

**Governor’s Council On Alcohol & Drug Abuse Programs Meeting**

**Date:** May 22, 2007

**Members Present:** Ann Uhler, Stephanie Soares Pump, Gary Smith, Mark Branlund, Laura Burney Nissen, Sharron Kelley, Steve Vincent, Bill Hall, Marv Seppala, Rita Sullivan

**Absent:** Laurie Monnes-Anderson

**Liaisons:** Gina Nikkel, AOCMHP

**AMH Staff:** Bob Nikkel, CJ Reid, Karen Wheeler, Dee Humphreys

**Guests:** Steve Pharo- Executive Director of Oregon Liquor Control Commission, Phil Cox, Program Coordinator – Oregon Youth Authority, Judge Bloch - Multnomah County, (by Phone), Chuck Hayes, Chair – DUII Advisory Committee, Dave Williams – ADES, Robert Ryan-Multnomah County, David Pool-United Voices of Oregon, Errin Kelley-Seil, Governor’s Office , Andrea Tyler-Wallowa Valley Together Project

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

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<b>Welcome and Introductions</b>	Ann reminded everyone that there is a change of meeting plans for June. The Council will be going to Mid-Columbia County in Hood River rather than Douglas County. The business meeting will be on June 25th at 6:00 pm. The 26th will be the county visit.	<b>Let CJ or Dee know if you will be attending the meeting and we will reserve a room.</b>	Council Members	
<b>Agency Directors Presentations: Steve Pharo, Executive Director of Oregon Liquor Control</b>	<b>Handout</b> An email copy of the presentation and the information on Jim Beam's advertising chain was sent to the Council before the meeting. He gave the Council a broader picture of the position the OLCC has on several issues.			

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<p><b>Commission (OLCC)</b></p>	<p><u>June 14th Round Table</u> – Commission looking forward to meeting Council members. They are also going to invite the Governor's Council on DUII in the future and Ann Uhler stated she would like to know the date of that meeting so she could attend.</p> <p>In the past 2 – 3 years there was a perception that the OLCC was interested in the dollar production. Steve wanted to set the record straight that the OLCC is first a public safety organization. We know that the Oregon legislature will be very interested \$350 million revenue that will be produced in the next biennium. Revenue increases by following rules, procedures and laws that have been put in place. The OLCC’s first responsibility is public safety.</p> <p>There is a balancing act of selling alcohol and enforcing the liquor law. One keeps the other in balance. If OLCC really wanted to maximize the generation of revenue there would be at least 250 additional stores. The number of stores is based on need and demand. The industry creates the demand and OLCC meets it. We do not advertise items for sale in our stores. Other states cut the prices to bring in customers, but Oregon will not do that.</p> <p>There is some good news coming out of the legislative session.</p>	<p><b>Send Council date of Round Table Meeting to be scheduled with Governor's Council on DUII</b></p>	<p>Steve Pharo</p>	

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	<p>1) OLCC will increase the number of inspectors by 5. It was noted that the Council made a recommendation in their Domino Effect report for an increase in monitors.</p> <p>2) OLCC is developing a new information system to increase the efficiency for training and licensing inspectors by an online process. They are looking to change the amount of time allowed to get a serving certificate from 45 days to 7-10 days. This would benefit rural area retail clerks that take the course. Server permits are for 5 years. If a server sells to a minor, an administrative sanction rather than a criminal sanction results.</p> <p>3) OLCC has a new goal of developing education and outreach programs in schools. OLCC is going to put together a package for the next Legislative Session to add this and even more inspectors.</p> <p>Mark-asked if the education could be contracted out. He would like to see the person who goes into schools also teach about nicotine and other drugs. All agreed this would be good for the round table.</p> <p>Steve said they would like to do it in-house.</p> <p>Ann-Would like to have education for adults on the change of physical tolerance to alcohol and people age.</p> <p>A discussion followed on the educational aspects of</p>			

