

**Governor's Interagency Coordinating Council for the  
Prevention of Alcohol and Other Drug Problems  
Governor's Prevention and Advisory Council (GPAC)  
January 23, 2014, 9:30 a.m. - 12:30 p.m.**

**MINUTES**

The forty-fourth meeting of the Governor's Prevention Advisory Council (GPAC) convened at 9:30 a.m. on January 23, 2014, at the Department of Health Care Services (DHCS). These minutes provide a summary of the discussion and the decisions made during the GPAC meeting.

**OPENING and INTRODUCTIONS**

**Karen Baylor**, DHCS, opened the meeting by welcoming members and proceeded with member introductions.

**Scott Berenson**, California Community Colleges Chancellor's Office (CCCC), announced that the CCCC is attempting to enroll students in Medi-Cal through the School-Based Medi-Cal Administrative Activities (SMAA) program administered by DHCS. The SMAA program reimburses participating agencies, including school districts and county offices of education, for implementing activities to outreach to potential Medi-Cal eligible students and families. Mr. Berenson stated that the SMAA implementation has been problematic and the CCCC has not received funds since 2011. Currently, the CCCC is disputing the audit rendering the CCCC non-compliant because categorical program rules used for K-12 schools do not apply to community colleges.

**Ray Murillo**, California State University (CSU), Office of the Chancellor, highlighted the CSU Alcohol, Tobacco, and Other Drugs (ATOD) Educational Conference. The CSU ATOD Educational Conference will be held at CSU, Channel Islands on April 3 and 4, 2014. Further information and registration is available on the website at [www.csuci.edu/atod/](http://www.csuci.edu/atod/).

Mr. Murillo announced that he is chairing a smoke-free policy workgroup to make CSU a smoke-free institution. A policy statement will be issued in July.

Q: Will the policy cover e-cigarettes?

A: Yes

**Jacquolyn Duerr**, Department of Public Health (DPH), reported that DPH published a comprehensive wellness plan to prevent and control the leading causes of death and injury in which ATOD is a major risk factor. Ms. Duerr announced an upcoming conference to be held on February 13 and 14, 2014. Ms. Duerr will distribute additional information to DHCS management. The goal of the conference is to bring people together who work in primary and secondary prevention to figure out ways to synergize efforts. Additionally, Ms. Duerr reported that DPH's Tobacco Control Program is leading a retail campaign which deployed youth throughout the state to survey neighborhood retailers regarding the accessibility, price points, and advertising of alcohol, tobacco, and unhealthy foods. Data collection for this project is complete consisting of 7000 surveyed retailers statewide. DHCS is involved with the data analysis for the alcohol portion. DPH will release findings shortly and a statewide press release plan is underway.

**Major Jeff Moore**, California National Guard (CNG) reported that the CNG received the Governor's Environmental and Economic Leadership Award in the area of Ecosystem and Watershed Stewardship for their work in state forests to salvage environmental damage caused by marijuana cultivation. CNG is developing a presentation on their findings which will be available to the public. The project will also include information about the vast amounts of water devoted to marijuana cultivation. Marijuana legalization will create conflict with other crops over scarce water. CNG is also working with tribal leaders to educate tribes about the environmental damage caused by marijuana cultivation and provide assistance to clean up tribal lands.

**Tom Herman**, California Department of Education (CDE), reported that statewide tobacco control efforts continue to encourage local educational agencies to include electronic cigarettes in smoke-free policies. The CDE views electronic cigarettes as a gateway drug and a strategy to get youth addicted to nicotine. The CDE is looking to increase funding for the California Healthy Kids Survey (CHKS) and is working to increase CHKS implementation by leveraging legislative and local support since school climate legislation mandates local accountability. The CDE will host educators from South Korea to learn about the California educational system, specifically, the Safe and Supportive Schools Grant recipients, as part of an international effort to focus on improving school climate.

**Cheryl Adams**, Department of Rehabilitation, noted that her professional purview is vocational rehabilitation for people with disabilities. The goal is not prevention, but employment. However, she noted that substance use and abuse affect people's employment.

