INTERAGENCY PREVENTION ADVISORY COUNCIL (IPAC)
May 7, 2015 - 9:30 a.m. to 12:30 p.m.
Department of Health Care Services (DHCS)
Mental Health and Substance Use Disorders (SUD) Services
Prevention, Treatment and Recovery Services Division (PTRSD)
1500 Capitol Avenue, Training Rooms A, B & C, Sacramento, California 95814

Meeting Notes

Members Present
Dayna Barbero, California Community Colleges Chancellor's Office (CCCCO)
Karen Baylor, DHCS, SUD and Mental Health Services Division (MHSD)
Scott Berenson, CCCCO
Don Braeger, DHCS, SUD PTRSD
John Carr, California Department of Alcoholic Beverage Control (ABC)
Charlene Cowan, California Department of Rehabilitation
Kevin Davis, California Highway Patrol
Michelle Famula, M.D., University of California
Denise Galvez, DHCS, SUD PTRSD
Tom Herman, California Department of Education (CDE)
Jennifer Kent, DHCS
Victoria King-Watson, DHCS, SUD PTRSD
Kent Shaw, Department of Justice
Steve Wirtz, California Department of Public Health (DPH)
Andrea Zvonicek, DPH, California Tobacco Control Program (CTCP)

Guests Present
Susan Blauner, Saving Lives Coalition
Danelle Campbell, Butte County (webinar)
Kelly Cowger, DHCS, Driving Under the Influence (DUI)
Ken Einhaus, Center for Applied Research Solutions (CARS)
Joyia Emard, California Department of Consumer Affairs (DCA)
Aaron Goff, DHCS, MHSD
Lynn Goodwin, California Friday Night Live Partnership (CFNLP)
Erika Green, CARS
Margie Hieter, DHCS, SUD PTRSD
Jim Kooler, CFNLP
Bruce Lee Livingston, Alcohol Justice (webinar)
Kendra Penner, DHCS, SUD PTRSD
Ken Pierce, Center for Counseling
Patrice Rogers, Department of Motor Vehicles
Anthony Scott, DHCS, DUI
Duane Shaul, DHCS, MHSD
Ferol Upton, DHCS, DUI
Wendi Warrick, Center for Counseling
Jane Williams, DHCS, SUD PTRSD

Introductions/Agenda/Material Review – Margie Hieter, Meeting Facilitator, DHCS, SUD PTRSD
The meeting was called to order at 9:30am. An overview of the agenda was presented to the group. Group participation was encouraged.

Opening Remarks - Don Braeger, Division Chief, DHCS, SUD PTRSD
Don welcomed members and guests to the meeting and reminded the group of its recent journey of transitioning the IPAC focus from information dissemination to collaborative-action. He stated that today's agenda reflects this transition and includes a planned small group activity, the results of which will inform the Executive Leadership Team's (ELT) action to recommend annual prevention priorities.

Don introduced Denise Galvez as the new Branch Chief of SUD PTRSD, Policy and Prevention Branch, and extended her his congratulations.

Don introduced Jennifer Kent as the new Director of DHCS. He invited her to address the group.

Jennifer Kent, Director, DHCS
Jennifer expressed her pleasure at attending a portion of today's meeting. She recognized the importance of prevention's role in the continuum of care and shared information about DHCS priorities and the Affordable Care Act (ACA).

DHCS organizational priorities include ensuring that medical, behavioral health, and social needs are met across California's continuum of care by imbedding reforms initiated by the Affordable Care Act (ACA). Reforms will occur for both fee-for-service systems and for managed care systems. Planning to achieve equity in health services expenditures is one issue being considered. A recent analysis shows that the top 1000 users of fee-for-service healthcare services receive $5,000,000 in services, primarily for mental health problems combined with other issues. One strategy for reducing costly emergency room visits, 9-1-1 services, and other reactive healthcare expenditures is to identify and engage high-need individuals as first symptoms of mental illness emerge and provide them access to the appropriate continuum of care services that will help prevent or slow their disease progression.

