

**Marion County
Public Safety Coordinating Council
Draft Minutes
February 14, 2006**

Members:

Kathy Bebe, Rod Calkins, Faye Fagel, Seantel Heisel, Ruth Hewett, Pete McCallum, Ed McKenney, Commissioner Milne, Chief Jerry Moore, Jim Murchison, Dan Murphy, Bert Ortiz, Joe Parrott, Bob Royer.

Guests: Elaine Martin, Marion County Circuit Court, Frank Martin, OYA, Undersheriff Greg Olson.

Staff:

Dan Estes, Hitesh Parekh

Commissioner Milne called meeting to order at 4.00 p.m. Quorum achieved.

Introductions.

- Commissioner mentioned that staff had sent out a list of when the full Council will meet in 2006. Commissioner Milne thanked Faye for holding the meeting in the Juvenile Department and mentioned that after February the full Council will meet in the Risk Management Conference Room for the remaining months of the year. Commissioner Milne added that all members are welcome to attend the Steering Committee meetings.
- Commissioner also said that staff had sent out an e-mail about Senator Gordon Smith visiting on Tuesday 21 for a community meth briefing. Marion County will be receiving a check for approximately \$450,000. The press will also be there. All Council members are invited.
- Commissioner Milne said that if any of the subcommittee members need help getting their 2006 MCPSCC Plan reports together both Dan and Hitesh are available to assist.

Commissioner Milne then proposed that an action item from the Health Department be added to the Agenda. A motion was made to add the Marion County 2007-09 Biennial Plan for Mental Health Services. Motion seconded. All 'Ayes'.

Marion County 2007-2009 Implementation Plan

Dr. Roderick Calkins of the Marion County Health Department said that the Health Department had prepared a biennial plan for mental health, alcohol and drugs. He added that there are statutory bodies that need to approve this plan such as the Health Advisory Board, Local Alcohol and Planning Committee, and the BOC. The plan will go before the BOC on Wednesday 22 February for their discussion and approval. The plan is due to the State on March 1, earlier this year probably because the State DHS has a \$172m

budget deficit. This document, which all 36 counties must prepare, helps the state plan for the allocation of funds and where the program delivery systems need to be developed. The MCPSCC, and CFC departments review the plan as well as the local DHS liaison. This plan builds on previous plans. It has the same methodology of collecting community and stakeholder input and doing some internal planning in the Health dept. The goal is to identify what the service priorities and the funding allocations are. There is not a free reign over what our funding should be, much of the decisions come down from the state for designated programs and services. On page 18 is reported the results of a community web-based e-mail survey.

The Health Department asks respondents to rank 25 core services areas in the Health dept from most to least important,. There are no surprises in the comments received back this year. The order remains much the same as in the past. Children's outpatient mental health treatment, and adult outpatient mental health treatment are amongst the most highly ranked as prioritized services. This year the top three all have to do with children and youth services- a change from last year. Meth specific treatment is number 13.

Rod said that access to services is still a major concern from the community. Serving fewer people now then before in terms of alcohol and drug services and services for the indigent. On page 24 there is an identification of critical needs, what the Health Dept. presents to the Office of Mental Health and Addiction Services for the issues that need to be addressed. For example: indigent care. A few years ago people fell off the OHP, lost their coverage, and hospital emergency rates tripled for mental health, and A&D emergencies. This coverage was restored in August, but enrollment is closed so people can't get onto the health plan because of income. Individuals can still get on the plan if they're disabled, pregnant, but not because of low income. If individuals miss a co or premium payment or don't fulfill all the rules they will lose their coverage and can't get back on. So enrollment has gone from 64,000 to 22,000.

If people lose coverage and don't have private insurance state GF services cover them. Problem is that in the 1990s many of these services were available, but most went away with match money to leverage Medicaid from the federal govt. This was a great strategy for getting health care in Oregon, but it also took out most of the state GF going for behavioral health care which has not returned. Now people go off the OHP and there isn't that safety net to catch them.

Rod mentioned other priorities, which were:

- Increasing early childhood and youth mental health/substance abuse and prevention services,
- New Solutions Program, the children's system-change initiative that started this year. Rod said that a lot of planning went into this, as people

move out of day residential intensive treatment services, intensive services are needed out here in the community. The Mid Valley Behavioral Health care network just finished a RFP and the Health Dept now has people that contract for these intensive services.

