index.html>

7 <https://onlinelibrary.wiley.com/doi/abs/10.1111/ecin.12825>

RESPONDING TO THE



By José Esquibel, University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences Colorado Consortium for Prescription Drug Abuse Prevention director

The opioid crisis regularly occupies the headlines among various media outlets in Colorado and across the nation. The extent of the impact of this crisis continues to draw the attention of local, state, and federal government leaders. The increase in the number of individuals dying from an opioid overdose is the most dramatic and tragic aspect of this crisis. The impact of the crisis in other areas – health, family, employment, medical, law enforcement, first responders, and more – places a burden on local communities. A coordinated and collaborative approach is essential to begin to bend the arc of the crisis.

Making a difference together

Colorado has one of the most comprehensive and collaborative approaches for addressing the multifaceted aspects of the opioid crisis, namely the Colorado Consortium for Prescription Drug Abuse Prevention.

The Consortium, based within the Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of Colorado Anschutz Medical Campus, was established in 2013 following the development of a state prescription drug abuse prevention plan under the leadership of Gov. John Hickenlooper. At that time, Attorney General John Suthers, now the mayor of Colorado Springs, provided \$1 million to fund a combination of a statewide public awareness activities and provider education efforts.

The Consortium consists of 10 work groups with representatives of diverse disciplines, state government departments, and professional associations related to medicine, public health, harm reduction, law enforcement, treatment, and substance abuse prevention.

The representatives who participate as members of the Consortium work groups provide their professional and technical expertise in identifying and helping guide the implementation of strategies for mitigating the impact of the opioid crisis in Colorado communities and among individuals and families.

At the state government level, the Consortium serves as a committee of the Colorado Substance Abuse Trend and Response Task Force, which is chaired by the Colorado attorney general. In this capacity, the Consortium work groups help shape Task Force policy and practice recommendations provided to the Colorado General Assembly.

Since 2017, members of the Consortium have served as content experts for the legislative Study Committee on Opioids and Other Substance Use Disorders with the purpose of informing state policy for improving access to medication-assisted treatment, funding for prevention and harm reduction services, and improving recovery support services.

Assisting communities

Consortium staff regularly engage with and assist local and regional coalitions, nonprofit organizations, and local government agencies that are responding to the opioid crisis. At the top of the list of assistance in 2018 was coordinating numerous provider education trainings to limit unnecessary access to prescribed opioids and ensure that individuals with a substance use disorder are connected to the appropriate services.

Other areas of assistance in 2018 included training on the use of Naloxone for reversing opioid overdose and promoting safe disposal of unused opioid and other prescription drugs.

The Consortium receives funding from several state agencies, as well as the Colorado General Assembly and other sources to assist local communities. Recently, CoBank provided the Consortium a \$500,000 grant to fund provider education on new guidelines for opioid prescribing and alternatives to pain management in rural and frontier regions of the state.

What local leaders can do

Strategies for addressing the opioid crisis are implemented primarily at the local level. There are several ways that

local leaders can promote and support local efforts.

Safe disposal of prescription medications, especially opioids, is a strategy for decreasing access to unused drugs that could be taken by people other than the individual given the prescription. The Colorado Household Medication Take-Back Program has at least one site for disposing of household medications in nearly every county in Colorado. A map for all take-back locations is available on the website of the Colorado Department of Public Health and Environment. If a pharmacy or law enforcement agency in your municipality is participating as a take-back site, consider acknowledging them publically, and encourage residents to utilize the service to dispose of unused household medications on a regular basis.

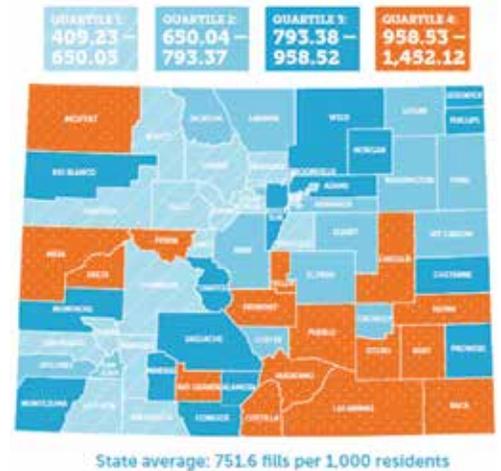
Provider education on safe prescribing of opioids is an essential strategy. Local leaders can work with the Consortium staff and local champions in the medical field to promote training for local prescribers. Funds are available to support this activity, and Consortium staff can assist with planning and coordinating the trainings.

If local law enforcement professionals carry Narcan, the nasal spray version of Naloxone, for use in reversing an opioid overdose, local leaders can publically acknowledge department leaders and those officers who are lifesavers.

Local leaders can also help reduce stigma of people with an addiction to opioids and other drugs. Stigma often prevents individuals from seeking treatment for their medical condition. Addiction can affect anyone and has an impact on family members and friends. Learn more about ways to reduce stigma from Colorado's Lift the Label campaign at liftthelabel.org.

Community supports are critical for individuals recovering from opioid and other substance use disorder. Access to housing, as well as work and education opportunities, helps individuals as they engage in their recovery, which is a long-term process. Local leaders are influential for fostering recovery-ready communities.

2016 prescription fill rate per 1,000 residents



Local leaders can also help raise awareness about the opioid crisis and the strategies that help change the course of the crisis. The Consortium has a variety of public awareness materials related to safe use, safe storage, and safe disposal of prescribed medications that can be utilized by your municipality or community programs. This includes the Take Meds Seriously campaign, the Bring Naloxone Home campaign, the You're the Solution campaign for educating older adults, and the Take Meds Back campaign to promote the take-back program.

A guide for local leaders

With funding from the Office of Behavioral Health in the Colorado Department of Human Services, the Consortium prepared the *Colorado Community Reference Guide* (2019) to assist local leaders in responding to the opioid crisis. The guide is available for download on the Consortium website, www.corxconsortium.org, and Consortium staff who work in various regions of the state are available for consultation with local leaders on implementing strategies found in the guide; simply send an email message to info@corxconsortium.org.

Local leaders have a critical role in motivating community members to invest their time and talent in addressing the opioid crisis.



Opioid addiction crisis: Help us help you

By Ryan S. Luby, Denver City Attorney's Office public information officer, and Renéé A. Goble, Denver City Attorney's Office assistant city attorney (senior litigator)

Too many are sick. Too many have died. Too many of our neighbors, friends, and family members have been the unwitting victims of America's opioid addiction crisis — a profiting scheme by the world's drug manufacturers that has taken an emotional and fiscal toll on U.S. cities and counties. But there is now a streamlined way to get the justice our communities deserve, and the City and County of Denver wants your help.

Denver joined other communities across the country in asking a federal judge to help define a novel concept that would allow settlement talks with the opioid defendants, including manufacturers and distributors, to begin today, not tomorrow

or 10 years from now. The first-ever Negotiation Class, approved through consolidated, ongoing multidistrict litigation (MDL) against opioid defendants centered in U.S. District Court in Cleveland, Ohio, will represent the thousands of communities that previously filed suit and those that did not.

"The goal is to fashion settlements that extract the maximum amounts possible — in dollars and in changed practices — from the defendants, and that accomplish the fair allocation of settlement funds among the Class," the request filed in court reads.

U.S. District Judge Dan A. Polster, who is presiding over the MDL, has aggressively pushed for settlements from the outset.

"Settlement is important in any case," he wrote in a memo certifying the Negotiation Class. "Here, a settlement is especially important as it would expedite relief to communities so they can better address this devastating national health crisis."

For the first time in U.S. history, our cities, towns, and counties will know with certainty how much the opioid defendants are willing to compensate us for the damage they have done. The money will be yours unless your community chooses to opt out. In addition, your participation will help determine how the various opioid defendants will be compelled to change the way they do business going forward.

