

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE  
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS  
GOVERNOR'S PREVENTION ADVISORY COUNCIL**

January 23, 2009 – 9:30–12:30 p.m.

**MINUTES**

The twenty-fourth meeting of the Governor's Prevention Advisory Council (GPAC) was convened at 9:30 a.m. on January 23, 2009 at the Department of Alcohol and Drug Programs (ADP). These minutes provide a brief summary of the discussions and decisions made during the Council meeting.

**1. INTRODUCTIONS AND ANNOUNCEMENTS**

Renée Zito, ADP's Director and Chair of the GPAC welcomed Council members and guests. She began the meeting by making note of several membership changes.

- **Leslie Witten-Rood**, Assistant Director of Operations, is replacing **Michelle Meadows** as the workgroup representative for the Office of Traffic Safety.
- **Richard Lopes**, Deputy Director for the Division of Law Enforcement is replacing **Nancy Matson** as the policy representative for the Attorney General's Office.
- **Alan Lieberman**, Deputy Attorney General, replaces **Wendy Tully** as the workgroup representative for the Attorney General's office.
- **Wendy Tully** will be replacing **Kirby Everhart** as the workgroup representative for the Office of Emergency Services.

Director Zito then invited member attendees to introduce themselves and provide announcements:

- **Jeff Moore**, California National Guard, shared that the California National Guard is supporting multiple coalitions in California, working with parents on education, and supporting youth development. They are also working on an environmental prevention campaign regarding prescription drugs.
- **Stephanie Weaver**, California National Guard, shared information about their nationally-recognized program for addressing the needs of guards members upon their return from overseas service.
- **Jim McLaughlin**, California Highway Patrol, spoke about Start Smart, a well-received successful educational program which targets new and future licensed teenage drivers between the ages of 15-19 and their parents/guardians.
- **Brooke Taylor**, Governor's Office of Planning and Research, attended on behalf of Cynthia Bryant.
- **Paul Oliaro**, California State University, shared that his organization is keeping the issue of alcohol use/misuse alive through the second phase of their third Office of Traffic Safety grant which impacts 23 campuses and 2.2 million individuals. Unfortunately, CSU was forced to cancel its annual alcohol conference due to budget constraints; it is rescheduled for the fall.
- **Debbie Wender**, Department of Social Services, introduced herself.
- **Christian Albrecht**, Alcohol Beverage Control, replaced Steve Ernst, who is moving on from GPAC. Kathy Sandberg has also moved on from chairing the Underage Drinking

- **Mary Strode**, Department of Public Health, announced the launching of three tobacco control RFPs. More information is available via her Department's Web site.
- **Cheryl Grimm**, California Department of Rehabilitation, introduced herself.
- **Leslie Witten-Rood**, Office of Traffic Safety's new representative, introduced herself and spoke about an innovative program to decrease the number of alcohol related adolescent crashes in Sacramento County. This program will incorporate screening and brief interventions of adolescents in the emergency department at UC Davis Medical Center.
- **Richard ("Rick") Lopes**, Attorney General's Office, introduced himself; he is replacing Nancy Matson.
- **Elizabeth ("Beth") Hoffman**, California Community College representative, introduced herself and told Council members that the community colleges are conducting assessments on campuses regarding alcohol use.
- **Alan Lieberman**, Attorney General's Office, tobacco, litigation and enforcement division, introduced himself and announced that Attorney General Brown recently reached an agreement with Miller-Coors to ban the sale of Alcoholic Energy Drinks.
- **Tom Herman**, Department of Education, Safe and Healthy Kids Program Office, introduced himself.
- **Wendy Tully**, now with the California Emergency Management Agency, introduced herself and announced that the Office of Emergency Services will now be the California Emergency Management Agency (CalEMA).
- **Jeff Spano**, California Community Colleges System, introduced himself.

