Date: October 12, 2009

DRAFT October 20, 2009

Meeting Title: **A & D POLICY COMMISSION MEETING**

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

AMH Staff Present: Rick Cady, Andrea Cantu-Schomus, Richard Harris, Patty Tout, Karen Wheeler
Guests: Claudia Black, Joe O'Leary, Cameron Smith, Mary Ellen Glynn, Jimmy Williams, Matt Anderson, Keith Falkenberg, Gina Nikkel, Debbie Runciman, Barry Joe Stull, Jenifer Valley, Madeleine Kimmich, Kristen Gustafson, Wayne Kline, Morgan Cowling

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
Welcome & Introductions: Dr. Bruce Goldberg, Director, Dept. of Human Services (DHS), Acting Chair for inaugural meeting	Dr. Goldberg welcomed everyone; round table introductions made			
Content and Vision: Dr. Bruce Goldberg, DHS; John Kroger, Attorney General; Max Williams, Dept. of Corrections (DOC)	Dr. Goldberg gave a brief history of the formation of the A&D Policy Commission to address substance abuse and treatment in Oregon. Core key issues for DHS and DOC: • much of the work done in DHS is driven by untreated alcohol and substance abuse • parental substance abuse issues cause 60% of foster care placements and much of the health care costs within the Oregon Health Plan (OHP) • DHS and DOC are caring for the same individuals and are working with the same provider groups • Oregon has a large public health problem • issue needs to be approached in a different way Rep. Greenlick approached DHS and DOC with a similar sense that this was a major issue for Oregon and that a State-wide approach was needed;			

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	suggested a "Drug Czar" be appointed by the Governor. A meeting was convened; concluded that better understanding of the problem was needed; a study by Human Services Research Institute (HSRI) was commissioned; other partners joined in subsequent discussions resulting in the conclusion that this issue was not going to be about a Drug Czar; one person could not in any way help figure this out for a state like Oregon; it would take a number of different perspectives and representation from those present at this meeting. The Legislature created HB 3353 as a result. The vision is to have this group come together to produce a plan for the funding and effective delivery of alcohol and drug treatment and prevention services for the State of Oregon. Attorney General John Kroger gave his perspective of the substance abuse problem in Oregon from the criminal justice side. In addition to other crimes committed due to substance abuse, an overwhelming number of child abuse and property crime cases are driven by substance abuse. In addition to aggressive law enforcement already in place, more needs to be done on the treatment and prevention side to make long term progress in dealing with this issue. This problem not only affects law enforcement and public health, it affects the business community. Example of one business with strong drug free workplace rules: over 90% of job applicants failed a basic drug test, even knowing a drug test would be given as a condition for employment.			

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	Issues to address: • Access to treatment (Oregon is in the bottom third or bottom quarter based on Federal Government rankings) • Prevention funding is lacking • Accountability on how dollars are spent; uniform standard for data collection • Lack of overall coordination Goal of having a commission is to design a first rate system and work plan to present to the 2011 Legislative session. A lot of political work is needed to ensure it gets implemented. If successful, there will be less crime, the public health challenge will decrease, and it will save the state money (in terms of state funding, for every $1 put in, $7 is saved). Imagine a state we want to see 20 years from now, start doing today the things we need to get there. A building block to reach this goal is addressing alcohol and drug treatment and prevention issues in a more effective manner. Max Williams, Director, Department of Corrections thanked and acknowledged new commission members for becoming involved as well as previous groups (Governor's Council on Alcohol and Treatment and the Meth Task Force) for their past work. More than 70% of offenders would benefit from alcohol and drug treatment. Data from the HSRI report "spider chart" shows approximately 50% of our highest need/highest risk offenders are getting access to A&D treatment while incarcerated.			

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	Those not receiving or accessing treatment who need it return to society without the primary driver of their criminality being addressed. This results in the criminal justice system spending a significant amount of money. How this commission addresses and deals with these types of issues and how resources are structured is an important part of the purpose. Resources spent by DOC for alcohol and drug treatment is a small percentage of the overall total number of people in Oregon who need access to these services. Need to do a better job on prevention to cut the cost of treatment. Find ways to enhance Evidence Based Practice (EBP) delivery systems.			