Stakeholder Notification Process – Margie Hieter, DHCS, SUD PTRSD
Recently, DHCS implemented a Stakeholder Engagement Initiative to ensure that stakeholders can easily receive information about upcoming meetings. Specifically for IPAC, stakeholders are encouraged to access the DHCS online Calendar of Events which includes details for upcoming IPAC meetings. An option exists for those who choose to receive automatic notifications about upcoming meetings. Provided were directions to access the registration site and the DHCS Calendar of Events. Handouts containing this information were made available to meeting attendees.

Underage Drinking Workgroup Update - John Carr, ABC
John reported that prom season is a busy period for prevention and early intervention activities. ABC is conducting shoulder tap and minor decoy purchase operations, both of which require dedicated youth as volunteers. So far this year, there have been fewer successful decoy purchase attempts than during the same time last year – 432 versus 542. John reported that powdered alcohol is legal in California, but is not yet available in retail outlets. Alcopops are a concern that continues to be monitored.

ABC will step back from the job of acting as the chair for the Underage Drinking Workgroup, but will continue involvement in a non-leadership capacity. The timing of this decision fits nicely with IPAC's efforts currently underway to create annual prevention priorities which will likely change the workgroup focus.

Executive Leadership Team (ELT) Update - Margie Hieter, DHCS SUD PTRSD
As noted during the February meeting, IPAC is in the process of identifying annual prevention priorities and focusing its efforts on creating collaborative-actions suitable for cross agency participation. The ELT aims to define opportunities to align prevention efforts among state departments. Today's meeting was designed to solicit input and feedback from IPAC members and stakeholders and request their help to identify potential priorities suitable for cross agency collaborative actions. Using the output of today's small group activity, the ELT will refine the list to a manageable list of priorities and report their recommendations at the July 16, 2015 IPAC meeting. Margie reviewed IPAC's vision, mission, and purpose, and the four strategic initiatives of the National Prevention Strategy which are the foundation upon which IPAC's prevention priorities will be built.

- Healthy and Safe Communities,
- Preventive Services in Clinics and Communities,
- Empower People to Make Healthy Choices, and
- Eliminate Health Disparities.

State-level and community-based organizations have unique perspectives to consider. To ensure that both perspectives were heard, the meeting attendees were divided into two groups, one for each perspective. The small group activity was initiated by having the state-level group sub-divide according to the four strategic initiatives. The number of community-based attendees was small, so they chose to evaluate Empower People to Make Healthy Choices. All groups were asked to brainstorm possible collaborative-actions, assess them according to ELT-defined screening criteria, and define best opportunities for future actions.

Small Group Breakouts and Reports
At the conclusion of the small group activity, each group selected a spokesperson to report their findings to the re-assembled meeting participants. The report-out included a description of the group's process as they progressed from recognizing the common activities currently implemented by IPAC members to identifying the underlying reasons for the common activities.

Healthy and Safe Communities – Denise Galvez

Priorities:

- Increase health and wellness in places where people live, learn, work, and play.
- Decrease risky behaviors in our communities
    - Decrease DUIs, binge drinking, perceived marijuana use, prescription drug abuse.
    - Collaborative actions will potentially impact the data collected for emergency room visits, DMV data (DUIs), and prescription drug abuse. This will require changes in data collection for prescription drug abuse which is not currently identified by the specific substances used, such as opiates or Adderall.
- Address underserved communities
    - Increase community development through access to services.
    - Help consumers gain access to services by helping them navigate university and college systems of care and other existing systems.
    - Streamline referrals to SUD services.
    - Increase access to housing measured through Department of Rehabilitation, the CSU and the UC systems.
    - Review and evaluate neighborhood zoning laws for alcohol and marijuana outlet density.
    - Implement retail education if marijuana becomes legal for recreational use.
    - Implement place of last drink surveys and mandatory responsible beverage service trainings.

