HOUSE COMMITTEE ON HUMAN RESOURCES

February 04, 1999 Hearing Room E

1:00 PM Tapes 16 - 17

MEMBERS PRESENT: Rep. Jeff Kruse, Chair

Rep. Kitty Piercy, Vice-Chair

Rep. Betsy Close

Rep. Tim Knopp

Rep. Jerry Krummel

Rep. Mike Lehman

Rep. Bill Morrisette

Rep. Jackie Taylor

Rep. Jackie Winters

STAFF PRESENT: Janet L. Carlson, Administrator

Diane M. Lewis, Administrative Support

MEASURE/ISSUES HEARD: Overview of Substance Abuse / Tobacco

These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speakerís exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 16, A		

005	Chair Kruse	Opens the meeting at 1:10 PM and opens an informational meeting for an overview of substance abuse and tobacco issues in the state of Oregon.
INFORMATIONAL MEETING		
010	Barbara Cimaglio	Director, Office of Alcohol and Drug Abuse Programs (OADAP), submits and presents written testimony regarding substance abuse in the state of Oregon (**EXHIBITS A and B)** and introduces Toni Phipps, Deputy Director, OADAP. Provides the committee with an overview of OADAP. Explains that OADAP is an office in the directorís office within the Department of Human Resources. States that the mission of OADAP seeks to prevent and reduce the negative effects of alcohol, tobacco and other drugs for all Oregonians by providing leadership, guiding public policy, building competencies, managing information, maintaining high standards, developing and managing resources, and creating linkages.
065	Cimaglio	States that federal and state mandates define OADAP responsibilities as prevention and treatment. Refers the committee to **EXHIBIT A**, page 5, and discusses how OADAP provides services. Explains that OADAP is advised by a council of community members who are appointed by the governor. This council is responsible for reporting on alcohol and drug activities to the Oregon Legislature. States that they report on alcohol and drug activities within other agencies and are not limited to OADAP.
090	Cimaglio	Explains that OADAP does not provide any direct services. OADAP guides policy, monitors programs, develops and administers contracts. Explains that all services are provided at the community level, by local employees, in non-profit agencies and county mental health divisions. OADAP consists of 50 staff. Money that is contracted by OADAP is provided to the counties where the local alcohol and drug planning committee (LADPC) advises the non-profit agencies and health departments on the best administration of funds. Discusses the various programs that receive funds at the community level: • Detox ñ acute stage intoxication immediate services and emergency intervention • Residential ñ live-in treatment • Outpatient ñ vary in intensity • Prevention ñ community teams, school prevention, parent education
145	Cimaglio	Explains that additional services are provided as part of the Oregon Health Plan (OHP) and are limited to outpatient and methadone maintenance.
158	Chair Kruse	Asks how services provided by the Oregon Health Plan were determined.
162	Toni Phipps	Deputy Director, OADAP, explains that when the Office of Medical Assistance Programs (OMAP) and OHP were started, a decision was made that alcohol and drug abuse issues would be covered. It was decided by the state to provide outpatient treatment and OMAP was directed to contract with local direct service providers.

170	Chair Kruse	Asks how decisions regarding methadone treatment were made.
175	Phipps	States that because methadone is an outpatient program, it was included in outpatient treatment covered by OHP.
178	Cimaglio	Refers to **EXHIBIT A**, page 5, and defines CIRT as "intensive residential treatment" that serves clients in a residential setting on a long term basis. Explains that privately funded programs do not receive funds from OADAP and may or may not be licensed by OADAP. States that a letter of approval from OADAP must be received by a privately funded program before they may administer services.
205	Rep. Winters	Asks how OADAP handles dual diagnosis.
207	Cimaglio	Responds that Gary Weeks, Director, DHR, convened a task force on dual diagnoses issues. Explains that the task force will be making recommendations about how to provide better services to clients needing mental health assistance as well as drug and/or alcohol treatment. States that at the local level there is capability through the local planning process to configure services between providers.
235	Chair Kruse	Asks if there are prohibitive constraints around federal funds.
236	Cimaglio	Responds affirmatively. States that the Substance Abuse Block Grant must be used to treat people who have a primary substance abuse diagnosis. Explains that a challenge to treating dual diagnosis is work force development and training for local providers.
265	Chair Kruse	Asks for a list of members on the dual diagnosis task force.
267	Cimaglio	Promises to provide committee members with requested information.
268	Rep. Winters	Asks if OADAP has approached the federal government in regard to easing up on mandates and constraints.
276	Cimaglio	States that the first step to approaching the federal government is looking at the incidents of dual diagnosis in the state. Statistical factors must be researched so that OADAP can understand the capability of the current system.
285	Rep. Winters	Comments that side effects from substance abuse create many symptoms that copy mental illness and asks about the difficulty in diagnosing a client as "dual diagnosis."
290	Cimaglio	Concurs that dual diagnosis is a difficult diagnosis to make. States that this is the reason for creating better work force development and training.

