

# MARION COUNTY PUBLIC SAFETY COORDINATING COUNCIL

## MINUTES

February 12, 2019 4:00 PM

Courthouse Square

Salem, OR

**MCPSCC:** Mark Caillier, Kevin Cameron, Rob Carney, Paige Clarkson, Kim Doster, Jayne Downing, Jim Ferraris, Tamra Goettsch, Troy Gregg, Roland Herrera, Michael Iwai, Jessica Kampfe, Greg Leo, Pete McCallum, Ed McKenney, Jerry Moore, Cary Moller, Diane Morse, Jason Myers, Tracy Prall, John Van Dreal, and Hitesh Parekh (recorder).

**GUESTS:** Representative Denyc Boles, Jan Calvin, Laura Chisholm, Dr. Paul Coelho, Jill Dale, Angie Denning, Alison Kelley, Jolene Kelley, Tad Larson, Kim Memmott, Tim Murphy, Jamie Ralls, Drew Simpson, Daryl Thomas, Ray Wilson, Jeff Wood, and Barbara Young.

### **1. ADMINISTRATIVE (INFORMATION/ACTION)**

Meeting called to order at 5:05 P.M. by Commissioner Kevin Cameron.

#### Welcome and introductions

Attendees introduced themselves.

#### Approve January 8, 2019 minutes (Action)

MOTION: Jayne Downing moved to approve the January 8, 2019 meeting minutes. Seconded by Jerry Moore. A voice vote was unanimous.

#### Announcements

- Center for Hope and Safety will receive continuum of care funds to pay for rent, deposits, and fees for survivors of domestic violence and human trafficking.
- Justice Reinvestment Initiative Summit will take place on February 13, 14, and 15.

#### January 29, 2019 Legislative Debrief

- Legislative briefing on January 29 with the state legislators went well.
  - Five legislators attended.
  - Council members emphasized they were ready to assist legislators at any time during the session.

### **2. FEDERAL AND STATE LEGISLATIVE CONCEPTS 2019**

Government Relations Manager Barb Young presented this item. Summary of presentation:

- The county's federal lobbyist is CFM Strategic Communications, Inc. which pursues grants and policy priorities for the county in Washington D.C.
- Marion County's 2019 federal agenda includes:
  - Addressing the housing shortage,
  - Funding to address the opioid epidemic in the county,
  - Making sobering center service costs reimbursable through Medicaid,
  - Supporting federal funds for purchasing police equipment,
  - Restoring COPS technology grants (eliminated in 2009) for law enforcement,
  - Continuing BYRNE and State Criminal Alien Assistance grant programs to counties,
  - Allowing billing for federal programs for health services provided to jail inmates prior to adjudication, and
  - Supporting congressional funds for the Center for Hope and Safety's Hope Plaza.

- Will feature transitional housing and job training opportunities for survivors of domestic violence.
- Senators Girod and Courtney are co-sponsoring the Center of Hope and Safety's request for capital construction funds of \$2.5 million.

MOTION: Greg Leo moved to approve adoption of the Marion County 2019 federal agenda on public safety issues. Seconded by Ed McKenney. A voice vote was unanimous.

### 2019 State Legislative Agenda

Commissioner Cameron presented this item. Summary of presentation:

New additions to the agenda since January 8 council meeting:

- Added a section with the top three priorities from each category.
  - Added several legislative concepts from the Measure 11 workgroups in the Juvenile Justice category.
  - Added:
    - Add HB 2239 adding circuit court judges to certain districts as a "support".
    - Add HB 2065 drug disposals as a "support".
    - CourtCare
      - Initially were going to pursue extending funding through HB 3067 (2017) to fund Marion and Polk County CourtCare for an additional biennium.
      - Legislature is now going to "gut and stuff" HB 2244.
        - Will propose funding for two additional counties and increasing the funding to all four counties to \$60,000 each per year.
        - Counties will have to pay a 10% match to receive funds.
    - Senate Bill 7
      - Will lower blood alcohol limit to .05.
        - Utah was the first state to do this and went live on January 1, 2019.
        - No guarantee that just because you have a .05 or .07 blood alcohol level, you will end up being convicted.
        - Officers are trained to arrest someone based upon their impaired driving.
        - With new bill if you blow a .05 or greater you will face a license suspension and a presumption that the person was intoxicated.
- Summary of Discussion:
- From a public safety perspective, lower limits increases deterrence.
  - Marion County does not file DUIs under a .08. but other counties do.
  - Put on agenda as a "watch".

