

Driving Under the Influence (DUI) Advisory Group
Meeting Notes
October 5, 2016
10:00am – 2:00pm

Members Present:		
Marlies Perez	Wendie Warwick	Craig French
Michele Wong	Veronica Kelley	Maleah Novak
Judge Richard Vlavianos	Natasha Thomas	Teri Kerns (via phone)
Linda Bridgeman-Smith	Jayne Wise	

Department of Health Care Services (DHCS) Staff: Kelly Cowger, Anthony Scott, Dena Evangelista-Taylor, Michael Alarcio, Holly Alvarez, Cindy Felix, Lera Ilyenko, Evonna McIntosh, Michelle Meza, Marilee Moon-Vanni, Angela Romero, Julie Shaw, Glenn Spellman, Catina Walker

Guests: Bill Calhoun, Daniel Campos, Christine Lam, Erin Holmes, Charles Horner, Kevin (Kip) Lowe, Bill McVay, Denise Mosely, Pete Nielsen, Deborah Pagliuso, David Ponce, Nate Summers, Milton Ulloa, Jessica Vierra

Conference Call Participants: Barbara Aday-Garcia, Tina Harland, Glenda Pinney

1. DHCS Overview, Marlies Perez, Substance Use Disorder Compliance Division (SUDCD), Division Chief

- DHCS is currently working on implementing Phase 3 of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. Phase 4 will be opened on November 1, 2016. Through the DMC-ODS Waiver, DHCS submitted an integration concept design to Center for Medicaid Services for federal approval. The plan can be accessed at the following DHCS website: <http://www.dhcs.ca.gov/provgovpart/Pages/Integration-Plan-.aspx>
- DHCS is also working on the implementation of the Whole Person Care Pilot (WPC) which seeks to coordinate health, behavioral health and social services in a patient-centered manner with the goal of providing comprehensive coordinated care for the beneficiary resulting in better health outcomes.

2. SUDCD Overview, Michele Wong, Assistant Division Chief
DUI & Criminal Justice (CJ) Section Staffing Update

- The DUI Section is now fully staffed and new analysts are: Lera Ilyenko, Michelle Meza and Angela Romero. One remaining vacancy in the Criminal Justice Unit is in the process of being filled.
- The DUI & CJ Section realigned existing positions and restructured the DUI Unit into two distinct units: Unit One- DUI Program Policy and Quality Assurance and Unit Two- DUI Program Licensing and Monitoring. The goal of the restructure is designed to adequately address DUI program monitoring requirements, and the internal section needs relating to policy and quality assurance issues.

DUI Program Licensing Status

- Effective September 30, 2016, the Mexican American Addiction Program (MAAP), located in Sacramento County, voluntarily relinquished three DUI program licenses. DUI program services for participants enrolled in MAAP programs at the time of relinquishment were transferred to other area programs.
- There are currently a total of 263 licensed DUI programs and 36 satellite programs in California.

Invite to Attend the Collaborative Justice Courts Advisory Committee (CJCAC)

- DHCS will present at CJCAC on October 14, 2016. Presentations will include an overview of DHCS' role in oversight and monitoring of DUI programs and an overview of the Drug Medical Organized Delivery System Pilot Program and the intersection with Courts.

DUI Program Fee Increases

- DHCS requires supporting documentation to accompany justification provided for fee increase requests. Programs requesting a fee increase should continue to send requests and supporting documents to the county for initial review and recommendation, prior to forwarding to DHCS for final review and determination.

San Diego State University (SDSU) Contract

- The proposed contract to utilize San Diego State University to research data cluster information provided by Department of Motor Vehicles (DMV) is in the final approval stage. This contract will augment Action Item 2.1 of the Strategic Highway Safety Plan and result in identifying effective practices and development of draft standards for DUI programs in an effort to maximize offender outcomes and reduce recidivism.

DUI Informational Flyers

- Through input and assistance from the DUI Advisory Group subcommittee, DHCS finalized three informational flyers designed to educate individuals and address negative perceptions of California's DUI system.

DUI Advisory Group Meetings 2017

- Meeting dates are scheduled for March 8, 2017; July 7, 2017; and November 8, 2017. All 2017 meetings will be held at 1700 K Street, Sacramento, CA 95811.