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	<p>trainings for retail clerks, volunteers and servers.</p> <p><u>Spikes</u> – Malt based beverage by Anheuser-Busch. Considered the mini of liquor. It is 12% alcohol. OLCC sent a letter saying they would not sell it. Anheuser-Busch formerly announced that it would be removed from the market place. If a product is misleading or poorly labeled, OLCC can get involved. Oregon does not get label approval.</p> <p>Sharron – What is the consumption sales per capita in the last 5 years? Asked what the trends are by area.</p> <p>Steve noted it is up but only slightly.</p> <p>There is no standard controlled state or open state. People have general assumptions that all controlled state laws are the same as with the open state laws. This is not the case. Each population can make their own rules. There are no nationwide standards.</p> <p>OLCC is making strides 2004 – 2005:</p> <ul style="list-style-type: none"> <li>◆ 13.2% decrease in alcohol related traffic fatalities</li> <li>◆ Youth under age traffic fatalities down 32%</li> </ul> <p>There are over 12,000 licenses. We have conducted</p>	<p><b>Report on consumption sales per capita (beer, wine and distilled spirits)</b></p>	<p>Steve Pharo</p>	

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<p><b>Phil Cox, Program Coordinator – Oregon Youth Authority (OYA)</b></p>	<p>over 1,500 decoy operations in 2006 with a compliance rate of only 76%. There were 853 administration violations issued, 540 criminal violations, and 340 one tickets. Decoy operations and stings are the most effective tools. Permits are for 5 years. If they sell to a minor, an administrative sanction rather than a criminal sanction results.</p> <p>Discussion</p> <p>Stephanie thanked Steve and expressed their appreciation for his interest and participation.</p> <hr/> <p>OYA works with kids from the ages of 12 – 25 years of age. The average length of stay is about a year. We have a portion of 550 public safety beds that are for kids committed from juvenile court that have committed serious crimes. Of the 850 beds that the counties and youth authority co-manage there are 450 beds in the institution system, so we a looking at a pie of 850 problem kids in the age range 22 – 23 yrs. of age and more than 60% have substance abuse or substance dependency. Only 20% have no alcohol or drug substance abuse.</p> <p>We do a Gap Survey (at a specific date and time) of 2000 kids in our system and in addition we do an Oregon Risk Needs Assessment on all kids in our</p>			

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	<p>system. It has a couple of screening questions around substance abuse. If they are identified as having a high risk of substance they are referred for an assessment. Nearly half the kids in a community have a diagnosed substance abuse problem.</p> <p>Ann asked if they have any idea of the number of those kids that are homeless. Phil said that it was a small percentage. <i>[One third of the youth are in the child welfare system.]</i></p> <p>Bob N.-asked of the 20,000 that are served, do you have any data on incidents of drug and alcohol abuse?</p> <p>Phil stated that it is higher among OYA population than the juvenile population.</p> <p>Karen-asked about the Oregon, Nevada and California (ONC) Timber Receipts issue and what affect it will have on the Juvenile Department. This is money Oregon counties receive from the federal government for use of timber land and it is running out. Some counties will be facing monumental losses that will have a devastating impact on local services including juvenile and adult justice, human services and basic services such as library roads, etc.</p> <p>Phil replied that the local funding is dependent a lot on the ONC funds. If kids cannot be served by local</p>	<p><b>Invite Juvenile Department to speak</b></p>	<p>CJ</p>	

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	<p>services, they become a greater public safety risk and the likelihood of increased commitments to out of home care from the state side or institutions or facilities becomes greater. In the Governor's Recommended Budget, the agency has Juvenile Crime Prevention Basic and Diversion Funds, which the Youth Authority is essentially a "pass through" of state funds to local juvenile departments for prevention activities and to divert kids from commitment to training schools. In 2003 those funds were cut around 50%, which is a fairly significant reduction in prevention funds and diversion funds that were passing through the Youth Authority. The Governor's Recommended Budget restores the funding back to the 2003 level.</p> <p>Laura N. – Do you have an average per kid cost/per year to keep a kid in a facility? Phil replied the average daily rate is \$170.00 per day per child. That does not include Dept. of Education funding towards schools.</p> <p>Laura- suggested that the \$5000 spent in community intervention is much wiser than the \$62,000 in institutions.</p> <p>Sharon K. – Asked for recidivism rates for the Oregon Youth Authority. Phil –After 36 months it is 32%. It is dangerous to go down that path because some districts define recidivism</p>			