Administrative Details: Dr. Bruce Goldberg, DHS	<u>Staff and Recruitment</u>
	• Richard Harris introduced staff from Addictions and Mental Health (AMH) and updated on recruitment process
	  ▪ Patty Tout, administrative support for commission
	  ▪ Karen Wheeler, Addiction Programs Administrator
	  ▪ Hiring of new staff to support the commission will be occur over the next month
	• Max Williams acknowledged and thanked those involved in committing resources to fund professional staff to support the commission and its work
	<u>Nominations for Commission Chair</u>
	• Motion by Bruce Goldberg to nominate John Kroger as Chair of the commission
	• Motion seconded by Tony Biglan
	• Motion passed			

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	No other nominations were made. The meeting was turned over to newly elected Chair John Kroger. The biggest commitment the commission has is that not only are they getting the substance right but they focus on building on the political support to ensure long-term things that are being called for in the state can get implemented in Oregon.			

Presentations
Mady Kimmich, Human Services Research Institute (HSRI)
	Summary given of HSRI analysis of Oregon's A&D Treatment and Prevention System. Full report available at www.hsri.org.
	
	Alcohol & Drug Treatment & Prevention Funding chart
	• Main funding sources trickle down
	  ▪ State agencies
	  ▪ Local level entities
	  ▪ Service providers
	Next Steps:
	• Gaps Analysis
	  ▪ Further exploration of subpopulations
	  ▪ Exploration of infrastructure (staffing, capacity, service availability)
	  ▪ Prevention gaps analysis
	  ▪ Examination of waitlist
	  ▪ Estimate of overall A&D system gaps
	  ▪ Treatment gap for all need = 75%; <200% poverty = 23%; <400% poverty = 60%
	  ▪ 18-25 year old population has greatest need for services (20.13%)			

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Presentations Mady Kimmich, HSRI (con't)	• Investments Analysis ▪ Development of routine tracking & reporting of expenditure data ▪ Examination of administrative costs ▪ Further exploration of prevention investments ▪ Deeper look at OHP treatment services ▪ Comparison of Oregon to other states • Performance Management ▪ Detailed review of performance management efforts ▪ Assess current EBP practices, focus on monitoring ▪ Performance management at the local level Main Recommendations 1. Use OHP to leverage more federal funds a. OHP dollars flow fully & directly to individual b. Can reach AMH, DOC, CAF, OYA, CJC clients 2. Target 18-25 year-old population a. Highest prevalence, large unmet need b. Can reach AMH, DOC, CAF, CJC clients 3. Prioritize re-entry services a. Assure continuity of treatment & recovery supports for DOC clients re-entering the community 4. Improve data system linkages a. Establish common measures and definitions, reduce data entry burden, routinely match client lists b. Enhance capacity to assess overall A&D system			

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Presentations Mady Kimmich, HSRI (con't)	5. Implement cross-agency efforts in EBP a. Coordinate limited resources for TA, fidelity assessment, evaluation of new models 6. Earmark larger portion of alcohol revenues a. Increase Beer & Wine (B&W) tax rate; increase AMH share of B&W and/or all OLCC revenues; required some of non-AMH share of B&W tax to be spent on A&D			
Presentations Tony Biglan, Oregon Research Institute (ORI)	**<u>Prevention report</u>** Full report can be found at www.earlyadolescence.org • Alcohol use during past 30 days is highest among 8th and 11th graders; binge drinkers are more likely to develop alcohol and substance use problems; 30% of 8th graders report binge drinking; leads to other problem behaviors • 1998 data shows problem behaviors among adolescents in Oregon costs an estimated $5.3 billion annually • Co-occurring problem behaviors (substance use; antisocial behavior; sexual behavior; depression): 4.3 times more likely to co-occur for 8th graders; 2.6 times more likely to co-occur for 11th graders • The 20% of youth with multiple problems account for approximately 70%-80% of the cost of drunk driving, violent arrests, total arrests, drug health problems, alcohol health problems, improper needle use			

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Presentations Tony Biglan, ORI (con't)	• The earlier problems begin the more chronic and serious they become • Randomized trials are used to find out what works • Interventions by developmental phase have been shown to make a difference. Three programs discussed: • Nurse-Family Partnership ▪ Pregnancy through infancy ▪ Focus on ▪ Prenatal care ▪ Maternal smoking ▪ Mothering ▪ Contraception ▪ Work life ▪ Evaluated in three randomized trials for poor, teenage single mothers ▪ Significant effects on ▪ Abuse and neglect ▪ Children's behavioral development ▪ Mother's economic well being ▪ Length between pregnancy ▪ Children's arrest at adolescence • Positive Parenting Program (Triple P) - A multi-level system of evidence-based parenting supports using media, doctors, religious leaders, child care providers, schools, or other common settings visited by families ▪ Dramatically improves child & family outcomes ▪ Numerous studies have shown this to be effective in reducing children's problem behaviors and parents' distress			