## 2. OPENING REMARKS

At the last GPAC meeting, Director Zito announced that ADP staff had been selected to represent California at the National Methamphetamine Summit in Washington, D.C. The Summit convened last November to address methamphetamine issues among three critically affected populations – women, justice-involved individuals, and the lesbian, gay, bi-sexual and transgender population. Action Teams from 20 States and Territories met to discuss issues and make policy recommendations across six domains within each population – Criminal Justice; HIV/AIDS; Mental Health Services; Rural; Treatment/Aftercare/Recovery; and Prevention/Public Awareness. Dave Nielsen, Deputy Director of the Program Services Division at ADP, is heading the state team. The team has completed an Action Planning Tool answering questions relative to data collection, cultural competency, and access to substance abuse services, and implementation of best practices for the three critical populations in California. SAMHSA will compile the summit proceedings and policy recommendations into a document to be published in the spring. The Council will discuss the recommendations once they are released.

Also, Director Zito mentioned that ADP has been examining ways to help returning veterans. She explained that SAMHSA is urging states to focus on the unique behavioral health needs of returning veterans. Returning veterans are facing co-occurring issues, experiencing post-traumatic stress disorder and traumatic brain injury. Many veterans are having a difficult time accessing treatment services because their post-deployment coverage and eligibility for health care ends. ADP is responding with the California Veteran's Awareness Initiative. Together with stakeholders, ADP is developing a "Commitment Plan" to increase awareness of veteran's needs with:

- the development of a Web site with resource information for veteran's and treatment providers,
- a collaborative with community organizations, and

- an increase in field capabilities with training opportunities specifically focusing on veteran's issues.

A highly successful recruitment was recently organized for licensed counselor volunteers to conduct assessments for veterans and for the National Guard; over 200 volunteer counselors were involved.

Director Zito updated members on ADP's Prescription Task Force. The Task Force was formed to develop recommendations to address the emerging health and safety issues related to the increase in prescription drug abuse. The Task Force is a multi-agency workgroup represented by researchers, universities, aging and youth constituencies, among others. To date, the workgroup has held several conference calls to develop recommendations. The workgroup currently has 22 draft recommendations. A conference call has been scheduled for January 26<sup>th</sup> from 2:30 p.m. to 4:00 p.m. to refine the recommendations; a final document will be ready to present to the Department within the next couple of months. Research topics include prescription drug disposal procedures; other state's policies and initiatives concerning prescription drug disposal programs, training materials and public awareness campaigns; and potential collaborations and associations that could be strategic partners in implementing recommendations. If any members are interested in participating on the call, please contact Andrea Howard with Prevention Services at 323-1854.

Next, Director Zito mentioned that at the Council's last meeting, the Underage Drinking Prevention Workgroup had requested that the Council recommend to the Governor that he not support the Amethyst Initiative, which would lower the legal drinking age to 18. She then announced that the workgroup's recommendations have been forwarded to the Health and Human Services Agency.

Finally, Director Zito shared that ADP recently participated in a national expert panel to review the current National Outcome measures for prevention services. The panel included evaluators, policy experts, and providers to look at current national measures and data sources and to make recommendations to the federal government on possible changes in the measures. Michael Cunningham, who represented California on the policy expert panel, will provide further information on Prevention Outcomes later in the meeting.

### **3. AGENDA AND MATERIAL REVIEW**

The following materials were provided to Council members:

- Copies of the PowerPoint presentations for today's meeting
- Copy of the "Presentation Process" for GPAC
- History of GPAC Presentations
- SBIRT, Youth and High-Risk AOD use Draft Strategic Plan
- Products & Technical Assistance Support for Methamphetamine Prevention from Community Prevention Initiative (CPI)
- Technical Assistance & Training Support for Methamphetamine Information Paper by CPI
- Products & Technical Assistance Support for Binge Drinking Prevention from CPI
- Summary Report on Progress in Implementing the Statewide Adolescent Binge Drinking Strategic Plan, January 2009, from CPI
- Draft of CSAP's National Outcome Measure (NOMs) Review Recommendations, December 2008
- New York Times Article, November 15, 2008 "Some See Big Problem in Wisconsin Drinking"

- Joint Together press release December 3, 2008 “Community Asks Neb. Governor to Reverse ‘Alcopops’ Ruling”
- Press Release from the Office of the Attorney General December 18, 2008 “Attorney General Brown Reaches Agreement with MillerCoors to Ban Sale of Alcoholic Energy Drinks”

Michael Cunningham highlighted several resources to members. On the right side of members’ materials folders is information from the Attorney General’s Web site which reports that MillerCoors has agreed to stop selling alcoholic energy drinks. In addition, the folder also contains a Draft Strategic Plan from the GPAC Subcommittee on Screening, Brief Intervention, and Referral to Treatment Youth and High-Risk AOD Use in Higher and Secondary Education.