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	<p>differently than others.</p> <p>Mark – There is also a devastating financial impact on families.</p> <p>Steve – How are mental health professionals trained or equipped? Is there a person that coordinates the treatment?</p> <p>Phil – Not all of them are certified. Most of them are masters level clinicians, most of whom are licensed. They have had coursework in addictions pharmacology, but they have not been certified. We have central coordination in Salem and our larger facilities have coordinators.</p> <p>When the kids enter the institution, there is a risk/needs assessment and based on that there is a referral for further evaluation. They are then slotted into one of two tracks. One is the core drug and alcohol treatment program that is basically an outpatient level of treatment. It is a 12 level session. The kids at higher need go to a 32 session cognitive behavioral based approach called Pathways for Self-discovery and Change. That is the typical program for kids that come through our system.</p> <p>The girls at Hillcrest are currently undergoing a pilot program, partnering with Department of Human Services (DHS) Addictions and Mental Health (AMH), Rita Sullivan at OnTrack and the Christie School.</p>	<p><b>Provide the data on the identified trauma survivors</b></p>	<p>Phil Cox</p>	



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	<p>Ann-Requested number of identified trauma survivors.  Laura – Voiced her observation that the data is not very specific for kids across the board and across states in terms of what is measured. She suggests developing a statewide screen.</p> <p>Rita-Voiced concerns about youth care when transitioning from the OYA to the Department of Corrections. There is a limited amount of information sharing between these two organizations and would like to a continuum of care developed.</p> <p>Ann- Identified that it is also a challenge moving youth from the institution back to the families.</p> <p>Phil identified further challenges:</p> <ol style="list-style-type: none"> <li>1) Transition to community settings.</li> <li>2) Youth committed to OYA because of no appropriate community resources, limited front end services.</li> <li>3) Steph-asked about the minority services.</li> </ol> <p>Phil reviewed that the OYA has an office of minority services that has developed specific curriculum for Gangs. Also, each of the minority populations is represented by technical staff in the office (e.g. black, Hispanic, Indian)</p> <p>Ann-Inquired about how many of the youth are</p>			

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	<p>Medicaid eligible. What is the percent of poor youth in OYA custody?</p> <p>Phil responded that 95% of youth in the community in out of home custody are eligible. 40-50% of youth are from poor families.</p> <p>Laura-inquired about the lack of intensive aftercare which is an evidence-based practice.</p> <p>Phil is open to discussing the model and implications.</p> <p>Discussion</p>			
<p><b>AMH update: Bob Nikkel – Assistant Director, Addictions and Mental Health Division</b></p>	<p><b>Handouts</b></p> <p>Bob reported AMH worked to restore capacity in the addictions treatment and prevention areas by developing budget policy packages totaling approximately \$21 million.</p> <p>They are revisiting how they define the proportion of met demand in addiction services. The needs assessment is being reevaluated. Some of the information is outdated. A group has been formed and will be working on developing a more logically based framework for defining what the state demand is for public funded addiction services.</p> <p>AMH has focused workforce development priorities</p>			

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	<p>toward evidence-based orientation. AMH is involved in providing technical assistance toward fidelity implementation and monitoring. AMH made significant progress documenting the epidemiological data in statewide profiles for alcohol, tobacco and illicit drugs. Addictions appear to be ahead of where the mental health field is at in terms of implementing evidence based practices.</p> <p>Discussion</p> <p>AMH has completed and annual report for substance abuse prevention for Fiscal Year 2006. Go to: <a href="http://www.oregon.gov/DHS/addiction/publications/sub-abuse-prevention-report.pdf">http://www.oregon.gov/DHS/addiction/publications/sub-abuse-prevention-report.pdf</a></p> <p>They have also produced fact sheets to be used by stakeholders during the session that communicate key treatment related outcomes and performance measures met by the treatment system. We need to do a better job of displaying data and marketing the data we have. We need to tailor the outcomes to the audience.</p> <p>AMH has joined Oregon Health Sciences University, National Institute on Drug Abuse and three other states to participate in the National Institute on Addictions Treatment (NAITx200) initiative. This is a research project to evaluate methods that sustain process improvements in the most cost effective way possible.</p>			

