

MARION COUNTY PUBLIC SAFETY COORDINATING COUNCIL
MINUTES

January 9, 2018 4:00 PM
Commissioners' Board Room
555 Court St. NE, Salem, OR

MCPSCC: Walt Beglau, Mark Caillier, Kevin Cameron, Kim Doster, Jayne Downing, Jim Ferraris, Don Frederickson, Tamra Goettsch, Troy Gregg, Roland Herrera, Levi Herrera-Lopez, Jessica Kampfe, Greg Leo, Pete McCallum, Ed McKenney, Cary Moller, Diane Morse, Jason Myers, Tracy Prall, and Hitesh Parekh (recorder).

GUESTS: Shawn Adams, Ross Caldwell, Robert Carney, Paige Clarkson, Troy Clausen, Angie Denning, Ken Hetsel, Holly Jo Hodges, Alison Kelley, Jolene Kelley, Tim Murphy, and Jon Tucker.

1. ADMINISTRATIVE (INFORMATION/ACTION)

Meeting called to order at 4:05 P.M. by Commissioner Kevin Cameron.

Welcome and Introductions

Council members made introductions around the table.

Approve December 12, 2017 Meeting Minutes

MOTION: Ed McKenny moved approval of the December 12, 2017 MCPSCC meeting minutes. Seconded by Greg Leo. Motion carried. A voice vote was unanimous.

Announcements and Upcoming Events

MOTION: Pete McCallum moved to ratify a change in the MCPSCC Bylaws designating that the council will have two co-chairs. Seconded by Jayne Downing. Motion carried. A voice vote was unanimous.

- Tami Goettsch announced the Marion County Children and Families Commission is hosting a “Together Toward Tomorrow” event with Dr. Chan Hellman on February 13, 2018. All are welcome to attend ([see attachment](#)).
- Commissioner Cameron announced that Jeff Puterbaugh, who represented the Local Alcohol and Drug Planning Committee (LADPC) on the council, has resigned. The LADPC chair will select a replacement on February 2.

2018 Short Legislative Session

- Child abuse reporting statute (consensual sexual contact between teens) will be revisited.
- Bill prohibiting those convicted of misdemeanor stalking or domestic violence from purchasing firearms will be introduced.
- Oregon Measure 101 election on January 23 may change healthcare system across the state if it fails.
 - Could significantly affect those with disabilities and single males insured under the Affordable Care Act.
- At the last legislative session, circuit court budgets across the state were cut by 6.5%.
 - Courts did not get a chance to discuss how these cuts would affect them.
 - Marion County Circuit Court is keeping five or six positions vacant until March 2018.
 - Courts are hoping legislature will make budget adjustments at February session.

2. CRIMINAL JUSTICE COMMISSION QUARTERLY UPDATE

Ross Caldwell, Justice Reinvestment Liaison, Oregon Criminal Justice Commission, presented this item ([see attachment](#)). Summary of presentation:

Public Safety Legislative Changes Taking Effect January 1, 2018

- House Bill (HB) 3018 extends prison transitional leave from 90 to 120 days.
 - Takes identity theft and “Theft I” out of Measure 57 and puts it back into the “old” repeat offender property statute.
 - Idea is to lower the female prison population since the women’s Coffee Creek Correctional facility is full.
 - These two crimes were selected as they are those for which female offenders are most frequently sent to prison.
 - Bill expands the Family Sentencing Alternative Pilot Program.
 - Program allows selected nonviolent offenders with minor children to be eligible for intensive supervision in lieu of a prison sentence.
 - Bill establishes the Justice Reinvestment Supplemental Grant Program for counties.
- HB 2355:
 - Lowers possession of a controlled substance to a “Class A” misdemeanor, but only for non-felons.
 - Mandates collection of statewide “stop” data across all law enforcement agencies.
- Senate Bill (SB) 1041:
 - Tasks the Oregon Criminal Justice Commission (CJC) with working with the Oregon Health Authority and other agencies to track state and federal funds flowing through the State of Oregon budget used to treat substance abuse.
 - Goal is to determine the outcomes Oregon receives from investing in these treatment services.
- HB 2238 reestablishes the group overseeing justice reinvestment implementation.
 - Mix of legislators and public safety representatives in this group.
 - A task force will be also start looking into pre-trial justice.
- SB 26 requires counties to appoint a representative from a non-profit victim service provider to the local public safety coordinating council.