How it works

If you choose to join the City and County of Denver in this effort, you will have a voice. In fact, a 75% supermajority of the participating cities, towns, and counties will have to approve of a final, national settlement with any of the opioid defendants. We do not yet know which opioid defendants will come to the negotiating table, but we believe many will. The distribution of any forthcoming settlement would be rooted in a formula with three quantifiable factors, using federal data beginning in 2008:

- 1) The amount of opioid drugs distributed within a county
- 2) The number of opioid deaths that occurred in a county
- 3) The number of people who suffer opioid use disorder in a county

A county and the municipalities within it may share the funds allocated to the county in any manner they choose. If the county and cities cannot agree, then a default allocation formula would apply, unless a Special Master assigned by the Court to resolve disputes in the litigation accepts a different formula submitted for consideration.

Ultimately, the model will allocate settlement funds to communities hit hardest by the opioid addiction crisis irrespective of a county's population. It will give opioid defendants clarity; they will not have to guess how much money they owe each community, thus preventing meaningful settlements from languishing for years or decades.

What happened

In January 2019, Denver joined 14 other Colorado entities – municipalities, counties, and the Tri-County Health Department – in filing its own lawsuit against opioid defendants. The 300-page lawsuit outlined the heartache experienced from the addiction crisis in our state alone.

“Denver librarians now need to carry naloxone, a drug that can reverse opioid overdoses,” Denver’s portion of the lawsuit read. “Denver’s substance abuse treatment centers turn away as many people as they are able to treat on any given day. ... Each day that [opioid defendants] continue to evade responsibility for the epidemic they caused, Denver must continue allocating substantial resources.”

Heroin-related fatalities in Denver have increased 933% since 2002. According to the Office of the Medical Examiner, 870 Denver residents died due to opioid-related overdoses between 2008 and 2017.

In the broader Denver metropolitan area, the story is much the same. In the City and County of Broomfield, between 2003 and 2007, there were nine opioid-related deaths. Between 2013 and 2017, the number tripled to 27 opioid-related deaths. In Boulder County, overdose deaths have been the leading cause of accidental deaths since 2005, surpassing motor vehicle accidents.

In Teller County, with a population just 3% the size of Denver, the “steady oversupply of potent prescription opioids ... has exacted a grim toll,” the lawsuit read. Between 2009 and 2016, there were more than 100 opioid prescriptions written per 100 people in Teller County. In 2011, 142.6 opioid prescriptions were written for every 100 people.

Given Teller County’s small size and limited funding, the costs of combating the opioid addiction crisis have been especially challenging.

What is next

Visit www.opioidsnegotiationclass.info to generate an idea of what a settlement will look like for your community. The outside counsel overseeing the bulk of the litigation on behalf of the requested

Negotiation Class provides a coded map that will calculate a rough estimation of settlement dollars for each community in the Class. There are also FAQs and critical documents updated regularly, including a detailed explanation of how the voting process will work.

Your community’s involvement in the Negotiation Class will be voluntary. You do not need to have filed a lawsuit in order to be a member of the Class, and you do not need to hire an attorney. In addition, participating in the Negotiation Class does not prevent you or your community from pursuing any claims you may have. You can still file a lawsuit, forgo litigation, or otherwise resolve your claims. Should you choose to opt out, you will have until Nov. 22, 2019, to do so by mail or email. By now, you should have received the court-approved Class Notice.

Help make history

The Negotiation Class proposal has generated national media interest for months. We firmly believe the Negotiation Class mechanism is a groundbreaking instrument for bringing resolution to this massive litigation in a unified and comprehensive manner.

“We are the ones answering the 911 calls, dealing with overdoses in our library bathrooms, and seeing the impacts on families in our foster care system,” Denver City Attorney Kristin M. Bronson said in a recent story published in *The Wall Street Journal*. “The casualties have really been felt at the local level.”

We urge all Colorado cities, towns, and counties to join Denver in the Negotiation Class. Our prospects for the best potential settlement are only enhanced through the participation and cooperation of as many Colorado cities, towns, and counties as possible. Together, we can ensure that all our communities are compensated fairly and made whole again, and we can help end the predatory business practices that brought about this epidemic.



A collaborative approach to engaging the issue of homelessness

By Linda Olson, Englewood mayor



In early 2019, the City of Englewood experienced an increase in people camping along the banks of the South Platte River, reflecting the growth of those experiencing homelessness in Colorado and throughout the country. As part of the Denver metropolitan area, Englewood and neighboring cities are not immune to the challenges faced by large urban communities experiencing a lack of affordable housing, stagnant wages, and fewer mental health services. With nearly 50 encampments occupied by roughly 70 people experiencing homelessness, the City of Englewood recognized that this situation was becoming dangerous for human life and the health of the river. Those inhabiting the flood-prone river area were at risk from unpredictable flooding. Additionally, the encampments were creating environmental hazards to the watershed and limiting the enjoyment of visitors to the South Platte riverbanks and recreational trails.

On May 21, 2019, Englewood police began a collaborative effort to move people off of the riverbanks of the South Platte River with as much care and dignity as possible. Police officers notified individuals both face to face and with flyers that they would have until June 4 to vacate so that mitigation and cleanup efforts of the river could begin. The city's co-responder team from AllHealth Network, who specialize in behavioral health care services, worked alongside Englewood police to distribute information and advice about community resources to those who would be displaced. Additionally, Change the Trend (CTT), whose mission is to mobilize and equip communities to constructively engage the issue of homelessness, organized nonprofits and faith communities for outreach to care for those being moved. Resource lists, hygiene packs, temporary housing options, health services, food, and counseling were offered to anyone who would engage.

Denver Police and Urban Drainage and Flood Plain staff also assisted, bringing their expertise and resources. These efforts included helping campers dispose of things they no longer needed and storing personal possessions for up to 30 days until they could relocate themselves.

Difficult as it was, this collaborative effort capitalized on already established relationships amongst multijurisdictional police departments, behavioral health professionals, and nonprofits and faith groups to guide people to essential services *and* restore the river. It built upon the work begun in September 2018, when Englewood, Sheridan, and Littleton established a Tri-Cities Homelessness Policy Group (Tri-Cities Group) to address the underlying causes of homelessness and focus resources on long-term solutions.

The Tri-Cities Group has met monthly to better understand the problem and possible solutions, including an inventory of available services, housing needs, regulations, and innovative solutions. Tri-Cities Group will continue to work on collaborative policing and human services in the area, while also undertaking a joint research project that goes beyond the federal Point in Time study, an annual count of people experiencing homelessness on a single night in the last 10 days in January. The three cities want to fully understand the human needs, resources available, and opportunities for strategies that make a difference. Baseline data will help focus our strategies and resources to ensure success in homelessness and poverty alleviation. Additionally, we will seek partnership with Denver and state programs to ensure more consistent approaches that can create longer-term regional solutions to a regional issue.



