

Date: February 24, 2009

APPROVED 3/24/09

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

AMH Staff Present: Karen Wheeler, CJ Reid, Richard Harris, Therese Hutchinson, Patty Tout

Guests: Debra Gilmour, Barbara Stampke, Jim Klahr, Kay Dickerson, Carl Koprowski, John Sajo (Testimony), Keta Tom, Lisa Gilliam, Morrie Olson, Mike Mullins, Jenifer Valley, Anthony Johnson

Topic	Key Discussion Points	Action/Task/ Decision Log	Responsible Persons	Due Date
Welcome and Introductions	Stephanie Soares Pump, Chair Meeting brought to order.			
Fully Capitated Health Plans Orientation Ralph Summers, AMH Dana Peterson, AMH	Overview given about Fully Capitated Health Plan (FCHP) reports that began about a year ago. <ul style="list-style-type: none"> • Quarterly on-line • 13 health plans contracted • 12 month rolling to see trends and patterns • 6 months old at time of publication • Develop strategies for improvement A. Utilization generally is low <ul style="list-style-type: none"> ▪ compared information prior to standardized OHP increase 2001 and current ▪ Penetration rate = # of total served out of total number enrolled ▪ Looking at percentage utilization– currently under 2% average adults and children (includes infants) ▪ Prevalence data nationally – 20% need alcohol and drug treatment of Medicaid eligible B. Messages: <ol style="list-style-type: none"> 1) Significant gap between data and prevalence 2) Adolescents – mostly treated for alcohol and marijuana; adults – mostly treated for opiate substitution C. Strategies planned <ol style="list-style-type: none"> 1) Screening, Brief Intervention, and Referral to 			

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	<p>Treatment (SBIRT) information being shared; procedure codes added to pay for screening (but not being used because of cultural bias of identifying alcohol and drug issues).</p> <p>2) Met with Medical Directors re: Buprenorphine</p> <p>3) Alcohol & Drug treatment services needs to be part of the concept called “medical home.”</p> <p><u>Questions/Discussion</u></p> <p><u>Members:</u></p> <ul style="list-style-type: none"> - Ability to pull population specific data (e.g. pregnant female) - Recommendation for DMAP that registration process works against Alcohol & Drug clients - Disparity in OHP processes vs. private insurance regarding access - There is a correlation between utilization rates and future capitation rates <p>Ralph asked for recommendations on how to live within budget and bring in target clients</p> <p>Ralph made a point to address existing members to fill gap between prevalence & access to alcohol & drugs.</p> <p>Research from Washington shows reduction in overall health care costs when access to alcohol & drug treatment for those eligible.</p> <p><u>Recommendations</u></p> <ol style="list-style-type: none"> 1. Invite Ralph to meetings on a regular basis 2. Change policy so females do not have to get pregnant to get served. Reservation system needs to track risk factors (i.e. if evaluation shows these indicators, they move to top of list) 	<p>Provide most recent demographics of last reservation/enrollment period to Council – Do they look different? More serious illness? More co-morbidity?</p>	<p>Ralph Summers</p>	

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	<p>3. Buprenorphine authorization included in plans; up to each how to parcel out resources under pharmaceutical budget; Methadone is part of A&D budget.</p>	Issue to be worked on	Ann, Gary, Alisha	
<p>Use of Buprenorphine throughout Oregon Morrie Olson, Reckitt Benckiser Barbara Stampke, Reckitt Benckiser Kevin Lattimer, Reckitt Benckiser Lisa Gilliam, Reckitt Benckiser Therese Hutchinson, AMH</p>	<p>Morrie Olson gave an overview of Reckitt Benckiser Pharmaceuticals.</p> <ul style="list-style-type: none"> • 5 years old and part of a large chemical corporation (household products) • Group of clinicians interested in moving medically assisted treatment • Allow treatment in physician office as opposed to clinics (methadone) • Suboxone has ingredient that dis-allows for “high”; thus it lowers street value and use • Buprenorphine works on both the mu and kappa receptors but doesn’t produce euphoria; used for pain only as injectable • Ceiling effect – limits the effect of potency including respiratory depression • 8 hour training course for doctors, by law – ASAM provides education on line or workshops <p>Member asked if Suboxone for pregnancy is better than Methadone because of the ceiling effect, but cost is high Suboxone is not approved for use during pregnancy.</p> <p>Lisa Gilliam: Advocate for counseling. Cost of treating in a corrective setting is being studied; slightly cheaper than methadone. Neo-natal withdrawal can be 5-10 days.</p> <p><u>Oregon specific comments:</u> The use of Buprenorphine would allow people in rural Oregon to get treatment; methadone must have a clinic and visit daily, then bi-weekly and weekly. Reckitt Benckiser is working on getting a 1-800 line to support “care coaches.”</p> <p>A member asked for a matrix.</p>	Follow-up	Barbara Stampke	

