Commission Meeting Notes
October 27, 2011

Members Present

Ann Lininger
Carolyn Tomei (Debbie, her assistant attended)
Dennis McCarty
John King
John Kroger
Judith Cushing
Lane Borg
Max Williams
Timothy Hartnett
Timothy Thompson

Others Present

Mary Ellen Glynn
Richard Harris
Judith Lile
Karen Wheeler
Dr. Michael Finnegan

Call to Order

Approval of Minutes

Chair Update, Budget Outline

Mary Ellen - Saturday is prescription drug take back day. There is a list of places where drugs can be turned in. Links were sent out. List should be in the packet. Let's keep it in the public eye

DUII discussion in the system (Rep. Thompson next week). See Mary Ellen if interested.

<u>Unified budget submission</u>
Cross section budget that looks at the system. Max will talk about how it will fit in with Governor's plan.

Max – DAS is creating a 10 year plan. We know where we are now and we know where we want to be in 10 years. People are generally frustrated about money spent on prisons. They want to re-invest in early intervention program. Working on 6 or 7 main domains. Safety Domains – DHS, health authorities, child protection, welfare, etc. Broad outcomes and broad strategies. Try to tie the budget request to the outcome. Regular budget cycle will still be there. It will be a dual budget system. Budget recommendation on alcohol and drug resources should come from this commission.

Mary Ellen – Looked at Early learning project spreadsheet. Richard suggested adding a percent of total budget.

It will be difficult to figure out the money at the county level

Ann – We are trying to keep general funds open. Would be great to use general funds to create a matching grant.

Mary Ellen – Prevention is difficult to measure dollar amount. Untangling OLCC's enforcement is difficult.

Richard - There should be detailed mapping to see where the spending is to prevent missing anything.

Mary Ellen – John Kroger loaned a budget person (Kate) who may get into it can get in touch with Richard's people to figure it out.

John Kroger – This thing the governor is trying to do is important. Trying to look at what the budget will look like in 10 years.

Max – Early mapping: crosses so many different categories. Alcohol and Drug policy was difficult to figure out where it fits in the scheme of the conversation. Important thing is that this is buried in many different places. No collective agreement.

Mary Ellen – In education, there is Quality Education Model that goes to Legislation. It lays out what it would look like and how much it would cost. Is there value in doing that?

Max – If we don't have other pieces in place, great ideas don't go anywhere.

John Kroger – Scaling prioritizing system may be helpful.

Dennis – It's not worthwhile to put a price tag on the efficiency of the program.

Ann – Why not give a range of possibilities based on cost?

Long Term Outcomes Report

Karen Wheeler - Study was started in 2009.
The question is, "Do people get clean and sober because of the project?"

Dr. Michael Finnegan (President of NPC Research)– Generally people do get clean, sustain, and live better lives, are healthier, and live longer. In mental health, there are astounding results). Outcomes for DUI were less impressive than others.

Purpose of the program was to gather long term outcome of publicly subsidized Alcohol and Drug treatments service. (6-12 months).

Scheme of the Program

- Treatment providers recruited participants in accordance with eligibility requirements.
- 23 providers met requirements. Of them 15 were recruited.
- Used standardized surveys (voluntary). Issues of mental health, social networking, etc.
- Still in treatment or discharged. (6 months and 12 months)
- Caveat – was no separate control group.
    - 74% of eligible clients interviewed at 6 mo. 73% at 12 months.
    - African Americans were under represented. (hard to get them to come)
    - Males were underrepresented.

Results

- Baseline – emotionally, physically, sexually abused levels were high.
- Comparison (12 months) – increase in employment, income, jail time decreased,
    - A&D use: increase in absence of alcohol use. Even out of treatment, between 6 month to 12 months was improvement.
    - Mental Health issue: generally improvement in mental health between 6 months and 12. All trending in the general direction.
    - Treatment services: patients received and used important information of treatment services
    - Criminal Justice: significant reduction in arrests. (but many were in drug courts)
    - Client Satisfaction: improvement
- Chart: abstinence goes up at 6 months and stays the same.

Max – Does the study have details by treatment type?

Finnegan - Yes, we have data but don’t know if It was adequately represented.

Richard – Also have it by provider?