Every Coloradan can make a difference in our community's mental health

By Nancy VanDeMark, PhD, Mental Health Colorado interim president and CEO

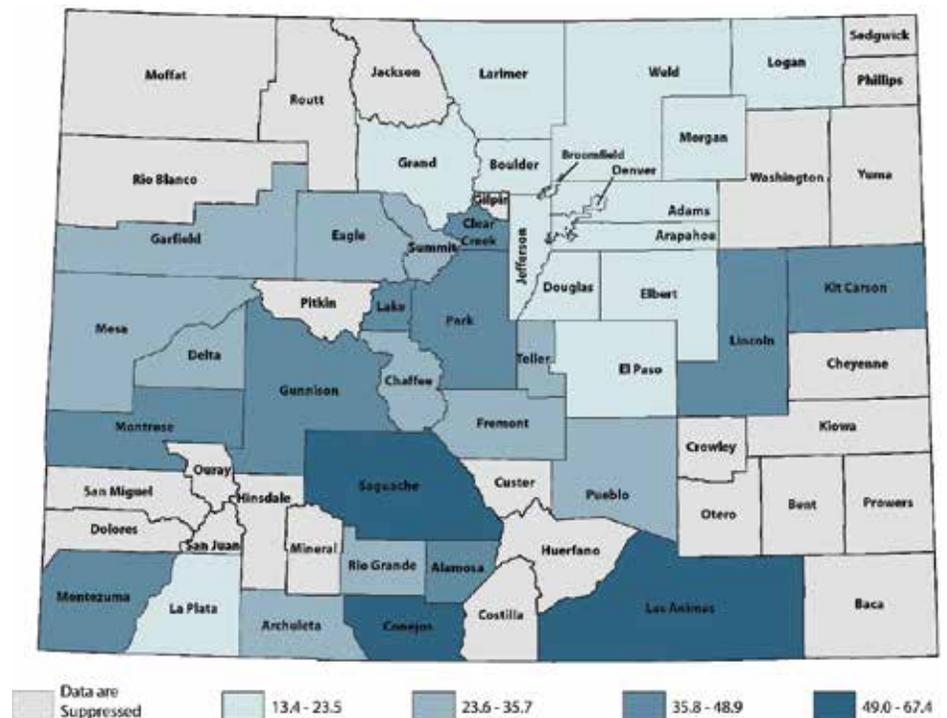


His name was Kirk Hanna and he was born and raised on Hanna Ranch. At 43, facing a down cattle market, family challenges, and immense pressure on the family ranch, he took his own life – six days before Christmas. A week before his death, he had been found with a gun. He was released from his health care provider with sleeping pills and an appointment – one he would never make.

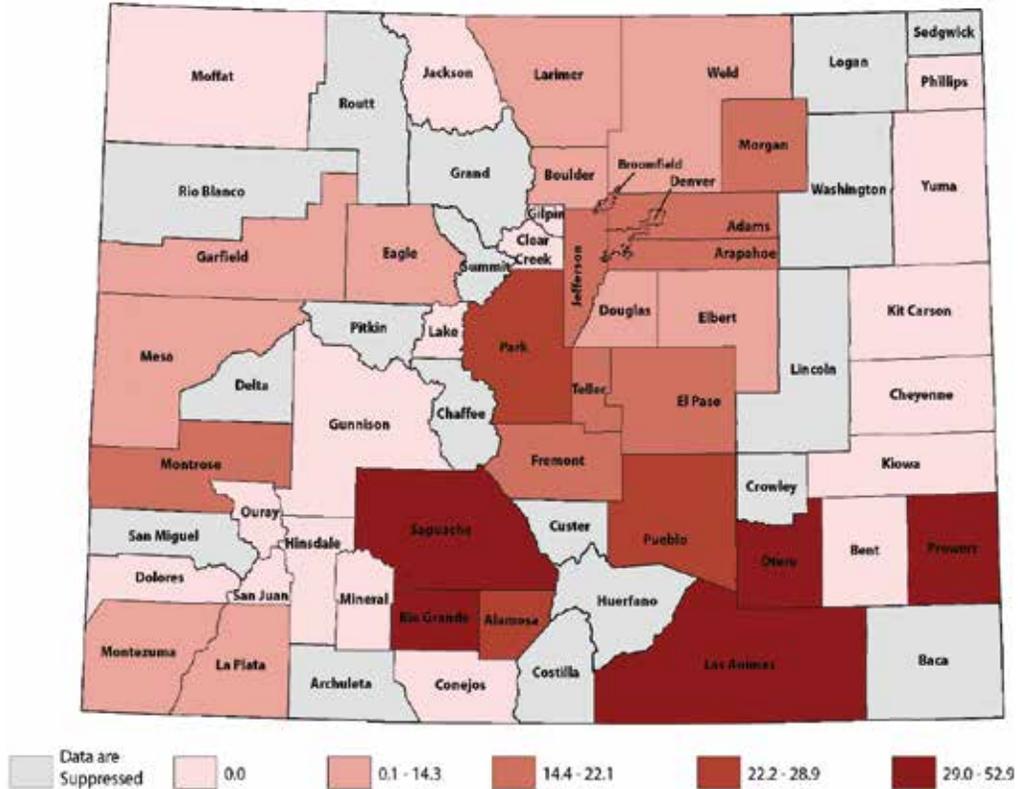
Nearly half a million Coloradans do not get the mental health or substance use treatment they need, and the shortage is particularly acute in rural parts of our state. We all have a role in addressing the mental health of our communities.

Coloradans statewide are struggling to find effective ways to tackle the growing problems of suicide, excessive drinking, and drug overdose. In order to successfully impact these seemingly intractable problems, we cannot look only to one or two sectors of our communities, such as schools or law enforcement. We must all take action to address these public health crises.

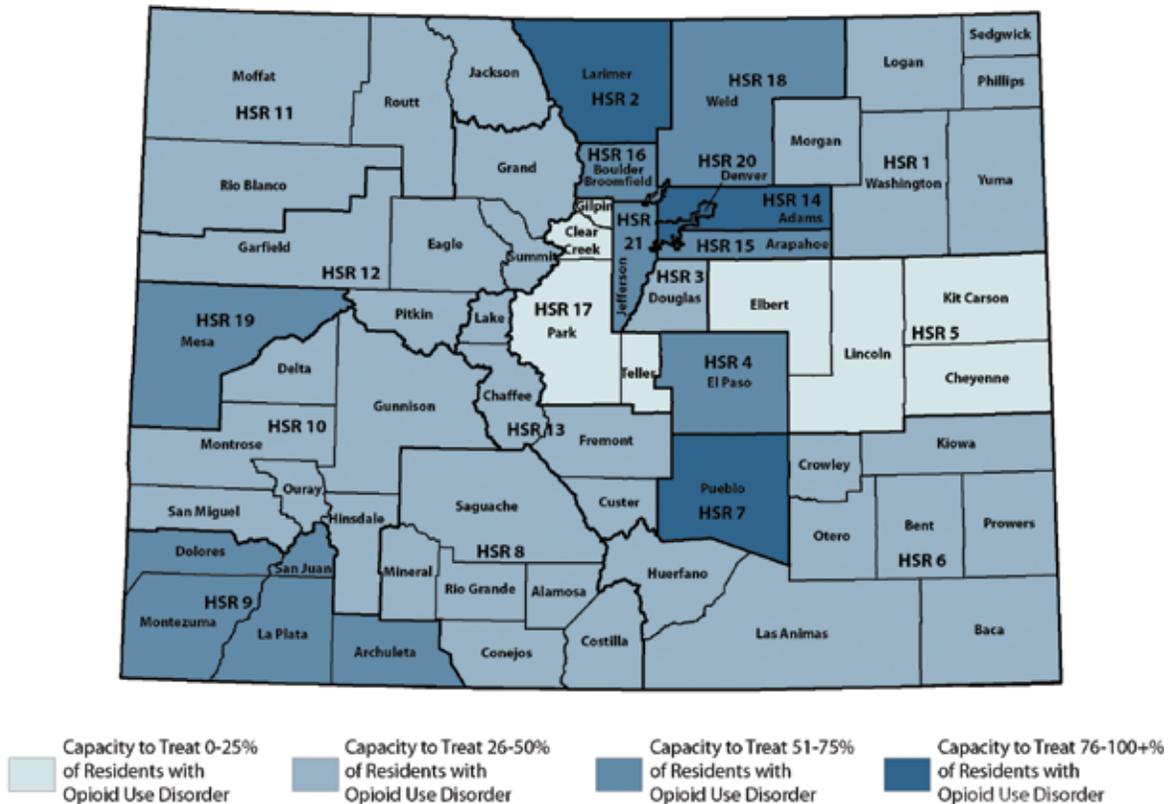
Suicide rate per 100,000 residents (2018)



