



The City and County of San Francisco
San Francisco Drug Abuse Advisory Board
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APPROVED AND ADOPTED MEETING MINUTES

Full Board Meeting on July 10, 2002

Present: Ms. Georgia Bates Creel, Vice-President, Mr. Richard Gee, Secretary/Treasurer, Ms. Yvonne Littleton, Ms. Lavita Daniel, Mr. Keith Fowler, Chair, Public Policy, Mr. Robert Wood, Mr. Brian Haley, Ms. Vanessa Padilla, Chair, Planning and Evaluation, Ms. Dina Santana, and Mr. Kevin Sharps

Absent: Mr. Cedric Akbar, President, (Excused), Ms. Vanessa Padilla (Excused), Ms. Stephanie Hughes (Excused) and Mr. Paul Aguilar (Excused).

CSAS Representative: Dr. Jorge Partida, Community Substance Abuse Services (CSAS), Director
Ms. JN Kendall, CSAS/CAAB/DAAB Liaison

Staff: Ms. Danita L. Mathis, Executive Officer on Vacation.

Guests:

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| Mr. Jack Trimpey, Rational Recovery | Ms. Ardis Jerome, Stepping Stone |
| Ms. Lois Trimpey, Rational Recovery | Ms. Amy Ranger, Health Initiatives for Youth |
| Mr. Paul Kangas, Member of the Public | Mr. Steve Anderson, Walden House |
| Mr. Bruce Kennedy, Member of the Public | Mr. David Broder, Member of the Public |
| Mr. Ron Richards, Sacramento County | Mr. Van Hedwall, Derek Silva Community |
| Ms. Starr Davis, Homeless Substance Abuse Advocate, Volunteer | |
| Ms. Brenda Goldhammer, Derek Silva Community | |
| Mr. Michael Kelly, DOPESICK of SF, Harm Reduction Art/Services | |

I. Call To Order and Introductions

Vice-President Georgia Bates Creel called the meeting to order. Roll call was taken. Board members and guest introduced themselves. At the initial roll call a quorum was established.

Approval of Minutes and Agenda

A motion was made to approve and adopt the June 2002 full Board meeting minutes. The motion was second and unanimously approved by vote.

Mr. Brian Haley stated that he noticed his item of Informed Consent was not in the full Board meeting minutes. Vice-President Creel asked Mr. Haley if Informed Consent was presented to the full Board or the Public Policy Committee. Mr. Haley stated that it was discussed at the Public Policy Committee meeting. Vice-President Creel instructed Mr. Haley to submit in writing to the Executive Officer his statement regarding Informed Consent.

A motion was made to approve the amended agenda for the July full Board meeting. The motion was second and unanimously approved by vote.

The Executive Officer will have the June full Board meeting minutes posted on the Department of Public Health's website.

Motion To Excuse Absence With Cause

The Board unanimously voted to postpone this item.

II. Community Substance Abuse Services (CSAS) Director's Report

Dr. Jorge Partida, Director, CSAS presented the Director's report. Dr. Partida apologized to the Board for missing the last full Board meeting due to a family emergency. Dr. Partida told the Board that he started in this new position at the end of February 2002 and things have been very hectic in that he was unable to attend the full Board meetings. However, Dr. Partida has appointed a representative, Ms. JN Kendall, to attend the full Board meetings and to be the representative for CSAS. Dr. Partida stated that Ms. Kendall would function as a liaison between CSAS and the Board and Dr. Partida stated that appointing a liaison to the Board does not mean that he is not interested in attending the full Board meetings. Dr. Partida stated he would make every attempt to attend as many full Board meetings as possible.

Dr. Partida stated to the Board that the Department of Public Health is moving toward an Integrated Behavioral Health Model. The plan is to integrate the departments, Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS). Dr. Partida stated that the Department of Public Health is excited about this endeavor. Dr. Partida stated that having an Integrated Behavioral Health Model means that CMHS and CSAS will work in a more collaborative effort in terms funding and service delivery. This means that a client will receive more integrated services. Dr. Partida added that it is a lot of work to integrate the two systems, CMHS and CSAS. Dr. Partida stated a three-plan is being developed to accomplish this task of integrating the two systems, CMHS and CSAS. Dr. Partida stated that the question is what will be the role of the advisory boards for

CMHS and CSAS in an Integrated Behavioral Health Model. Dr. Partida stated that Barbara Garcia, Community Programs, Director will be addressing the role of the advisory boards.