On the left side of members’ folders are summary reports for the Methamphetamine Implementation Workgroup and the Binge Drinking Strategic Plan Implementation Workgroup, which provide a glimpse into the TA and training that has been going on in those two areas. Along with each of those reports is a 1-page document, which lists some of the products the Community Prevention Initiative has developed in support of methamphetamine and binge drinking prevention. In addition, materials include a draft of CSAP’s National Outcome Measure (NOMs) Review Recommendations Report Executive Summary; Presentation Guidelines for the Council and a recap of Agency member and outside presentations throughout the history of GPAC; an article from *Join Together* which talks about a Nebraska community coalition seeking to reverse a ruling that currently allows alcopops to be classified and taxed as beer rather than distilled spirits; and, a *New York Times* article which describes the drinking culture in Wisconsin and how health officials and civic leaders intend to change the social norm.

Director Zito then announced the first presentation of the meeting.

#### **4. PRESENTATIONS**

##### **California Student Survey**

##### **Dr. Gregory Austin, Director, Health and Human Development Program, WestEd**

Dr. Austin presented on the most recent results (2007-08) of the California Student Survey relating to California’s secondary students. This 12<sup>th</sup> biennial survey surveyed a total of 13,930 students in grades 7, 9 and 11 from 48 middle and 68 high schools on substance use and other risk behaviors.

This year, the survey was modified in several ways: to comply with SAMHSA requirements for collecting National Outcome Measures, to expand frequency options to better identify experimenters versus heavy users, to add gambling questions, and to reduce the length of the 7<sup>th</sup> grade instrument.

Dr. Austin first described how 2005 CSS results showed a general leveling-off of previous declining trends across grades and substances, and that most changes were small and often inconsistent by grade. In comparison, the 2007 results indicated the following:

- Prescription pain killers appeared second to marijuana use reported in lifetime for 11<sup>th</sup> grade students and third for 9<sup>th</sup> grade students, just after inhalants.
- No meaningful declines on any measure with exception of methamphetamines in 11<sup>th</sup> grade.
- Some increases in indicators of heavy/risky AOD use in 11<sup>th</sup> grade.

Specifically relating to heavy AOD use, Dr. Austin reported that survey results showed a two-point percentage increase for 9<sup>th</sup> grade students and 11<sup>th</sup> grade students experiencing two or more AOD dependency-related indicators. There was a three-point percentage increase for 9<sup>th</sup> and 11<sup>th</sup> grade students experiencing two or more problems caused by AOD use. In addition, lifetime drinking and driving involvement increased for both 9<sup>th</sup> and 11<sup>th</sup> grade students to the highest levels in the past 6 years.

Dr. Austin also acknowledged two positive trends in survey data: increases in students attempting to stop drinking, and believing school would provide help to stop use.

In conclusion, Dr. Austin noted the following:

- Data confirms the 2005 leveling-off of a previous declining trend
- Heavy use is a persistent problem
- New data on prescription and OTC drug use may indicate a need for targeted prevention efforts since this drug use among youth may be underestimated
- Reversal of previous declines in drinking and driving involvement, another warning against complacency

In follow-up to Dr. Austin's presentation, a question was raised regarding a recently released study that had been read which found that the "easiest thing to do in reducing youth drinking is to implement an excise tax" as it serves as a revenue source and is also a best practice in reducing underage youth drinking. Dr. Austin responded by saying there is a need to monitor whatever measures are taken; if alcohol is made more expensive, youths might increase their use of other, cheaper drugs such as prescription drugs. He emphasized a need to look at the picture overall.

