

MINUTES  
**Alcohol and Drug Policy Commission**  
October 23, 2014 2:00p.m. – 3:30 p.m.

Present: Sheriff Pat Garrett, Heather Crow-Martinez, Dr. Dennis McCarty, Heidi Moawad, Colette Peters (DOC), Mitch Kruska (ODE), Fariborz Pakseresht (OYA). Attending by phone: Erinn Kelley-Seil (DHS), Judge Eric Bloch, Jillian Kelly, Lane Borg, Chris Senz, Dwight Holton. Dr. Tony Biglan joined the meeting at 2:53 p.m., Director Peters left the meeting at 3:00 p.m. Also attending were ADPC Executive Director Daniel Ward and Assistant Attorneys General Katharine Lozano and Aaron Knott, both by phone.

1. Call to Order, Acceptance of Minutes

Having counted a quorum present in the room and on the phone, Commission Chair Heather Crow-Martinez called the meeting to order at 2:15 p.m. She asked the Commission for acceptance of the previous meeting's minutes. Commissioner McCarty moved to accept, seconded by Commissioner Kruska. The minutes of the September 25, 2014 Commission meeting were accepted unanimously.

2. Report from Executive Director

Executive Director Daniel Ward reported the results of the poll of members regarding changing meeting times to improve attendance. Most who responded (but not a quorum) said they prefer the current fourth week of the month, prefer Thursdays, and are mostly content with the 2:00 p.m. time. All 16 respondents unanimously disapproved of a Friday meeting. Most (but not a quorum) were content with continuing to schedule monthly meetings.

He reported that Commissioner Hartnett resigned as Vice Chair. Because succession isn't addressed by the enabling statute and there have never been Commission By-Laws, there isn't an established procedure to replace him. Mr. Ward advised that Chair Crow-Martinez and Assistant Attorney General Lozano will create some simple By-Laws for the ADPC.

He reported that he had received suggested edits for the proposed MOU and staffing plan from the Budget Committee and the Commission. Because of today's very full agenda, he will plan to bring recommended changes to the next meeting.

3. Presentation on Service Matching Tools

Dr. Paul Bellatty made a presentation to the Commission about his research and its product, the Service Matching Tools. These tools have been implemented in the Department of Corrections and the Oregon Youth Authority.

He explained that the analysis derived from the large amount of demographic and outcome data that are collected for every DOC adult-in-custody. By selecting demographically-matched pairs of individuals, one of whom received treatment for substance use and one of whom didn't, he is able to isolate treatment effect, that is, determine what effect treatment had on recidivism or reversion to drug use. The next step was to determine whether demographics or life experiences (e.g., previous arrests, high school completion, etc.) affected which forms of treatment or which service programs were related to desirable outcomes.

Dr. Bellatty's work has resulted in predictive capacity, he explained. Given an individual's demographic and life experience characteristics, which programs among the array of available programs are likely to

be effective for that individual? And conversely, which are unlikely to be effective? Applied to the Department of Corrections population, these tools have helped produce improved results overall. Moreover, he said, service providers can apply these service effectiveness insights to help them improve their programming. He referred those interested to his research paper describing his statistical method on the DOC website: [http://www.oregon.gov/doc/RESRCH/docs/aea\\_2007.pdf](http://www.oregon.gov/doc/RESRCH/docs/aea_2007.pdf)

The discussion moved to how ADPC might use this information: if service-matching tools were applied to non-DOC state-funded treatment programming, client need could be better matched to programs most likely to be effective for each individual. Presumably, if clients were better matched to services, additional treatment slots within existing resources would be found. Non-performing programs could be identified and repaired or discontinued. Overall population health could improve because treatment engagement and investment in individual clients would be based upon a record of success with other clients with the same measureable characteristics.

Dr. Bellatty's handout that accompanied his presentation has been posted on the ADPC website at: [http://www.oregon.gov/adpc/docs/Treatment\\_matching\\_Paul\\_Bellatty.pdf](http://www.oregon.gov/adpc/docs/Treatment_matching_Paul_Bellatty.pdf)

#### 4. Presentation on Prevention System for Oregon

Dr. Tony Biglan presented a paper on creating a prevention system in the State of Oregon.

Dr. Biglan asserted that the scientific foundation for prevention of substance abuse, and a variety of other social ills, has been established. We have the knowledge base to apply programming that is proven to work, he said, yet are often not making the investment. He cited the 2009 Institute of Medicine report that identified numerous tested and effective programs, policies, and practices that could be applied from the prenatal period through adolescence to prevent the most common and costly problems of youth. He cited the April 2014 survey of prevention services offered by the counties through contracts with the state: [http://www.oregon.gov/adpc/docs/Statewide\\_Px\\_Survey\\_Sec\\_1.pdf](http://www.oregon.gov/adpc/docs/Statewide_Px_Survey_Sec_1.pdf)

He gave an overview of the results of not applying proven, effective prevention services: multiple lifelong psychological, behavioral, and health problems, costing about \$5.74 billion annually in Oregon. Some of the programs Dr. Biglan summarized could be provided through the schools; some are in-home or community interventions that could be provided through the state, counties, and CCOs. These evidence-based and cost effective programs include: Positive Behavioral Intervention and Support; Positive Action; Good Behavior Game; Parent Management Training, Oregon; Family Check Up; Positive parenting program (Triple P); Multidimensional Treatment Foster Care.

Dr. Biglan advised the Commission that he has been working with State Representative Mitch Greenlick to create a Prevention Task Force. He hopes that within 12 months, the Task Force will help the state of Oregon create a systematic plan to ensure that evidence-based and cost-effective prevention programs are made available to everyone who would benefit.

Dr. Biglan's handout that accompanied his presentation has been posted on the ADPC website at: [http://www.oregon.gov/adpc/docs/TaskForcetoDevelopPreventioninOregon\\_version8.pdf](http://www.oregon.gov/adpc/docs/TaskForcetoDevelopPreventioninOregon_version8.pdf)

After a brief discussion of Dr. Biglan's topic, time ran out. Commissioner Marks moved for adjournment, seconded by Commissioner Kruska.

Chair Crow-Martinez adjourned the meeting at 3:35 p.m.