Dr. Partida stated that Barbara Garcia, Community Programs, Director will be contacting the management of the advisory boards to discuss their roles in an Integrated Behavioral Health Model.

The Mental Health Board (MHB) of CMHS is mandated by the State of California. The Drug Abuse Advisory Board (DAAB) and the City-Wide Alcoholism Advisory Board (CAAB) are mandated by City Ordinances. The Board of Supervisors appoints members to the MHB, DAAB, and CAAB Boards. The Mayor endorses the Board of Supervisors appointments to MHB, DAAB, and CAAB Boards.

The Treatment on Demand Planning Council (TOD) is internal to the Department of Public Health. The CSAS Director appoints members to TOD.

Dr. Partida acknowledged the complexity of the issues regarding the roles and functions of MHB, DAAB, and CAAB. Dr. Partida also acknowledged the legislative mandates for MHB, DAAB, and CAAB Boards.

Dr. Partida added that the Boards comments, questions, and issues would be taken into account. Dr. Partida told the Board that he or Ms. JN Kendall would keep the Board informed of the activities regarding the Integrated Behavioral Health Model.

Dr. Partida stated that a Provider Luncheon would be held in order to solicit feedback from the Providers regarding the strengths and weaknesses of CSAS. Dr. Partida added that by July 2003, DPH contractors, providers, would be required to provide services in compliance with the Harm Reduction Policy. Dr. Partida stated that he is attempting to have a User Manual developed to assist providers in developing a Harm Reduction Model.

Dr. Partida stated that Harm Reduction trainings are being planned. Dr. Partida stated that a National Harm Reduction Conference is scheduled to happen in Seattle. Dr. Partida added that abstinence-based treatment programs could fall under a harm reduction model if they can show that if a person relapses in the program they would make arrangements to refer to a different treatment modality before they can come back into their program. Mr. Brian Haley asked Dr. Partida if a program has a compassionate relapse policy would that be considered harm reduction? Dr. Partida replied by saying "yes."

Mr. Haley stated that as long as a program has good referral services to the industry at large then they have a harm reduction model. Dr. Partida agreed with Mr. Haley's statement. Dr. Partida stated that the department is not going to force every provider to have a Harm Reduction Policy; however, providers receiving funding from the City and County will make sure the provider has a Harm Reduction Policy.

Dr. Partida stated that the idea of Harm Reduction is to meet the client where they are at and to be more client focused and to be less judgmental.

III. DAAB President's Report

No report given.

Treasurer's Report

Mr. Richard Gee prepared and distributed the DAAB Receipts and Disbursements Report for the month of May 2002. Mr. Gee also distributed the bank reconciliation. Mr. Gee also stated that the Board has received its City payments on time and the City disbursements are current.

The Executive Officer will distribute this report to the City-Wide Alcoholism Advisory Board (CAAB).

Mr. Gee concluded his report by stating that he would like the Board to consider performing some type of fund raising activity this year given the current state of the economy. Mr. Gee pointed out that the Board would have to dip into its reserve before the end of the year to meet its financial obligations.

Mr. Gee reminded that Board to focus on fund raising activities.

IV. Treatment on Demand Planning Council (TOD)

Mr. Richard Gee stated that the monthly Treatment on Demand Planning Council (TOD) meeting was not held due to the July 4th holiday. Mr. Gee stated the next TOD meeting will be held on July 11, 2002.

Mr. Gee distributed San Francisco Marathon pamphlets to the Board. TOD is one of the participants in the San Francisco Marathon.

V. DAAB Committee Reports

Executive Committee

Vice-President Bates Creel told the Board that the Executive Committee did not meet so there is no report.

