

Governor's Council On Alcohol & Drug Abuse Programs Meeting

Date: April 24, 2007

Members Present: Stephanie Soares Pump, Gary Smith, Mark Branlund, Laura Burney Nissen, Sharron Kelley, Steve Vincent, Bill Hall

ABSENT: Ann Uhler, Marv Seppala, Rita Sullivan, Alan Levine, Laurie Monnes-Anderson

Liaisons: Debra Gilmour, OPERA; Gina Nikkel, AOCMHP

AMH Staff: Bob Nikkel, CJ Reid, Dee Humphreys, Vicki Skryha

Guests: Troy Costales, Oregon Dept. of Transportation/Transportation Safety; Tom Byerley, Employment Dept./Unemployment Insurance; Scott Hall, Oregon Dept. of Education; Ginger Martin, Dept. of Corrections; Devarshi Bajpai, Criminal Justice Commission; David Jones, Siloam Limited; Steve Pharo, Oregon Liquor Control Commission; David Poole, Voices Set Free; Chris O'Neill, Workdrugfree; Mimi Bushman, Workdrugfree; Graham Slater, Drug Free Workplace; John Sajo, Advisory Committee on Medical Marijuana; Elizabeth Santone, Public Housing Codes and Public Housing; and Tony Howell, Director Linn County Alcohol and Drug Treatment Program

***Handouts from Agency Directors and presenters available upon request:**

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Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons
Welcome and Introductions			
Department of Corrections – Ginger Martin, Assistant Director	Handout An overview of the DOC alcohol and drug (A&D) demographics and programs was given. Key Points: 1) 2/3 of male inmates and 80% of female inmates have		

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	<p>A&D risk factors.</p> <p>2) Drug crimes represent 43 percent of re-offenses.</p> <p>3) Treatment is provided in the last 6 months of incarceration for those with the highest A&D risk factors.</p> <p>4) Current capacity is 355 beds. Estimated need is 760 beds.</p> <p>5) The Governor's Recommended Budget includes 106 additional treatment beds planned for the Madras facility to open in July 2007 to expand treatment capacity for men.</p> <p>Ginger reported that research supports treatment at end of incarceration.</p> <p>6) The Corrections Program Checklist (CPC) is used to evaluate prison programs.</p> <p>7) CPC reviews have been completed and program improvement is in process.</p> <p>Steve: Are there any CPC reviewers with ethnic backgrounds?</p> <p>8) DOC is working from the 1997-99 budget. The policy option packages for 2007-09 contains funding to increase contract.</p> <p>9) Post incarceration funding is a county local decision and included wrap around services.</p> <p>10) Recidivism data is from the past 6 month period. 28.8% is the benchmark. Current data indicates 28.6%. Good results especially in Multnomah county.</p>	<p>Provide reviewer demographics.</p>	<p>Ginger Martin</p>

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	<p>11) Program changes included a cognitive based curriculum, with behavioral practices and are adapted for female transition population. (Pathways to Self Discovery and Change, Milkman and Wanberg).</p> <p>12) DOC no longer uses contract therapists.</p> <p>Laura asked how to find ways to better educate the public on treatment effectiveness and cost benefit of treatment vs. incarceration.</p> <p>Ginger suggested that community corrections is a good place to start. DOC has a public information office: Colette Peters.</p> <p>Overview of legislation was given.</p> <p>-HB2241, housekeeping bill with minor changes to provide flexibility in the Alternative Incarceration Programs (AIP).</p> <p>-There is a request from the DA to put limits on the number of inmates who enter the AIP and tighten eligibility for repeat offenders. Also wants to expand sentences and have inmates earn their release via treatment and AIP. Ginger stated this would be very expensive for DOC.</p> <hr/> <p>Handout.</p> <p>Gave an overview of Safe and Drug Free Schools Programs.</p> <p>Key Points:</p>		