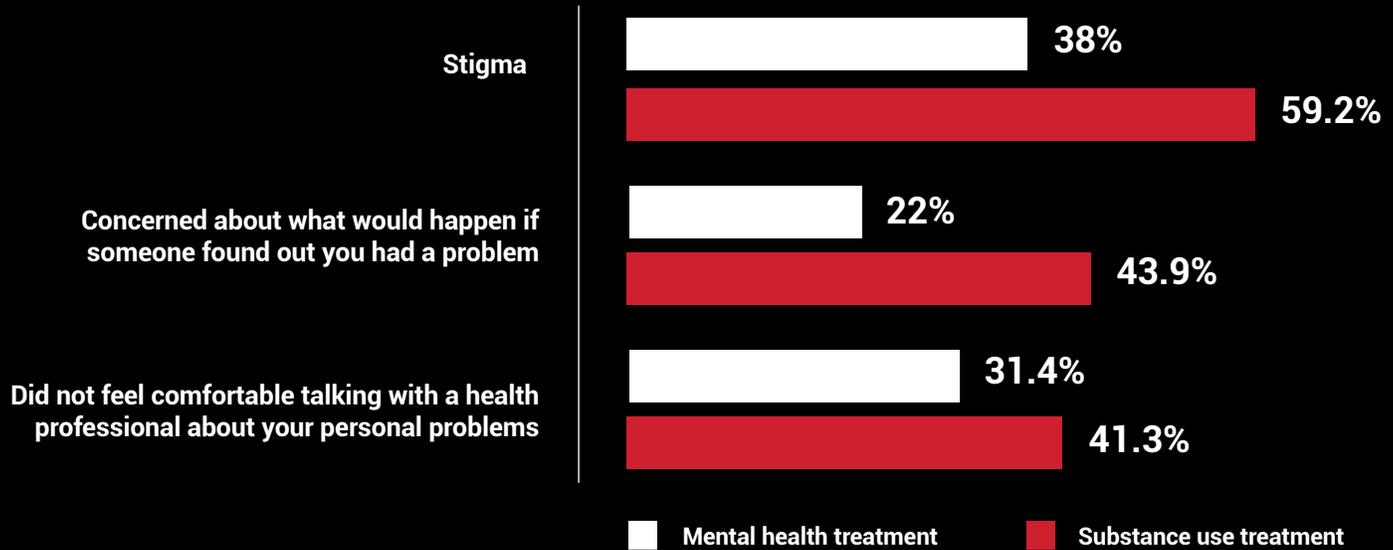
Drug overdose deaths per 100,000 residents (2018)



Buprenorphine provider capacity (2018)



Reasons Coloradans did not seek treatment (2017)



Work across systems to eliminate stigma and promote access to services

The reasons people are reluctant to seek help differ across communities. Knowing your community can help you identify specific ways to reach people experiencing the stress of isolation or job loss. Simply encouraging community members to talk to people who may be struggling or advertising confidential resources such as the statewide crisis response system (844-493-TALK or coloradocrisiservices.org) can make a big difference.

Local communities have a unique role in establishing local policies that can help or hurt people with mental health or substance use disorders. Helping community members understand rather than fear people with mental health and substance use disorders through adopting and supporting housing and treatment for people in recovery, banning discriminatory practices, and supporting crisis intervention training and behavioral health partnerships for law enforcement have the potential to strengthen the climate of support.

Know the state resources and advocate for your community

The state funds a myriad of programs that are implemented at a local level. Understanding how these service systems are funded and staying in tune with new laws and initiatives that create opportunities at the local level is essential to effectively advocate for your community. People who live in our rural and frontier communities deserve access to the same array of prevention, treatment, and recovery services as their neighbors in the urban areas. We must advocate for a statewide system that provides access to basic services and resources regardless of where people live.

People with mental health and substance use disorders are our employees, neighbors, friends, and family. Doing the right thing starts with listening to others, sharing our own stories, and responding with respect and empathy. Every person across our state can make a difference in their community.

Maggie said it best: "We have made great strides, but we still have a lot of work to do. We have to lead the way, today, in Colorado."

Resources

- Colorado Crisis Services (coloradocrisiservices.org): When you don't know where to start, start here
- Colorado Crisis Services specific to the agriculture community (www.colorado.gov/pacific/agmain/ag-financial-crisis): The Agricultural Economic Crisis is real. The resulting stress is real. Let's TALK about it
- Mental Health Colorado Data Dashboard (www.mentalhealthcolorado.org/dashboard): a one-stop information source for county-specific mental health and substance use data
- Colorado Wellness Recovery Guide (cowellnessrecovery.org): a free, comprehensive resource to learn about the treatment process, discover potential providers, and access information about your mental health rights
- Colorado Office of Behavioral Health Find Help (www.colorado.gov/pacific/cdhs/find-behavioral-health-help)
- Colorado Department of Health and Environment Suicide Prevention Resources (bit.ly/2kRpUKT)

Maps courtesy of the Colorado Health Institute, www.coloradohealthinstitute.org.



Montrose builds partnerships to boost mental health services

By William Woody, Montrose communications manager

There is often a nexus between the efforts of local law enforcement agencies and mental health service providers. Montrose is no exception. Faced with a rising frequency in cases involving mental illness and the need to provide better assistance to victims and officers despite scarce funding, Montrose leaders have reinforced the time-tested truth that there is power in partnerships.

Recognizing their shared interest in improving mental health and addiction services, the City of Montrose teamed up with the Center for Mental Health (CMH) to seek out funding opportunities that paired the city's grant writing resources with CMH's facilities and personnel.

The partnership has borne results. Two grant awards were received: one to help the CMH open a new walk-in center in downtown Montrose and another to fund mental health services directly at the Police Department.

In April 2018, the Montrose Police Department (MPD) partnered with the CMH to create a mental health co-responder program designed to enable an officer and a master's-level mental health clinician to respond together to individuals in crisis to de-escalate and mitigate a crisis on site. The clinician's salary is entirely funded by the CMH.

The city has seen an increase in individuals throughout the community who are dealing with mental health issues, sometimes leading to crisis situations. Mental health issues in Montrose are a serious concern and a public safety priority, according to Montrose Police Chief Blaine Hall. Law enforcement must tailor its response to incidents involving persons in mental crisis. These situations require de-escalation and mitigation of further risk to all involved.

Currently, the clinician is paired with a police officer from the initial call through stabilization at the hospital to determine if the patient should be

admitted or released with a treatment plan. As a result of being paired together, the officer is taken away from the department's call rotation and the clinician is hindered in completing follow-up visits in the following days.

To help address these deficiencies in an otherwise successful joint effort, the City of Montrose was awarded a Peace Officer Mental Health Grant from the Colorado Department of Local Affairs (DOLA) in the amount of \$42,745 to purchase a properly equipped vehicle for the MPD mental health co-responder.

The grant-enabled purchase of a designated vehicle will allow the mental health clinician to respond autonomously, stay on scene to deliver patient services, and complete follow-up visits, while freeing up officers for additional calls for service. The grant will also purchase a radio for the clinician's safety.

The MPD will use the remaining funds to enhance the department's peer support program. The funds will allow five officers to be trained in peer support counseling. The officers will serve the police department and be available to employees as peer support 24 hours a day, seven days a week.

Additionally, the MPD will purchase telephonic peer support through Building Warriors, a peer-run, nonprofit specialty group that provides direct services and training to support emergency responders, health care professionals, and others afflicted by traumatic experiences.

"Peer support is a critical component of a professional 21st-century law enforcement agency," Hall said. "Our officers see and experience things no one should see in a lifetime. Officers need access to trained law enforcement peer support specialists who understand the job and can assist officers and their families when the job takes a toll on their mental health and well-being."





Partnership has also landed Community Development Block Grant (CDBG) grant funds from the DOLA to improve the CMH's facilities for providing critical mental health services. The CMH will invest the \$267,450 grant in completing building improvements on its new walk-in center situated in the downtown core of Montrose.

The CMH targets its services to the low-income, indigent, and underserved population in the region and provides both mental health and addiction services on a fee scale based on the patient's ability to pay.

The absence of a local resource for inpatient care prompted the CMH to create a mobile crisis team and transportation team. When individuals need inpatient care, the transportation team responds. However, with limited resources on the Western Slope and no inpatient sources in Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel Counties, individuals must be transported to Grand Junction, the Front Range, or surrounding states for care.