Planning and Evaluation Committee

No report given due to the Chair being absent at the full Board meeting. Ms. Dina Santana reported that the committee met last month and reviewed and re-typed the Jelani report. Ms. Santana reported that the Executive Officer, Ms. Danita Mathis would mail the completed reports to appropriate parties.

Public Policy Committee

Mr. Keith Fowler was on vacation and he asked Mr. Brian Haley to facilitate the Public Policy Committee meeting on July 3rd. Mr. Brian Haley gave the report from the last Public Policy Committee meeting. The last Public Policy Committee meeting did not have a quorum so the committee met but was unable to transact business. Mr. Haley stated that the issue regarding Informed Consent was brought to the table and was discussed. Mr. Haley asked is it necessary for the Public Policy Committee to have a quorum to bring to information to the full Board. Mr. Haley also stated that the initial Public Policy Committee meeting did not have a quorum and the committee identified areas for discussion. Mr. Keith Fowler, Chair responded by saying the Public Policy Committee was directed by the full Board to identify areas. Mr. Richard Gee concurred with Mr. Fowler's response.

Mr. Haley went on to say that he was looking forward to the full Board meeting today. Ms. Bates Creel told Mr. Haley in the event that there is not a quorum at the Public Policy Committee issues could be presented as New Business in the full Board meeting.

VI. Old Business

No old business reported.

VI. New Business

Mr. Haley stated that the presentation by Mr. Jack Trimpey was being filmed as a tool for Rational Recovery. Ms. Bates Creel introduced Mr. Jack Trimpey of Rational Recovery. Mr. Jack Trimpey is the founder of Rational Recovery. Mr. Trimpey stated that Rational Recovery has been around since late 1985. Mr. Trimpey stated that Rational Recovery has been pioneering avenues for addicted people. Mr. Trimpey stated that he is interested in bringing perceptions regarding the nature of addiction and the nature of recovery to public bodies such as the Drug Abuse Advisory Board to bring about some changes in order to add to the options that are available to addicted people.

Mr. Trimpey stated there was a representative from Sacramento. Mr. Ron Richards from the Department of Human Services from Sacramento County was in attendance. Mr. Trimpey stated that they are looking at individuals who go through the treatment system over and over again. Mr. Trimpey stated that he has a hunch that some of the people might do better on their own than what are the services available to them specifically recovery groups and treatment services. Mr. Trimpey stated that we are very interested in the history and research in the addictions field that keeps showing consistently there is a group of people who have big time problems with alcohol and drugs and that they would get better on their own devices. In other words, these individuals would get better on their own devices in spite of the exposure they had to treatment services and recovery groups. Mr. Trimpey stated that this population is interesting because we think they know something.

Mr. Trimpey stated that this population is interesting because we think they know something of importance and crucial and that in the addictions field it is minimized these self-recovered individuals. Mr. Trimpey stated that we have taken the trouble of going to them and getting their wisdom as to how did they recover from their addiction. As a result of speaking with these self-recovered individuals, Mr. Trimpey stated that brief educational model was developed called Addictive Voice Recognition Technique (AVRT).

Mr. Trimpey stated that what we are interested in is getting this self-recovery technique, AVRT into addiction services field so that it becomes a real option so that individuals take 100% personal responsibility for abstaining from alcohol and drugs not one day at a time which is a time honored way of life but once they are off which is "I will never do that again." Mr. Trimpey once an individual takes 100% personal responsibility to abstain from alcohol and drugs then the individual can say, "I will never do that again." Mr. Trimpey states that the individual's word is my word of honor and that I will never drink alcohol and use drugs and I will not be discriminated against in housing, employment, and services.

Mr. Trimpey proposed that in San Francisco that a screening and case management unit to create and develop to identify the recidivists who may be able to say I do not go to recovery groups and I don't want to go to addiction treatment services because it is operating at a cross purposes to my own recovery plan which is inspired inner directives abstinence which is different from addiction treatment models because it has a lot to do with external factors.

Mr. Trimpey stated that we hope to see an office or unit formed to address this concern in San Francisco.