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<p>Scott Hall – Title IV and Safe Drug Free Schools, Oregon Department of Education</p>	<ol style="list-style-type: none"> 1) Funds are distributed via an application process. 2) Principles of effectiveness and authorized list of activities is used to select recipients. 3) DOE is moving toward a system wide approaches or outcomes. 4) Previous programming levels have dropped from 1999 to 2007, especially for drug and alcohol prevention, student services, special one time events, and after school programs. These are funded through the Title IV grants. 5) The system wide approach is designed to address the larger picture that includes school violence and school safety. <p>Scott is concerned that the funds for the Oregon Healthy Teens Survey is at risk for being cut. The funds have dropped from \$84,000 to 10,000. These decisions are based on collective input from school safety plans, prevention plans, parental input, and school based data.</p> <p>Sharron would like to know how much money is allocated to each of the 4 listed programs (pg 2 of handout).</p> <p>Scott provided the decrease in funding from 1997-2006: \$5,465,712 to \$3,299,708.</p> <ol style="list-style-type: none"> 6) Onsite monitoring of the programs is beginning this year with 20 visits planned. They will use a comprehensive team approach. End of year of reports for Title IV has 		

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	<p>been past practice. Steph asked how do we know that the money is well utilized, what are the outcomes and is there a plan to expand?</p> <p>Scott responded that the yearly reports provide this information: OHT survey, ODE data, and expulsion data.</p> <p>Gary stated that a unified set of goals and data related to benchmarks would help the Council respond and make recommendations.</p> <p>Steve stated his concern that A&D is not seen as a priority for ODE. Asked if ODE is seeking federal grants to improve services.</p> <p>Scott replied that the ODE has only 1 FTE to coordinate this work for the state.</p> <p>7) Districts seem to be moving towards using programs that are system wide approaches or contracting with counselors to provide an array of services. Also school districts are using Title IVA funds for needs other than alcohol and drug prevention.</p> <p>8) 97 percent of the ODE funds go directly to the school districts, and 7 percent of the funds are for administration and state programs.</p>	<p>Provide this information.</p> <p>Provide Council the next yearly reports and Todd Twyman's report.</p>	<p>Scott Hall</p> <p>Scott Hall</p>

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<p>Tom Beyerly – Department of Employment (DOE)</p>	<hr/> <p>Handout Gave an overview of the impact of drug and alcohol testing on unemployment benefits and employment. Key Points:</p> <ol style="list-style-type: none"> 1) 1,600 people have been disqualified from receiving benefits. 2) DOE has been conducting employer seminars on drug testing. Concerns from employers remain: "the only way I can get workers is to turn my head". 3) The law requires employers to have a reasonable drug free policy. <p>Steve stated that one of the high indicators of ex-offenders' success is employment stability. What programs are there to help with this? Tom's replied that employment stability is based on soft skills (e.g. be on time for work, call in if you will not be there, respect for management) and this begins in K-12.</p> <ol style="list-style-type: none"> 4) DOE does have a ex-offender program that has been successful in placing people. <p>Bob Nikkel stating that we need to show concrete results and must figure out how to partner with other agencies.</p>		

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<p>Devarshi Bajpai, Criminal Justice Commission –</p>	<p>Handout Distributes and gave an overview of the Criminal Justice Commission (CJC) report to the 2007 legislature. Key points;</p> <ol style="list-style-type: none"> 1) In the last 10 – 11 years there has been a decrease in violent crimes and a moderate decrease in property crime, but there has also been an increase in incarceration. 2) The report includes all offender programs. 3) Drug court grant funded 17 programs with \$2.5 million. 4) CJC is hoping for \$5 million to continue plus \$3.6 million for new programs, this would be enough for 2 more years. This is not included in the co-chairs budget. 5) Federal government is continuing the Byrne Grant that is enough for one more year. 6) The cost benefit analysis for incarceration and for programs will be available in the next report that will also look at public safety resources and cost to victims and tax payers. <p>Overview of legislative initiatives: -SB 184 Included expansion of drug courts. -HB 3270 Same</p> <ol style="list-style-type: none"> 7) Re-application for grant will be issued soon. 	<p>Provide July report.</p>	<p>Devarshi Bajpai</p>