**Computerized Alcohol Screening and Brief Intervention in the Emergency Department**  
**Dr. Frederico E. Vaca, Director, Center for Trauma and Injury Prevention Research,**  
**Department of Emergency Medicine, University of California, Irvine**

Dr. Vaca shared information with Council members about the Alcohol Screening, Brief Intervention, and Referral to Treatment program (SBIRT) and the feasibility of using bilingual Computerized Alcohol Screening and Intervention (CASI) in an academic emergency department. Various methods of employing such a tool include:

- Audio-graphical interface developed for a cart-mounted PC
- Messages/questions displayed on touch-screen monitor
- Stable and unimpaired patients interviewed
- CASI administered to patients who drank more than the recommended limits

Of the sample 5,083 adult Emergency Department patients who were screened between June 2006 and August 2007 in this manner, the following CASI users and time to complete were found:

- 50% never drink (SBIRT took approximately 2 minutes to perform)
- 26% drink within recommended levels (SBIRT took 3.1 minutes to perform)
- 19% at risk (SBIRT took 6.9 minutes)
- 5% dependent (SBIRT took a little less time than at risk users at around 6.7 minutes)

In addition, 98% found CASI easy to use (both English and Spanish) and 99% were comfortable answering questions on a computer.

Dr. Vaca concluded by saying that CASI requires little time, is acceptable to patients, identifies at-risk and dependent drinkers, and is a feasible and accepted modality for screening and briefly intervening in emergency department patients with potential alcohol use problems.

Dr. Vaca next went on to discuss the 6-month follow up of Computerized Alcohol Screening, Brief Intervention and Referral to Treatment in the Emergency Department. Patients found to be “at-risk” for alcohol use problems were approached, and telephone follow-up interviews were conducted at one and six months. Alcohol use history at screening was compared to use assessed by telephone interview six months after the intervention.

Results showed overall significantly lower consumption levels at 6 months, including the following:

- 38% fewer patients drank over the limit on any day in the past month
- 8% fewer patients drank over the weekly limit

As a result of these positive gains in the SBIRT program, Dr. Vaca and his team will continue to work on program and hardware refinements and expand CASI to hospitalized/trauma patients in Orange County and to additional college campuses.

In follow-up to Dr. Vaca’s presentation, several Council members posed questions. First, it was asked to what extent the use of the computerized screening may be extended to other settings. Dr. Vaca affirmed there is “quite a bit of possibility.” SBIRT is proven in primary care setting, he said, but settings can run the gamut, depending on the population. One component of the current project is prototyping a tablet computer with headphones that will make it easier for patients when entering information.

Another Council member asked what is being done with Cal State Fullerton in terms of numbers of students screened. Dr. Vaca said at this point the plan is to use the tablets. They will provide a small triage area where students can come and sign in during open period and be asked to undertake the screening. Once this happens, the triage nurse implements the intervention; if patients are found to be at risk, they can be helped immediately. A printout of their audit score is made right then, specialized for that person. They also get referred to further services, if warranted. A high audit or medium score will flag that individual for participation in a basics course.

Additionally, it was asked if there has been any discussion about the possibility of adding other drugs to the screening. Dr. Vaca indicated this is a common question and that the screening can be used for anything from risky sexual behaviors to drugs.

Another question was whether the times discussed in the presentation were still accurate, being as they were 2006 data. Dr. Vaca indicated they are still accurate, or perhaps even a bit longer now because more information is being collected. With the new modified software program, for those at risk, the interview component is about 10-11 minutes long from introduction to completion.

Finally, a question regarding the costs of the program was posed. Dr. Vaca explained that the first prototype cost just under \$5,000 (including software, hardware, and staff time); however, now that the software is developed, it can be expanded on and the aim is to disseminate it as much as possible.