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Presentations Tony Biglan, ORI (con't)	▪ Reduced community-wide rates of child abuse, child abuse injuries, and the need for foster care ▪ Randomized trials in 18 counties in South Carolina substantiated significant reduction in child maltreatment • Strengthening Families 10-14 ▪ Group-based parenting program for parents of early adolescents ▪ Effects up to six years later ▪ Reduced tobacco, alcohol & drug use, including methamphetamine ▪ Reduced delinquency ▪ Cost-effectiveness ▪ Savings of $7.82 per dollar invested ▪ Total savings of $5,805 per youth • Family check-up program developed by University of Oregon researchers ▪ Provides parenting support to families of adolescents via a family resource center in middle schools ▪ Effects as much as five years later ▪ Reduced substance use ▪ Fewer arrests ▪ Better school attendance & academic performance ▪ Cost-effectiveness ▪ Savings of $5.02 per $1 invested ▪ Total savings of $1,938 per youth • The Good Behavior Game – classroom teams in elementary school earn small rewards for being on-task and cooperative ▪ Showed preventive effects into young adulthood ▪ Reduced substance abuse disorders ▪ Fewer antisocial personality disorders			

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Presentations Tony Biglan, ORI (con't)	▪ Fewer suicides • School-wide Positive Behavior Support (being implemented in 9,500 schools country-wide) ▪ Builds a system of supports for positive behaviors at school ▪ Effects from time series experiments ▪ Fewer discipline problems; fewer harmful behaviors • Higher sense of safety for students; higher academic achievements • Evidence-based prevention and treatment saves money • A lot of little improvements in the system can add up to a huge difference • Policy changes that can make a difference ▪ State policies that require evidence-based practices ▪ Policies that increase families' access to health care and support services ▪ Community ordinances to review local programs and policies for their effects on family stability and youth well-being ▪ Data systems for monitoring youth wellbeing, evaluating our efforts, and guiding decision making • Principles for choosing interventions ▪ Give priority to programs, policies, and practices that have been shown in multiple rigorous experiments to affect one or more of the most common and costly problems of development ▪ Identify interventions for every phase of development			

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Presentations Tony Biglan, ORI (con't)	▪ Give the highest priority to interventions for families and schools ▪ Promote interventions that nurture a positive peer culture among children and adolescents ▪ Give priority to interventions that involve relatively small changes in existing practices and are thus easy to disseminate at a relatively low cost ▪ Institute policies that provide incentives, technical assistance, and support for the implementation of evidence-based programs and practices ▪ When possible, give policymakers, practitioners, and individuals the opportunity to choose among various evidence-based programs & practices ▪ Make ongoing research a fundamental part of Oregon's efforts to improve adolescent well being			
Presentations Dennis McCarty, Oregon Health Sciences University (OHSU)	**<u>Addiction Treatment Overview</u>** • Treatment is effective ▪ 40%-60% of those entering treatment are still abstaining at 12 months ▪ 15%-30% have not resumed high levels of problematic use • Outcomes are comparable ▪ To other chronic illnesses • Treatment can improve • Inefficiencies in repeat treatment ▪ Increased costs ▪ Health & safety risks to everyone			

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Presentations Dennis McCarty, OHSU (con't)	▪ Most difficult patient ultimately will provide the most opportunity for improvement • Principles of effective treatment (report at www.nida.nih.gov) ▪ Addiction is a treatable brain disease ▪ Use of alcohol and other drugs alters the neuron-chemistry of the brain; permanently or substantially altering; requires intervention ▪ No single treatment is appropriate for everyone ▪ Treatment needs to be available ▪ Effective treatment attends to multiple needs ▪ Sufficient time in treatment is important ▪ Evidence-based treatments should be used ▪ Behavioral therapies ▪ Pharmacological therapies – under utilized ▪ Treatment needs should be reassessed and treatment plans should be updated regularly ▪ Attend to co-occurring physical and mental health needs ▪ In many areas, detoxification is the beginning and the end of treatment – this is insufficient – 25% of people leaving detox continue treatment in a residential or out-patient setting ▪ Coercion is an effective way to get people into treatment • Five key policy areas ▪ Access to care ▪ 22 million meet criteria for abuse and dependence ▪ 3 million enter care annually			