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	<p>8) See page 47 of the report for outcomes. 9) CJC has a robust data management system. 10)CJC applied for a federal grant application for \$2000,000 for statewide cost benefit analysis.</p> <p>Bob stated that the county contracts were modified to add drug court population and a priority to encourage local discussions. Is also adding drug courts to the county implementation plans. It would be interesting to tease out the mental health with co-drug use to isolate this variable in the research.</p> <p>Mark Branlund asked if the commission identified the difference between drug users and drug sellers.</p> <p>Devarshi said that drug users do not go to prison unless they are found with a substantial quantity or are manufacturing drugs.</p> <p>Steve asked about if the state can sue people with meth houses.</p> <p>Steph asked about the CJC strategic planning.</p> <p>Devarshi stated they are interested in the cost of incarceration vs the alternatives.</p>	<p>Investigate issue.</p> <p>Invite the CJC economist to a future Council</p>	<p>Devarshi Bajpai</p> <p>AMH staff</p>

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<p>Troy Costales - Transportation and Safety Division</p>	<p>Handout Distributed the -----report and gave an overview. Key points:</p> <ol style="list-style-type: none"> 1) Crashes involving alcohol and/or drugs account for nearly half of the fatal and serious injury crashes in Oregon each year. 2) Many of those involve youth that are under the influence and inexperienced drivers. 3) Objective of the Transportation Safety Division is to reduce the number of fatal accidents. 4) The information is from urinalysis and breath tests and also from hospitals if an officer asks for it. <p>See page 37 of the report for impaired driving data with goals ad objectives, and performance measures. See pages 39-41 for how the grant money is spent.</p> <ol style="list-style-type: none"> 5) In the past 25 years, A&D related traffic incidents decreased from 210 to 160, but it is believed this is due to fewer officers on the roads. 6) The most frequent time of day that fatal crashes related to A&D occur is between 8 p.m. and 4 a.m. 7) By 2008, Oregon will cease to qualify to some federal funds because of inability to comply with certain 	<p>meeting.</p> <p>Provide 7/07 DUII report to Council. Members request data be broken down by minor vs adult.</p>	<p>Troy Costales</p>

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	<p>requirements.</p> <p>8) Oregon has the most narrow definition of DUII in the country and as a result, are missing an opportunity for referral to evaluation and treatment.</p> <p>9) Public perception of 1000 households was surveyed to find that 87% say drugs should be included in the DUII laws.</p> <p>Legislative initiatives:</p> <ul style="list-style-type: none"> - SB 227 Required hospital to report A&D related injuries and fatalities . -Diversion policy and laws are being revised to include commercial drivers be eligible for diversion. 		
Announcements	Steve Pharo invited Council members to a round table discussion with the OLCC on June 14 from 3:00- 4:30 PM. Formal invitation forthcoming.	Provide more details.	Steve Pharo
Minutes from March 2007	Sharron – motion to approve Mark – seconded Minutes Approved		
Liaison Reports	<p>Sharron Kelley – Partners for Children and Families Gave an overview of the report.</p> <p>Debra Gilmour – OPERA Hearing held on HB2535, beer and wine tax. SB184 (A&D prevention and treatment funding) is moving strongly.</p>	Put on September agenda to have Sharron present report and provide	AMH staff. Sharron Kelley

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	<p>Debra commented on a half page ad in the Oregonian in reference to the HBO event and it was of no benefit. OPERA has 2 or 3 new members coming on board in June. They are looking for members from the private sector. The national affiliate conference of OPERA is in July.</p> <p>Gina Nikkel – AOCMHP Explained about SB 329, creating a healthcare reformed system. This will affect addictions and mental health because in this bill these are seen as specialty care. She will address this information in the subcommittee soon. Dr. Kitzhauber is working on healthcare on the federal level. SB 184 is held up in way and means. The beer and wine tax is in a work session.</p> <p>Stephanie Soares Pump – Rally Update The rally was a great success. Nice turnout, great speakers. Minor incidents were handled with tact. All in all successful.</p>	<p>web address of the report for AMH staff to distribute</p> <p>Bring the Governor's proclamation plaque for view in May.</p>	

