

Date: March 24, 2009

Approved 4/28/09 as is

Meeting Title: **GOVERNOR'S COUNCIL ON ALCOHOL AND DRUG ABUSE PROGRAMS MEETING**

**Members Present:**  Stephanie Soares Pump  Ann Uhler  Bill Hall  Laura Burney Nissen  
 Heather Crow-Martinez  Eric Martin  Mark Branlund  Sharron Kelley  Gary Smith  
 Rita Sullivan  Dr. Alisha Moreland-Capuia  Sen. Laurie Monnes Anderson  Rep. Jean Cowen

**Council Liaisons Present:** Gina Nikkel, Mike Dingeman, Lennie Bjornsen

**AMH Staff Present:** Karen Wheeler, CJ Reid, Jane-Ellen Weidanz, Patty Tout

**Guests:** Erinn Kelley-Siel, Janna Starr, James Toews, Richard Harris, Bruce Goldberg, Andrea Tyler, Christine McGarvin, Jenifer Valley, Anthony Johnson, Janna Starr, Judy Cushing, Rudy Williams, Mike Gaston, Chris O'Neill, Mady Kimmich

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
<b>Agency Director Reports</b> <ul style="list-style-type: none"> <li><b>DHS/Children, Adults &amp; Families (CAF)</b>  <b>Erinn Kelley-Siel, Interim Assistant Director</b></li> </ul>	<p>Major program areas:</p> <ol style="list-style-type: none"> <li>Vocational Rehabilitation: primarily federal funds; psychological and developmental populations</li> <li>Self-sufficiency: Families with children; TANF &amp; food stamps; domestic violence survivors; refugees; direct service provider for 100 sites in Oregon.</li> <li>Child Welfare: 05/07 - \$730,000; 07/09 added family support teams for additional \$5.5 million</li> </ol> <p>Governor's budget for 09-11 spending - \$6.5 million. \$3.5 million for TANF; voluntary assessments but no Alcohol &amp; Drug treatment dollars included; child care and transportation included for those in treatment.</p> <p>Child welfare: Successful approaches tailor supports, case management, Alcohol &amp; Drug (A&amp;D) expertise in welfare offices. 55% of children have a parent in A&amp;D programs; A&amp;D is 42%, the largest single factor in abuse reports; of those parents who got into recovery programs, 60% of children are returned to the home from foster care.</p>	<p>Erinn will check into voluntary assessments process, and include the history why it was changed from mandatory. Information will be sent.</p> <p>Ann Uhler inquired whether Erinn had reviewed the proposed new federal child welfare act and if so, did she have any concerns. The new act contains grants for substance abuse treatment.</p> <p>Dr. Moreland suggests that Multi-Family Therapy (MFT) become a requirement for families on welfare.</p>	Erinn Kelley-Siel	

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	<p>Intensive Treatment and Recovery Services (ITRS) is successful:</p> <ul style="list-style-type: none"> <li>• Treatment accessed</li> <li>• More capacity for residential treatment is needed for parents in treatment with children</li> <li>• Flexible dollars are used for safe housing</li> </ul> <p>Four (4) grants received around treatment and child welfare; outcome measures available; it's a challenge to keep these going after the grants end</p> <p>Wraparound Initiative: Child welfare to take the lead; building strong partnerships.</p> <p>Children/Families of Color: Disproportionate number served. Commissioned a study that represented a higher population level in the system, but not higher abuse.</p> <p>Parent mentors are a huge trend</p> <p>CAF supports shared outcome efforts</p> <p>24,000 families in TANF; 20% increase over past year with 50% of needed staffing levels</p>			
<p><b>Agency Directors</b></p> <ul style="list-style-type: none"> <li>• <b>DHS/Division of Medical Assistance Programs (DMAP)</b></li> <li><b>Janna Starr, Operations &amp; Policy Analyst (for Jim Edge, Acting Administrator)</b></li> </ul>	<p><u>Handout (#1)</u></p> <ul style="list-style-type: none"> <li>• <u>Service Environment</u> <ul style="list-style-type: none"> <li>- Administers the portion of Oregon Health Plan (OHP) contracted with Managed Care Organization (MCOs) and Primary Care Managers (PCMs); pays for services outside of managed care through fee-for-service arrangements. Approx. 80% of people served by OHP are in managed care for their physical medicine services; 20% receive services through fee-for-service.</li> <li>- Currently, 15 MCOs provide physical medicine services; 856 additional providers act as PCMs.</li> <li>- Most OHP members receive their mental health care through nine (9) MHOs operating statewide. Those not enrolled in an MHO receive their MH services on a fee-for-service basis through</li> </ul> </li> </ul>			