Finnegan – Yes, but some contributed more people than others. But not enough substantial data from some of them. They may have been worried about being judged. Also was no tests were done other than surveys. One surprising finding is DUI did not do as well.

Max – we should be careful not to over-apply the study. May need more catered treatment for DUI.

John King – Just as Drug courts are more effective with hard core abusers Hard core abusers and DUI people may be needing different kind of treatment

Richard – Motivation for the study was to fill the vacuum about whether or not treatment is effective (in Oregon). A barrier that needed to be overcome before further steps can be taken.

Karen – Usefulness of the study

- Can communicate with Legislature.
- Use it to improve treatment.
- Useful for charting satisfaction, getting feedback.
- Hope to use it to inform how we build WITS & teaching providers how to do that. And incentivizing those who are effective over the long term.
- Providers themselves can have a better idea of their programs.

Other points about the study

- People who access treatment 12 months later had a reduced physical health care cost.
- People are also getting exposure to social atmosphere.
- People are getting jobs and improving income.
- Study cost around $300,000. Interviewing people was very expensive. Cost studies would be cheaper.

Tim - We need to get away from focusing on single measure outcome of abstinence. Outcomes should be broadened.

Richard – people are more receptive to hear when we answer these questions about broader outcomes.

Max – a relapse is not complete failure. Broader outcomes/positive influence, etc during the period of time is value in itself.

Finnegan – Drug courts are most effective for most serious abusers.

John Kroger – what percentage of this data can we gather with less money?

Dennis – this study provides links to other state databases.

Alcohol Policies – Judy Cushing

Washington's ballet initiative
Costo is funding. If it passes in Washington, Oregon is going to be much easier to pass. It allows liquor licensing to private stores. Limits to those of over 10,000 sq feet. 17% fee to big box stores.

Washington receives $302 Million each year from selling liquor. If passes, it will only generate $42 Million for state.

Currently it is a very tight fight (47%). It will be a big problem for Oregon if it passes.

Alcohol Impact Area in Portland
City of Portland went to OLCC to petition to begin rulemaking to establish Alcohol Impact Area. There are 2 approaches:

1. The Formula – Limit certain types of alcohol sold in certain areas (with exceptions for restaurants, micro brews, etc.).
2. The Banned product list approach (Supported by Industry) – Ban by product list.

We want the formula approach.

Mary Ellen - City is coming to us for input. Should we get involved? Should we come down on either way on either rule?

Dennis favors Formula approach because it serves the purpose more effectively.

Timothy T.– Apprehensive about getting involved local matters.

Max – We can frame it as a principle conversation instead of a Portland specific issue. "This is the kind of principle (best practice) we approve" Keeps us out of individual fights but helps us take a stance on principles we believe in.

Timothy T– likes the principle idea.

Ann – Local governments sometimes need a State level commission to chime in and support issues that matter. Not to weigh in on every single groups initiative, but important issues need to be addressed.

Judy – let's use the general idea of formula approach, and make such policy recommendation to be available anywhere. (Make a General Statement).

Max – Doesn't think our role should be deciding *every* issue in every community. We should just be involved in making general policies. Question is how do we catalog it and present it?

Judy – Someone may have some research on effectiveness of approaches.

Vote: No need to vote. Consensus is formula over list.

Max – We should look into getting research tracking the effectiveness

<u>FTC & False Labeling</u>

Mary Ellen - FTC initiated look into Fusion product'ss deceptive business practices in labeling. They came up with agreement to re-label their products. Looking for public comment on this issue. 4.5 beers in bottle but allowing labels that indicate 2.5 beers.

Judy – there are groups like the commission weighing in. We want accurate labeling.

Legislative Concepts – Mary Ellen Glynn

Not many bills.

Debbie on Tomei Bill.
OLCC: There are New provisions in it.
Increase membership from 5 to 7 in OLCC. In Public Health and public safety.

Other two provisions are about tobacco enforcement. Tobacco is getting into hands of minors but no enforcement. OLCC is willing to take on enforcing tobacco as well as liquor since same stores sell both. But they need legislative authority to do that. They want:

1. Enforcement Power
2. Ability to receive grants for enforcement

Mary Ellen – when legislative language comes out, we can look at it.

Public Comment