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Graham Slater, Administrator – Workforce & Economic Research, Oregon Employment Department	<p>Handout and PowerPoint presentation</p> <p>www.worksourceoregon.org</p> <p>Provided an overview of drug free workplace programs in Oregon.</p> <p>Key findings:</p> <ol style="list-style-type: none"> 1) 13 % of Oregon businesses with at least 3 employees have in place 5 components of the Federal Drug-Free Workplace Model 2) 11.6 % have the 5 components plus insurance for substance abuse treatment. They employ 27% of Oregon workers. 3) 21.1% employers offer none of the 6 components. 4) Large companies are much more likely to implement drug-free workplace policies than small companies. 5) 50% of companies have a written policy. 6) Slightly less than one-third percent of Oregon businesses do pre-employment drug testing. <p>Methodology presented.</p>		
Dan Harmon, Exec. VP & General Counsel of Hoffman Corporation –	<p>Power point presentation</p> <p>Provided perspective of how drug and alcohol in the workplace affects competitiveness of business.</p> <ol style="list-style-type: none"> 1) Problem statement: 8% employees bring A&D issues into the workplace. 	<p>Provide handouts of presentation May meeting.</p>	<p>AMH staff.</p>

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Drugfree Workplace Legislative Work Group	<ul style="list-style-type: none"> 2) Oregon has a higher rate than the nation. 3) Marijuana is the most prevalent. 4) Presented 2 case histories that went to the Supreme Court (Washburn vs Columbia Forest Products and Emerald Steel Fabricators). Both litigation about reasonable accommodation of marijuana use in the workplace. 5) Unemployment benefits are denied due to positive drug tests. 6) Gave a scenario from his own business: <ul style="list-style-type: none"> -most common accident related substance is marijuana -significant cost to company. Costs include: <ul style="list-style-type: none"> Testing Administrative Legal 7) Policy: <ul style="list-style-type: none"> -first drug test failure=fired but eligible for re-hire with successful completion of approved A&D treatment. -employee pays for treatment or the Union pays -offer employee assistance program -second failure, fired with no re-hire eligibility -obligate a doctor to confirm employee is safe and not on any prescription medication that could cause risk. -\$1.3 million per year spent in testing -benefits of testing significant to offset investment. 		

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	<p>Gave an overview of the Workgroup's work:</p> <ul style="list-style-type: none"> ◆ Oregon Business Plan ◆ Draft legislation package and bills ◆ Input from various sources ◆ Mobilize business community ◆ Engage policymakers ◆ Prioritize job seeker prevention ◆ Elevate importance of drugfree workplace in high school curriculum <p>8) Most employers cite cost, litigation risk and fear of losing key employees as reasons for not adopting a drug & alcohol testing program.</p> <p>9) Legislative Effort:</p> <ul style="list-style-type: none"> ◆ SB690-includes providing employer immunity if Drugfree Workplace program standards are met. ◆ SB465-confirms that an employer is not obligated to accommodate medical marijuana no matter where the use occurs. ◆ SB797-requires statement of Admin Law Judges' (ALJ) qualifications upon request and provides ALJ pools based on subject matter expertise. ◆ Treatment Funding. <p>Dan voices concerns about the beer and wine tax that it is solely to increase treatment capacity. There is no language for workers needing treatment.</p>		

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	<p>The Workgroup supports enforcement, prevention and treatment. Concerned about adequacy of funding for treatment. Reported he understands that only 48% of those mandated to treatment are receiving it. Recommends dollars that are set aside for economic develop from the lottery be used for treatment as he sees creating successful workers as contributing to a healthy economy.</p> <p>Steph invited Dan to hear the rest of the story regarding treatment capacity and the beer and wine tax bill.</p> <p>Sharron asks Dan and the Workgroup to consider a balance of responsibility to pay for treatment, not just government. Employers should bear some of the responsibility as well.</p>	<p>Invite Workdrugfree to come again to discuss other programs at future meetings.</p>	<p>AMH staff.</p>