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	<p>community mental health programs (CMHPs)</p> <ul style="list-style-type: none"> <li>- DMAPs budget covers mental health services, however, Addictions and Mental Health (AMH) is responsible for</li> <li>- Negotiations, administration and monitoring MH managed care contracts for services, and</li> <li>- Coordinating with DMAP on administrative rule development</li> </ul> <ul style="list-style-type: none"> <li>• <u>Service Utilization Rate (2007-2008)</u> <ul style="list-style-type: none"> <li>- Managed Care Plan/Fee-For-Service: All eligible individuals enrolled/received chemical dependency services</li> <li>- Average Mortality Rates Chart (by County): Rates of death per 100,000 population by type <ul style="list-style-type: none"> <li>▪ Alcohol-motor vehicle crash</li> <li>▪ Alcohol-induced disease</li> <li>▪ Illicit drug use</li> <li>▪ Tobacco-related</li> <li>▪ Suicide</li> </ul> </li> </ul> </li> <li>• <u>Overall Managed Care Chemical Dependency Expenditures</u> <ul style="list-style-type: none"> <li>- Overall DMAP expenditures and numbers of clients for FY 2005-2007</li> </ul> </li> <li>• <u>Current Socio-Economic Environment</u> <ul style="list-style-type: none"> <li>- According to 2008 US Census Bureau data, about 600,000 Oregonians (20%) are without health insurance; National average is about 15%,.</li> <li>- Oregon's recent unemployment rate is more than 10%; National average is about 8%; we can assume those without health insurance has risen</li> </ul> </li> <li>• <u>OHP Caseload projections</u> <ul style="list-style-type: none"> <li>- DMAP expects to see climbing caseloads in virtually all of Oregon's medical assistance programs.</li> </ul> </li> <li>• <u>Impact of recession on emergency services utilization</u> <ul style="list-style-type: none"> <li>- An Oregon Health &amp; Science University (OHSU) Center for Policy and Research in Emergency</li> </ul> </li> </ul>			

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	<p>Medicine study conducted during the economic downturn in 2002-2004, when the Oregon Health Plan (OHP) was forced to make severe cuts, show an abrupt and sustained rise in emergency department visits by uninsured Oregonians following the OHP cuts; emergency hospitalizations for uninsured patients increased by 50% while rates for other groups remained steady.</p> <ul style="list-style-type: none"> <li>- Uninsured clients with Alcohol Dependency using the ER increased by 136% from 2002 to 2003;</li> <li>- OHP clients with Chemical Dependency using the ER increased by 57% from 2002 to 2003;</li> <li>- Uninsured clients with Chemical Dependency using the ER increased by 136% from 2002 to 2003.</li> </ul> <ul style="list-style-type: none"> <li>• <u>Emergency department based hospital admissions Oregon v. National trends (1997-2006)</u> <ul style="list-style-type: none"> <li>- Oregon Medicaid – 24% in 1997; 22% in 2006</li> <li>- National Medicaid – 30% in 1997; 33% in 2006</li> <li>- Oregon Uninsured – 33% in 1997; 61% in 2006</li> <li>- National Uninsured – 51% in 1997; 59% in 2006</li> </ul> </li> <li>• <u>Outlook for the future</u> <ul style="list-style-type: none"> <li>- The likelihood of budget cuts in all state services, including chemical dependency services, overshadows many of the state’s efforts to address enhanced needs;</li> <li>- Budget drivers like inflation, caseload increases, health care costs and the state’s general economic well-being are all exacerbated by the recession;</li> <li>- In addition, an ongoing challenge faced by the DMAP budget is the decline in tobacco tax revenue. About 70% of this \$320 million resource supports the OHP, and while this decline is positive in terms of individual and public health, DMAP is faced with replacing this diminishing revenue stream.</li> </ul> </li> <li>• <u>Federal Stimulus Impact (February 2009 American Recovery &amp; Reinvestment Act (ARRA))</u> <ul style="list-style-type: none"> <li>- Oregon stands to gain as much as \$800 million for</li> </ul> </li> </ul>			