3. Mothers Against Drunk Drivers (MADD), San Francisco/Bay Area Victim Impact Panel (VIP)

Evaluation Results, Natasha Thomas, Program Director-Bay Area

- The Bay Area chapter is just over eight years old and has been offering VIP's through DUI providers for over four years.
- Start-up services were originally offered once every other month to approximately 20 people. Bay area demand has grown to serving over 500 people, at 12 VIP's per month. The VIP services utilize four paid staff and a number of volunteers.
- VIP's run approximately two hours with a 30-minute sign in period. The panel consists of one offender, one victim, and one law enforcement representative. Each panel member shares information relating to DUI from their experience and perspective.
- The focus is on giving a 'face' to the statistics and loss of life. Additionally, the focus of the panel members is non-judgmental while offering positive reinforcement and respect to the offenders.

- MADD is receiving more volunteers and support as attendees are motivated to make a difference.
- 90% of attendees are first offenders who pay a fee of \$25.00. There are options for those unable to pay due to indigence.
- MADD asks for all attendees to complete an evaluation of their experience. MADD has a 98% completion rate on their VIP evaluations, which they use to improve the content.
- MADD meets quarterly with partners (county coordinators, DUI providers, courts, district attorneys and judges, etc.) to gain support and advocate for victims.
- MADD's overall goal is to reduce recidivism rates and offer assistance to victims and offenders.
 - **Question:** What is the time frame between arrest, conviction and attending a MADD VIP?
 - **Answer:** There are big delays which vary by county and by court. Example: 203 days to convict in Contra Costa, 6 months in Imperial County, state average is 80 days.
 - **Question:** Are the offenders who speak completely adjudicated?
 - **Answer:** Yes. Typically, 5-10 years has elapsed since their court case was finalized.
 - Note: Shasta County offenders are required to attend a VIP within 6 months of conviction or face time in jail.

4. Integrated Mental Health Related Support Services, Linda Bridgeman-Smith, San Diego (SD) Behavioral Health Services

- Beginning in 2008, San Diego County started looking at the idea of improving overall individual health within their communities, in conjunction with moving toward fully integrating alcohol and drug services and mental health. DUI programs were experiencing an increase in mental health-related issues in program participants and, based on studies showing the high incidence of mental health issues among those with alcohol/drug use problems, the county began looking at how to provide needed mental health services to the under-served DUI program population.
- In 2015, the county released a request for proposal (RFP) for services funded via the Mental Health Services Act (MHSA) to provide mobile outreach and peer-based care coordination, brief treatment and system navigation assistance to under-served adults with mental health and substance abuse related issues to improve mental health and resiliency. This resulted in a contract with the San Diego chapter of the National Alliance on Mental Illness (NAMI) and the Statement of Work identifies DUI programs as a mobile outreach site, and is available at each of the four DUI programs in SD County one afternoon a week.
- There is an MOA between DUI programs and NAMI. DUI programs agreed to provide onsite space at the DUI program, allow staff consultation, and conduct in-service meetings. This is approximately 20 hours of service a week, which is about 5 hours a week for each program. Access to referrals for ancillary services may be on site, at a NAMI site or by phone.
- NAMI services are designed to be supportive and brief. Usually there is one session to assess and refer to other services, however up to 3 sessions are allowed.
- In fiscal year 2015-16 there were 304 referrals with a 40% no-show rate.

- **Question:** Does NAMI data get into the DUI program file?
 - **Answer:** No. The referral is handled in the same manner as all ancillary DUI program referrals with a notation that a referral has been made, and additional notes in face to face sessions following up if the referral was acted upon, and if the participant was benefitting from the service.
- **Question:** What is the cost?
 - **Answer:** There is no cost to the participant. This is a small portion of a county contract with NAMI designed to provide peer-based care coordination and support to under-served populations.
- **Question:** What percentage of DUI participants have utilized NAMI services?
 - **Answer:** Approximately .002% of the enrolled DUI participants.
- **Question:** Is there any follow up on those who do not show up?
 - **Answer:** No. Referrals would be documented in the file, but are strictly voluntary, as any ancillary service in a DUI program currently is, and separate from the DUI program.
- **Question:** How are individuals assessed/referred from the DUI program?
 - **Answer:** It is based on agreed upon criteria that includes information obtained during the regular DUI program assessment, as well as the counselors' judgment.
- **Question:** What are the biggest barriers?
 - **Answer:** Demand. The need is higher than anticipated.

