



Alcohol and Drug Policy Commission

September 24, 2010

10:00-11:30 AM

Human Services Building

500 Summer Street NE Room 160

Salem OR 97301

Follow-up and Action Summary

Members

X	Ann Lininger		Erin Hubert	X	Judith Cushing		Randy Schoen
	Anthony Biglan	X	Gary Cobb	X	Lane Borg		Richard Harris
X	Bruce Goldberg		George Brown		Laurie Monnes Anderson	X	Sarah Goforth
	Cameron Smith	X	Heather Crow-Martinez		Lee Lederer		Steve Pharo
X	Carolyn Tomei	X	Jack Costello		Madeline Olson		Susan Castillo
X	Claudia Black	X	Janet Holcomb		Mary Ellen Glynn		Timothy Hartnett
	Dennis Dotson	X	John King	X	Max Williams		Timothy Thompson
	Dennis McCarty	X	John Kroger	X	Mickey Lansing		

Guests

Maija Yasui (OCCF), Kris Bella (NW Behavioral), Joella Dethman (HRCCF), Caitrin Coecoma, (Partnership for Safety and Justice), Ann Uler (Woman's Commission on Alcohol and Drug Issues), Jonathan Eames (OPRA), Sharon Wong

Agenda Item	Lead(s)
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Welcome	Bruce Goldberg
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The meeting was convened by Bruce Goldberg.

Approval of Minutes	Chari Kroger
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Summary minutes of from the July 15 meeting of the Commission were considered for approval.

Decision: Motion to adopt was passed unanimously.

General Updates	Chair Kroger
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It is the National Drug and Alcohol Recovery Month; encourage everyone to attend the Hope, Resiliency and Recovery awards presentation at 1:00 p.m. in the DHS lobby.

John Kroger and Bruce Goldberg testified before the House Human Services Committee this week outlining the work being done and will be bringing them legislation on many of the issues tackled this year.

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Alcohol and Drug Policy Commission Tour**Mary Ellen Glynn, Chair Kroger**

The Commission previously discussed doing more public outreach and communication on both prevention and recovery. In October and November there will be a Commission tour around the state to focus on the why and how prevention and recovery work and the benefits that come from treatment.

Mary Ellen Glynn: Examples of the tour may include sitting in on a drug court, editorial boards and meetings with stakeholders to listen to people's concern. We don't expect everyone's participation at every location.

Chair Kroger: It would be great if we had at least three participants at each event to show diversity of the coalition behind this, such as AG, law enforcement, outside expert from the academic or business community to give their viewpoint on why this is so important to the state. If Commission members could focus on making it to events in your area that would be great. Not all locations have been identified, so if you have ideas about a particular program that capture what we are trying to do, please let Mary Ellen know.

Particularly with the editorial boards; everyone is starting to focus on the budget crisis and one of the things we want to do is talk to people about how long term, if you want to spend less on health care, less on the child welfare system, less on crime and corrections, this is an excellent time to talk to people about an investment in prevention and treatment to bring those costs down.

The Budget and the Reset**Claudia Black**

Claudia Black: The budget for the 2011-13 biennium, we are looking at a \$3.25 million gap between revenue projections and doing business as usual. The budget would include not having employee furlough days and salary increases. There was a 9% allotment reduction that occurred in June and if continuing those cuts into the next biennium making them permanent, would result in about a \$900 million in savings. If the Governor's reset recommendations were taken, that could be about an additional billion dollars in savings. These are not easy things to enact because they deal with K-12, health care, human services, and public safety. It will not be easy to get these kinds of issues through.

Only the incoming governor can produce a Governor's Recommended Budget. Governor Kulongoski will be producing a budget framework. The Governor-elect is statutorily required to have a budget by February 1, 2011.

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Chair Kroger: For the gubernatorial transition, we will prepare a briefing for the Governor-elect in writing on the work of the commission and the long term plan. We will have that to them as soon as possible after election. I have spoken to both candidates and will be meeting again shortly after the election regarding legal issues. I will use that as an opportunity to talk about the commission's work.

Claudia Black: I will also include that information in transition documents to the Health Policy Advisors.

Jack Costello: Regarding the \$1 billion shortfall, would the plan be an overall percentage cut to get there or are there big ticket items that may be looked at?

Claudia Black: It certainly won't be across the board and the Governor will recommend a budget, but the legislature will decide what their priorities are.