299	Cimaglio	States that the work being done at OADAP is complimentary to the holistic approach of DHR and the partnership of services that DHR provides to its clients.
296	Chair Kruse	Asks if OADAP provides direction to the LADPCs in regard to collaboration with other service providers and commissions such as the local commissions on children and families
315	Phipps	Responds that traditionally there has been no direction toward collaboration of LADPCs with other planning bodies. Explains that there has been a movement toward collaboration and joint planning. Reminds the committee that the LADPC members are appointed by the local county commissioners. Explains that in some counties LADPCs are minimally functional and it has been the goal of OADAP to look at better technical assistance of LADPCs. OADAP has sponsored legislation that is intended to strengthen the responsibilities of the LADPC.
357	Chair Kruse	Asks if there has been a connection between the strength of LADPCs and the commitment of county government to the program.
362	Phipps	Replies that in some cases there is a connection of commitment and in others the LADPC is active "in spite of" county government.
368	Chair Kruse	Comments that planning bodies and service commissions are all doing good work independently of each other and there needs to be more collaboration. Asks for a list of members of the governorís council.
376	Cimaglio	Agrees to provide the committee with requested information. Explains that one of the items that OADAP has strengthened in the county implementation planning guidelines for the 1999 biennium is a requirement that plans be "signed off" in a collaborative way with other local planning bodies. States that this was an attempt to bring service awareness to communities and local providers.
400	Cimaglio	Refers the committee to **EXHIBIT A**, page 6, and discusses the breakdown of funding sources. • General funds • Federal funds ñ block grants, prevention grants, household survey grant • Other - beer and wine tax, Driving Under Influence of Intoxicants (DUII) diversion funding
TAPE 17, A		
015	Cimaglio	States that OADAP is only 1.5% of the total DHR budget.
028	Chair Kruse	Asks if other divisions in DHR can break down the amount of their budgets that go to support drug and alcohol issues.

030	Cimaglio	Replies that the governorís Social Service Investment Workgroup had meetings to come up with budget amounts of various agencies that were being spent on alcohol and drug-related issues.
060	Cimaglio	Discusses federal mandates as noted in **EXHIBIT A**, page 7.
069	Rep. Krummel	Comments that a large number of resources are spent handling existing problems and very few resources are spent in the prevention of these problems. Asks why so little is spent on prevention.
079	Chair Kruse	Concurs with Rep. Krummelís questions and asks for specifics regarding OADAPís budget.
081	Cimaglio	Replies that the pain involved in the abuse of substances is extremely pervasive and requires immediate response and treatment. Believes it is easier to measure results when addressing existing problems. States that OADAP spends 20% of its budget on prevention. There is no general fund for prevention. States that all funds for prevention come from the federal block grant.
106	Rep. Krummel	Asks how the public learns about OADAP.
107	Cimaglio	Responds that OADAP does public awareness through media and press releases. Explains that OADAP does not provide direct services and wants the public to contact local programs. States that OADAP has a prevention resource center with an 800 number.
119	Rep. Lehman	Asks if OADAP is able to respond to shifting drug trends.
122	Cimaglio	Replies that most local programs have comprehensive plans and are able to create better response to local drug trends and client need.
139	Rep. Lehman	Comments that methamphetamine abuse is a problem in his district and is not being treated very effectively. States that the same approach used to treat alcohol or marijuana abuse is not effective when it comes to treating methamphetamine addiction.
149	Cimaglio	Explains that methamphetamine addiction is very difficult to treat. States that research is not clear on how to treat people with this addiction. Current rules of DHR require that every client has an individual assessment with the idea that treatment be tailored as much as possible to meet the needs of the client.
170	Phipps	Continues overview by explaining that the current approved legislative budget is $80 million. The governorís recommended budget for 1999-2000 is $97 million. This includes a $20 million increase request for targeted expansion of services to high risk adolescent families and high risk youth, and a stronger focus on prevention.