5. Marijuana “A Gestalt approach to finding the THC elephant in the room: identifying the components that may lead to establishing an effective THC legal limit.”, Vanine

Guenzburger, Research Program Specialist, DMV

- If Safety Policies were based strictly on data, cigarettes and alcohol would be illegal as both are highly addictive and lethal. Individual rights allow people to use these products legally. Proposition 64 is likely to pass on the November 2016 ballot rendering Marijuana legal for recreational use, which means there is a chance that more people will be driving while under the influence of marijuana.
- The influence of alcohol can be measured and observed as it is water soluble. Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects, is fat soluble and its effects are subtle and varied, therefore it is harder to measure individual influence.
- THC affects different parts of the brain and different skills. Effects can stimulate hunger, act as a mood enhancer or depressant, and have psychotropic effects.
- In order to determine a THC DUI there needs to be probable cause with a definite perception of impairment based on the concentration scale. With chronic users, this leaves a reasonable doubt if more than an hour has passed since use.
- Studies to date could not reliably differentiate impairment with a specific THC concentration as testing methods have not addressed THC impairment levels. Many are still trying to mimic the testing done to determine blood alcohol concentration (BAC) vs impairment.
- For evidence to be considered reliable, tests must be taken within the first hour of use. The Fatality Analysis Reporting System (FARS) and The Statewide Integrated Traffic Records

System (SWITRS) need to record cannabinoid concentrations at the time of traffic stops/accidents.

- Medical Examiners should test all car crash deaths for DUI or THC levels. In 2009, 3% of driver deaths tested positive for THC.
 - **Question:** Do edibles test the same?
 - **Answer:** No. Digested THC use gives different results.

6. **Computerized Assessment and Referral System (CARS) – Tool Utilized to Screen DUI Repeat Offenders for Mental Health Problems**, Judge Richard Vlavianos, San Joaquin DUI Court; Nate Summers, San Joaquin DUI Court; Erin Holmes, Foundation for Advancing Alcohol Responsibility

- Judge Vlavianos envisions the courtroom as the equivalent of a hospital emergency room, where the ‘injuries’ may be caused by alcohol/drug use issues. His role is to 1) adjudicate the case 2) have the individuals’ issues assessed 3) refer the individual to a program appropriate for their assessed issues and 4) follow up on the treatment referral.
- CARS is adapted from the World Health Organization (WHO) Composite International Diagnostic Interview. This is an internationally validated assessment tool.
- CARS is designed to identify mental health concerns and provide appropriate referrals.
- CARS can be used to screen for mental health issues
 - With a counselor or other person (15-40 minutes)
 - As a self-administered screening (15-40 minutes)
 - With a counselor or other person doing a full assessment (2-3 hours)
- San Joaquin is one of six counties chosen nationwide for a pilot project where CARS assessments are completed on all DUI program participants.
- Appropriate referrals are made to local programs. Many of these referral programs are partnering with the county for Medi-Cal screenings.

Speaker: Erin Holmes

- The interest is to drive down repeat DUI offenses. Harvard research shows among DUI repeat offenders, 45% have additional mental health issues, falling into 15 major psychiatric disorders such depression, anxiety disorder, post-traumatic stress disorder (PTSD), bi-polar disorder, etc.
- CARS helps to determine if substance use is the primary issue, or secondary to underlying mental health issues.
- CARS aim is to have a software based system, that is user friendly, free, open-source, with online availability by next summer.
- CARS will be available to courts, mental health organizations, DUI and other drug/alcohol programs and referral businesses. Along with technical assistance available online and/or by phone. The intent is to create online web availability.

Speaker: Nate Summers

CARS software is individually programmed with skip logic, which means the program will direct the individual taking the survey to a series of questions based on their responses.