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<p>Vickie Skryha, Manger, Amh Housing Unit, Elizabeth Santone, Public Housing Codes and Public Housing and Tony Howell, Director Linn County Alcohol and Drug Treatment Program</p>	<p>Handouts Sharron introduced the housing panel and why they were invited. Elizabeth discussed subsidized projects, homeless programs and government grantees. 1) Explained eligibility and sustained housing. 2) Require written standard/policy that is locally designed. 3) Law was revised 6 years ago. 4) Section VIII federally assisted housing prohibits anyone convicted of a manufacturing and registered sex offenders . 5) Laws for eviction for violent offenders or drug related criminal activity. 7) Landlords have a lot of discretion. 8) Recommends landlords check with the parole officer on the status of potential renters. Gary sought clarification about barring tenants for drug use. Elizabeth responded that the landlord looks at current situation not the long tern history of the individual to make this decision.</p>		

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	<p>Tony presented a local example of housing efforts.</p> <ol style="list-style-type: none"> 1) Challenges include: <ul style="list-style-type: none"> -There is a 5 year ineligibility for criminal activity that is interpreted at the local level. -There is a 6 month sobriety clause. -If an individual is just starting treatment, they are not yet eligible for housing. -Individual are disqualified for HUD early in recovery and require other housing assistance. 2) Community acts as a partner to match funds for provide alcohol and drug free (ADF) housing. 3) Most people chose Oxford housing. Oxford houses are not included in public housing. Linn County is adding 3 more to the 5 they have. 4) There is 1 month assistance from DHS for those post prison. 5) Demographics: <ul style="list-style-type: none"> -50% are homeless/poor. -75% are unemployed. -\$800 average income from SSI. -11% high school graduates. -44% women. -54% of the females have children. -50% have criminal justice involvement. 		

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	<p>Good news! People get better. 78% are drug free after 12 months and 96% are without new felonies after 12 months. Even those who do not complete 90 days of treatment have 69% post 12 months clean and sober.</p> <p>Housing contributes to success with funding from AMH , Byrne grant, local funds.</p> <p>100 of 450 clients receive housing and case management.</p> <p>Partnerships:</p> <ol style="list-style-type: none"> 1) Local business investors buy houses as need increases. 2) Housing first principle using subsidy for 4 months until working, then individuals refund the subsidy when able. 3) 1 month notice to landlords when client is not meeting expectation. 4) Includes case management. 5) Faith based organizations. 6) Homeless shelters. 7) Partners have monthly meetings to work on recommendations. <p>Vicki discussed fair housing laws and reasonable accommodations. A&D clients qualify under this law.</p> <p>See page 3 item and page 4 item 4 of the handout for the definition of disability. Page 5 shows and example case. Page 6 item 6 discussed reasonable accommodations.</p>		

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<p>Old Business</p>	<p>Council members inquire what is the next step and what can the Council assist with. Educate about the laws and attend local association meetings.</p> <p>Multnomah County criminal history check. Sharron moved we endorse the request to support taking the criminal history check off the initial employment application for the county of Multnomah. Mark seconded. Discussion followed Vote – passed unanimously</p> <p>Effectiveness Report CJ suggested the Council send a transmittal memo with the report for distribution. This will be sent to agency directors, the association of Oregon commissioners and any other identified elected official. The Council will let people know that it is available on line. Members chose to distribute to legislators following this session, unless members have a specific identified legislator to share it with. Questions were brought up about a budget for the Council.</p>	<p>Members volunteered to attend local meetings.</p>	<p>Bill Hall and Sharron Kelley</p>

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	<p>Protocol for evaluating systems and agency programs Gary and Laura have not yet had a chance to work on the proposal, but after discussion, will incorporate suggestions and a draft for next meeting. Steph noted that each state agency has different relationship to alcohol and drug issues.</p> <p>By-Laws Members would like clarification regarding use of email for business. Tabled until May</p> <p>Bill made a motion to support any legislation that increases funding for alcohol and drug prevention, treatment and recovery. Second: Sharron Discussion. Vote-passes unanimously.</p>	<p>Seek clarification.</p>	<p>CJ Reid</p>
<p>Adjourn</p>			