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Presentations
Dennis McCarty, OHSU (con't)
	▪ Organization and delivery of care
	  ▪ 13,000 specialty addiction treatment centers
	  ▪ Little linkage with medical care
	▪ Quality of Care – Dimensions to consider including in a monitoring system. Care should be:
	  ▪ safe
	  ▪ effective
	  ▪ timely
	  ▪ efficient
	  ▪ equitable
	  ▪ patient centered
	▪ Use Evidence-Based Practices (EBP) – (required in Oregon)
	  ▪ 4 sets of evidence-based treatments (National Quality Forum)
	  • Screening and intervention
	  • Psycho-social treatments
	  • Pharmacotherapies
	  • Continuing care
	• Cost and financing of care
	  ▪ $21 billion in expenditures (1% of expenditures for health care)
	  ▪ Most spent on repeat detoxifications with little continuing care
	  ▪ Need cost-effectiveness studies to identify most useful treatment strategies			

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Work to be done - John Kroger	• Three products/deliverables for 2011 Legislative Session Package 1. Incorporate needed changes in how the state delivers treatment and prevention 2. Short-term budget proposals a. Report to Governor in May required for incorporation into the Governor's next budget (coordinate with Claudia Black); may be a shift in where dollars are spent even if current budget level for some of the programs remains the same 3. Long-term strategic plan for the State (most important). Won't be able to fund everything in the short term; goal should not be a big increase in funding that is followed by a big drop; build a steady path with clear priorities. Give the legislature a plan that goes beyond the next biennium (5-10 year horizon) for where treatment and prevention in the state needs to go; give idea of slow and steady budget increases needed to fund all high priority items.			
Organization & Structure John Kroger	Form four (4) Subcommittees. Most of the actual work will be done here; information to be brought back to the Commission. 1. Treatment – avoid silos; uniform, coherent plan on A&D treatment 2. Prevention – look at where we are now; incorporate what is happening in schools as well as state government; determine how to get from here to a much more effective program; design a process to slowly roll out and scale strategies known to work			

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Organization & Structure John Kroger (con't)	3. Accountability – uniform system of data collection and results/outcomes needed across state agencies, state government, and county government so providers are only collecting and reporting one set of data, and collecting what is actually needed to compare efficiency from one to the next. Cross sub-committee with treatment and prevention. 4. Structure & Delivery – Unified delivery system and overall strategic management needed to clearly define priorities and accountability; determine budget needs. <u>Interest Form</u> for subcommittee work distributed to assess amount of time available to devote to this work; types of resources from home institutions available to support committee work; prioritize interest level for serving on sub-committees; indicate expertise. Interest form will be sent to members electronically. <u>Recommendations for outside participants</u>. Send names and contact information of outside partners to serve on committees to Patty Tout; reminder will be sent to members <u>Funding to support the work of the Commission</u>. $600,000 in federal funding identified for commission work, part of which will be used to hire an Executive Director to manage the process; finalists have been identified; process to be completed by next meeting. Other funds will be used to hire outside consultants. A group of experts and academics across the country have offered to serve as a "brain trust" for the Commission.			

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Organization & Structure John Kroger (con't)	Duration of Commission. Estimated enough work for two biennia. Work together to ensure all recommendations are implemented; commission will likely continue one additional biennia to complete follow-up work after creating the basic structure; return a recommendation to Legislature for creation of a permanent advisory board. Communication and Outreach strategy. Hearings around the state will be conducted; public service announcement campaign (some is already underway; more detail at next meeting); get Federal government interested in what is being done; Office of National Drug Control Policy (ONDCP) have been looking for what is being done; Kroger to attend meeting with ONDCP in late October or early November. **Next Meeting:** 11/2/09 – Proposed date/Agenda items • Appoint Subcommittees • Introduce Executive Director • Detailed work plan John King announced Miracles Club groundbreaking **Adjourn** Meeting adjourned at 3:30 p.m			
	For information on the A & D Policy Commission, contact Mary Ellen Glynn, Executive Director, A&D Policy Commission, Addiction and Mental Health Division, 503-673-1923 or mary.e.glynn@state.or.us			