- Emergency room services find they are missing suicidal tendencies in their patients.
- The full CARS assessment version can be used in modules, depending on the screening result.
- CARS assessments display a mental health tendency, listing symptoms, triggers and risk of recidivism.
- CARS assessments are used to determine treatment needs and are complimentary to current risk assessments.
- The referral database is only as strong as the local referral/treatment system. All known available treatment facilities are added to each referral database.
- Repeat offenders often have cognitive difficulties and may have issues making plans, and/or following through.
- The county treats mid-high risk issues. CARS addresses low-mid mental health issues.
 - **Question:** Do Drug Courts verify referral attendance?
 - **Answer:** To a point, courts cannot get involved in the treatment they can only follow up on whether or not the individual attended.
 - **Question:** Do the Mental Health Courts follow up that treatment is being followed?
 - **Answer:** Same as above.
 - **Question:** What are HIPPA protections?
 - **Answer:** They vary by user. Users who share information usually have disclaimers/waivers. Programs generally give a copy of the report to the individual.

7. Working Lunch – DUI Advisory Group Member Updates

Vanine Guenzburger, DMV (representing Patrice Rogers, DMV)

Approved Legislation: SB 1046-Ignition Interlock Device (IID)

- Will require first offenders with injuries and second offenders to 12-month IID use.
- (If the court determines) first offenders without injuries may require 6-month IID use.
- (If the court determines) Wet & Reckless may require 3-month IID use.
- Use of IID negates any initial license suspension period.
- All other sanctions remain, including taking DUI program.
- AB 2687-BAC requirement for drivers with paying passengers.
- .04% BAC is the level for DUI conviction of paid drivers with passengers (i.e. taxi, Uber, etc.)

Craig French, President California Association of DUI Treatment Programs (CADTP)

Reminder the CADTP Fall Forum will be on November 9th and 10th, 2016 at the Arden West Hilton in Sacramento. The theme of the forum is “Collaborating with the Criminal Justice System for Improved Public Safety”.

8. The Change Companies® (TCC) – Overview of Change Company DUI Curriculum,

Kevin (Kip) Lowe, Bill Calhoun, Daniel Campos

- TCC Impaired Driving Curriculum is used nationwide and in other countries.

- Studies have shown that sanctions alone, and education alone, don't work to effect behavior change.
- TCC uses evidence-based program curricula to assist individuals in making positive life changes.
- TCC offers motivational techniques, systems built to move into action. Behavior that is reinforced is more likely to create change.
- Interactive journaling is a structured and experiential writing process that motivates and guides participants.
- TCC offers skill building-interactive journaling builds an individualized facilitator to program. Can be used closed group or open enrollment, develop personal resource/reference materials.
- The six components for journaling are: Substance use repercussions; use, misuse and addiction; life costs; feelings and behavior; risks; skills for change.
- Curriculum is tailored to the standards of each entity collaborating with TCC. Example:
 - In California, 43 county probation offices use TCC in their drug, mental health and re-entry programs.
 - 19 States use tailored TCC curricula for all of their DUI programs.
 - Many sheriff's departments, justice service providers, departments of behavioral health (county), and community-based treatment programs (city and private) are already utilizing TCC interactive journaling.
- Those with alcohol use issues are 1/3 more likely to develop type 2 diabetes.
- Mental/behavioral illnesses need more than educational materials to effect change.
- Studies show that journals are kept and used after the program ends.
 - **Question:** Is TCC moving toward electronic journaling?
 - **Answer:** The company is looking into it, however there has been a study done and outcomes were not consistent. Hand-written journals were more likely to be kept.
 - **Question:** What to do with those with literacy issues?
 - **Answer:** TCC is still viable, there are strategies that work (i.e. pairing with another person with higher literacy level). Facilitation is the key to making it applicable to all.

9. Suggested Agenda Items for Next Meeting (Wednesday, March 8, 2017)

- Overview of the San Diego State University Paradigm Curricula
- DUI Advisory Group Subcommittee report (Kelly Cowger)
- Submit additional agenda suggestions by January 1, 2017 to Julie Shaw at Julie.Shaw@dhcs.ca.gov