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	<p>Medicaid under this stimulus packet; \$461 million for DMAP. The total funding for Oregon, along with a number of recently implemented administrative cuts, is projected to address the budget shortfall in the current biennium; but due to the fact that much of the funding is to be disbursed early, and a number of the provisions sunset at the end of 2010, the state again predicts a severe shortfall by the end of the 2009-11 biennium.</p> <ul style="list-style-type: none"> <li>• <u>Quality Improvement (QI) efforts and initiatives</u> <ul style="list-style-type: none"> <li>- Ongoing QI: The Deschutes Chemical Dependency Organization (CDO) is reviewed annually; most recent (Feb. 2009) review indicated that DCCDO's QI work plan is more advanced than most and their measurable goals and benchmarks are being well-tracked. The plan includes such elements as: access in general; access for special need populations; critical incidents; monitoring for evidence-based practices; provider and member education; grievances and complaints and provider performance in specific areas such as integration of care. The MCO's are reviewed for chemical dependency services and are required to report on services specifically related to DMAP's Oregon Benchmarks related to chemical dependency among children and pregnant women.</li> <li>- Integration Initiative: AMH, DMAP, and the Public Health Division (PHD) have been working with other partners on a variety of initiatives that relate to the integration of mental health, chemical dependency and primary care. These initiatives seek to address physical health, mental health and additions and to help providers share information about their common clients. These efforts will eventually involve client screening practices, care coordination and co-location of physical and mental health providers. Ultimately, administrative and</li> </ul> </li> </ul>			

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	<p>financial functions will be aligned to support clinical integration. DHS will begin by focusing on reducing administrative, regulatory and communication barriers to make integration more feasible and less complicated for OHP providers and participating MCOs. MCOs include: Fully Capitated Health Plans; MHOs – county based as well as other fully capitated MHPs; Physician Care Organizations; Chemical Dependency Organizations; and Dental Care Organizations</p> <ul style="list-style-type: none"> <li>- Initial efforts are in the final stages of producing a toolkit to provide information to assist providers and MCOs to move toward integration in the following areas; sharing client information; screening client needs; using health and behavior assessment and intervention codes; and establishing billing guidelines. More information is available at: <a href="http://www.oregon.gov/DHS/ph/hsp/integration.shtml">www.oregon.gov/DHS/ph/hsp/integration.shtml</a></li> <li>• <b>Conclusion and Recommendations</b> Although the state of Oregon knows that chemical dependency treatment saves lives, and that prevention strategies can change the life of millions of potential abusers and addicts, chemical dependency services are likely to remain overtaxed and under funded. With a projected gap of \$3 billion, all parts of DHS will be affected, along with hundreds of thousands of Oregonians. <ul style="list-style-type: none"> <li>- <i>Collaboration</i> – Programs will be forced to share resources, and in order for the Divisions within DHS to do the very best job possible for the people served, they will need to continue to find ways to work collaboratively. The integration initiative is a good start. The chemical dependency side of the effort has seen less activity than the mental health side.</li> </ul> </li> </ul> <p><i>Follow-through</i> - It is the responsibility of the entire</p>			

