

Date: January 13, 2010

DRAFT 3/2/10

Meeting Title: A & D POLICY COMMISSION MEETING

Members Present: Anthony Biglan Claudia Black George Brown Susan Castillo Jack Costello Heather Crow-Martinez
 Judy Cushing Dennis Dotson Mary Ellen Glynn Sarah Goforth Bruce Goldberg Tim Hartnett Janet Holcomb
 Erin Hubert John King John Kroger Dennis McCarty Laurie Monnes Anderson Ilisa Rooke-Ley Randy Schoen
 Cameron Smith Tim Thompson Carolyn Tomei Ted Wheeler Max Williams

AMH Staff Present: Richard Harris, Patty Tout, CJ Reid, Darcy Edwards, Karen Wheeler, Rick Cady

Guests: Gina Nikkel, Ann Uhler, Patty Katz, Caylor Roling, Joanne Fuller, Barbara Carranza, Mark Truax, Gary Cobb, Marilyn McManus, Chuck Carey, Mimi Bushman, Shannon Sivell, Debbie Runciman, Carol Metzler, Matt Anderson

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
Welcome & Introductions Ted Wheeler, Co-Chair	Members attending via phone: John Kroger, Ilisa Rooke-Ley & Tim Thompson. Introductions made.			
Report on Office of National Drug Control Policy (ONDCP) Directors visit John Kroger, Chair	Meeting with R. Gil Kerlikowske, Director, ONDCP, Salem this week. A number of people will be meeting with him on several different topics. Will reinforce message that the work being done in Oregon is unprecedented and could be important for the entire country. The four core missions assigned to the subcommittees could be a model as no single state has accomplished all four. Hope is to get Obama administration interested in what is being done in Oregon. Help in 3 different forms: Technical, financial, and health insurance.			
Report on Washington DC trip John Kroger, Chair	John Kroger and Mary Ellen Glynn traveling to Washington DC next week to meet with members of the Obama administration to talk about what Oregon is doing to generate interest from the federal level. Report to follow			

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<p>Timeline for Commission work (update) Mary Ellen Glynn</p>	<p>Phase 1: Research – report to Governor due 5/1/10. Phase 2: Late Spring/Early Summer – Budget concepts/Legislative work into the fall; actual plan implementation/outreach Phase 3: Crosswalk discussions beginning in February Begin writing report in March Phase 4: January 2011 – Legislative session; changes Rep. Tomei has asked for an information meeting sometime in February; notice to be sent out; members are encouraged to attend</p>			
<p>Report on grant for statewide rural meth coordinator Mary Ellen Glynn</p>	<p><u>Handout:</u> Memo from Meth Task Force (MTF) to Commission re: Oregon drug control policy accomplishments, challenges, and lessons. 17 states have been asked to apply for a 2-year grant from Department of Justice (DOJ) for Meth assistance in rural areas. Will fund a statewide rural meth coordinator and a statewide meth assessment. 10 of 17 grants will be accepted. Need letters of support from all entities; Mary Ellen will follow-up with members or organizations. MTF recommends the statewide meth coordinator be established.</p> <p>John Kroger stated that the Governor’s office has asked DOJ to apply for the grant. Expects the coordinator will work closely with the Commission and law enforcement; will be the “eyes and ears” of what is going on in rural Oregon.</p> <p>Richard Harris announced that AMH will seek permission to apply for a 5 year (\$4 million/yr) Access to Recovery grant from SAMHSA; grant is due in March 2010.</p>			

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Subcommittee Chairs - Reports	<p><u>Treatment:</u> Max Williams</p> <ol style="list-style-type: none"> 1. Broad overview presentations from DOJ; Dept of Human Services (DHS): Addictions & Mental Health (AMH) & Children and Families (CAF); Dept of Corrections (DOC); Oregon Youth Authority (OYA); Drug Courts 2. Guest presentation from Victor Capoccia, University of Wisconsin: Overview of other systems nationwide <ol style="list-style-type: none"> a. Knowledge base has expanded b. Survey work cited <ol style="list-style-type: none"> i. 70% view addiction as a health condition c. Impact on federal health care reform; includes expanded A&D treatment d. Only 10% are being reached: encouraged to look at remaining 90% e. Treat as chronic illness f. National Quality Forum (NQF) Standards – medical environment that provides early screening 3. Additional briefings from DHS AMH, DHS CAF, OYA <ol style="list-style-type: none"> a. Issue: Tell us what system you'd like to see if you could take what you have and make it better; what would your version look like. Key components discussed that will be part of report. Structural changes needed. 4. Next stage for Treatment Subcommittee: Whiteboard exercises; doing a better job of narrowing focus on treatment. <p>Q&A: Q-AG Kroger: does the subcommittee have a clear sense of how the National Health Care Bill will help us hit a larger population if it passes. A: Max Williams: General sense based on</p>			