184	Rep. Winters	Asks if the bulk of the $20 million increase is going to go to at-risk youth and families.
187	Cimaglio	Responds affirmatively. Explains that treatment dollars are not easily structured so that services such as family counseling, case management, support services, and wraparound services. States that these services are essential if addiction is going to handled as a family-based problem.
200	Rep. winters	Asks what the average treatment cost is per family.
205	Cimaglio	Replies that cost per family is not easily averaged. Explains that when budget requests were put together OADAP looked at all the services being provided and where the gaps were. Many factors went into a model that determined that approximately $2,300 was spent on each family.
222	Rep. Winters	Asks about the success rate of families provided with OADAP services.
228	Cimaglio	Responds that budget restrictions make tracking families difficult. An outcome-based system is being put into place that will track a select group of clients, over a period of time.
250	Chair Kruse	Asks if treatment needs around drug courts have been looked at.
253	Cimaglio	Replies that drug courts have been successful and are a good model. States that drug courts should be locally based and can purchase services and request funds from OADAP.
266	Rep. Piercy	Asks about the partnership that OADAP has with Adult and Family Services (AFS).
273	Cimaglio	Explains that OADAP is working toward a collaborative approach. In order to support the DHR mission that people are independent, healthy, and safe it is essential that offices and divisions work together.
285	Phipps	Responds to Rep. Winterís question regarding client success rates and states that OADAP collects performance indicator data and will provide it to the committee.
297	Cimaglio	Discusses federal mandates including the SYNAR mandate. Explains that the Federal Block Grant mandates tobacco inspections. States that OADAP conducts approximately 500 inspections each year. Refers the committee to **EXHIBIT A**, page 7, and discusses the federal block grant requirement that tobacco sales to minors drop 20% by the year 2000.
346	Rep. Krummel	Asks what the 0% and 45% figures represent on the scale, **EXHIBIT A**, page 7.

350	Cimaglio	Replies that the figures on the left side of the scale are percentages of incidents that a minor was sold tobacco. States that the highest the incident rate has been in Oregon is 39%. Clarifies that this means that 39% of the time that an inspection was conducted in a retail outlet there was a sale of tobacco products to a minor.
375	Chair Kruse	Comments that many kids look older than their age and many clerks are not trained to make good judgement calls.
393	Cimaglio	Responds that clerks are supposed to be taking valid identification. States that Oregon must meet federal mandates in order to avoid penalties and loss of grants.
TAPE 16, B		
005	Chair Kruse	Comments that signs that assist store clerks are available for birth dates regarding alcohol sales but not for tobacco sales.
012	Dr. David Fleming	State Epidemiologist, Oregon Health Division, discusses problems and solutions around underage tobacco sales to minors. Points out that statistics underrepresent the problem in the state. Explains that there is a greater need to work with retail sales people to reduce the sales of tobacco to minors.
028	Rep. Winters	Asks if "sting operations" aimed at retailers are federally mandated.
030	Cimaglio	Responds that federal mandate requires random, unannounced inspections.
033	Rep. Winters	Comments that the nature of a "sting operation" works against the idea that OADAP is an office in support of the retailer to be a successful member of a community.
040	Rep. Taylor	Comments that retailers in her district see published statistics and articles on the consequences of tobacco sales to minors and regard them as wake-up calls to take better responsibility.
055	Rep. Morrisette	Comments that in his district when a sale to a minor doesnít take place there are congratulations. States that selling tobacco products to minors is a break in the law and believes that consequences should be shared by store owners.
075	Cimaglio	Discusses the extent of the alcohol and drug problem by providing the committee with statistics, **EXHIBIT A**, pages 8 and 9.
098	Rep. Winters	Asks how substance addiction is treated in the criminal justice system.
100	Cimaglio	Explains that the goal of the adult corrections system is 100% of correction inmates will receive treatment. States that they are up to about 75% percent of