## **5. COUNCIL WORKGROUPS**

### **High Rate Underage Users Workgroup**

#### **Tom Herman, California Department of Education**

Tom reported to the Council on the activities of the High Rate Underage Users (HRUU) Workgroup. A meeting of the subcommittee was held most recently on January 15. At the meeting, the group continued its focus on Student Assistance Programs and efforts to implement these programs statewide. Tom Herman announced that SAP bulletins are ready to be posted on the California Department of Education Web site.

### **California Screening, Brief Intervention, Referral and Treatment (CASBIRT) Program Subcommittee**

#### **Michael Cunningham, ADP**

Michael shared information on the status of the CASBIRT subcommittee's activities. The committee has prepared a briefing letter to be used as a introduction to SBIRT for those unfamiliar with it. The letter will provide a high level of understanding of what SBIRT is, what it is trying to achieve, what settings it is used in, and major components of the program. The letter will be available when someone has a desire to discuss it and share it with different audiences. It is an easy read, but very informative.

Also, the subcommittee is developing a toolkit similar to the one created for SAPs by the HRRU Subcommittee. The toolkit for SBIRT will include instruments currently being used, the audit, and a listing of resources available so someone who wants to take the next step in implementing SBIRT has a significant amount of information about what is necessary to put the program/strategy into practice. The goal is to have this resource available in the spring to include it in presentations scheduled to both the CSU system and its health directors, and to the UC system.

The SBIRT project in San Diego has to date completed over 51,000 screenings, averaging 1,000 per week across twelve sites, with continued growth expected and plans to move to the new tablet devices for data collection.

As part of an overarching plan to broaden implementation of SBIRT, in spring, a series of regional trainings are planned under the contract with UCLA. These will be held in Los Angeles, San Francisco, Sacramento and Fresno for skill-building, such as how to use all the instruments in various settings. In addition to the one day training, there will be technical assistance available for those who want to move forward with implementing SBIRT.

Most recently, SBIRT has been implemented in Los Angeles for use with jail detained individuals (short term detainees). They have both a pre-screen in jail itself, and then a full screen. Those who show a need for a full screen after the pre-screen will be referred to a full assessment, and will receive incentives if they show up.

By the next GPAC meeting, the subcommittee hopes to have the toolkit and additional updates for members.

## 6. COUNCIL PROJECTS

### Prevention Outcomes

#### **Michael Cunningham**

Michael shared that there is a significant amount of focus on outcomes. The purpose of looking at outcomes is to ensure continual program improvement. The Council was asked to identify a few key priority areas of focus, and will be looking at the outcomes of GPAC's workgroups to determine to what extent they have been effective. Specifically, the Methamphetamine Implementation and Binge Drinking Strategic Plan workgroups that were active early on, but are less so, of late.

### Proposal for Closure of Workgroups: Methamphetamine Implementation & Binge Drinking Strategic Plan Implementation Workgroups

#### **Michael Cunningham**

Michael noted that there have been many tools, resources and trainings disseminated since the creation of the Methamphetamine Implementation Workgroup and Binge Drinking Strategic Plan Implementation Workgroup. In members' materials folders are complete summaries of the progress of these workgroups. But, because both of these workgroups have no more additional tasks, Michael proposed the groups be refocused from standing implementation workgroups to ad hoc workgroups. As issues emerge in these two topic areas, the Council can call upon them as needed. Michael then asked for comments or feedback from Council members as to this proposal.

Paul Oliaro agreed with the proposal, but wondered under what circumstances the workgroups will be reconvened so they do not fade away altogether. Michael indicated that Council members or the TA provider, the Community Prevention Initiative, could initiate an agenda to re-start the workgroups in the future.

Joël Phillips of CPI pointed out that on the left-hand side of the materials folders was a document showing what has emerged from workgroups in terms of accomplishments, products, etc. For the binge drinking workgroup, there were five goal areas and seventeen objectives identified, most of which were attained. A framework also remains for future work should the Council decide to move forward on any of these issue areas. The same is true for the methamphetamine workgroup where there may be more viability for something happening in the future, but also a strong record of accomplishment.

Michael then asked Council members whether they agree with these recommendations. Non-objection was understood as consent. Based on Paul Oliaro's recommendation, a set of criteria will be created for when the workgroups would reconvene. It will be circulated to Council members for feedback, and also to determine who is interested in being involved in the workgroups should they reconvene.