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	<p>conversations; will be an opportunity for some significant benefit; not sure how it will functionally translate to an expansion of additional services. John King, Commission Member talked about problems he has had with A&D Policy Commission focus; wants more from recovery community.</p> <p>Max Williams said this issue would be covered in more depth at subsequent treatment subcommittee meetings; invited Mr. King to attend next meeting. Issue will then be brought back to the full committee. Ensured Mr. King there are no subject is off limits and thanked him for bringing his issue to the commission.</p> <p>Commission member asked about posted minutes for subcommittees and reports mentioned.</p> <p><u>Prevention</u>: Bruce Goldberg</p> <ol style="list-style-type: none"> 1. Notes and presentations will be posted to the web site 2. Spent 1st meeting trying to get a sense of what is happening around the state regarding prevention 3. Plans for next meeting will look at where gaps are and to develop strategies around <ol style="list-style-type: none"> a. Choosing interventions that work b. Looking at strategy for recommending pilots in certain communities or statewide 4. Framework for prevention from Tony Biglan <ol style="list-style-type: none"> a. Need to include prevention model around tobacco b. High rate of smoking c. Focus on understanding the problem & risks 	<p>Send out web site address; post all Subcommittee notes & presentations.</p>	<p>Mary Ellen</p>	

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	<ul style="list-style-type: none"> d. Look at research that works on how to prevent e. Network of community groups and advocacy f. Interventions g. Look at what works vs. what doesn't work <p>5. Rick Cady presentation</p> <ul style="list-style-type: none"> a. What State AMH does and doesn't do around prevention; funding distribution (93% from federal sources; 7% from Beer & Wine revenues); how these funds get distributed around the state <p>6. Commission on Children & Families (CCF) presentation</p> <p>7. School District</p> <ul style="list-style-type: none"> a. Reported on funds allocated to school districts; distribution <p>8. Business community resources</p> <p>9. Gaps include lack of coordination across programs; state wide strategies needed; to be defined; draft will be brought to full commission</p> <p><u>Structure:</u> Richard Harris</p> <ul style="list-style-type: none"> 1. Looking at status quo 2. Source of funding & distribution 3. Presentations from AMH, CAF, DOC, OYA <ul style="list-style-type: none"> a. How the services are funded; how programs are operated 4. Need to hear from Drug Courts; Judge Holcomb invited to next subcommittee meeting 5. Mechanism for Recovery Community 6. Medicaid: How can it be used? More addiction services needed. 7. State delivery system; focus on structures made available in rural areas 			

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	<p>8. Referenced “spider chart” in Kimmich report: missing contributions from providers; need to account for things generated at a local level; build on capacity</p> <p>AG Kroger asked this subcommittee to look into what other states have done to coordinate strategies.</p> <p>Mary Ellen Glynn will invite Mady Chalk to report at a future commission meeting.</p> <p><u>Accountability</u> – George Brown</p> <p>1. Jon Collins, AMH, report:</p> <ul style="list-style-type: none"> a. Client Process Monitoring System (CPMS) can track required elements needed for federal block grant; performance indicators; track # of people receiving services; record length of services received; incorporate performance based requirements. However CPMS cannot provide real time information; has no capacity to describe the amount of service an individual has received or specify the delivery dates of services; can’t report on outcomes. This system is cumbersome; not beneficial to providers. Changes needed require a lead time of months; not user friendly. b. Several systems are being developed at AMH <p>2. Paul Bellaty, DOC, report:</p> <ul style="list-style-type: none"> a. 500 new inmates/monthly; after initial assessment; given score that tracks recidivism and compares with theoretical “twin” b. Looking at alternatives to incarceration 			

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	<p>c. Identify those for treatment</p> <ol style="list-style-type: none"> 3. Current data gathering systems are inadequate 4. Need to develop data sets that allow for measuring outcomes more efficiently 5. Need less cumbersome interfaces that allow various agencies to use them 6. Need to look at best practices nationwide 7. Information needs to be widely available to include policy makers, etc. 8. Need to develop best system: how will it work; what questions will it answer; how will it integrate with other systems. <p>AG Kroger suggested to this committee that 2 different systems be worked on: “bare bones” and actual; could be looking at different funding sources; State funding would be limiting; if available, federal funding may provide more options in software/hardware needs.</p>			
Discuss Goals	<p>Refine Goals language for each subcommittee. Changes noted at meeting:</p> <p><u>Prevention</u>: change “possible” to “needed”</p> <p><u>Treatment</u>: change “before they become involved” to “before and after they become involved.” Add Chronic Disease language.</p> <p><u>Accountability</u>: Include agreed upon set of outcomes and “management of system” language.</p> <p><u>Structure</u>: Rewrite.</p>	Send any comments and/or edits to Mary Ellen Glynn via email.		
Other questions that need to be answered Commission Members	<p>“Parking Lot” issues</p> <ol style="list-style-type: none"> 1. Workforce development 2. Reimbursement rates 3. Primary care and A&D prevention and intervention 4. Equity (added) 	Email addition ideas to Mary Ellen		

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Next Step John Kroger	<ol style="list-style-type: none"> 1. Short term goals for next month <ol style="list-style-type: none"> a) Finish information gathering; research resources available b) Identify gaps c) Crosswalk meetings between subcommittees to share preliminary observations and conclusions so all are on same page 2. Long term goals <ol style="list-style-type: none"> a) Report to Governor in May <ol style="list-style-type: none"> i) Will give community a broader sense of where the commission is heading ii) Give as much concrete information as possible b) 2011 Legislative Session <ol style="list-style-type: none"> i) Lay the foundation of all accomplishments & goals ii) Blueprint for budget plan 			
Next Meeting	March 18, 2010; 1:00-2:30; location TBA	Mary Ellen to send out information		
	Meeting Adjourned			
	For information on the A & D Policy Commission, contact Mary Ellen Glynn, Executive Director, A&D Policy Commission, Addiction and Mental Health Division, 971-673-1674 or mary.e.glynn@state.or.us			