Summary of Discussion

- Some counties will be taking short-term transitional leave out of their plea bargaining cases.
 - Since almost 95 percent of cases are resolved with a plea bargain, this could be a future problem since transitional leave is a big bed saver for the state.
- Three percent of CJC funds go to studies. Following will be studied this biennium:
 1. What are victims experiencing in their communities?
 2. How does length of stay in prison affect recidivism?
 3. Does pretrial release reduce prison usage?
 4. Does supervision lower criminal risk factors?
 5. Does the women’s reentry program reduce recidivism?

Prison Bed Use

- For the January 2014 to September 2017 period, prison intake data shows Marion County with a significant decrease in monthly prison bed usage.
- Counties using less prison beds are consequently using more supervision services.
- Charts show males in prison primarily for sex and person crimes, followed by property and drug crimes. Women are primarily in prison for property and person crimes and then drug crimes.

Q: What are the consequences of counties using less prison time on the community? Are the communities safer as a result?

A: CJC is looking at this by studying recidivism rate. Prison data is easier to track compared with reported crime data, since reported data lags significantly and is unavailable until the end of the calendar year.

Q: Does the Oregon Department of Corrections need to build a women's prison since the Coffee Creek Correctional Facility is full?

A: There is already a female correctional facility that has been built, but is not being used. The Oregon Department of Corrections rents temporary beds (\$22 per day) that are cheaper in lieu of permanent ones (\$90 per day). There is also a benefit to renting if the prison bed usage declines in the future. There are some complexities involved with opening up a new facility in that counties will see a reduction in their Justice Reinvestment Initiative funds. This will cause counties to reduce their parole and probation and treatment services budgets and make it cheaper for counties to just send their offenders to prison.

3. OPIOID EPIDEMIC

Deputy District Attorney Paige Clarkson, Marion County District Attorney's Office; Police Chief Jim Ferraris, City of Woodburn; Undersheriff Troy Clausen, Marion County Sheriff's Office; Administrator Cary Moller, Marion County Health Department; and Dr. Holly Jo Hodges, WVP Health Authority, presented this item.

Summary of Deputy District Attorney Paige Clarkson's Presentation:

Heroin and opioids are more common in Marion County today than a decade ago.

- The methamphetamine epidemic went from the West to East Coast, but the opioid epidemic is moving from the East to West Coast.
 - This lag in time gives Marion County an opportunity to learn from the East Coast experience.
- In Marion County, the opioid-addicted population is made up primarily of those with a high socio-economic status, not career criminals.
- Important to look at this as both a criminal justice and public health issue.

Summary of Chief Jim Ferraris' Presentation:

Governor's Opioid Task Force includes physicians, treatment providers, representatives of the circuit courts, Oregon Health Authority, treatment providers, pharmacy board members, and legislators.

- Task force held several meetings and developed a set of priorities incorporated into Legislative Concept 247 that will go to the Oregon State Legislative Assembly in February 2018.
 - Remedial ideas emerging are all prescription and treatment based.
 - Physicians should register for the prescription-based monitoring program in Oregon.
 - Legislature must make it mandatory for all care providers licensed to prescribe opioids to register.
 - Purpose is to see patients' opioid activity in the system.
- Naloxone is an opioid antagonist that temporarily reverses the effects of an overdose.
 - Need to provide Naloxone to all first responders, especially law enforcement in Oregon.
 - Would cost approximately \$1 million to buy Naloxone for every sworn officer in the state.
 - All officers in the Woodburn Police Department now carry Naloxone and are trained to use it.
 - Helps law enforcement since just touching fentanyl by accident can inflict an overdose and an officer could lose his or her life.
- Need to focus on prevention, education, treatment, and enforcement.

Summary of Undersheriff Troy Clausen's Presentation:

- Sales of opioid-based drugs have quadrupled, and deaths involving prescription opioids were five times higher in 2016 than 1999.
 - In this period, more than 200,000 individuals have died from overdosing on prescription opioids.
 - Prescription medication abuse destroys families.
- Addicts develop a primary relationship with opioids and it becomes their driving reason to live.

- The most common drug overdose deaths are by methadone, OxyContin, and Vicodin; and highest overdoses are for those aged 25 to 54.
- Men are more likely to die of an overdose than women.