At this time, Wendy Tully and Richard Lopes indicated interest in participating in the methamphetamine group in the future. MSG Stephanie Weaver and Alan Lieberman reported an interest in focusing on binge drinking for adult populations.

Michael Cunningham then concluded by saying that the Department will utilize its data collection process via county strategic plans as a barometer across the state of what is going on locally. Concrete data will be used when trying to identify trends and needs, such as whether to reconvene the methamphetamine or binge drinking workgroup.

## **Evidenced Based Programs**

### **Dr. Christina Borbely, Prevention Specialist**

At the last GPAC meeting, Dr. Borbely shared a report based on a review of documents in the public domain summarizing the status of evidence-based practices among GPAC agencies. The underlying question was what role evidence-based practices have within GPAC agencies. Results were diverse. Almost half of agencies did not have any information in the public domain about standards or evidence-based practices. Of those that do, there was a diverse range of what was provided, from minimal references to robust descriptions of standards, policies, etc. around evidence-based programs or services. A summary report is available based on this initial phase of assessment.

Dr. Borbely then asked Council members to consider next steps for the initiative: is this report enough for GPAC, or should further analysis be conducted? A Phase 2 assessment would involve a more in-depth analysis of internal documents/policies, interviews, and perhaps construction of a workgroup with milestones and objectives for achievements in this area.

Michael Cunningham interjected that the utility of this would be not just to do an assessment, but as a snapshot of the degree to which any or all of GPAC agencies are using evidence-based, what it exactly means to each, how practices are instituted within various systems, and whether consistent terminology could be developed. Dr. Borbely added that a future step might be to collectively try and encourage use of evidence-based practices.

Council members responded that it is “hard to argue against a higher level of accountability.” It was asked how this correlates to strategic planning efforts. Michael explained that the scope of it will be determined by the Council in terms of utility—there is no point in conducting a labor intensive and time consuming process which is not going to be useful, he stated. The effort will be scoped to provide the type of information Council members would find most useful as independent agencies and as a collective.

A small group is needed to work with Dr. Borbely to define next steps and how this should be rolled out and reported back to the Council. Captain Jeff Moore shared that the National Guard puts together a similar report every year, and to have a common understanding of terminology would be very helpful; he volunteered to serve on the committee. Jim McLaughlin of the California Highway Patrol and MSG Stephanie Weaver also volunteered to participate.

One Council member asked, is the definition of evidence-based dependent on funding? Dr. Borbely answered that what was found in member agencies is that in the public domain four agencies have language in their funding requirements. Language varies by agency. More broadly, one of the things discussed in the summary report is what the state of California is doing, and what have other states done—not many states have a comprehensive approach, but some states provide a majority of funding only to providers, services, and programs that follow standards set relating to being evidence-based.

Dr. Borbely will follow-up on the items discussed and report back to Council at a future meeting, possibly the next one.

## **7. OTHER ANNOUNCEMENTS**

### **Requests for Approval of Future Presentation**

Jim McLaughlin of the California Highway Patrol requested an opportunity to present at an upcoming GPAC meeting. He wants to relay information to the Council on a program relating to a multidisciplinary approach to traffic collisions in the college environment. The program, which began in 2004, currently involves four campuses.

All members were in favor of hearing this presentation.

Michael also proposed an upcoming presentation on fetal alcohol spectrum disorders—a major issue which is the result of prenatal alcohol exposure. This issue was previously known as fetal alcohol syndrome, but is now broadened to no longer just deal with developmental issues, but also criminal justice issues, higher risks for other alcohol and other drug use, and social issues, etc.

All members were in favor of hearing this presentation.

Michael instructed Council members that if anyone wants to request a presentation for a future GPAC meeting, be prepared to propose the idea at the next GPAC meeting. Requesting member is responsible for vetting the presentation and presenting the request as a GPAC business item. (refer to presentation guidelines in members' folder.)

## **8. SUMMARY AND CLOSING**

Director Zito thanked all members and participants for attending and reminded all of future meeting dates.