- Access to medication management is a real key and this has become an even worse problem than Medicare Part D transition problems. People who are supposed to get their prescriptions paid for by Medicare must sign up for all these plans. Transition is not going smoothly, especially for those eligible for both Medicare and Medicaid. States are having to pick up millions in this transition, effecting a lot of Marion County clients.
- In forensic mental health, and the Health Departments efforts to develop MH services out in the jail, the Department is contracting for A&D services out at corrections.

Q: Any thoughts or knowledge of some of the cuts being proposed by the Federal Government that may affect matching funds for the county?

A: Good question, but no answer. Apparently won't affect services, but I'm highly skeptical about that. This year we had a much higher percentage of people in the system, or community agencies responding than we had in prior years, and a lower number of consumers than prior years. Overall the survey has fewer respondents, as it had to be done during the holidays since the State needed it back by March 1. So instead of a one time survey the Health Dept decided to keep the survey running on the web, so as to make it available year round. Just report stats off it by quarter. By next year we'll have a whole year worth of survey done. So we e-mailed everyone we could think of to respond to it. So the process has changed from the prior year but the priorities haven't changed.

Dan: When you came to the CFC Executive Committee you pointed out on p.27 the allocations and the amounts of funds going into prevention. Do you want to comment on that at all?

Rod: Prevention in the long term saves money, but right now there are a lot of people we provide basic services to from week to week, take these away and people will die. So how you get more funding into prevention is a good question. We look for data into what types of treatment are most effective so you can turn \$1 of A&D treatment into \$7 that saves societal costs, so even though this is not prevention per say, it saves us all a lot of money in the short term. One of the things that was cut heavily was prevention and there is about a \$100,000 reduction in it just this year.

Q: Do you have an estimate of what the need is for prevention, or is it just assumed that there is a big need?

Rod: I think even if we had all the money in the world it would take us some time to figure out how to develop a decent prevention system. Right now it is

safe to characterize prevention as a lot of work being done in separate areas that need to be brought together. Just the notion of early, pre-school, intervention, just this very basic and simple kind of intervention is a very wise investment for society. But right now we're prioritizing services for those most in need. So there are a lot of people with serious mental health problems that are not covered by insurance and don't receive services. The money goes to Priority One folks in danger of hospitalization or harming themselves.

Rod clarified that the document has been to both the Health Advisory Board and the Local Alcohol & Drug Planning Committee and both have signed off on it.

He added that he would be glad to incorporate any comments from the Council, or members could e-mail him with comments prior to February 22.

Q: Under comments someone has requested more services for undocumented workers, will this happen?

A: There are some programs that are specifically for undocumented residents in Marion County, most are on the public health side and the rationale there is that if an undocumented worker has TB he/she needs to get treated. But no services on MH side.

Q: Is there something in the plan that talks about increased mental health services in the jail?

A: Yes under Forensics, page 25-26 describes what's being done in terms of allocation, the partnership with the Sheriff and DA and funding 3.5 positions at the jail. This has been a very big plus for Marion County. A lot of the communities have not been able to step up to this challenge.

Dan Murphy commented that when Rod presented this plan to the CFC Executive Committee a number of the members said that this Oregon Health Plan reduction from 64,000 to 22,000 was a major concern. Also if the kids can be served and the parents can't, could the MCPSCC go on the record saying that they're concerned about this. Dan proposed that the Council issue a statement in this regard.

Commissioner Milne suggested that Dan talk with Rod and come up with a comment.

Motion made to authorize Commissioner Milne to sign the document on behalf of the MCPSCC, and further recommend to the county BOC that the MCPSCC agrees with its essential content.

Ruth seconded motion.

All "Ayes".

Commissioner Milne mentioned several meth related articles that had made the news. She commented one article about meth addicts was disturbing in its tone in that it was as if the authors were making light of the meth epidemic, and this sends a wrong message to people.

Walt suggested that maybe the Council could invite the authors to a future MCPSCC meeting.

Rod said that his interpretation of the article was a little different. He said that the authors were very knowledgeable and had spent a lot of time being out in the field. Rod thought that he didn't think that the author was making light of the problem, just giving some context in that there are those who feel that there should be a balance; for example there is not a scientifically documented meth baby syndrome, although there are birth defects and damages done by meth. Meth does not produce a certain type of a child. The authors were trying to keep things science based. He added that this did not take away from the fact that this is a serious problem. But it is generally untrue that one 'hit' and your life goes downhill. Treatment is effective.

Q: What % of those treated for meth recover?

A: 35% recover depending on how long they stay in treatment. 67% if they are involved in drug court, in house drug treatment program lasting 9 months, but generally any treatment over 3 months has a positive effect. Under 3 months doesn't produce much.