Summary of Administrator Cary Moller's Presentation:

- The Marion County Health Department has had a stand-alone opium outpatient treatment program for many years.
- Until recently, opioid addicts were treated with methadone.
- In 2017, Marion County doubled its outpatient treatment program services.
 - There is a stigma associated with referring individuals to drug treatment programs.
 - County is trying to change this.
 - Primary care physicians are now being certified to treat individuals in their clinics with Suboxone, an alternative to methadone.
 - While the Marion County Drug Court has changed its rules and admits clients on medication-assisted treatment, shelters still do not accept people on medication-assisted treatment.
- The Oregon Health Authority data shows that in 2016, there were 32.2 million opiates dispensed in Oregon received by 110,000 individuals with 500,000 prescriptions filled.
 - Oregon has one of the highest abuse rates in the nation.
 - More deaths from opioid prescription abuse than any other drug including alcohol.
 - Three Oregonians die per week from an opioid overdose.
 - President declared the opioid crisis a public health emergency in lieu of a national state of emergency.
 - This means there will not be any additional funding from the federal government.
 - For first time since data about life expectancy has been kept in the United States, it has declined partly because of the opioid epidemic.

Summary of Dr. Holly Jo Hodges' Presentation:

- Today, primary care physicians are seeing that one-third of their daily patients complain about chronic pain.
- Big Pharma had been telling physicians opioid tablets were safe and will ease all pain. Truth is opioids only reduce pain by about 30%.
- WVCH is working hard to control the number of opioids physicians, dentists and surgeons prescribe.
- WVCH wants primary care physicians to prescribe Suboxone in their clinic, so clients do not have to go to a different place for treatment.
- The Oregon Health Plan has increased coverage for alternative treatments, such as chiropractic care, physical therapy, acupuncture, and massage therapy.
 - These are evidence-based treatments proven to help with chronic pain.
- Kaiser Permanente physicians have developed a set number of prescription pills for patients, depending on the type of surgery they will have.
 - Physicians have been asking for these guidelines for a long time.
 - For example, in the past, surgeons gave a patient sixty Percocet pills after surgery, even though patients reported only using fifteen.
- Centers for Disease Control and Prevention (CDC) recommendations on opioid prescriptions came out a year ago.
 - Every opioid pill has a Morphine Milligram Equivalent (MME) number given to it.
 - CDC recommends incrementally decreasing the MME periodically.
 - Other recommendations included patients taking a urine drug screen to ensure prescribed drugs are being taken and not additional pain killing drugs.
- The Oregon Prescription Drug Monitoring Program has become very helpful, but only if a physician uses it to check on his or her patient anytime a new prescription is issued.

- The Oregon Health Plan adopted these recommendations from the CDC and set coverage for all Medicaid patients with conditions of pain related to the spine ([see attachment](#)).
 - Recommended specific types of treatment options for pain a patient encounters, starting from the back of the head down to the tailbone.
 - From January 1, 2018, ongoing chronic use of opioids will no longer be a covered benefit.
 - Patients may only get opioids if they have an acute injury, surgery, or flare up of a chronic problem.
 - Other than this, patient must use more conservative treatment, such as anti-inflammatories.
 - If this does not work, a patient can get only up to seven days of opioid treatment, and must be seen every seven days.

Summary of Discussion:

- Most of the clients at Bridgeway Recovery Services are opioid addicts.
 - Currently 130 individuals in treatment with opioid addiction as their primary diagnosis.
 - In 2017, Bridgeway saw 600 individuals with an opioid addiction; and in 2016, approximately 500.
 - This is a public health crisis, not a public safety crisis.
 - Receiving a lot of support from law enforcement, which makes a significant difference.
- Need to have a polysubstance conversation, since marijuana is a gateway drug.
- Need to provide the public with prevention/education resources.
- Council must speak to those in authority to demand problem be solved.
- Rhode Island has a program where drug treatment advocates in the emergency room try to convince an opioid addict (saved with Naloxone) to get treatment.
- There are a growing number of prevention and early intervention community health workers throughout the state.
 - Catholic Community Services and Mano a Mano together have about eight certified workers in Salem and Keizer providing education, raising awareness, and providing patient advocacy.
- Law enforcement agencies that accept and destroy prescription drugs do this as an unbudgeted public service. Need to make this a Big Pharma issue, since they initiated this problem.

ADJOURNED 6:01 PM