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	<p>department to ensure that divisions work collaboratively to identify barriers and create ways around them, whether in health care, residential treatment, community-based services or prevention.</p>			
<p><b>Agency Directors</b></p> <ul style="list-style-type: none"> <li><b>DHS/Seniors and People with Disabilities (SPD)</b></li> <li><b>James Toews, Assistant Director</b></li> </ul>	<p><u>Handout (#2)</u></p> <p>Planning document for legislature includes:</p> <ul style="list-style-type: none"> <li>• Aging trends;</li> <li>• Nursing facility use is lower than national average;</li> <li>• Long-term Care measures Activities of Daily Living (ADLs) becoming irrelevant (does not track any health ancillary needs);</li> <li>• Budget will be eaten up by senior demographic;</li> <li>• Would like to see bundled services with one integrated pay system;</li> <li>• Anticipates stakeholders controversy;</li> <li>• Providence has a model that is showing good cost offsets.</li> </ul>			
<p><b>Agency Directors</b></p> <ul style="list-style-type: none"> <li><b>DHS/Addictions and Mental Health (AMH)</b></li> <li><b>Richard Harris, Interim Assistant Director;</b></li> <li><b>Bruce Goldberg, Director</b></li> </ul>	<p>30% reduction in budget exercise just requested by legislature for current biennium across all agencies including Oregon State Hospital; is due on March 27, 2009.</p> <p><u>Good News:</u></p> <ul style="list-style-type: none"> <li>• Intensive Treatment and Recovery Services (ITRS) is showing good results including cost reduction and lower foster care;</li> <li>• Strengthening families program showing positive results.</li> </ul> <p><u>Bad News:</u></p> <ul style="list-style-type: none"> <li>• Underage drinking continues to rise; is above the national average;</li> <li>• Insufficient housing for those in recovery</li> <li>• Increase in mandated treatment for Mental Health/Alcohol &amp; Drug clients</li> <li>• System is chronically under funded</li> </ul> <p><u>Good News:</u></p> <p>Completion of treatment resulting in:</p>			

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	<ul style="list-style-type: none"> <li>• Employment rates continues to rise;</li> <li>• Recidivism and crime decreased;</li> <li>• Numbers of children in foster care is down.</li> </ul> <p><u>Bad News:</u></p> <ul style="list-style-type: none"> <li>• No long term outcomes/research of longitudinal studies;</li> <li>• Client Process Monitoring System (CPMS) is 30 years old; produces good data but a new system is needed;</li> <li>• Working on data match with other data sets (e.g. employment department, Law Enforcement Data System (LEDS))</li> </ul> <p><u>Recommendations for AMH</u></p> <ul style="list-style-type: none"> <li>• Need an outcomes based payment system;</li> <li>• Desire to commission a study to evaluate treatment outcomes 12 months post-treatment</li> <li>• Use stimulus program to fund Behavioral Health Integration Project (BHIP) in community</li> <li>• Evidence-based practice (EBP) as outcomes not sufficient; wants direct outcomes, not inferred outcomes;</li> <li>• Attorney General Kroger is a strong advocate of HB-3353 (replacing the Governor’s Council on Alcohol and Drug abuse Programs to the Alcohol and Drug Treatment Policy Commission); however, he needs to be educated as to what is needed in the bill (i.e. the bill is criminal justice heavy and needs more health care representation)</li> <li>• Integration Behavioral Health and Physical Health is an important policy issue.</li> <li>• Proposing demonstration projects on how to pay for AMH services; shifting to a managed care model. Discussion to take place at Ways &amp; Means at 1:00 p.m. on Wednesday, March 25, 2009.</li> </ul> <p>Dr. Goldberg would like the Council to think about health care reform beyond public paid services</p>			