Max Williams: Both Bruce Goldberg and I sat on the Reset Cabinet over the last year and we will meet again as a Cabinet with Governor Kulongoski to lay out components of the framework and to reinforce what Claudia said, this is a \$3.3 billion budget shortfall. If the reductions that have been taken in June and September, were sustainable for the next biennium, that would shave off about \$1 billion dollars of the debt. However, many of the reductions were one-time expenditures.

Bruce Goldberg: It would be fairly short-sighted to look at things as an across the board issue. We need to be very strategic in what we continue to fund. The issue is how to use those resources that are left. When looking at the root issues such as addictions, as driving so many of the criminal justice, foster care and health issues across the state. It would be unwise and short-sided to cut something that will cost a lot more long term, not only in dollars, but also in lives. We need to make fundamental shifts in terms of where we make investments.

John King: The public comment is a good thing. I find it frustrating that a special session put programs on hold indefinitely that people voted for in the form of measures and treatment is affected. Oregon has the largest expense for prisons in the nation. We can enact legislation but doesn't get enforced. There are some very significant questions that need answers.

Chair Kroger: Are there any further comments or questions?

WITS System

Karen Wheeler

Karen Wheeler: We hired Leslie Mikan to coordinate the WITS implementation. We also wrote a policy option package, but that is not likely to be funded. Put a piece of the WITS into a



federal grant entitled Access to Recovery whereby we would be able to implement a voucher system that is built into WITS system. That piece would cost \$300,000 to implement and \$150,000 per year for next three years to have it running through the federal grant cycle. It is an open source system. The expense is around training providers and people to use system.

Leslie Mikan introduced Sarah Moore to do presentation.

Sarah Moore (SCI Systems): Developed the WITS system about 10 years ago and currently 22 different states and counties across the country are using the system, eight are ATR only. We will demonstrate two versions, one without ATR and one with ATR. Marian Sorry-Haas ATR director is present to answer questions.

Jon Collins: We are trying to do a pilot with \$500,000 to implement. There are 20 volunteer providers to test the feasibility.

Chair Kroger: Where did the \$500,000 come from and is it already spent?

Jon Collins: The \$500,000 came out of General Fund from addiction services of AMH. It will be obligated to be spent in the next month. Once the contract is signed, we will be working with 20 providers to take the WITS system and to do the initial configure of the system. Take WITS as currently structured to track and set up treatment goals, report back, and turn into reports. We will then add an additional 20 providers and expand that core clinical piece to do billing for Medicaid and other types of insurance. Also look at how the WITS system could be adapted to fit into a health information exchange in Oregon under a separate commission called HIPOC.

Chair Kroger: It seems like this will continue the silo system for A&D. The current system is inadequate, but why are we building another siloed system when what we need is a system that will track the same data.

Jon Collins: In looking at this from an addictions and mental health point of view, this is not a siloed system and is adaptable to a broad variety of providers and able to communicate with a wide variety of data systems. This system can communicate back and forth with criminal justice systems, arrest records and drug courts.

Sarah Moore: Benefit is can share data or bring into system.

Jon Collins: What have now is funding for smaller set of providers interested in expanding.



Richard Harris: We have struggled for 20 years with the system we have, what we are doing is taking a piece of technical hardware that with fits in with the new IT section of the Oregon Health Authority. This is designed to communicate with other systems; simultaneously going on in the mental health side as well as the A&D side.

Max Williams: It sounds like you are heading in the direction of having a system where the data is moveable to central data warehouse concept that can be manipulated and accessed by a variety of users. Hopefully, the Commission can get a package through the Legislature for the resources for a repository of information.

Chair Kroger: A pilot program that does not link to LEDS is not worth doing. We have been talking about accountability on this Committee for over a year and we have no meaningful data to give to the Legislature. If this does not give concrete feedback to the Legislature on the costs of various types of treatment or the re-arrest records of the people going through those programs, it is not worth doing.

Sarah Moore: The implementation, while it's not statewide, you will be getting data on which treatments are cost effective with the pilot providers.

Bruce Goldberg: Can it link to other data sets in the pilot?

Sarah Moore: That is up to the State of Oregon. It depends on what you want to measure. There are basic things it measures such as whether a person's living situation has changed, it will tell you whether or not the individual had interaction with the criminal justice system, it will tell you if their income changed based on treatment, and part of the project is to determine what additional information State of Oregon wants to measure and incorporate those into the pilot program. The system comes with a standard set of values it collects; part of the project is to determine what is missing as far as the State of Oregon is concerned and incorporate those things.