Undersheriff Greg Olson said that a doctor from Los Angeles who was talking about meth at the Oregon Convention Center said 9 months seemed to be the key for treating the addiction.

Commissioner Milne mentioned that by the time someone gets into drug court to get treated they are already seriously ill, and the damage from the drug to the person is pretty significant.

Pete added that since very few people get into drug court the treatment may be effective, but numbers treated will be low. He added that he had read that total recovery is 10% or lower.

Undersheriff Greg Olson said that he had heard that quitting meth is like trying to quit smoking- people are not always successful on the first try.

Dan Estes said that one of the key pieces of information here is that recovery time for meth is so much longer, it takes 6 to 9 months to get meth out of your system to get your brain back to where it is receptive to treatment.

Faye added that it might not necessarily be that the treatment is a failure- but the methods of treatment. The best treatment methods were still being researched.

Rod said that in the 2006 MCPSCC Strategic Plan he mentions treatment success and costs, what has come into the practice recently takes a yearlong program to achieve results.

Visit by the Mexican Consulate

Greg Olson said that both the public and elected officials very well attended the January 10 visit by the Consul. The Consul spoke about their primary missions, and was frank about the drug and crime problems in Mexico. The Consul said that they seized 28 drug labs in Mexico last year, which total the number of labs, seized in Marion County. One of the things that did come out of that was that the Consul will be helping us with a video, to address their meth problems. At the start of the camp season the Consul, while on their field trips will begin to talk to workers about meth in Oregon and will use a video produced together with the Sheriff's Office. At the talk there was a significant question and answer period of at least 45 minutes.

Commissioner Milne added that most of the council members attended. Pete McCallum shared some articles from newspapers he had brought back from Dallas about the border situation: He said that there was one situation where people smuggling stuff in were dressed in military uniforms. The Mexican Government denied that these were their military personnel. There was also an article about a map that the government gave out showing illegals where the border crossings are and where to gather after entering the U.S. The government pulled the maps because they were afraid that vigilantes would get a hold of them.

Pete added that there was another article where the Ambassador of Mexico to the US said that some action needs to come from the U.S.

Walt said that he thought that it was great that the Mexican Consul provided us a good overview. He added that he thought there was a lot of room for an earnest look at enforcement down there. This became very apparent during the presentation. It appears as though their communities are so far behind to where the U.S. is, especially in terms of coming together and sharing information. Mexico is just beginning to see what the U.S. has been seeing with kids and the family. This visit is a good connection and the Council needs to maintain it. It is a good bridge.

Commissioner Milne added that the Consul was very generous that they offered to help us by bring their folks up from LA on the technical statistics. The Consul did extend a hand to work with us.

Bert Ortiz commented that if the U.S. waited for the Latin American countries to do something it would be a long wait. It seemed as though the Consul was

protecting the Hispanics and the Mexicans as victims in the U.S. When the Consul mentioned that he had only been in this position for a year it made a bit more sense. Bert's concern was that the Consul viewed the Hispanic population as victims in the US and was fighting for their rights as victims. Being here in this country is a privilege, this message somehow needs to get out to them.

Rod said that he thought it was a great meeting. A few people walked out because they were disgruntled, but a gloss was not put on the real problem. The Consul took some very pointed questions and stayed very cool, it was a great exchange of info. Whether it was accurate or biased, at least gave it everyone a chance to talk.

Bert said that he had heard the Consul speak at a Latino conference at the Chemeketa Community College last fall, and the Consul had said to a primarily Hispanic audience that the percentage of Hispanics in the jail system and in state prisons was very low compared to the county/state population. Bert felt that the Consul was misinforming the 400 people or so who were there at the conference, comparing apples and oranges to a primarily Hispanic audience.

Frank Martin said that he had worked with the Consul for several years and found their role to be advocates and to represent their clients, which is the pinnacle of their work. The Consul sees a lot of victimization, just as people in the criminal justice system are looking at the issue from the law enforcement side.

Pete said that he thought Walt hit the issue head-on: that this visit opens up dialogue- and a continued discussion, follow up needs to be done.

Walt said that these are tough issues to be dealing with, so the Council needs to keep the channels of communication open.

Commissioner Milne said that to some extent the Council did confront them and they accepted it well, responded best that they could. The visit was an icebreaker and we all still need to keep talking.

The Council then moved onto presentations from each of the Internal Groups and the External sub-committees.

Adjourned.