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<b>Medical Marijuana</b> <b>Lt. Mike Dingeman,</b> <b>OSP</b>	<p><i>Handout (#3):</i> PowerPoint presentation on <i>Oregon Medical Marijuana: Protect the Patients and Treat It Like Medicine</i></p> <p>Discussed the intent, problems, responsibilities, numbers, etc. of the Oregon Medical Marijuana Act (OMMA);</p> <ul style="list-style-type: none"> <li>• Intent: <ul style="list-style-type: none"> <li>- marijuana should be treated like other medicines</li> <li>- patients should be allowed to use small amounts of marijuana</li> <li>- make only those changes to existing Oregon laws that are necessary to protect patients and doctors</li> </ul> </li> <li>• Problems: <ul style="list-style-type: none"> <li>- No program oversight</li> <li>- Extremely limited access to OMMP records</li> <li>- significant abuse of the Act</li> <li>- victimized patients</li> </ul> </li> <li>• Numbers as of 1/1/09: <ul style="list-style-type: none"> <li>- 21,541 Patients</li> <li>- 10,424 Caregivers (Note: there is no restriction on how many patients a designated primary caregiver can be responsible for)</li> <li>- 2,204 Pending applications</li> <li>- 7,818 Patient increase since 1/1/08</li> </ul> </li> </ul>			
<b>Announcements/ Other Business</b> <b>Stephanie Pump,</b> <b>Chair</b>	<ul style="list-style-type: none"> <li>• No medical marijuana testimony will be heard today.</li> <li>• AG Kroger thank you note was received.</li> <li>• Deliberate and act on DUII System Review <ul style="list-style-type: none"> <li>- Members waiting for final report</li> </ul> </li> </ul> <p><b>Approval of February Minutes</b></p>	<p>Motion to approve; moved; second; accepted</p>		
<b>Public Testimony</b>	<p><b>Aba Gayle, Silverton, OR</b>  <b>Synergy Advisory Council, Oregon State Penitentiary</b>  Introduced members to the men’s treatment program  Invited Council members to visit the program</p>	<p>Send additional information to CJ to distribute</p>	<p>Aba Gayle</p>	
<b>Liaison Reports</b>	<p><b>OLCC</b> (Rudy Williams)  30% Budget cuts proposed; will affect Public Safety role of OLCC; Ways &amp; Means Hearing coming up.</p>	<p>Council members to attend OLCC Ways &amp; Means hearing</p>		

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	<p>Steph asked Rudy to give an update on OLCC’s open house re: licensing &amp; enforcement</p> <ol style="list-style-type: none"> <li>1. Server education</li> <li>2. Training on-premise clerks (e.g. grocery &amp; liquor stores; hospitality)</li> </ol> <p><u>Judy Cushing</u>, Oregon Partnership voiced concerns about cuts in OLCC to enforcement; urges Council to be strongly involved.</p> <p><u>AMH</u> (Karen Wheeler)</p> <ul style="list-style-type: none"> <li>• Recap of Richard Harris budget cuts</li> <li>• Recap of Ways &amp; Means, past two weeks, including criminal justice and addictions interface</li> </ul> <p>Ann reported she’d heard a problem with providers being reimbursed for case management services.</p> <p><u>OCCF (Lennie Bjornsen)</u> announced Steph has been added as an ex-officio member to the Board.</p>			
<p><b>I-28 Petition Deliberation Members</b></p>	<ul style="list-style-type: none"> <li>• <u>Handout (#4)</u> – Letter submitted by Dan Harmon</li> <li>• <u>Handout (#5)</u> – Letter and attachment submitted by Jennifer Valley</li> </ul> <p>Each member had completed their due diligence on the materials submitted. A round-robin discussion was held with each member expressing their views. Several members expressed their appreciation to the I-28 petition advocates for their thoughtful attempts to address the problems and concerns being raised about the program.</p> <p>Also introduced into discussion:</p> <ul style="list-style-type: none"> <li>• Rep. Mauer introduced HB-3274 with bi-partisan co-signers <ul style="list-style-type: none"> <li>- Relating to medical marijuana; appropriating money; providing for revenue raising that requires approval by a three-fifths majority.</li> <li>- Directs Department of Human Services to establish and operate marijuana production facility and</li> </ul> </li> </ul>	<p>Motion to support the petition, no Second</p> <p>Motion to have no position, seconded; Motion carried; Vote: Passed (2 opposed)</p>		