Chair Kroger: The policy information the Legislature needs absolutely includes recidivism information. This will not be sustainable on a political level, if you want funding for this long-term to build a real system that tracks data the single piece of data that people want most is to what extent different types of treatment actually are reducing recidivism. If we don't track that, it will be impossible to go back and get more funding for this. It's going to need to track the cost per patient of differently types of treatment. If the pilot doesn't address those two issues, I would suggest you slow it down and redraft those parameters so it does.

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Sarah Moore: The cost of treatment per client for treatment will be captured. It will compare costs for different types of treatment out of the box. Regarding recidivism, a few different states are collecting that data a different ways. We will be discussing specifics with the project manager to determine which of those methods or if a new method is needed to collect that data.

Lane Borg: When you said that we could collect recidivism data, is that because the provider operating WITS inputs that or is it verified with some other interaction with another database.

Sarah Moore: In some cases it is verifying it with another database. Out of the box it would be manually entered. Oregon has set aside some funds to make enhancements based on what their reporting needs are. The capability is there to either validate with another system or to have it manually entered.

Chair Kroger: This sounds like very positive pilot. If doesn't interact with LEDS or collects recidivism data in some way, I would have reservations about it. Since there is time before the contracts are signed, I would suggest have a discussion about how to do that properly along with a conversation with law enforcement or the Criminal Justice Commission to determine what database is the most reliable.

Richard Harris: We now collect recidivism by hand. We would never go forward with project that didn't tie into criminal justice system. I agree completely. Having heard the discussion here, we will make sure it happens.

Sarah Moore: The reason WITS does not do this out of the box is because every state and county are providing treatment and services to their criminal justice population in very different ways.

John King: In Multnomah County, Commission Saltzman's office is collecting data in a pilot program that might be useful to the Commission.

Chair Kroger: The challenge is there is probably 30 different datasets being collected around the state. The need is to morph in the direction of a unified dataset that give a more comprehensive view. Has Corrections or OYA looked at WITS to see if it might meet some data collection needs?

Max Williams: If we have, I'm not aware of any conversation with Corrections. If we can bring together criminal justice data people, we would offer those services up.

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Chair Kroger: Are the 20 providers in the pilot program also providing services to OYA and the Department of Corrections?

Jon Collins: Given the percentage of referrals that we have from criminal justice (60%), we could almost guarantee that. We haven't picked the providers yet, we are beginning to set up the application process.

Bruce Goldberg: It would be good criteria to include. If this is in a provider's office and they would be treating someone coming out of DOC, community corrections or someone else through another mechanism, is that provider going to use the system for both clients or are they going to be segmenting what they do?

Jon Collins: They will use it for all their clients.

Janet Holcomb: Of the 20 programs for the pilot, how many service providers do we estimate there is in Oregon? What percentage will be utilizing this system?

Karen Wheeler: On the addictions side, there are roughly 250 licensed providers throughout the state.

Chair Kroger: Could I suggest as we are pulling together providers that work with the judges drug court be used in pilot.

Lane Borg: Concern on what WITS is. If it is an add-on to another system to serve or an add-on to another provider what they are already doing in a functioning way.

Karen Wheeler: The system will pick up information out of other systems, but only the information that we might need to report on the federal national outcome measures. It can be used in different ways depending on the provider.

Jon Collins: Our goal is to have this available to the providers that need it. To have a standard set of information that could be exchanged across all providers regardless of what system they are using. We want to develop a system that is a flexible based on set of standards that everyone can adopt and we can utilize to study the information at the state level. The WITS system is backbone of those standards. The goal is to get toward that standard set of information.

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Sarah Moore: It sounds like you have a data system for drug court. WITS has a very robust drug court module.

Max Williams: One particular county has good one. In Oregon overall, we have a fairly fragmented delivery system with operating drug courts in about 20 counties.

Chair Kroger: Dr. Goldberg has suggested we put together a workgroup to make sure we are happy on how this is going and that we are decreasing the reporting requirements in other areas in order to comply with this. Mary Ellen Glynn would you coordinate with Bruce and we'll put together a working group of commission members?

Bruce Goldberg: To provide some interface to the pilot project. It's been good feedback and get everyone on the same page and moving this forward that integrates a variety of things rather than moving solely in one path.

Judy Cushing: If training is not provided, what is plan around that; it could be discussed in the workgroup?