## **OPENING REMARKS**

Karen Baylor continued with opening remarks and provided the following updates:

- dave neilson, prior Substance Use Disorders (SUD) Prevention, Treatment, and Recovery Services Division Chief, retired. DHCS divided Mr. neilson's responsibilities among division chiefs until a new SUD division chief is hired. Don Braeger is managing the Prevention Services Branch during the interim.
- Ms. Baylor provided a brief statement about her leadership in the field of prevention. She expressed that she is a strong believer in prevention and a big fan of Friday Night Live. She envisions more collaboration between mental health and ATOD prevention. Ms. Baylor noted that the two fields share common risk factors and strategies to reduce stigma. Her role is to learn the system at the State level, and to streamline mental health and ATOD prevention, which may engage in duplicative efforts. She added that clients need access to treatment should receive it in culturally competent ways. Access to good quality care is of the utmost importance and she noted that it is both a challenging and exciting time with the implementation of the Affordable Care Act (ACA). Ms. Baylor expressed her appreciation to everyone for attending GPAC.

Ms. Baylor passed the meeting to Laura Colson. Ms. Colson continued the meeting with more updates:

- The implementation of ACA has been a top priority. DHCS has worked with stakeholders and communities to ensure that screening, brief intervention, and referral to treatment (SBIRT) services are prioritized since the ACA covers alcohol screening for adults. This allows Medi-Cal providers to screen for alcohol, and to offer treatment where needed. SBIRT is the theme for today's GPAC meeting.
- The 2013 National Drug Threat Assessment was released by the United States Department of Justice, Drug Enforcement Agency. The assessment includes the following findings:
  - Prescription drug abuse is the fastest growing drug problem;
  - The availability of heroin continued to increase in 2012, along with overdose deaths;
  - Many prescription drug abusers are turning to heroin as a cheaper and more easily available alternative;
  - Meth availability is increasing;

- Due to high levels of production in Mexico and small-scale domestic production, marijuana availability is increasing; and
- Synthetic drug abuse has emerged as a serious problem in the U.S.

Laura Colson encouraged people to read the full summary at [www.justice.gov/dea/resource-center](http://www.justice.gov/dea/resource-center).

## **AGENDA, PUBLICATIONS and RESOURCES REVIEW**

**Laura Colson**, DHCS, reviewed the agenda and the *Publications and Resources* Handout. Publications and resources can be found on the GPAC website at <http://www.dhcs.ca.gov/provgovpart/Pages/GPACMeeting1232014.aspx>.

Publications and resources included the following:

1. [2013 National Drug Threat Assessment Summary](#). Drug Enforcement Administration (2013).
2. [Energy Drinks and Alcohol: Links to Alcohol Behaviors and Consequences across 56 Days](#). *Journal of Adolescent Health*, 30, 1-6. Patrick, M. E. & Maggs, PhD., J. L. (2013).
3. [Screening, Brief Intervention and Referral to Treatment](#). Department of Health Care Services (website).
4. [Alcohol Screening and Counseling: an effective but underused health service](#). Centers for Disease Control and Prevention. (2014).
5. [Integrating Screening & Early Identification, Brief Motivational Interventions and Health Coaching into our Continuum of Services](#). (Webinar). Center for Applied Research Solutions. (2013).
6. [Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement](#). Moyer, MD MPH, Virginia A. on behalf of U.S. Preventive Services Task Force (2013). *Annals of Internal Medicine*, Volume 159 (3), 11 pages.
7. SAMHSA is showcasing California's "[Count Me In Video](#)" on their website's homepage. The video was developed by the Friday Night Live Partnership and Department of Alcohol and Drug Programs.
8. STOP Alcohol Abuse – [Town Hall Meetings Website](#)
9. [California State University, Channel Islands, Alcohol, Tobacco, and Other Drugs Educational Conference](#), April 3 & 4.

Laura Colson announced that the power point slides for each presentation will be available next week on the GPAC website.

## **PRESENTATIONS**

### **“SBIRT for Substance Use Disorders”**

**Richard A. Rawson, Ph.D., Professor and Director of the Integrated Substance Abuse Program, University of California, Los Angeles (UCLA)**

Dr. Rawson provided a brief overview of SBIRT, discussing the benefits, impacts, screening processes, and historical overview. SBIRT was defined as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for SUD. The benefits of screening is that it: 1) provides opportunity for education, early intervention; 2) alerts health care provider about risks for interactions with medications and other aspects of treatment; 3) offers opportunity to engage the patient; and 4) proves beneficial in reducing high-risk activities for people who are not dependent.