**THE 2009 GPAC MEETINGS ARE TENTATIVELY SCHEDULED TO BE HELD FROM 9:30 A.M. TO 12:30 P.M. ON:**

- **MAY 8**
- **AUGUST 14**
- **NOVEMBER 13**

**GPAC Membership - Attendance January 23, 2009**

Organization / Task		Appointed Members	January 23
1 ADP	Policy	Renée Zito	P
	Tech	Michael Cunningham	P
2 AG	Policy	Richard Lopes	P
	Tech	Alan Lieberman	P
3 CDE	Policy	Gordon Jackson	A
	Tech	Tom Herman	P
4 OTS	Policy	Chris Murphy	A
	Tech	Leslie Witten-Rood	P
5 UC	Policy	Judy Sakaki	A
	Tech	Michelle Famula, M.D.	A
		Representative: Cindy Valencia	P
6 CSU	Policy	Allison Jones	A
	Tech	Paul Oliaro	P
7 ABC	Policy	Steve Hardy	A
	Tech	Steve Ernst	P
		New Tech Rep: Christian Albrecht	P
8 DPH	Policy	Bonita Sorensen, M.D.	A
	Tech	Mary Strode	P
9 CalEma	Policy	Scott Frizzie	A
	Tech	Wendy Tully	P
10 CA Com Coll	Policy	Jeff Spano	P
	Tech	Beth Hoffman	P
11 DSS	Policy	Linne Stout	A
	Tech	Debbie Wender	P
12 CHP	Policy	Jim McLaughlin	P
	Tech	Robert Maynard	A
13 DOR	Policy	Lana Fraser	A
	Tech	Cheryl Grimm	P
14 DMH	Policy	Vacant	
	Tech	Vacant	
15 CA Natl Guard	Policy	CPT Jeffery Moore	P
	Tech	MSG Stephanie Weaver	P
Gov's Rep (OPR)		Cynthia Bryant	A
		Representative: Brook Taylor	A

**P** = Present      **A** = Absent

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE  
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS  
GOVERNOR'S PREVENTION ADVISORY COUNCIL (GPAC)**

January 23, 2009 – 9:30 a.m. to 12:30 p.m.  
Department of Alcohol and Drug Programs  
1700 K Street, First Floor Conference Room  
Sacramento, California 95811

**REVISED AGENDA**

**OPENING**

1. Introductions/Announcements – Renée Zito/All 9:30 a.m.
2. Opening Remarks – Renée Zito
3. Agenda/Material Review – Michael Cunningham

**PRESENTATIONS**

4. California Student Survey – Dr. Gregory Austin, Director,  
Health and Human Development Program, WestEd
5. Computerized Alcohol Screening and Brief Intervention in the  
Emergency Department – Dr. Federico E. Vaca, Director,  
Center for Trauma and Injury Prevention Research,  
Dept. of Emergency Medicine, University of California, Irvine

**- BREAK -**

**COUNCIL WORKGROUPS**

6. High Rate Underage Users Workgroup -  
Tom Herman, California Dept. of Education
7. California Screening, Brief Intervention, Referral and Treatment  
(CASBIRT) Program Subcommittee – Michael Cunningham
8. Proposal for Refocusing Workgroups – Michael Cunningham  
Methamphetamine Implementation Workgroup  
Binge Drinking Strategic Plan Implementation Workgroup

**COUNCIL PROJECTS**

9. Prevention Outcomes – Michael Cunningham  
- National Outcome Measures (NOM's)  
- Methamphetamine and Binge Drinking
10. Evidence-Based Programs – Dr. Christina Borbely, Prevention Specialist,  
Center for Applied Research Solutions; and Michael Cunningham

**OTHER ANNOUNCEMENTS** – Renée Zito

11. Request for Approval of Future Presentation -  
Jim McLaughlin – California Highway Patrol
12. Request for Approval of Future Presentation and Schedule of  
Upcoming Presentations – Michael Cunningham

**SUMMARY/CLOSING** – Renée Zito

12:30 p.m.