

**Driving Under the Influence (DUI) Advisory Group
Meeting Notes
February 3, 2016
10:00am – 2:00pm**

Members Present:		
Michele Wong	Judge R. Vlavianos	Patrice Rogers
Maleah Novak	Kathy Mulford	Kimberly DaSilva
Veronica Kelley	Wendie Warwick	Kathy Mulford
Craig French	Tina Harland	Randy Weissman
Jayne Wise (phone)	Teri Kerns (phone)	

Department of Health Care Services (DHCS) Staff: Kelly Cowger, Anthony Scott, Ferol Upton, Marilee Moon-Vanni, Glenn Spellman, Jeannie Ho, Catina Walker, Kip Dunlap, Julie Shaw, Evonna McIntosh, Holly Alvarez

Guests: Deborah Pagliuso, Bill McVay, Kathleen Macias, Nat Tollefsen, Ruth Leonard, Milton Villosa, Charles Hudson, Blanca Figueroa, Domenica Cardenas, Stephanie Hoover, Cara Houck, Sam Beasley, Charles Horner, Hoyt Isom, Silas Miers
Conference Call Participants: Denise Mosely, Glenda Pinney, Renee Rasmussen

1. Department Update, Michele Wong

- The Advisory Group has a new member representing the Judicial Council, Kimberly DaSilva. DHCS hired three new analysts: Evonna McIntosh, Holly Alvarez, and Michael Alarcio.
- DHCS is currently working on implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver that was approved August 13, 2015. DHCS is currently focusing on providing counties identified in Phase II with technical assistance. Phase III Implementation begins with a kick-off meeting on March 30th. Four implementation plans have been received and are under concurrent review with DHCS and Centers for Medicare & Medicaid Services (CMS). (Since the Advisory Group Meeting, additional plans have been received and there are now seven plans under review with DHCS and CMS). The plans are being posted on-line. Based on the feedback received from CMS, DHCS released an Information Notice and revised Implementation Plan template on February 18, 2016 to provide guidance to counties who are still preparing their plans. DHCS is holding technical assistance calls with the counties twice a month, and are holding various webinars with the counties to provide further

guidance. A five-year training and technical assistance contract with California Institute for Behavioral Health Solutions and UCLA is also in-place. Training will be related to the DMC-ODS Waiver. If anyone has any suggestions or ideas for training related to the Waiver that they think should be included, they should email Ferol.Upton@dhcs.ca.gov.

- The Substance Use Disorders (SUD) Statewide Conference is planned for August 23-25, 2016 at the Hyatt in Orange County. The theme of this year's conference is "Shifting the SUD Paradigm". The call for presenters was sent out February 15th. DHCS is looking forward to having DUI presenters.
- The Ford Street Project DUI Program, in Mendocino County, closed on February 1, 2016. Three applications for the licensing of existing satellites in Butte, Monterey, and Ventura Counties are currently pending. We now have a total of 263 programs and 38 satellites.
- The San Diego State University (SDSU) sent the County Survey, developed by the Perception Change Subcommittee, on January 20, 2016. Results of the survey will be presented at the May meeting.
- DHCS is looking at potentially extending the SDSU contract.
- DHCS is working with the Strategic Highway Safety Plan (SHSP) on some potential pilot projects which may require some waiver of regulations to allow implementation of those projects.
- Future meeting dates are scheduled for May 17, 2016, October 5, 2016, March 8, 2017, July 12, 2017, and November 8, 2017. All meetings will be held at 1700 K Street, Sacramento, CA 95811.

2. County Behavioral Health Directors Association Update (CBHDA), Veronica Kelly

- The San Bernardino County Department of Behavioral Health Services was responsible for providing many services during the December 2, 2015 shooting crisis. Alcohol and Other Drug (AOD) counselors were made available to employees and others dealing with the crisis. The trauma was very difficult for all involved and especially jeopardized those in recovery. The outpouring of support is much appreciated.
- CBHDA conducted strategic planning, with a major goal to focus on substance use disorders. Many county directors want to get involved in the SUD field and

are also interested in DUI. There are many new directors that are eager to learn and understand SUD issues. One goal is to expand the AOD workforce and training.

- The Substance Abuse Prevention and Treatment (SAPT) Committee meetings are open and DUI program providers are welcome to attend. Future meeting dates are March 24, 2016, June 23, 2016, and September 29, 2016.

