

# DRAFT

**Date:** November 27,2007, Douglas County visit

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

**Members Present:**  Stephanie Soares Pump  Ann Uhler  Bill Hall  Laurie Burney Nissen  
 vacant  vacant  Mark Branlund  Sharron Kelley  Gary Smith  Rita Sullivan  vacant  
 Sen. Laurie Monnes Anderson  Rep. Jean Cowen

**Council Liaisons Present:**  Gina Nikkel  Debra Gilmour  Lt. Mike Dingeman

**AMH Staff Present:** CJ Reid

**Guests:** John Sowell, Reporter, The News-Review, Roseburg

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
<b>Welcome and introductions</b>	Stephanie Soares Pump, Chair			
<b>Pre-Natal Drug Screening, Identification and Referral</b>	Daphne Schalau, M.D., Health Care for Women Pauline Martel, Oregon Children's Plan <ul style="list-style-type: none"><li>• Community Response to Addicted Families Team (CRAFT) is a multidiscipline team was developed to pull in pregnant clients into needed comprehensive services.</li><li>• Services include nutrition, mental health, alcohol and drug, public health, family intervention and outreach.</li><li>• Provides continuity between medical providers that continues education and</li></ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>service intervention for pregnant women.</p> <ul style="list-style-type: none"> <li>• Universal drug screening implemented.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Statewide drug screen policy that includes education of OB Gyn’s Pediatrician, nurses and hospital administrators.</li> </ul> <p><u>Barrier:</u></p> <ul style="list-style-type: none"> <li>• Limited resources for research due to attitudes and resistance.</li> </ul> <p><u>Gap:</u></p> <ul style="list-style-type: none"> <li>• County losing funding for CRAFT program.</li> </ul>			
<p><b>Douglas County Comprehensive Plan: Focus Group Input Relief Nursery Population: Substance Abuse Prevention</b></p>	<p>Gillian Wesenberg, Commission on Children and Families  <u>Handout:</u> Family Development Center Douglas County Crisis Relief Nursery</p> <ul style="list-style-type: none"> <li>• Gave overview of Douglas County Commission on Children and Families single local comprehensive plan available on line at: <a href="http://www.co.Douglas.or.us/ccf/planning">www.co.Douglas.or.us/ccf/planning</a></li> <li>• Community collaboration is the counties’ strength.</li> <li>• Local Methamphetamine Task Force active.</li> </ul> <p><u>Barriers:</u> Lack of transportation for clients, methamphetamine epidemic, lack of resources, poor economy, hunger, high unemployment rate and lack of services for people with co-occurring disorders.</p>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>Charlene Strasser, Family Development Center <u>Handout: Statesman Journal Article, Prenatal Program Losing Funding</u></p> <ul style="list-style-type: none"> <li>• Provides intervention for high-risk families for young children defined as families that have five or more risk factors from the University of Oregon and San Diego study.</li> <li>• Average for county is 27 risk factors per family and state average is 12.</li> <li>• Homelessness is common.</li> <li>• Highest child poverty rate in the state.</li> <li>• Dedicated eight registered nurses for the Drug Court and CRAFT clients.</li> <li>• Currently serving 91 but needs to double capacity.</li> </ul>			
<p><b>School-Based ATOD Prevention Services</b></p>	<p>Sam Moore, Roseburg Public Schools Pauline Martel, County Prevention Coordinator <u>Handouts: Community Prevention Coordinator Duties</u> and list of questions posed to high school administrators in survey.</p> <ul style="list-style-type: none"> <li>• Conducted a survey of high school administrators.</li> <li>• Found need for prevention education.</li> <li>• Medical Marijuana law is affecting students.</li> <li>• Comprehensive prevention difficult in county due to independence of 14 school districts.</li> <li>• County pays the alcohol and drug treatment provider (Adapt) to provide school referral</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>and interventions on school campuses.</p> <ul style="list-style-type: none"> <li>• Operating with the same amount of funds as 1990.</li> <li>• County goal is to link Communities That Care with all community organizations.</li> <li>• Positive Behavior Supports implemented in nearly all school districts.</li> <li>• Mentoring program served 91 youth and has good feedback from participants.</li> <li>•</li> </ul> <p><u>Gaps:</u></p> <ul style="list-style-type: none"> <li>• Limited assurance that evidence-based practices are being implemented with fidelity.</li> <li>• Respite care for families.</li> <li>• Relationship between Head Start and school needs to be improved, CRAFT and Head start have a good working relationship.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Sustainable prevention dollars needed. Most activities are funded by grants that leads to inconsistent services and lack of continuity.</li> </ul>			
<p><b>Douglas County Communities Aligned to Prevent Substance abuse (DC CAPS)</b></p>	<p>Kathe Linden, Executive Director</p> <p><u>Handout:</u> Folder of information. Testimony.</p> <ul style="list-style-type: none"> <li>• Gave overview of DC CAPS</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Stronger investment in prevention to save dollars in criminal justice and treatment.</li> </ul>			

DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
<p><b>Roseberg Area Chamber of Commerce, Business and Workforce Issues</b></p>	<p><u>Goals:</u></p> <ul style="list-style-type: none"> <li>• Build and sustain prevention coalition.</li> <li>• Track four measures in the Oregon healthy Teens Survey: 6<sup>th</sup> grade, 8<sup>th</sup> grade and 11<sup>th</sup> grade.</li> <li>• Publish 2008 impact report.</li> <li>• Continue parent network that evolved into the community network.</li> <li>• Build capacity.</li> <li>• Continue public services announcements video tapes with youth acting and producing.</li> </ul> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> <li>• Workforce issues at top of list of community issues with substance abuse as the top three.</li> <li>• Organizing a workforce collaborative.</li> <li>• Certification for drug-free employee programs and Workdrfugfree policies.</li> <li>• No tolerance policy, but support employees seeking treatment.</li> <li>• Medical Marijuana complicates efforts.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Legislative clarification on employer rights regarding medical marijuana.</li> <li>• Develop youth and community employer networks.</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
<b>Methamphetamine Task Force</b>	<p>Janet Judd, Executive Director  Dennis Eberhardt, ImageStream Productions  Joyce Akse, Ford Family Foundation  <u>Handouts: You Can Make a Difference, Meth,  Even Aspirin Has a Warning Label</u> news print.</p> <ul style="list-style-type: none"> <li>• Gave an overview of Methamphetamine Task Force</li> <li>• Build on kids campaign using the 40 assets. Takes a long-term acculturation change considering underlying causes and social change.</li> <li>• Offer an early diversion programs called Roseburg Alternative Youth Services (RAYS). That is community funded with volunteers</li> <li>• 1000 participated in community Meth Summit.</li> </ul>			
<b>Primary Care Integration Project NIDA Opioid Clinical Trial</b>	<p>John Gardin, Ph.D., Adapt  Power Point presentation.</p> <ul style="list-style-type: none"> <li>• County is in the top 3% for prescription drug abuse.</li> <li>• 65-75% go to primary care physician for help</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>with prescription drug addiction.</p> <ul style="list-style-type: none"> <li>• Research shows that treatment for prescription drug addiction is as successful as treatment for hypertension or diabetes.</li> <li>• Gave an overview of the current Opioid Abuse Treatment study funded by Harvard that he is participating in. The study will be for five years.</li> </ul>			
<b>Timber Safety Net Impact</b>	<p>Joe Laurence, County Commissioner</p> <ul style="list-style-type: none"> <li>• Gave an overview of the impact of the Timber Safety funds running out as it affects public services</li> <li>• Douglas county is one of 19 in the state with Timber Safety Net money.</li> <li>• 55% of government services are paid for by the safety net.</li> <li>• If the Safety net is lost entirely, there will be significant decrease or loss of funds for law enforcement, jail beds and social services.</li> </ul>			
<b>Lunch with Elected Officials</b>	<p>Joe Laurence, County Commissioner            Judge Geroge Ambrosini            Todd Munsey, City Counselor</p>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
<b>Douglas County Drug Court And Recovery Panel</b>	<p>Judge Ambrosini Joe Garcia, Drug Court Coordinator Michael Wright, Adapt <u>Handout:</u> Douglas County Drug Court: Performance Measure Statistics, 2006.</p> <ul style="list-style-type: none"> <li>• Gave the history of the Douglas County Drug Court. It began in 1996 and was the third established in the state.</li> </ul> <p><u>Goals:</u></p> <ul style="list-style-type: none"> <li>• Reduce recidivism rates.</li> <li>• Reduce cost of criminal activity to community.</li> <li>• Increase self sufficiency.</li> <li>• Re-unite family units.</li> </ul> <p><u>County Trends:</u></p> <ul style="list-style-type: none"> <li>• Females involved in Drug Courts rate 4 to 1 indicating a shift secondary to loss of PHP standard that largely paid for men.</li> <li>• Methadone abuse is increasing.</li> </ul>			
<b>Residential Substance Abuse Treatment (RSAT)</b>	<p>Michael Wright, A&amp;D Counselor</p> <ul style="list-style-type: none"> <li>• Experience in providing jail based and drug court treatment services.</li> <li>• Transitional piece is the focus.</li> <li>• Good success rates.</li> <li>• Jail provides a non-traditional residential substance abuse treatment component (RSAT) that boasts staff longevity and immediate family engagement. Program</li> </ul>			



DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>serves as a laboratory for changes within the community and treatment process.</p> <ul style="list-style-type: none"> <li>• Methamphetamine use common in treatment cases.</li> <li>• Collaboration with community colleges provides credit for completing RSAT.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Need long-term treatment for chronic addiction, 6-9 months.</li> <li>• Would like to see more RSAT programs based on success rates of his program.</li> <li>• Funding is volatile, sustainable funding a must.</li> </ul>			
<p><b>RAYS and Juvenile Department Services</b></p>	<p>Aaron Dunbar, Roseberg Police Christina McMahan, Juvenile Director</p> <ul style="list-style-type: none"> <li>• Gave an overview of the RAYS program.</li> <li>• Peer court diversion for first time youth offenders offered.</li> <li>• Inception 1998</li> <li>• Philosophy based on youth court, positive peer support twice weekly.</li> <li>• 80% of felony referrals had prior minor in possession charge.</li> <li>• Target cases is 140 since 01-07.</li> <li>• Use volunteer judges and youth jury to runt the courts with 29 adult volunteers and 150 youth.</li> </ul> <p><u>Goals:</u></p>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<ul style="list-style-type: none"> <li>• Change lives in positive environment</li> <li>• Collect data for the year and report.</li> <li>• Continue part time chemical dependency counselor position on staff at youth detention facility.</li> <li>• Continue shelter program with residential treatment program. Intensive Outpatient level of care with short term shelter funds for Department of Human Services.</li> </ul> <p><u>Prevalence:</u></p> <ul style="list-style-type: none"> <li>• Daily arrests in Roseburg high-schools.</li> <li>• Prescription drug use on the rise for youth.</li> <li>• Problem evident among all socio-economic groups.</li> <li>• Of 500 youth younger than 13, 33% report “yes” for using drugs or alcohol on the youth intake screen.</li> <li>• Of the high risk youth in detention, 40% admit using substances.</li> </ul>			
<b>Emergency Department Hospital Impacts</b>	<p>Chuck McCart, M.D., Mercy General Hospital</p> <ul style="list-style-type: none"> <li>• Every day patients admitted to the emergency room are impaired because of alcohol resulting in accidents and admission.</li> <li>• Drug abuse is considered a societal norm in the family.</li> <li>• Physicians are part of the problem because of the mandate to treat pain. Many physicians</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>will need to respond to withdrawal symptoms when patient is refused more narcotic pain medication.</p> <ul style="list-style-type: none"> <li>• Problem is pervasive.</li> <li>• Cost impacts include absenteeism from work, lack of insurance transferring the financial burden to charitable care, high injury rate.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Double the size of alcohol and drug programs. There are limited places to send anyone to detoxification except I hospitals which is the most expensive as patients are admitted to intensive care.</li> </ul>			
<b>Recovery Housing</b>	<p>Mike Fieldman, Director UCAN <u>Handout:</u> UCAN testimony.</p> <ul style="list-style-type: none"> <li>• Permanent affordable housing for people in recovery and transitional housing for inmates have been developed by the organizations.</li> </ul> <p><u>Gaps:</u></p> <ul style="list-style-type: none"> <li>• Need is triple that of what is available.</li> </ul>			
<b>System Observations and Policy Issues</b>	<p>Bruce Piper, Adapt CEO Peggy Kennerly, Health Department Administrator Jerry Waybrandt, DHS District Manager</p> <ul style="list-style-type: none"> <li>• Provided a historical perspective on residential treatment since 1982 when a co-educational treatment program at \$60.00 per</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>day with a 5 to 1 client to counselor ratio. Currently, is costs \$120.00 per day, but with an 8 to 1 client counselor ratio.</p> <p><u>Recommendations:</u></p> <p>1) Conduct a rate study to determine what it takes to provide evidence-based treatment</p> <ul style="list-style-type: none"> <li>• Determine what is the best environment to treat current clients</li> <li>• Consider transportation, client combination and childcare issues.</li> <li>• Believes the residential substance abuse treatment (RSAT) located in the jails is the best environment for treatment.</li> </ul> <p>2) Increase residential treatment capacity in county jails at the cost of outpatient treatment.</p> <ul style="list-style-type: none"> <li>• Determine who in DHS is responsible for tracking and securing federal grants at the state level.</li> </ul> <p>3) Determine what is Oregon’s share of federal grant money per capita and to attain it.</p> <ul style="list-style-type: none"> <li>• Develop a coordinated strategy to attain federal funds in collaboration with OPERA and AOCMHP.</li> </ul> <p>4) Resolve Medicaid issues.</p> <ul style="list-style-type: none"> <li>• Frustration exists between DHS and treatment process based on federal policy to create enough leverage to get people into treatment.</li> <li>• Improve the adult welfare system.</li> </ul>			

## DRAFT

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
	<p>5) Discuss chronic pain issues between the Board of Medical Examiner and the addictions professionals to strategize response to prescription pain medication addiction issues.</p> <p>6) Discuss unemployment benefits for those terminated secondary to positive drug screen.</p> <p>7) Clarify how Medicaid eligibility is defined in regard to Drug Court treatment participation.</p> <p><u>Gaps:</u></p> <ul style="list-style-type: none"> <li>• Timber safety nets funds loss will cut county finds in half.</li> <li>• Lost behavioral health services unit at the hospital.</li> <li>• No clear definition for funding co-occurring substance and mental health services.</li> <li>• Inadequate funding to treatment co occurring intensive medical needs.</li> <li>• Pay rates inadequate for staff equal inadequate treatment for clients.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Asks the Council to encourage the Sate to work with federal government to serve people with co-occurring disorders.</li> <li>• Need to serve families form a comprehensive broad perspective.</li> </ul>			

## DRAFT

<b>Topic</b>	<b>Key Discussion Points</b>	<b>Action/Task/ Decision Log</b>	<b>Responsible Persons</b>	<b>Due Date</b>
	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>			