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DUII system review update Jim Bradshaw, AMH	<u>Handout:</u> Listed members. Seven meetings were held to review the DUII system. Four points were made that included recommendations and next steps. A formal report will be provided to Council members in the future.	Steph requested copy of more formal write-up	Jim Bradshaw	Early March
Announcements/ Other Business Liaison Reports/ Updates	Approval of January Minutes- Motion to approve/moved/second/accepted <u>AOCMHP</u> (Gina Nikkel) <ul style="list-style-type: none"> • Beer Tax testimony continues on Wednesday, 2/25/09 at 8:00 • Outcome numbers needed via legislature: number served & number of successful treatment completion: AMH will facilitate • <u>HB-2736</u> – contract directly with state providers vs. counties - Gina requested a meeting to discuss this <u>AMH</u> (Karen Wheeler) <ul style="list-style-type: none"> • Information provided on legislative meeting • Fact sheets to be distributed soon • Stimulus Package – current biennium to be posted on DHS website • Integrated Services and Supports Rule (ISSR) process will have more meetings with advisory committee before the hearing • Training program for peer delivered services; memo sent out-must be approved through AMH • Karen will speak at Ways & Means re: Intensive Treatment and Recovery Services (ITRS) outcomes (1600 enrolled thus far-target is 2600) 	Set date for meeting Send Karen’s Powerpoint presentation given to legislators over viewing the A&D system to Council. Send comments to LuAnn Muelink; cc: Karen & CJ Make a fact sheet for Gina matching A&D and CAF data sheets	Steph, Gina, Karen Karen/Patty Karen to work with Eric Members Eric	
Public Testimony	<u>John Sajo, Director of Voter Power</u> 2 handouts re: Medical Marijuana: Petition of Law update and analysis.			

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	<ul style="list-style-type: none"> • The original law was designed to keep from arrest, not designed to regulate access. • Looking for system of regulation that will be on November '09 ballot. • Asking for Council endorsement (see New Mexico state run dispensary administrative rules). • Screen for substance abuse issues; access safest most effective (pharmaceutical company developing a throat spray) <p>Contact at johns@voterpower.org</p>	Bring back to vote in March		
Legislation Discussion	<ul style="list-style-type: none"> ➤ Domino Effect II and Oregon Speaks <ul style="list-style-type: none"> • Bring any left over Oregon Speaks back to next meeting ➤ Event with Mark Lundholm planned for March 24, 2009 ➤ Addiction Education Day – April 28, 2009: <ul style="list-style-type: none"> • Save-the-Date card will go out tomorrow • 1-5 pm on Capitol steps/PA system & canopy reserved • Working on speakers & drummers • Information tables for: AMH, AOCMHP, OPERA, Council, Recovery Advisory Committee • News release ➤ Jane-Ellen Weidantz Legislative Updates: <ul style="list-style-type: none"> • AMH to present at Ways & Means on March 11 at 1:00 (could get bumped) – overview of division (addictions, prevention, treatment, gambling, state hospital), focus on budget • AMH Budget cuts: Redirecting \$6.8 million from federal stimulus packet based on too much dedicated to DHS per Dr. Goldberg • <u>HB-2144</u>: Wraparound Bill: Impacts any child involved with 2 or more state agencies; hearing on Friday morning; no fiscal impact this biennium • <u>HB-2442</u>: Changes definitions of people with 	<p>Complete distribution</p> <p>Finish planning</p>	<p>Ann, Erik, Sharron</p> <p>Mark, Alisha</p> <p>Bill</p>	2/27/09

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	<p>addictions</p> <ul style="list-style-type: none"> • <u>Beer Tax</u>: need a mathematical formula how opposition computes the \$0.15 per bottle into \$1.50. <p>➤ Erik Martin reported that the Prescription Drug Monitoring Program (PDMP) was moved to Ways & Means; anticipates success with only one legislator opposed</p> <p>➤ Steph: Under Age Drinking taskforce worked on 3 bills; hearing was scheduled, but pulled based on fiscal issues</p> <ul style="list-style-type: none"> • SB 208 – suspends license for alcohol & drug offenses • SB 227 – penalty for alcohol & drug use by youth • SB 231 – allows school superintendent or school board to suspend students who receive an Minor In Possession <p>➤ Health Plan Board</p> <ul style="list-style-type: none"> • HB 2009 – fees (provider tax) include small hospitals that would go out of business • Council supports principle of integration; need to look at bill and decide on position • Eric Martin reviewed a non-scientific survey of Alcohol & Drug workforce 	Read bills and give position	Members	
<p>DHS Transformation Jeannine Beatrice, AMH Project Manager</p>	<p>Handout provided. Jeannine gave an overview of:</p> <ul style="list-style-type: none"> • Transformation policy • AMH Initiatives that will <ul style="list-style-type: none"> - Streamline transitions between systems - Improve processes and quality of care at Oregon State Hospital for older adults, adults, children and addiction services - Streamline the contract amendment process related to adults moving from one mental health placement to another • Each part is broken down into individual events 			

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	or projects for high achievability with high impact pilot, then roll out to other sections			
Governor's Budget/Commission on Addictions Proposal Attorney General John Kroger Claudia Black, Governor's Office	<p>Attorney General Kroger gave personal work experience that led to interest in prevention and treatment programs. Treatment and prevention improvements are needed. Law enforcement has attempted to control drug supply, but believes we need to reduce demand. Believes treatment and prevention is successful to turn lives around and keep people out of criminal justice system. High economic costs are the biggest driving factor. Wants fundamental changes to criminal justice system.</p> <p>Sees potential to create a State-wide Commission on Addictions. After meeting with Dr. Goldberg, max Williams, the Governor's Office, wrote a legislative mandate to develop legislative road map that includes a 10 year phase in plan. Includes law enforcement, alcohol & drug treatment/prevention, corrections, drug courts, political leaders at county level.</p> <p>Political issues need to be addressed. Commission would include high level political leaders and have fiscal impact to pay for Commission staff. Commission possibly located at OHSU.</p> <p><u>Question:</u> Governor's Council or Commission – should there be only one? <u>Answer:</u> Claudia Black, Governor's Office talked about how reorganizing might be better. Explained that Dr. Goldberg et al with Mady Kimmish looked at how to best use revenue streams. The key to financial support is convincing the public how important treatment and prevention is.</p>			