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	<p>It looks at what happens to people as they go through the process of applying for treatment. We are now in the provider recruitment phase and preparing for baseline data collection.</p> <p>Karen –We have looked at other states on how they are doing evidence-based practices. We are analyzing what they have done, but Oregon is actually in the forefront. This effort will be done in the county systems. Counties will be held responsible.</p> <p>Marv – Is concerned about the inadequate salaries for providers to implement EBP’s.</p> <p>Discussion</p> <p>We have made significant progress on our Co-Occurring Disorders work plan. We are currently collecting information for a resource directory. We have completed a COD funding guidance paper and circulated this out to the providers. Regional technical assistance events will follow beginning later this summer/fall.</p>	<p>Provide COD work plan to members.</p>	<p>CJ</p>	
<p><b>Announcements</b></p> <p><b>Approval of April Minutes</b></p> <p><b>Council Liaison</b></p>	<p>None reported.</p> <p>Moved to accept, seconded and approved as written.</p> <p>We are continuing to pressure the legislature and</p>			



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<p><b>Sharron Kelley – Partners for Children and Families (PCF)</b></p> <p><b>Meth Task Force: Rita Sullivan</b></p>	<p>Tomorrow is the PCF meeting, so instead spent the time sharing the meeting she attended with the Housing Authority. She learned that the medical marijuana card is a big issue for them. Because they are federally funded, federal laws apply and anyone with a marijuana card cannot live in federally funded housing. It was recommended that we develop, with Vickie S kyrha and others; a model policy that is non-discriminatory.</p> <p>Discussion</p> <p>Gary – The Oregon Housing Coalition has formed a team to develop a Housing Trust Fund for affordable housing statewide. There is a \$100 million in the fund.</p> <p>Bill-Clarified difficulties with creating revenues. For more information go to the Oregon Housing Alliance website at: <a href="http://www.oregonhousingalliance.org/">http://www.oregonhousingalliance.org/</a></p> <p>Nothing to report this month.</p>	<p>Work with Vicki S kyrha Housing on recommendations</p>	<p><b>Sharron Kelley</b></p>	
<p><b>DUII Advisory Committee Discussion Chuck Hayes, Chair Judge Bloch, Multnomah County, Dave</b></p>	<p><b>Chuck Hayes</b> – Handout Provided his personal work history and reasons for participating on the DUII Advisory Committee. Gave an overview of the purpose and work of the GAC. They involve the offenders, victims, and the public. Goals are to educate the public and improve the system. The Governor's Council is a key partner. Key points:</p>			

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<p><b>Williams, ADES &amp; Robert Ryan, Multnomah County ADES</b></p>	<p>1) DUII offenders are using illicit drugs increasingly.</p> <p>2) The Blood Alcohol Level (BAC) is mixed with illicit drugs, and sometimes the BAC shows up lower than expected with the observed driving impairment.</p> <p>3) gAC provides training via a yearly conference for all involved with the DUII process including prevention, enforcement, treatment and liquor licensing (OLCC).</p> <p>Chuck welcomed input to expand membership of gAC. Ann-suggested there be a liaison between gAC and the Council. Gina Nikkel remembered there was a liaison about 15 years ago.</p>			
	<p>Chuck presented the recommended changes in the DUII system:</p> <p>1) Improve the laws for repeat offenders. There is currently no monitoring of treatment for offenders.</p> <p>2) Tighten the requirements for “treatment completion” by clarifying and standardizing the definitions as there is a misconception that diversion is treatment.</p> <p>Ann-recommends DUII treatment providers adopt evidenced based practices for offenders with co-occurring substance use and depression.</p> <p>Discussion followed to clarify the role of the Alcohol and Drug Evaluation Specialist (ADES) pertaining to</p>			

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	oversight. Karen-stated that AMH administrative rules govern the ADES.			
	<b>Handout</b> <b>Robert Ryan</b> stated that they are independent contractors designated by the court and the county. They monitor the client's progress with the courts and make sure they are in the treatment program. After evaluation, there are two designations: recommendation for an information education program or treatment program. The treatment program conducts an alcohol and drug clinical assessment and determines the treatment plan.			
	<b>Judge Bloch</b> Key concerns/information: 1)Clients choose the treatment program and usually will choose the providers that are “easier on them”. Recommends the choice be taken away from clients, or programs should be standardized. Ann-identified that the DUII system id different between counties and that programs should be using evidence-based programming. 2) The population in our program (DISP) is high risk. 65% of men and 85% of women have co-occurring mental health disorders. Refer to programs who have the capacity to treatment both disorders. 3) Concerned that the ADES rely on offender self-			