Dr. Rawson discussed screening and brief intervention (SBI) procedures and the major impacts of SBI on public health that: 1) reduce AOD use significantly; 2) reduce accidents, injuries, trauma, emergency visits, and depression; 3) saves two to four dollars for each dollar expended on treatment; and 4) saves overall healthcare costs. Dr. Rawson explained the screening processes utilizing alcohol screening tools such as AUDIT, AUDIT-C, and DAST and discussed SBIRT settings. The presentation included a historical overview of various SBIRT efforts in California including the CASBIRT grant that implemented SBIRT in San Diego and Los Angeles Counties and other SBIRT efforts with colleges, universities, and Native American tribes.

Dr. Rawson discussed the current state of prevention and the need for SBIRT. As of January 1, 2014, SBIRT is a reimbursable benefit under the ACA, taking it beyond the pilot project phase to full integration into the health care system. There are about two million people receiving treatment and 21 million more people in need of treatment. The United States' penetration rate to treat persons with substance abuse disorders is only about 10 percent while other countries have up to a 60 percent penetration rate. There are about 60 million people using alcohol and other drugs (AOD) at high risk levels and these are the people who will benefit most from SBI. It is important to note that brief intervention doesn't work for people with dependence, only for people with high risk use.

The need for SBIRT is evident; how to implement SBIRT in the health care system presents challenges. Healthcare professionals report that they do not ask about substance use because they do not know what to do when they encounter a patient with a SUD. Other challenges for SBIRT implementation include: 1) during the average 15 minute doctor's visit, an alcohol screening takes too much time; 2) determining who is

eligible and who is responsible to perform screening; and 3) establishing the priority with competing topical screening such as mental health, diabetes, etc. The referral to treatment component has the least amount of data and is the least successful component of SBIRT. UCLA provides SBIRT trainings directly and online.

Q: Is there such a thing as referral back to prevention services? Or just treatment?

A: There is not, to my knowledge. But, it is a good idea and would be easy to integrate.

Q: Thinking about all the challenges of getting this integrated into health care, I'm wondering if you have learned anything about WHY brief intervention was successful. We know knowledge itself doesn't change behavior, so why does this work?

A: It is the motivational interviewing, not the knowledge. It is something about the expression of care by a healthcare professional that helps people make their own decisions that seems to work. Without the motivational interviewing, you don't see the results. And we know that it must be a credible health professional, not just "some guy off the street."

**“SBIRT - Alcohol Screening, Brief Intervention and Referral to Treatment”  
Jane Ogle, Deputy Director, Health Care Delivery Systems, Laurie Weaver,  
Division Chief, Benefits, & Efrat Eilat, Special Advisor for Integrated Services,  
Health Care Delivery Systems, DHCS**

The DHCS team presented on the work that DHCS has completed to implement SBIRT under the ACA in California. At least 640 thousand people are newly eligible for Medi-Cal and it is estimated that another 600,000 people will be recipients of Medi-Cal in the next year. The key aspect is the integration and coordination of SBIRT into a system of care that is experiencing rapid growth. Ms. Eilat reviewed the provider's role to implement SBIRT that include: 1) health care professionals have the responsibility of looking after their patient's general health and welfare; 2) alcohol SBI is incorporated into mainstream health settings; and 3) practitioners screen patients to assess alcohol use and provide the appropriate intervention, if necessary, based on the screening results. Reimbursable SBIRT services include a full alcohol screening for adults, three brief interventions per year, and services provided by an SBIRT-trained health care professional. However, it is important to note that treatment is not reimbursable and must be referred out.

DHCS provided an update about the SBIRT implementation plan that included key implementation activities and target dates. DHCS is collaborating with UCLA for the training plans. Phase one included webinar training for medical directors and physicians; phase two is active and includes educational training for supervisors and providers; and phase three is training on screening tools and behavioral interventions. Ms. Eilat discussed the provider requirements for licensed and non-licensed providers that may offer SBIRT services in primary health care settings. Medical professionals are responsible for SBIRT implementation and DHCS is also training health educators, AOD counselors, etc. to conduct motivational interviews. Online trainings, resources, fact sheets, and screening instruments are available on the DHCS website at <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>.

Q: Are Marriage and Family Therapists (MFT) and Licensed Clinical Social Workers (LCSW) on the supervisory list?

A: Not yet, but we may get there.

Q: Does the required 60 hours of training have to be in substance use/abuse?

A: No, the 60 hours of training requires a familiarity with services provided in the primary care environment.