The CMH responded to 3,977 individuals in crisis across the region through mobile crisis support in 2018. This level of demand for service led the CMH to create a walk-in center by acquiring an existing building that was originally built as a care center. The building has many features necessary for a pleasing and functional crisis clinic, including a central observation area and four separate wings, allowing for services to be provided for mental health crisis, withdrawal management, 24/7 walk-in access for assessment, and room for expansion.

Having an inpatient facility in Montrose, identified by the State of Colorado as a "critical need area" for crisis services and one of the six counties served by the CMH, will help address this significant need. To be eligible for CDBG funding, recipients must ensure that

at least 51% of beneficiaries are of low- to moderate-income means. In 2018, 85% of patients served by the CMH met this criteria.

"The Crisis Walk-in Center is a vital part of the health care services available to the Montrose community and our surrounding six-county region," said Ed Hagins, chief operations officer for the Center for Mental Health. "It will provide around-the-clock access to acute behavioral health services, withdrawal management, and crisis stabilization close to home for members of our community. The CDBG funds, along with support from the City of Montrose and DOLA, have provided for a new roof and additional HVAC systems, which are critical components of this new location."

The CMH anticipates it will manage 96% of all regional behavioral health crises within the walk-in center. The CMH has invested more than \$3.3 million to date, with the building purchase, renovations, and asbestos removal.

"The support and partnership the Center for Mental Health has had with the city has been key to the successful launch of this important new facility," Hagins said.

Funding assistance from the Colorado Health Foundation, Denver Foundation CHA Fund, El Pomar Foundation, Montrose Community Foundation, City of Montrose, State of Colorado, and private donations for the new facility now total an impressive \$1.6 million.

As many communities working to develop important local facilities and services have discovered, there is power in partnerships. For Montrose, the combined efforts of the city and the CMH are simply the latest in a long list of interagency ventures that have delivered a better quality of life for the residents they serve.

Bringing LEAD to Alamosa

By Heather Brooks, Alamosa city manager

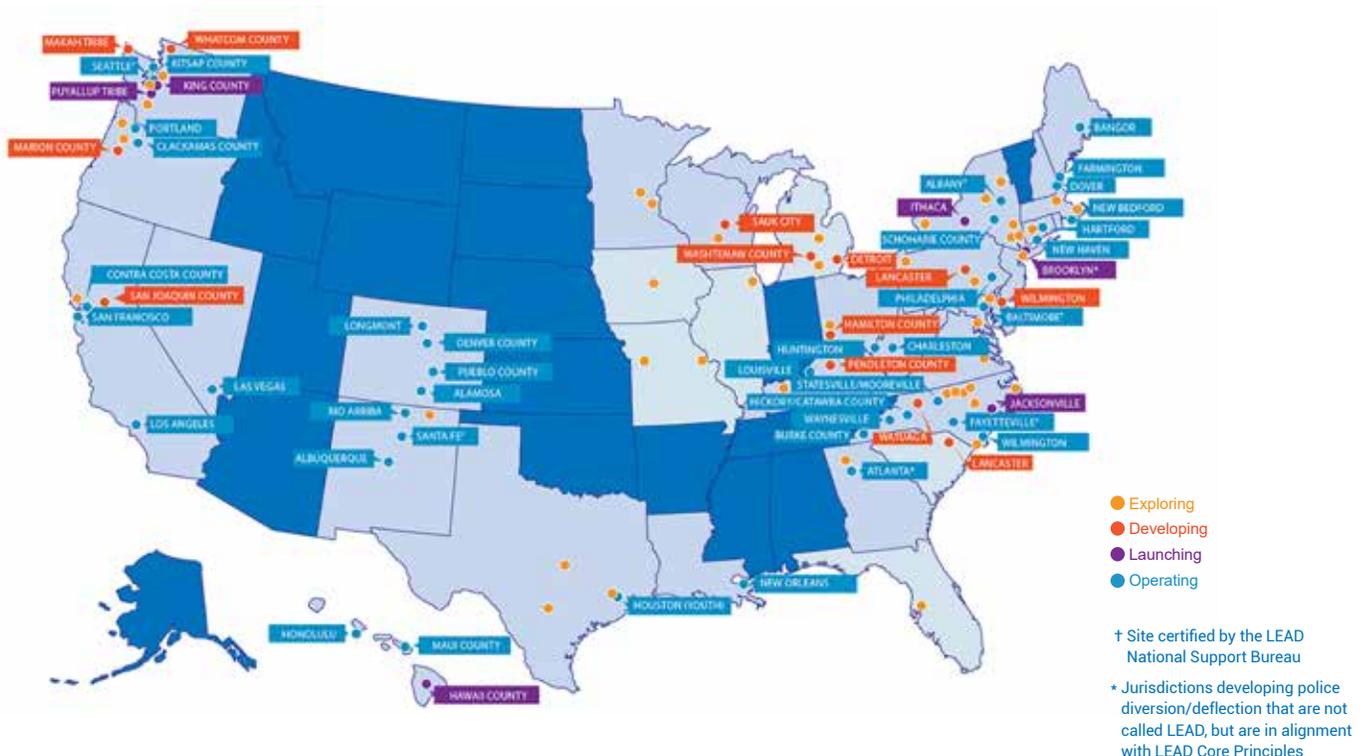
While attending a session at the CML annual conference, several Alamosa councilmembers learned about a unique grant opportunity to develop a LEAD (Law Enforcement Assisted Diversion) program. No one at the City of Alamosa was familiar with LEAD, but after researching other communities, we quickly learned that the program could be one tool in the struggle with jail costs, officer resources, opioid and other substance use issues, and recidivism. Armed with this tip-of-the-iceberg information, we decided to move forward with a grant application.

Four communities were selected for the Colorado LEAD Pilot Program through the Colorado Department of Human Services, Office of Behavioral Health: Denver, Pueblo, Longmont, and Alamosa. LEAD began in Seattle in 2011 as an alternative to the frustrating cycle of offense, arrest, and penalty ... repeat. The impetus of the program was recognizing that there are underlying issues leading to the behavior and repeated offenses. Without addressing the underlying issues, the standard consequences were not going to break the cycle. The program has grown and evolved since its inception, and 59 communities across the country have implemented similar programs, with 42 exploring the idea. The program is based on a harm reduction philosophy and truly meets the participant where

they are in their life rather than imposing a set treatment outcome. Visit www.leadbureau.org for more information on the LEAD National Support Bureau.

Bringing the LEAD program to Alamosa required not only the grant support from the Colorado Department of Human Services (\$1,279,567), but also strong collaboration among key community partners. The City of Alamosa, District Attorney's Office, Public Defender's Office, and Alamosa County worked on the grant application with the support of the Alamosa Criminal Justice Coordinating Committee. After a competitive process, the Center for Restorative Programs (CRP) was selected as the provider for program administration, employment of case workers, and coordination of wrap-around services. The Alamosa application was somewhat unique in that the goal of the program was to expand LEAD beyond just Alamosa and partner with as many of the 18 San Luis Valley communities as possible in the grant time frame. Once the program was up and running, the involvement from the community has grown to include representatives from medical providers, substance abuse services, mental health professionals, and homeless/housing organizations.

Here is how LEAD works: An officer encounters an individual who has committed a crime and meets the criteria of the





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program (see below for short list of criteria). This individual is offered the opportunity to avoid the citation if they voluntarily agree to participate in the LEAD program. If they agree, the officer completes a screening form to determine if the person is eligible and if so, the person is connected with a case manager and a warm handoff occurs. The case manager meets with the participant to complete and sign off on necessary paperwork. The participant then has 14 days to meet with their case manager to get a more in-depth intake to better identify what issues the individual may be struggling with – homelessness, joblessness, mental health issues, medical issues, substance abuse, etc. If they miss the 14-day window, the case manager will meet with the referring officer and District Attorney's office to see if an extension makes sense. Once the intake is completed, the case manager then works with the participant to begin on the path towards improvement. This can look like the case manager making sure the participant shows up for court dates, helping the individual navigate the medical maze to receive needed care, or finding housing or employment. Each participant identifies the areas in which they need assistance as the case manager helps them move towards better decisions and more stability in their life.