MOTION: Jason Myers moved to approve these additions to the 2019 Legislative Agenda. Seconded by Jayne Downing. A voice vote was unanimous.

### **3. OPIOID EPIDEMIC: SECRETARY OF STATE AUDIT**

Commissioner Cameron introduced this item. Summary of introduction:

- Council received an opioid epidemic presentation in January 2018. A few takeaways from this meeting were:
- Oregon has one of the highest opioid prescription abuse rates in the nation;
  - Three Oregonians per week die from an opioid overdose; and
  - Physicians should register for the prescription- based monitoring program in Oregon.
- The Oregon Secretary of State's Office just completed an audit of Oregon's Prescription Drug Monitoring Program.

Summary of presentation from Kip Memmot and Jamie Ralls, Oregon Secretary of State's Office Audits Division:

- Audit was done because opioids impact everyone from infants to seniors.
- In 2016 almost 500 pregnancies were complicated by opioid use.
- Oregon has the highest numbers of seniors in the nation hospitalized for opioid related issues.
- The medium cost of an opioid related hospital stay is \$13,000.
- Opioids can be helpful in addressing pain but are highly addictive.
- Oregon ranks last for treating substance abuse disorders in the nation.
- Oregon prescribed opioids at 13% more than the national average.
- U.S. prescribes more than the world average.
- Oregon Health Authority (OHA) reported approximately \$7m prescriptions for controlled substances were dispensed annually. Of these, more than 50% were opioids.
- Other states have changed their prescription drug monitoring program (PDMP) to assist with prescription drug abuse.
- Audit found the PDMP could use the data captured to analyze trends and patterns identifying prescription drugs.
  - State law currently prevents the OHA from sharing information with key stakeholders.
  - Oregon is only one of nine states not requiring prescribers or pharmacists to use the PDMP before issuing prescriptions for opioids.
  - OHA not collecting prescription information critical to preventing prescription drug abuse.
  - PDMP data shows questionable prescription activity has been going on for years.
- Audit team reviewed three years' worth of PDMP data and found multiple instances of physician shopping, dangerous drug combinations, and prescription stimulants used by many age groups.
  - 148 individuals received controlled substances from 30 or more different prescribers and filled their prescriptions at 15 or more pharmacies within a three year period.
    - Average person filled prescription at two different pharmacies.
    - One shopper received prescriptions from more than 200 prescribers and visited 75 different pharmacies.
    - Most of these prescribers were dentists.
      - Dentists were unresponsive when audit team visited them to discuss this.
  - Audit found 4,270 people prescribed with dangerous drug combinations.
- Vets who prescribed controlled substances are exempt from using the PDMP.
  - Pet owners harm their pets deliberately to get opioids.
- Oregon has not instituted changes to its PDMP to include all Schedule V drugs (which 40 other states have done).

Summary of Laura Chisholm and Drew Simpson's presentation from the Oregon Health Authority:

- OHA agrees with the audit findings, but some of the changes can only be accomplished through a legislative fix.
  - PDMP was created years ago.
  - OHA maintains a huge database of dispensed prescriptions from retail pharmacies including schedule II, III and IV drugs.
- 2009 legislature envisioned this informational system where a physician could see someone's comprehensive prescription history.
  - Decision was made then that PDMP will not be used as a law enforcement or regulatory tool.
- Opioid prescriptions have decreased by 29% in three years.