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	<p>distribute marijuana to pharmacies for dispensing to medical marijuana cardholders and designated primary caregivers.</p> <ul style="list-style-type: none"> <li>- Allows pharmacists to dispense marijuana to medical marijuana cardholders and designated primary caregivers.</li> <li>- Disallows private marijuana grow sites.</li> <li>- Imposes tax of \$98 per ounce on marijuana dispensed by pharmacists. Establishes Marijuana Production Facility Fund. Continuously appropriates moneys from fund to department for operation of production facility.</li> </ul> <p>Steph suggests approaching Dr. Goldberg with problems identified with oversight of the grow site operations and other concerns that have been consistently identified.</p> <p>E-mail testimonies &amp; documents submitted in regard to the Medical Marijuana bills were received from the following people, either during or after the meeting and are being added to the official record. <b><u>(Referred to as handout #6)</u></b></p> <ul style="list-style-type: none"> <li>a) Mike Mullins - Anti Law Enforcement proposals</li> <li>b) Dr. Thomas Taylor - Anti Law Enforcement proposals</li> <li>c) Maya Many Moons – Anti Law Enforcement proposals</li> <li>d) Clint Helton – Anti Law Enforcement proposals</li> <li>e) Jamie Smith – Anti Law Enforcement proposals</li> <li>f) Cheri Barber – Anti-Law Enforcement proposals</li> <li>g) Keta Tom - Anti-Law Enforcement proposals</li> <li>h) Jenifer Valley - OMMP: The Gold Standard</li> </ul>	<p>Gary, Alisha &amp; Ann to put a report together to present to Dr. Goldberg</p>		
<p><b>Legislative Updates Stephanie Soares Pump, Chair</b></p>	<p>Stephanie attended a meeting between the AG’s office, the Governor’s Office and the Council that occurred on 3/23/09 to discuss <u>HB-3353</u>. This bill creates the Alcohol &amp; Drug Treatment Policy Commission that replaces the Council. Steph announced the results of the meeting. There will be amendments made to the bill all parties</p>			

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<b>Chris O'Neill, RN</b> <b>Director,</b> <b>Workdrugfree</b>	<u>HB-2345</u> (Prescription Drug monitoring bill) <u>Handout (#7): Principles for Impaired Health Professionals</u> <ul style="list-style-type: none"> <li>• Bill is being monitored primarily by doctors, RNs, dentists and pharmacists               <ol style="list-style-type: none"> <li>1) Centralized monitoring</li> <li>2) Clear compliance standards</li> <li>3) Self-referral component</li> </ol> </li> </ul> Requesting Council support; invitation to testify			
<b>Jane-ellen Weidanz,</b> <b>Legislative</b> <b>Coordinator, AMH</b>	<u>Handout (#8): Richard Harris memo re: System Change Concept</u> Based on information, issues and recommendations found in the Public Consulting Group (PCG) and Human Services Research Institute (HSRI) reports as well as the experience in the Children's Change Initiative. Hearing will be on 3/25/09. Invited panelists from Fully-Capitated Health Programs (FCHP), Mental Health Organizations (MHO), counties and providers. AMH to facilitate a workgroup for pilot projects <u>SB-175: Psychologist examiners; modifies exemptions to perform a psychologist's duties. Amendments numbered 175.090.</u> Beer Tax – not moved since initial hearing Tobacco Tax – not moved since initial hearing			
<b>Human Services</b> <b>Research Institute</b> <b>(HSRI) Report</b> <b>Mady Kimmich, Sr.</b> <b>Project Director</b>	<u>Handout (#9): PowerPoint presentation on Drug Policy report.</u> Overview given. Report is available on-line at <a href="http://www.hsri.org">www.hsri.org</a>	Five (5) copies of report available; Stephanie to pick them up and bring to next meeting.		
<b>Meeting Adjourned</b>	3:20 p.m.			
	For information on the Governor's Council on Alcohol and Drug abuse Programs, contact CJ Reid, Policy and Program Development Specialist, Addiction and Mental Health Division 503-945-9813 or <a href="mailto:c.j.reid@state.or.us">c.j.reid@state.or.us</a>			