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	<p>report that is generally inaccurate to avoid consequences. Recommends adjust the system to ADES to not rely on self-report.</p> <p>4) In our program (DISP) recidivism rate is less than 8%. The national rate for DUII is 35%.</p> <p>5)Expectation is to be in treatment long term. 20% continue treatment after they have been discharged from treatment.</p> <p>Ann-recommends the state write rules to develop a consistent system for better DUII outcomes.</p> <p>Mark-asked how many are referred for education versus treatment.</p> <p>Steve recalled that 10% are referred for education.</p> <p><b>Dave Williams</b> Provided the perspective from Marion County.</p> <ol style="list-style-type: none"> <li>1) The ADES provide both the initial evaluation and the clinical alcohol &amp; drug assessment.</li> <li>2) Rita-asked shy use the ADES to provide both the evaluation and the assessment. Concerned that this system is redundant and the offender pays for both reports.</li> </ol> <p>Ann-requested legislative changes to the system.</p> <ol style="list-style-type: none"> <li>1)Increase training for law enforcement, judicial and courts.</li> <li>2)A condition of probation if missed or canceled treatment appointment, report to court the next day to explain.</li> </ol> <p>Mark-invited DAC to OLCC discussions during future</p>			

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	<p>Council meetings. Ann-provided a handout demonstrating the demographic trends over 5 years and more repeat offenders are younger.</p>			
<b>Public Testimony</b>	<p><b>David Pool, United Voices of Oregon</b> Requested the Council's support and endorsement to develop partnerships between the state, the Governor, federal programs, the business community and nonprofits to set in place a program and proposal for \$5 million of newly allocated money from the next Governor's Recommended Budget.</p>	<p><b>Send written testimony for distribution. Distribute to members</b></p>	<p>David Poole  CJ</p>	
<b>Old Business</b>	<p><u>Legislative Update</u> Bob Nikkel SB34 – Pharmacy Bill is necessary for the state to be considered for future federal grant money. SB-154 – Housing bill – allows some consideration to Oxford Houses in the strict application of Oregon Housing Law. Amendments have been created that would be acceptable to all. <u>By-Laws</u> CJ explained the use of emails for discussing Council issues and what is acceptable and what cannot be done. Statute ORS 192- 410- 420</p>	<p><b>Write this down for future references</b></p>	<p>CJ</p>	

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	<p>If you have any Council business you want to communicate by email, you have to cc CJ and will save it in archive and will be brought to the meeting to be read publicly so that it is on the record. You may not vote via email. If you have any decisions that must be discussed between meetings, AMH will post a 24-hour public notice and schedule a conference call.</p>			
	<p><u>Discussion on draft bi-laws</u>  Stephanie – Article VIII: Add a position of immediate past chair added to the Executive Council.  Motion made by Stephanie, seconded by Bill. Passed.  Sharron –Motion to change the chair term of office from two to three. (pg. 6)  Bill seconded the motion.  Discussion – Voted and passed unanimously.  Gary raised the question of the term: “ensure” used in Article III and asks whether the Council has the authority.  Steph would like some generic information in the By-Laws about the assessment of state agencies.  <u>Nominating Committee</u>  Ann – Need volunteers for nominating committee.  Mark and Gary were volunteered  <u>Retreat Date</u>  Suggested date for retreat August 27th and 28th.  <u>Draft Protocols</u>  Will discuss protocols at next meeting.</p>	<p><b>Look up and analyze. Bring back to next meeting.  Bring next draft to June meeting.</b></p>	<p>CJ  CJ</p>	

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Errin Kelley-Seil – Governor's Human Services Advisor	<p>Thanks the Council members for the effort this legislative session.</p> <p>1) Met with Senator Nolan on SB184 – message to the members is “don't give up”.</p> <p>2) Funding for children health care is internally being reinvigorated through talk of the tobacco tax.</p> <p>3) The Alcohol and Drug Funding Equity is getting traction now.</p> <p>4) Underage drinking is moving through by the AG's task force, and is now passing.</p> <p>Bob Nikkel – asked is the Governor still hopeful in the OHP standard since there has been a discouraging atmosphere?</p> <p>Errin – Yes. Encourage supporters, but be strategic to reinvigorate the push. Human Services will be the last budget that passes.</p> <p>5) There is huge disconnect between the House and Senate, but there are dynamic changes every day.</p>			