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

- Several CADTP members are actively engaged and involved in DMV's SHSP workgroup. They are looking forward to implementation of the new projects.
- CADTP hired Joe A. Gonzalves and Son Lobbying Group and continues to work with legislators to improve DUI outcomes. CADTP is an official sponsor of AB 1571 (Lackey) which requires an enhanced first offender program for those convicted of being under the influence of alcohol and drugs. It would further require program enrollment within 30 days of conviction. CADTP welcomes DMV and DHCS to work with them in legislation.
- CADTP will host the Spring Forum on May 25-26, 2016, at the Embassy Suites in La Quinta, California. This forum will focus on the legalization of marijuana.

4. Strategic Highway Safety Plan (SHSP) Update, Patrice Rogers

- Sixteen items in the SHSP have been preliminarily approved and are waiting for the final vote by directors. When they are approved and become part of the official plan, the plan will be sent to all state governors. They will expect to see action on each of the items, whether they succeed or fail. DMV is committed to work diligently on each of the areas. They will establish very specific action plans and milestones. Some of the actions are in collaboration with DHCS, including the establishment of program standards.
- The DMV Research Office is reviewing data for enrollments, transfers, dismissals, and completions. They found that if a data entry error is made in entering the date, by just one day, the system creates a whole new record. They are currently accounting for duplicate records to ensure accurate data. An action item to review program methodologies and how outcomes are affected will be dependent on accurate data.

- Another action is to explore ways to retain participants who cannot comply with program requirements. This item will be challenged to find ways to keep clients enrolled, engaged, and get them back in the program after dismissal. Regulation waivers will be necessary on this action.
- SHSP is looking to expand the pilot program to implement a county court referral tracking system. This program was very successful as it brings all major players to the table. It involves county staff, court personnel, and DUI program providers together. Approximately ten counties have expressed interest to be chosen as a pilot county.
- DMV has completed the expanded study of the pilot Ignition Interlock Device (IID) program. The report is undergoing executive management review and should be released soon. The first evaluation was very informative.

5. Office of Traffic Safety (OTS), Randy Weissman

- OTS is responsible for the California SHSP, administers highway traffic safety grant funds, and produces an annual performance report of grants.
- In November, OTS attended a DUI roundtable in preparation of the legalization of marijuana. Representatives from Colorado and Washington were in attendance. They plan to have a follow-up meeting in the next few months.
- Although California currently leads the nation in Drug Recognition Experts (DRE's), many more will be needed. Every state that tried to establish a legal marijuana limit, approximately 17; none have held up in court. It has been determined that DRE observation and testimony is the most effective.
- The National Highway Traffic Safety Administration is conducting Safety Summits nationwide to look at marketing that can adapt behaviors to decrease highway fatalities. Over 400 grant applications have been submitted.

6. Application of Vivitrol with the DUI Population, Elizabeth Espinosa, Kathy Jett, Pauline Whelan, Alkermes Pharmaceutical Co.

- Like Naltrexone, Vivitrol (Naltrexone for extended-release injectable suspension) is a pharmaceutical that will eliminate the craving for those addicted to alcohol

and opiates, and further blocks the euphoria of those drugs. Unlike Naltrexone, which is a pill that must be taken daily, Vivitrol can be injected once a month. This allows professionals time to work with those experiencing dependence and relapse. Vivitrol is non-addictive, not mind-altering, and has no street value. Patients can stop or start any time. It is used as a tool in conjunction with treatment and may not be a good fit for everyone.

- Twelve to thirteen counties currently have an active Vivitrol program. It is covered by Medi-Cal and private insurance. Private insurance has found cost savings with the use of Vivitrol. San Mateo County had a similar result with findings of decreased emergency room visits following the use of Vivitrol. Others have also reported longer stays in treatment for those using Vivitrol.
- Many in the field are looking for ways to increase medication assisted treatment. Only a handful of drugs are currently available, but more are expected in the near future.
- Lobbying legislature on behalf of Alkermes is trying to improve health and safety and reduce fatalities. They are looking to expand the legislative platform to include DUI.
- Vivitrol is not opiate based but people must be free of opiates 7-10 days prior to use, and even longer for those on methadone. For the criminal justice population, most people detox in jail and can be given Vivitrol upon release. Sacramento County Sheriff's Department is currently offering the medication to those leaving jail, particularly, those being released early due to AB109. The program has now expanded to those on probation.
- Vivitrol cannot be used for pregnant or nursing women or those under 18 years of age.
- Most individuals stay on Vivitrol for six to eight months.