		inmates receiving treatment. Explains that follow-up care is essential for inmates coming out of prison, however the transition process into society has gaps. Continues by referring to **EXHIBIT A**, page 10, and presents statistics on Oregon youth and their consumption of alcohol and other drugs.
131	Carlson	Asks how OADAP is sure of information provided by 8th and 11th grade youth to be honest and accurate.
134	Cimaglio	Replies that the methods used were standard, statistically-accepted practices for surveying. There are questions that are asked repeatedly to check for errors and consistency.
143	Cimaglio	Refers the committee to **EXHIBIT A**, page 11, and discusses additional statistical information regarding the extent of the problem state-wide. States that approximately 26,000 Oregonians will demand state treatment per year.
155	Rep. Piercy	Asks if OADAP used the Oregon Research Institute for gathering statistical data.
157	Cimaglio	Responds negatively. OADAP used Portland State University and an independent firm to conduct research.
175	Rep. Winters	Asks about factors driving the increase of substance abuse.
185	Cimaglio	Responds that more mobility exists in the state. States that Interstate 5 is considered a drug traffic highway from Mexico to Canada. Methamphetamine is easily manufactured in local communities where chemicals are available. States that attitudes around substance use, however moderate, have relaxed. Explains that strengthening families is the number one key to prevention.
210	Rep. Winters	Asks for a definition of dependence.
211	Cimaglio	Explains that a clinical definition of dependence is that a person will continue to use a substance, despite adverse consequences over time. Addiction is a brain disease where a physical reaction occurs when a substance is withdrawn. States that addiction and dependence must be treated medically, socially and behaviorally.
255	Cimaglio	Explains that research shows that treatment is cost effective. For every dollar spent there is a $5.62 return.
280	Rep. Winters	Comments that the $2,300 figure spent by OADAP to treat a family is only a portion of what realistically is spent on a family in need. States that there are additional services that many of these families require.
288	Cimaglio	Concurs with Rep. Wintersí comments and states that even at three times the cost

		per family, treatment would still be considered cost effective. Refers to **EXHIBIT A**, pages 14-18 and discusses the barriers that OADAP has historically come up against, and currently contends with, in the fight against substance abuse.
365	Cimaglio	Comments that public perception is an additional barrier to successful treatment. States that housing is a number one barrier to continued sobriety for clients coming out of treatment.
TAPE 17, B		
005	Cimaglio	Explains that treatment program standards statewide must be more consistent. Stresses that investment in the existing alcohol and drug infrastructure is necessary. Believes that OADAP has discovered viable solutions to the pervasive, statewide alcohol and drug problem. States that OADAP needs funding support if it is going to meet outcome goals.
063	Cimaglio	Refers the committee to **EXHIBIT A**, page 19, and discusses where OADAP is headed. Explains the needs-based resource distribution system (NBRDS) process.

090	Cimaglio	Comments that she is at an obvious breaking point in her presentation and suggests that her office continue the overview on Tuesday, February 9, 1999.
110	Chair Kruse	Concurs with Cimaglioís suggestion and adjourns the meeting at 2:45 PM.

Submitted By, Reviewed By,

Diane M. Lewis, Janet L. Carlson,

Administrative Support Administrator

EXHIBIT SUMMARY

A ñ Office of Alcohol and Drug Abuse Programs presentation notebook, Barbara Cimaglio, 38 pp.

B- Articles, News Briefs, and Summary regarding alcohol and drug abuse,

Barbara Cimaglio, 32 pp.