Officers can also refer participants who may not have been picked up for an offense at that moment, but who have had a history with law enforcement or a very high probability of low-level criminal involvement that make them a good candidate for the program. Both the traditional referral as described above and the social referral are at the discretion of the officers. Once an individual is in the program, the grant provided funds for what is called the wrap-around services. These services included assistance for areas of need such as transportation, housing, health care, etc. The grant also provides funding for an attorney in the District Attorney's office.

There are many philosophical beliefs that this program may push up against – accountability (do the crime, do the time), proper use of public resources, restitution for victims, enabling unhealthy behaviors, etc. However, here is what most communities that have tried LEAD have learned: You can keep arresting the same people over and over again, or you can approach the issue from a more holistic perspective. Communities are spending resources on the traditional process through officer time, prosecutors, court staff, judges, jail, etc., but no one seems to connect the costs to the effectiveness. LEAD obviously alters that approach.

To be clear, there are many offenses that do not qualify for LEAD, and for these the city continues to use traditional criminal justice approaches. Alamosa also utilizes youth and adult diversion programs as well as drug court. However, after a year and half of having the LEAD program up and running, *all* partners recognize the positive impact on our community. Recidivism is down, jail numbers are down, and Alamosa is the only county in the district that has seen not only a drop in felonies, but a significant drop. We have expanded the program into Monte Vista, South Fork, and Rio Grande County. Since starting the program in April 2018, we have had 60 referrals.

Beyond the numbers are the impacts on the community and our residents, because these participants are our residents, and they have family. Lives are being improved. We have participants who have committed to treatment (something they may not have done without this intervention), some who have not offended since entering the program (compared to their previous behavior of multiple offenses a week), some who have housing for the first time in a very long time, and some who are counting the days of their sobriety. We also have fragmented families, those who have lost their children due to their behaviors and those whose families have thrown their hands up because they do not know what else to do and

have lost hope. Through the program, we have seen families come back together and begin to have hope once again.

We are continuing to refine our program based on staff, partner agencies, community, and participant feedback, and we understand that defining success is different for everyone. As expected, our participants have experienced setbacks, and not every participant moves in a straight line towards stability and recovery. However, after a year and half, we have seen enough impact to know that we need to continue forward.

Eligibility criteria

Adult residents of the San Luis Valley who are suspected of a criminal offense and who are addicted to opiates or have a substance abuse disorder or mental health issue may be eligible for LEAD and may be referred, except when:

- The amount of drugs involved exceeds seven grams.
- The individual does not reside within the San Luis Valley.
- The individual is on state probation or parole.
- The individual does not appear to be amenable to treatment or the program.
- The suspected drug activity involves delivery or possession with the intent to deliver, *and* there is reason to believe the individual is dealing for profit above subsistence income to support his/her addiction.
- The individual is under 18 years old.
- The individual appears to exploit minors.
- The individual is suspected of promoting prostitution.
- The individual is not currently in custody for a violent crime.
- The individual has been convicted of a violent crime (e.g., homicide, vehicular homicide, arson, burglary, robbery, kidnapping, sex offense, or weapons violations) in the past 10 years.



Transportation infrastructure: Your health depends on it

By Julie George, former LiveWell Colorado policy director

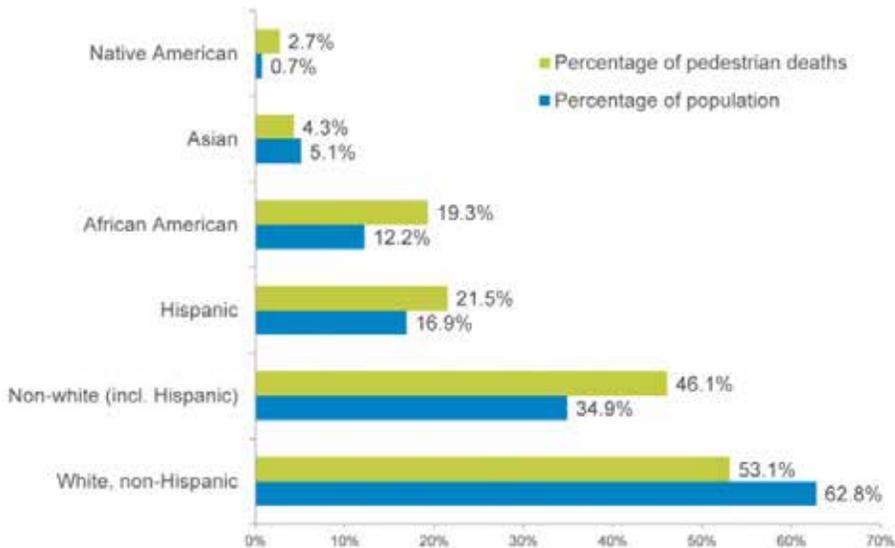
The tie between health and transportation may not seem immediately obvious, yet there are direct impacts between our transportation system, both the infrastructure and the mobility choices available, and health. Cars have become synonymous with American life, particularly here in the West where development is spread over larger areas of land. When our roadways were built, little thought was given to how or whether this system of streets and highways and an increasing dependence on cars would impact health. However, today, we know there are many impacts on health, ranging from chronic respiratory conditions from exposure to air pollution to an increase in chronic diseases such as heart disease and diabetes that can be partially attributed to a decrease in the physical activity that walking or biking for transportation affords, to injuries and death caused from traffic accidents.

While there is much to be said regarding the need to decrease car emissions due to the negative environmental and health impacts associated with air pollution, LiveWell Colorado's interest in improving the state's transportation system focuses on addressing road infrastructure and safety issues to enable and encourage more people to walk and bike, so they can realize the health benefits from the addition of this physical activity. Several studies have validated the tie between safe walking environments, known as walkability, and improved health. A 2008 study done in Utah by lead researcher Ken R. Smith, PhD, found that "a man of average height and weight who lived in the most walkable neighborhood in Salt Lake County would be expected to weigh an average of 10 pounds less than a man living in the least walkable neighborhood. For women, the difference would be six pounds." This may not sound like a lot, but the toll of weight-related chronic diseases is substantial. In 2009, Colorado

spent \$1.637 billion treating diseases and conditions related to obesity. In other words, if all obese Coloradans were of normal weight, we would see our annual medical expenditures drop by \$1.637 billion. In terms of public expenditures through Medicare and Medicaid, researchers found that approximately 7% of Medicare costs and 16% of Medicaid costs were attributable to obesity. Given the pressure that escalating health costs are putting on Colorado's state budget as well as local communities, making changes to our transportation infrastructure that improves safety, which in turn encourages active modes of transportation, is a sound investment of taxpayer dollars.

Another issue taking a toll on people's health and subsequently municipal budgets is the cost of automobile accidents. Even though cars are becoming increasingly safe for drivers, we are still experiencing far too many deaths and injuries from accidents. According to the

Pedestrian deaths by race/ethnicity relative to U.S. population (2005–2014)



National Highway Traffic Safety Administration (NHTSA), U.S. motor vehicle crashes in 2010 cost almost \$1 trillion in lives lost and the loss of productivity. While the cost in lost lives is incalculable on an emotional level, the economic impact is undeniable. Private insurers pay approximately 50% of all motor vehicle crash costs. Individual crash victims pay about 26%, while third parties (e.g., uninvolved motorists delayed in traffic), charities, and health care providers pay about 14%. The federal government accounts for 6%, while state and local municipalities pick up about 3%. When added up, this means those not directly involved in crashes pay for nearly three-quarters of all crash costs, primarily through insurance premiums, taxes, and travel delay, according to the NHTSA.