7. Delivering Alcohol Treatment in DUI Programs: Evaluating Cognitive Behavior Therapy (CBT), Karen Chan Osilla, PhD, RAND Corporation

- The RAND Corporation received funding for two studies in DUI programs. One study, conducted 2009-2012, evaluated a brief intervention on first offenders in the three-month program, and compared results with existing services. The two

DUI programs involved in the study are located in Los Angeles County. Details of the study include:

- The program added three individual motivational interviewing (MI) sessions.
 - Study participants were selected by 1) those that drink alcohol, and 2) if they agreed that RAND could follow-up and contact them. Once accepted, clients completed a survey of their drinking.
 - RAND created the curriculum in English and Spanish.
 - Recruits were predominantly young, Hispanic, and male.
 - Participants rated the MI groups very high.
 - The outcomes were about the same. However, they found that almost 70% of them met criteria for alcohol dependence and need additional treatment. RAND concludes that first offenders are a high-risk group, but the DUI was only their first time getting caught.
- The current study, called Project REACH (Rethinking Avenues for Change), is working with three DUI Programs in Los Angeles County. This study brings treatment to program participants by use of CBT in group counseling sessions. It will test if using the evidence-based CBT reduces alcohol use, related problems, and recidivism compared to existing services. RAND will work with DMV to compare recidivism two-years after completion of the program. The study is now in the evaluation phase. CBT sessions were tailored for the DUI population, and nine sessions were developed for the program. The most common Feedback is that participants liked the classes.
 - RAND is eager to continue working with DUI programs and welcomes requests for assistance.

8. Ventura County Pilot 24/7 Sobriety Program Proposal, Kathy Mulford

- Ventura County DUI Programs currently use the Prime for Life curriculum, an evidence based practice. Research shows it reduces recidivism by using motivational techniques to create a paradigm of decision making.
- All participants are assessed with the Addiction Severity Index (ASI), administered in two one-hour sessions. This tool was selected because it can help participants in many areas of their life.

- There are five county-operated programs in the county, with an average census of 1,900-2,100 participants, and 2,835 completions in 2015.
- Ventura County is interested in implementing a 24/7 sobriety program because it addresses recidivism, saves lives, is data informed, and would provide many benefits to the field. Considerations for the program are as follows:
 - Options/incentives for enrollment into the 24/7 program vs. the standard program. For example, they could give credit to those with long-periods of compliance, or offer reduced jail time to those enrolled in the 24/7 program.
 - Sanctions will need to be defined and consistently applied, with immediate notification to court/probation.
 - Still considering cost alternatives, e.g., sliding scale, find other funding to supplement cost to the offender, etc.
 - Tools are also being considered based on assessed risk of low, moderate, or high. Possible tools are breathalyzer, drug screening and lab testing, SCRAM, or drugs of abuse testing patches which can be worn up to 10 days or longer.

9. DUI Offender Assessment Tool, Judge Richard Vlavianos, San Joaquin DUI Court

- The DUI Court in San Joaquin County focuses on repeat offenders. They have approximately 500 repeat offenders a year.
- Judge Vlavianos utilizes the DUI RANT triage tool which can be administered in 15 minutes. The tool identifies those who are high risk/high need, high risk/low need, low risk/high need, and low risk/low need.
- The Judge developed a two track system for his court, and based on results of the assessment, offenders are assigned to one of the tracks, as follows:
 - The majority are identified as not needing treatment and placed in Track I. This track is low maintenance with continuous court monitoring and the Ignition Interlock Device (IID).

- Those assessed as high risk/high need are placed in Track II. They are immediately referred for an ASAM assessment for placement of treatment.
- All offenders are sentenced to complete the DUI program, but those in Track II must receive treatment first.
- Approximately two-thirds of offenders are assigned to Track 1, and one-third in Track II. Seventy percent (70%) of funding is spent on Track II.
- Case managers follow-up with the IID companies every two weeks. If any offenders have negative reports, they are ordered back to court. They are then referred for an ASAM assessment, and based on the results, they may be assigned to Track II.
- The DUI court started January 1, 2008. Since then, nearly 4,000 repeat offenders have been convicted. Since inception of the DUI court, San Joaquin has experienced a 50% reduction in DUI's and 50% reduction in crashes.
- The RANT tool costs approximately \$2,000 a year.
- The Judge recommends that DUI offenders be assessed with tools specific to the DUI population. Many DUI offenders are social and their need for treatment is underreported using tools designed for anti-social thinking. DUI programs can use the RANT.

10. Suggested Agenda Items for Next Meeting (May 17, 2016), Michele Wong

- Workgroups for SHSP Action Items, including Program Standards
- Revisit the Logic Model
- Review CADTP's General Assistance/General Relief Proposal
- County Survey Results