Richard Harris: Funding allows for training to people using the system. This is an open source system; it's not a proprietary system. We can select from existing modules or we can build modules based on our specific need. Here is an opportunity we don't want to let go by. We have a couple of grants where they will foot most of the bill for implementation as opposed to waiting for some other system to come along and not have the funds.

Chair Kroger: No objection to the system. It's important to make sure we get this right. We've got to make sure this is the system we want going forward.

Richard Harris: That is the reason for doing the pilot with these constraints to it, so it does do what it says it will do.

Janet Holcomb: There has been a database for drug courts throughout Oregon. The problem is we lost the position for manage that and it's been in limbo. It is critical to integrate the drug court system with WITS system.

Sarah Goforth: Obviously this is critical. Aware that \$500,000 is not a lot of money. What does it cost to maintain?

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Jon Collins: We have built in \$100,000 + not great expense. The main expense goes to training.

Sarah Goforth: Out of the box, for what we have funded, do these systems talk to each other or does that cost extra?

Jon Collins: That would be additional funding that would be necessary.

Committee Reports

Chair Kroger, Max Williams, Bruce Goldberg, Mary Ellen Glynn

Chair Kroger: This overlaps with the accountability subcommittee. We should get a subset from the accountability subcommittee as well as other people who are interested and talk about what this means system wide. Since we are pressed for time, we will put off the subcommittee reports and go direct to Rick and then Judy.

Chair Kroger and Dr. Goldberg who chair the prevention subcommittee asked that we put together a pilot project. Working with Dr. Tony Biglan and Carol Metzler, Oregon Research Institute and Mary Ellen and myself to draft a comprehensive, multiple strategies approach. We are looking at eight communities on the intervention side and eight control sites. It will be a random control trial and a staggered implementation so we are able to compare the initial two communities and two will delay for a year and another two more delay another year. Dr. Bigland and Dr. Metzler are planning on submitting and NIH grant for the evaluation component of this pilot. Will update the commission and the prevention subcommittee will be the first to see it.

Chair Kroger: The Prevention Subcommittee has come up with recommendations with respect to alcohol for consideration by the full committee.

Judy Cushing: The number one drug of choice for kids in Oregon is alcohol. The committee is looking at outlet density issue in Oregon; there has been no lid on new licensees. There is no fee to apply; license is cheap \$400 top down to \$100. In California, the licensing fee is thousands. We are missing revenue. We would like to see the Legislature provide parameters around people applying for licenses. The number of licensees has increased with no increase in the number of inspectors. We would like to limit the number of alcohol outlets based on population density. We recommend this Commission to put forth statewide outlet density parameters. We also recommend the OLCC to have enforcement powers to revoke licenses.

Steve Pharo : The licenses actually have become right instead of privilege.



Judy Cushing: We also recommendation to expand the Commission from 5 to 7 members and incorporate a representative from public safety, public health, citizens at large (from community and neighborhood). Hope Rep. Tomei and others put recommendation to expand OLCC from 5 to 7. We would also like a bill with stiff penalties for adults who give alcohol to minors. We also put forward mandatory short term driver's licenses suspensions.

Janet Holcomb: There is now a license suspension up to a year with reinstatement after 90 days if they complete the requirements of their conviction. This applies to anyone under age 21.

Chair Kroger: 12:04 p.m. Excused himself. These proposals have been distributed to debate and vote on. The vote will be on whether or not to accept them or send them back to subcommittee to flush out.

Judy Cushing: We are continuing to see more alcoholic energy drinks hit the market. It is a continuing problem in Oregon. We recommend that the Commission send a letter to the FDA recommend that alcoholic energy drink be pulled from the market entirely.

Bruce Goldberg: One thing that might be helpful to know the evidence of effectiveness linked to them.

Janet Holcomb: What is the fiscal impact of them and cost effectiveness?

Rick Cady: Restrictions on advertising especially targeted at youth. The music industry has a very strong orientation on engaging youth. The other thing we discussed was raising tax.

Prevention and the Student Wellness Survey	Rick Cady
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Rick Cady: The new student wellness survey administered to 6th grade and 11th grade throughout Oregon as part of the Oregon Healthy Teen Survey; and a special reorganization to Joan Brenner, our epidemiologist for working with the districts to get a good sample across the state. We have 77% of the districts reporting.

The Student Wellness Survey draft was distributed and reviewed. The document will be posted on the website.

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Public Comment	Chair Kroger
None.	
Next Meeting: Tuesday, October 19, 2010	
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