Not surprisingly, speeding and running red lights are two of the leading causes of traffic accidents. From NHTSA data, in 2016, 10,111 lives were lost due to speed-related accidents at a cost to Americans of \$40.4 billion annually, while 2013 data concluded that speeding was a contributing factor in 29% of all fatal crashes. According to the Insurance Institute of Highway Safety (IIHS), more than 900 people a year die and nearly 2,000 are injured as a result of vehicles running red lights. About half of those deaths are pedestrians and occupants of

other vehicles who are hit by red light runners. Although not popular with motorists, the use of automated traffic enforcement (red light cameras and photo radar) is a proven technique used worldwide to reduce traffic injuries and fatalities. When these measures are deployed effectively, results are seen in fewer citations as safer travel speeds and behaviors become the norm. According to IIHS, cities with red light cameras saw a 24% reduction between 2004 and 2008 in fatal red light running crashes compared to those without. Further, speed is a highly relevant factor in fatal and serious injury crashes. According to the Cochrane Collaboration, which reviews primary research in human health care and health policy and is recognized as the highest standard in evidence-based health care resources, in areas with speed cameras:

- All crashes decreased 8%–49%;
- Injury crashes decreased 8%–50%; and
- Fatalities and serious injuries decreased 11%–44%.

So, although not popular with drivers and often criticized as a money-making scheme for municipalities, the use of automated traffic enforcement is an effective way to slow speeds and change driver behavior in order to reduce traffic accidents and keep all travelers, particularly our most vulnerable travelers on foot or bicycle, safe. Further, fewer traffic accidents reduces the

need for fire, ambulance, and police responses — which is great because of the decrease in loss of life and injury, and also good for municipal budgets.

Another piece of the transportation and health puzzle of importance to municipal leaders is the way in which our streets and their design disproportionately impacts low-income residents and people of color, sadly seen in statistics regarding pedestrian deaths. According to Smart Growth America's report, *Dangerous by Design*, people of color are less likely to own a personal vehicle, increasing their likelihood of walking. Unfortunately, but not surprisingly, under-resourced neighborhoods and communities of color also have some of the most dangerous pedestrian infrastructure. In 2014, 34.9% of the United States population identified as non-white or Hispanic, yet these groups accounted for a disproportionate 46.1% of all pedestrian deaths between 2005 and 2014. Even after controlling for the relative amounts of walking among these populations, risks continue to be higher for people of color and older adults — indicating that these people face disproportionately unsafe conditions for walking.

Unfortunately, the statistics for Colorado are not any better than the national averages. Colorado's nonwhite population is 28.2% of the total population. However, pedestrian deaths for nonwhite people is, again disproportionately, 44.1%. Pedestrian fatalities per 100,000 people for whites is 0.72. For nonwhites it doubles to 1.4. While these statistics are alarming, they serve as a valuable point of information municipal leaders can use when making transportation decisions. Knowing where our most vulnerable travelers are and then evaluating a variety of factors, such as road condition, availability of sidewalks, safe intersection design, bike lanes, and speed limits, communities across Colorado can design streets for safety and health, leading to improved quality of life for all and less stress on municipal budgets.

Mountain Village incentive programs for environmental health

Located in the San Juan Mountains, adjacent to the Telluride Ski Resort, the Town of Mountain Village is investing more than \$170,000 in community incentive programs that focus on the environment and educate and reward residents and businesses for taking a range of environmentally friendly actions. These programs are a part of the town's larger vision of protecting the environment outside of its 3.27-square-mile radius.

The Mountain Village incentive programs focus on smart building, wildfire mitigation, roofing, solar energy, energy efficiency, water conservation and forest health, and food-based incentives for business and residents alike.

Two programs are offered in collaboration with the Telluride Mountain Village Owners Association (TMVOA). The Cedar Shake Fire Mitigation program offers a rebate of up to 100% of building permit fees when property owners reroof their home or building from cedar shake shingles to town-approved fire-rated roofing material. The Wildfire Mitigation Defensible Space program, in partnership with TMVOA, the Telluride Fire Protection District and the West Region Wildfire Council, seeks to help its residents create defensible space around homes and buildings on their property to lower their wildfire risk. Through this program, every homeowner received a postcard and a unique personalized website that informed them of their property's wildfire risk rating using a variety of site data. The town rebates 50% of the cost up to \$5,000 for creating defensible space.

In July 2019, the Mountain Village Town Council voted to adopt a voluntary single-use plastic reduction initiative as part of the town's goal to be zero waste by 2025. The new program will work cooperatively with merchants to voluntarily eliminate single-use plastics at all points of sale and instead offer compostable



alternatives. In further support of TMV's zero waste goal, the Compost Incentive Program incentivizes homeowner's associations, hotels, and multiunit facilities to install compost unit(s) and help reduce landfill waste.

The Farm to Community Food Share Incentive Program works toward a dual goal of improving both environmental health and public health. Up to 60 Mountain Village residents who meet the annual household income qualifications can apply to receive a food share box of locally farmed produce for 14 weeks at a nominal cost.

Through its incentive programs, Mountain Village encourages the responsible use of natural resources throughout the community. In an effort to reduce energy and greenhouse gas emissions, the Town offers property owners up to 100% off building permit fees with its Smart Building Incentive Program. This program offers three owner incentives, which can be used for individual building permit fee discounts or collectively for a full fee waiver, which could save homeowners upwards of tens of thousands of dollars depending on project size.

The Heat Trace Incentive Program, aimed at improving the safety and efficiency of heat trace systems commonly applied on roofs and gutters, offers a free system controller valued at \$380. With the use of controls and a properly installed system, a resident may save 30% to 50% of their

electricity costs per winter. With the Solar Energy Incentive Program, the town is offering significant savings to those who install solar panels on their home or business. First launched in 2014, the Solar Energy Incentive Program provided a rebate of \$0.40 per watt of installed power generated by the sun, which is in addition to San Miguel Power Association's current rebate of \$0.75 per watt and the current federal tax credit of 30%.

Finally, the Smart Irrigation Controls Incentive Program intends to educate the community about ways to prevent water loss, both inside and outside the home. The program will reimburse the homeowner's full cost of an Environmental Protection Agency-approved WaterSense irrigation controller installed on lawn irrigation systems. These smart controllers use real-time local weather data, including humidity, wind speed, solar radiation, and rainfall, to calculate evapotranspiration rates and automatically adjust irrigation watering accordingly.

With each of these incentive programs, the Town of Mountain Village is encouraging the community to appreciate and preserve the natural world, to take positive steps for their own health and wallets, and to reduce liability for future generations. For more information about each program, visit townofmountainvillage.com/incentives.

Research Corner

Beyond car seats: Keeping kids safe around cars

By Melissa Mata, CML municipal research analyst

Illustration by Christine Taniguchi, CML design and communications specialist

The National Highway Traffic Safety Administration's (NHTSA's) mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes, through education, research, safety standards, and enforcement activity. The NHTSA is dedicated to promoting safe behaviors on the nation's roads and to providing educational information to parents and caregivers through various prevention campaigns.