- In 2018 there was a requirements that all prescribers register to use the PDMP, and system use doubled.
  - Outcomes matter: overdoses related to pharma subscriptions have decreased substantially by 45% statewide and 61% in Marion County.

Summary of Jill Dale's presentation, Prescription Drug Overdose Coordinator Marion/Polk/Yamhill counties

- Role is to educate physicians, nurse practitioners, and physician assistants:
  - Help them see the PDMP as a tool.
  - Some of the pills circulating are from unused disposals.
  - Have 26 prescription sites for disposal drugs- see <https://www.takemedsseriouslyoregon.org/>
  - Brought six hospitals together and convened opioid summits.
  - Also have a pain advisory group assisting physicians with dosages.
  - Work with older adults in long-term care.
    - This information is not captured on the PDMP.

Summary of Dr. Paul Coelho's presentation, Salem Health Pain Clinic Director:

- While overall trend in opioid prescription use is improving, a 2012 survey shows it will take the USA 25 years to decrease use to match Great Britain.
  - Despite hard work being done, opioid abuse is here to stay.
- Prescribed opioid overdose deaths from 1999 to 2017 are steadily increasing.
- An analysis of patients treated at Salem Hospital over a one year period saw 264 non-fatal opioid emergencies.
  - Majority were women aged 35 and older.
  - An overdose visit to the emergency department costs \$14,000.
  - Total annual cost to treat these patients is \$11 million.
  - This is not widely published, but non-fatal overdoses are more widespread than fatal overdoses.

Summary of Chief Jim Ferrari's presentation, Governor's Opioid Task Force:

- Opioid task force has been very treatment centered and not focused on improving the PDMP.
- Task force has pushed for enforcement, prevention and education to no avail.
- Want to equip every law enforcement officer with naloxone, but state has not committed any funds for this to happen.

Summary of discussion:

Q: Is it too ambitious to hope prescribers monitor the PDMP in Oregon?

A: A medical assistant delegated to the PDMP can do this.

Q: Why is the method of payment for a prescription important?

A: When someone pays in cash this is a red flag. Most addicts don't go directly to the needle. Start with back pain and being prescribed opioids.

Q: For those individuals with multiple prescriptions from multiple pharmacies, are these cases of false identification and/or doctors not tracking patient prescriptions?

A: Some prescribing patterns were so alarming it would be unusual if it were not a pill mill. Statute limits our ability to turn this over to law enforcement. But if individuals are changing names to get multiple prescriptions these will never show up in our data.

Q: What about real people who have real pain and need help?

A: When you see doctor shopping, this is an opportunity to treat a condition. Don't want to abandon patients.

Q: Shouldn't pharmacies be the first line of defense for someone having multiple identifications /forged prescriptions? Could physicians and veterinarians also get involved?

A: Pharmacies do contact physicians, but are concerned that physicians may accuse them of second guessing them. Want all physicians in Oregon to be integrated into the system. Currently have approximately 4,000 PDMP subscribers.

#### **4. PRE-TRIAL JUSTICE WORKGROUP DATA**

Marion County Sheriff's Office Commanders Wood and Tad Larson presented this item. Summary of presentation:

- A Marion County workgroup is working on the pre-trial justice initiative.
  - Made up of judges, district attorney, commissioners, law enforcement, public defenders and victim advocates.
- County jail has 415 beds and saw 13,284 bookings in 2018.
- In 2017, the National Institute of Corrections evaluated the jail pre-trial holds and made a number of recommendations including:
  - Conducting risk assessments of arrested defendants,
  - Moving from financial bail to a risk-based bail schedule,
  - Developing a policy for handling technical and new arrest violations of pretrial supervision, and
  - Finding funds for additional staff to implement the pre-trial services program.
- Workgroup is targeting those individuals with a moderate, moderate to high, and very high public safety risk.
- Sheriff's Office now has the infrastructure in place to make these changes and will transition to this new system soon.

**ADJOURNED 5:50 pm**