Preventive Services in Clinics and Communities – Jane Williams

Priorities:

- Opioid abuse
    - Reduce overprescribing of legal pain killers.
    - Increase the number of doctors utilizing the Controlled Substance Utilization Review and Evaluation System, commonly known as CURES.
    - Acknowledge the increases in illegal heroin use that result from restrictions to legal opioid access and the ensuing increases in HIV/Hepatitis transmission due to sharing needles.
    - Educate pharmacists and consumers about opioid abuse.
    - Provide pharmacists with information and training specifically for the times when they refer consumers to SUD treatment. A trigger is when pain medication prescriptions are not filled due to opioid addiction control strategies.
    - Increase community awareness and promote legislation related to emergency regulations for Naloxone, used to treat opioid overdose, and the “Good Samaritan” laws that prohibit a person from being charged with illegal drug use if they call 9-1-1 to report a drug overdose.
- Military veterans suicide

    - Recognize that underreporting of suicide is partially due to a lack of criteria used by law enforcement and county coroners to identify deaths by suicide, especially when the family prefers to avoid the label due to stigma.
    - Reduce the overprescribing of pain medications for veterans returning from recent wars.
    - Increase capacity for county behavioral health services.
    - Train clinicians regarding veterans' issues, such as, post-traumatic stress disorder, traumatic brain injury, reintegration post deployment, and military family dynamics.
    - Educate veterans about gun access and safety as most male veterans use guns to commit suicide.
    - Recognize the prevalence of co-occurring mental health and substance abuse disorders often seen in veterans.
    - Address the general lack of provider training regarding connecting veterans to benefits for healthcare, housing, education, and employment.
- Drugged driving
    - Recognize the insufficient resources for enforcement.
    - Stronger requirements are needed for routine screening for alcohol and other drugs following crash events.
    - Establish clear standards of the acceptable alcohol/drug blood levels for those substances that significantly impair driving.
    - Develop strategies that allow information sharing with prevention providers.
- Youth/young adult prevention
    - Increase the financial support for comprehensive SUD prevention for youth, including age-appropriate education for young children before they become at risk for gang involvement and human trafficking.
    - Improve data collection on Adderall/Ritalin abuse, and provide education on associated harms to young adults who consider them as a harmless study aid.
    - Provide training on primary care provider screening and early intervention for risk factors and develop guidelines for making referrals for risky behaviors.
    - Provide training for school personnel on early detection and referrals for mental and behavioral health risk factors and behaviors.
    - Develop strategies to increase perceived harm of marijuana use among youth. These strategies should also address the increasing decriminalization of marijuana use both medicinally and recreationally.

<u>Empower People to Make Healthy Choices – Tom Herman</u>

Priorities:

- Substance use disorders

    - Increasing alcohol and drug prevention across the spectrum will promote long-term fiscal savings resulting in decreased costs for associated health and mental health issues and fatalities.
- Violence
    - Lower the crime rate.
    - Decrease youth and adolescent school suspensions and expulsions.
    - Decrease the incidents of adolescent depression and suicide.
    - Promote safer communities.
    - These actions will result in financial savings.
- Mental health:
    - Align Common Core standards with curricula on conflict resolution, determination for success, quality of life improvement, and other types of socio-emotional learning.
- Youth marijuana use
    - Increase perception of harm.
    - Recognize the impact of marijuana use on traffic safety.
    - Recognize the impact of marijuana use on employment rates.
- Use available data sources
    - California Healthy Kids Survey for risky behaviors
    - School suspensions/expulsions and referral data
    - Hospital admissions
    - Arrest records

<u>Eliminate Health Disparities – Steve Wirtz</u>

Priorities:

- Access to services
    - Identify the geographic, financial and other barriers to service.
    - Assess awareness of the barriers to services.
    - Identify the health disparities that result from the barriers to service.
    - Assess network accessibility and affordable co-pay amounts.
    - Recognize that college students may live on campus and in a geographic area that is outside of their health network/parental health network.
    - Evaluate access in terms of both access to services and service utilization.
- Education and Outreach
    - Help people understand their MH and SUD needs.
    - Raise awareness of location and availability of resources.
    - Develop population-level strategies regarding MH and SUD stigma.
    - Utilize screening and/or brief intervention services.
    - Recognize unique needs of transition-aged youth.
    - Identify mechanisms for self-referral.
    - Improve outreach to historically underserved and marginalized populations.
- Workforce development

    - Provide basic training to healthcare providers to identify and address MH and SUD.
    - Develop advanced training to healthcare providers to allow services to be provided to reach the full diversity of California consumers in a manner that reflects their unique cultural needs.

Stakeholder Work Group, Empower People to Make Healthy Choices – Jim Kooler

Priorities:

- Underage alcohol and other drug use
    - Recognize that some drug users do not acknowledge that alcohol is a drug.
    - Identify the common behaviors/family dynamics/risk factors that represent the underlying triggers for MH and SUD.
    - Develop MH and SUD prevention strategies that address multiple types of drug use.
    - Develop support resources for prevention, early use, and for those in need of treatment.
- Effectively use available data
    - Avoid use of "dramatic" hype.
    - Use data for informed decision making.
    - Factor in or "weight" the data to acknowledge catastrophic or severe results within a relatively small population.
- Increase social supports related to the underlying causes of MH and SUD, including gambling.
    - Recognize that social supports are provided through a wide network of community, family and friends.
    - Provide accurate and meaningful education and awareness campaigns.
    - Link consistent messaging to available community resources.

Member Updates – Margie Hieter / All

Denise Galvez, DHCS, thanked council members who, in the past, have participated in the Sober Truth on Preventing Underage Drinking (STOP) Act survey. Annually, the Substance Abuse and Mental Health Services Administration (SAMHSA) sends out this survey to collect data which becomes a part of their report to Congress. The STOP Act survey instrument was recently received from SAMHSA and will be emailed to member agencies within the next week. Once completed, the surveys should be returned to Lenetta Burney. Participation from all members is greatly appreciated.

Denise also reported that the DHCS annual SUD conference will be held from October 26-27 at the Hyatt Regency in Orange County. This year's theme is "Organizing the SUD Delivery System." IPAC members are encouraged to submit abstracts for proposed workshops.

Andrea Zvonicek, DPH, reported that in January, the Department of Public Health launched a campaign on e-cigarettes messaging consumers to “wake up” to the health risks of e-cigarette usage. The campaign dispels misinformation and calls attention to deceptive and unethical marketing practices. Messages are transmitted using a diversity of media platforms such as Pandora, Spotify, digital bus advertisements, and movie theaters.

The campaign is funded by Proposition 99 which California voters approved in November 1988. This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. The new revenues were earmarked for programs to reduce smoking, to provide health care services to indigents, to support tobacco-related research, and to fund resource programs for the environment. The dollars deposited in the Health Education Account funds both community and school-based health education programs to prevent and reduce tobacco use and is jointly administered by the CTCP and the CDE.

Announcements and Public Comments – Margie Hieter / All
Joyia Emard, DCA, announced the pharmacy board recently reported that Naloxone, an opioid antagonist, is now available without a prescription. It can be administered to people experiencing an opioid overdose and can save them from death.

In response to an audience member’s question, when referring to the terms alcohol, tobacco and other drugs, Don Braeger confirmed that the DHCS and IPAC preferred term is “substance use disorders” or SUD. He also reminded the group of the increasing inclusion of mental health issues in IPAC activities.

Summary/Closing – Margie Hieter
Margie summarized the small group activity by re-stating that the ELT will compile the activity lists created during today’s small group activities. A smaller and more manageable set of recommend priorities will be presented at the July 16, 2015 IPAC meeting via the Annual Priorities and Strategies Report.

The meeting was adjourned at 12:30 pm.

The next meeting will be held on July 16, 2015 at 1500 Capitol Avenue.