Every 33 seconds



1 out of 5



Traffic fatalities involving children included a drunk driver in 2017



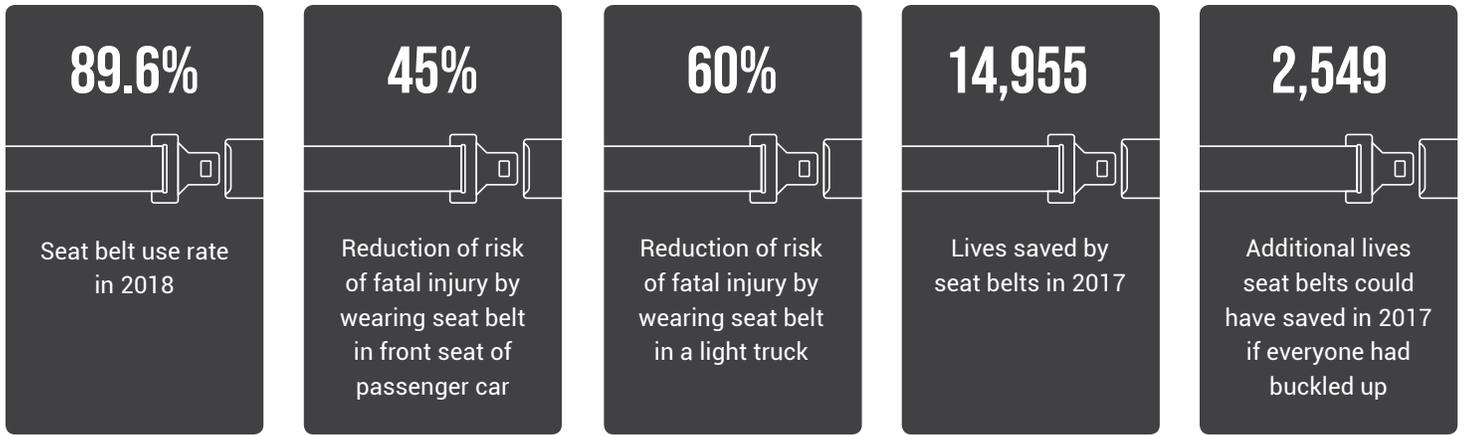
37% Of children killed in car crashes were unrestrained in 2017

59% Of car seats are installed or used incorrectly

Resources

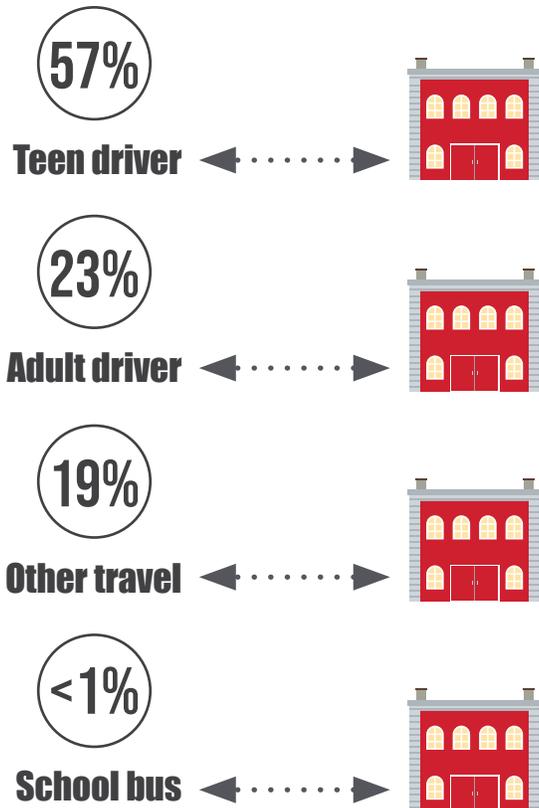
- For more information about other safety hazards concerning children and cars, visit www.nhtsa.gov/road-safety/child-safety
- To review NHTSA's car seat recommendations for children, visit www.nhtsa.gov/equipment/car-seats-and-booster-seats
- Understand how children should fit in a seat belt at www.nhtsa.gov/risky-driving/seat-belts#young-kids
- Understand how to fit seat belts when pregnant at www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/pregnant-seat-belt-use.pdf
- To create a local campaign to prevent vehicular heatstroke, visit www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention

Seat belt use



Youth fatalities during school travel hours

(2005–2014)



70X

School buses are 70x more likely than cars to get students to school safely. School buses are the most regulated vehicles on the road

53 Children

Died in a hot vehicle in 2018



3x to 5x

How much faster a child's body temperature can rise compared to an adult's

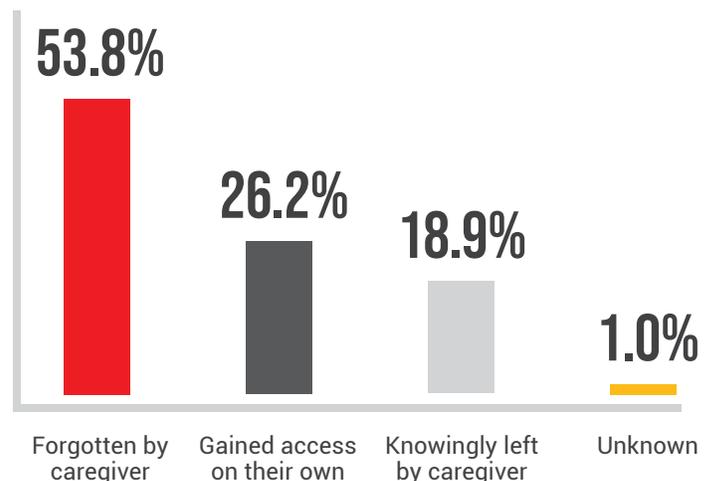


19 Degrees

How much a hotter an enclosed vehicle can get in 10 minutes

Circumstances for heatstroke deaths

795 pediatric vehicular deaths in 1998–2018



Get to Know: John Jackson, Greenwood Village city manager



How did you end up in public service?

I was fortunate to know at a very young age that I wanted to be a police officer. From that point on, I angled most of what I did to achieve that end goal. I was fortunate enough to enjoy a 30-year career providing service to people to which I had a great passion for. I am happy to have the opportunity to serve a fantastic community, just in a different role.

What do you enjoy most about your position?

I have enjoyed a career of service to others through a strong sense of community and structure. Through the years and organizations, service level expectations have certainly changed, as has my role in the agency and/or the community. I have worked hard to engender strong relationships along the way that have always paid great dividends both personally and professionally. Without a doubt, it is the people that I enjoy the most, even when some become much more challenging to deal with than others.

What is the most challenging part of your position?

In my current position as the city manager, I find that setting the "right" vision and tempo are the largest challenges. An analogy for my role is a balancing point with a three-legged stool. I would identify the legs of the stool as our community, council, and employees. Each leg carries an equal amount of weight, and all three legs are required for the stool and have

different needs that must be met for our organization to remain on the right track. It is this intersection of needs, coupled with the vision of our leadership, that creates our collective positive outcomes and strategic vision.

What are some exciting things going on in your municipality?

Greenwood Village is a place in which the quality of life is a priority that is talked about and worked toward every day. From a recent citizen survey and a change in some key leadership roles, we have embarked on many changes that will make Greenwood Village an even more desirable place to live, work, and play. We have recently opened several new parks, are rebuilding and resurfacing roadways, and are leveraging new technologies and internal systems to improve citizen service levels. We will be completing the construction of our new Maintenance Facilities building in late 2019 or early 2020 and are very energized by the increased service levels this will afford our community.

What project or undertaking are you most proud of and why?

As a new city manager, I am most proud of the team of leaders that we have been able to assemble and our positive "get it done" relationship with our city council. Our city council has challenged me to think differently, and by responding with very specific corresponding leadership changes I believe we have created an impressive leadership team. Perhaps my best decision has been to create a deputy city manager position and then recognize another internal person, our then public works director, as the best candidate for the position. This allowed for what has been a perfect balance in our leadership and productive internal leadership movement at the director level.

What are the big differences in your different roles?

Leading people and managing projects are two very different things. There are many similarities and distinct differences in the roles that I have served in. Leading a police department is very different than having a police department. As a city manager, I find myself very removed from the operational roles of leading any one department day to day. I now ask department directors questions such as Do you have what you need? How can we do this better or different? and What can I do to support you? I have enjoyed the transition to a larger scope in thinking and do not miss the challenges of managing staffing levels for day-to-day services. There are also the facts that I no longer have lights and a siren to drive fast and I no longer carry a firearm at work.

What website(s) and/or publication(s) do you refer to when seeking information?

I have found that my membership with the International City/County Management Association has perhaps been the most productive resource for my transition into city management. I read their monthly *Public Management* and search their website for resources. I have taken the opportunity to go back to college to augment my formal education with a Public Leadership Credential from the Harvard Kennedy School. Of course, the Colorado Municipal League is also a regular source/reference that I seek out for things like current events, legislative affairs, and policy advice. The CML listserv is also a great way to stay connected to other municipal leaders across our great state and to stay current with issues that are relevant for the day.

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