### **“BRRIM: Brief Risk Reduction Interview and Intervention Model”**

**Jan Ryan and Jim Rothblatt, Prevention Consultants & BRRIM Co-Developers, Redleaf Resources Consulting & Training, Palm Springs, California**

Ms. Ryan began the presentation with a program description detailing BRRIM’s key objectives:

- To identify individuals who are exhibiting early signs of substance abuse;
- To address risk factors and increase protective factors;
- To reduce first time substance use and/or delay onset of substance abuse;
- To reduce the length of time the signs and symptoms of use continue;
- To reduce the severity of substance abuse;
- To increase access and involvement to prevention services; and
- To support family members and significant others impacted by AOD problems.

The core components of the program include program referral, motivational interview, prevention services agreement (PSA), education/brief intervention, family involvement, and referral to diagnostic assessment, if necessary. Ms. Ryan explored the BRRIM process by detailing each core component and showing a video of an actual motivational interview.

Ms. Ryan emphasized the program benefits of BRRIM to: 1) serve the individual and family; 2) implement a strength-driven process; and 3) empower people to prioritize and create their own outcomes. Ms. Ryan reiterated that BRRIM is NOT a quick screen, an assessment, a treatment diagnostic, or a single-problem intervention.

BRIIMM is best used in educational settings, community-based organizations, and county services. Due to the 90 minute motivational interview, BRRIM is not suitable for primary health care settings. BRRIMM is designed to serve youth with a high risk of dependence. Thus, BRIIMM is not appropriate for all prevention programs due to the target population and the non-biased approach required from the prevention specialist administering BRRIM. The presentation concluded with a brief historical overview of BRRIM and statistical evaluation findings that support the effectiveness of the BRRIM program.

Comment: BRRIM is related to school climate and how participants feel increased acceptance. If they feel accepted, they're more likely to feel connected to the school and that an adult cares about them; which increases their protective factors. There is so much focus on the unacceptable number of suspensions/expulsions, particularly of young men of color, and something needs to be done. There are things happening at the federal level that are very valuable. The CDE finds this very encouraging and will definitely support this.

Response: The cumulative impact of structural, trauma, and mental health issues means that you can't just address AOD issues in order to make effective interventions. This model shows how prevention can cut across systems to provide a broad approach to wellness.

Comment: This is the first program I've seen that is totally strength-based. You generally see interviews structured around the problems, which just makes people feel awful.

Response: It's really hard to not define the problem or try to fix the problem. People are so used to this approach that changing them through training really requires the structured interview. These questions are a fixed part of the interview, and part of the plan.

## **COUNCIL WORKGROUPS**

### **Prevention of Underage Drinking Workgroup (PUDW) - John Carr, ABC**

Last week, the Prevention of Underage Drinking Workgroup met. PUDW has a nice diversity of military, education, law enforcement, prevention, health, and youth. PUDW is focused on Alcohol Awareness Month in April when many agencies will implement town hall meetings (THMs). ABC, California Friday Night Live Partnership (CCFNLP), and DHCS are collaborating to implement THMs in California. At town hall meetings, the most important question is: "What can we do to prevent underage drinking?" Jim Kooler, CFNLP Director, stated that the CFNLP is responsible for half of the THMs statewide to ensure that young people are in a leadership role. Mr. Carr brought posters to distribute to GPAC participants and showed the Target Responsibility for Alcohol Connected Emergencies (TRACE) video which can also be utilized as a THM tool. You can contact Lorraine Frias if you want more information on Town Hall Meetings at [Lorraine.frias@dhcs.ca.gov](mailto:Lorraine.frias@dhcs.ca.gov) or (916) 324-4516.

### **SUMMARY/CLOSING – Laura Colson, DHCS**

Ms. Colson thanked the GPAC members and presenters. DHCS is always looking for interesting ideas for presentations. If anyone has suggestions for future topics, please inform the GPAC Coordinator. Ms. Colson informed GPAC that due to changes in workload, GPAC will be under a different supervisor, Jane Williams, who oversees the Prevention Program Implementation Unit. Margie Hieter will assume the responsibility of GPAC Coordinator and can be reached at (916) 323-1836 or [Margie.hieter@dhcs.ca.gov](mailto:Margie.hieter@dhcs.ca.gov). Laura Colson thanked Lorraine Frias for her great work as the prior GPAC Coordinator.

The next GPAC meeting is scheduled for Thursday April 24, 2014.