A member of the audience, Mr. Paul Kangas, asked Mr. Trimpey if he has ever thought about using a chiropractic services in addition to self-recovery groups. The member of the audience stated that self-recovery groups work if the people have access to additional services offered. Mr. Trimpey responded by saying that in the AVRT model for Rational Recovery does not rely on other services such as medical, professional, or whatever simply a person decides on a matter of free will that I will not use drugs. Mr. Trimpey stated that the person makes a commitment and the Rational Recovery model is much simpler than the behavioral health models. Mr. Trimpey stated that some people do quite well in recovery groups while others may not do well in recovery groups.

Ms. Dina Santana, DAAB, asked Mr. Trimpey how long has Rational Recovery been around? Mr. Trimpey responded by saying Rational Recovery has been around since 1985. Ms. Santana asked what the success rates for people who have used the Rational Recovery. Ms. Santana said in her nine years of experience working with substance abuse clients she has yet to see anyone who has successful remain abstinent using the Rational Recovery model. Ms. Santana also added that people would change when they are ready to change. Ms. Santana added the majority of people that she has seen relapse is due to lack of support system and relationships. Mr. Trimpey responded by saying that the system we put people in reflects the values that we are diseased, powerless, and we need support and all these other things and if you don't then you will drink again. Mr. Trimpey stated that the message he heard is that if you don't get a sponsor you will drink again; if you don't work on issues you will drink again; turn it over or you will drink again; and keep coming back or you will drink again. Mr. Trimpey stated that he heard that message every time he went to AA and this part of him made a decision that he would not drink again and he never will. Mr. Trimpey added that he remembered his drinking the tragic part and the fun part as well. Mr. Trimpey stated that when he hears people talk about the miseries of addiction then that calls back the pleasure of addictions as well. Mr. Trimpey stated it is better to allow the past experiences to fade. Mr. Trimpey stated that he is a clinical social worker and has worked with addictive people for many years. Mr. Trimpey stated that 60% of people get better outside of AA and they make a personal commitment that they would never drink again.

Dr. Jorge Partida, Director, CSAS asked Mr. Trimpey as a Clinical Psychologist how do you respond to the research that has been conducted by Stanford, Harvard, and other universities that says addiction is a chronic illness that needs to be managed as such. Addiction is a chronic illness just like a person who has a chronic illness such as diabetes. As Dr. Partida pointed out that if the diabetic stops taking his insulin then he would have a relapse. As Dr. Partida addiction is a chronic illness because the individual has lost the ability to stop using a substance on his own. Dr. Partida asked Mr. Trimpey how does Rational Recovery address addiction as a chronic illness and how is Rational Recovery discounting all the research that has been performed on addiction. Mr. Trimpey responded to Dr. Partida by saying that Dr. Partida's concerns are based on scientific research and discourse that is well and good and helps to get public policy formed and helps to justify programs and that is all well and good. Mr. Trimpey went on to say that this research does not make a dent in the problem that exists in the streets and in people's homes. Mr. Trimpey's response to Dr. Partida was that the research that has been performed was not very sophisticated and that it does not prove much. Mr. Trimpey stated that he felt that it is a far stretch to get serious about this disease model for addiction.

Mr. Keith Fowler, DAAB, asked Mr. Trimpey has he performed any outcome studies using the Rational Recovery model and if so what is breakdown by cultural and gender groups in your outcome studies. Mr. Trimpey asked Mr. Fowler if he was referring to abstinent outcomes and Mr. Trimpey also stated that there are no abstinent outcome studies out there but we do abstinent outcome studies. Mr. Trimpey stated that we collect our own numbers and there is no correction for gender and demographic data. Mr. Trimpey stated that over an 18-month period one group had no use and the other group had a little bit of use. Mr. Trimpey also added that there was no follow-up such as meetings and groups. Mr. Trimpey stated a small percentage of members in AA stay abstinent after the first year and the self-recovery data such as Rational Recovery overwhelming showing that self-recovery is more common and more cost-effective. Mr. Trimpey added that the data collected for Rational Recovery outcome studies do not make corrections for gender and cultural groups. Mr. Fowler asked Mr. Trimpey would he be trying to secure a contract from CSAS for funding? Mr. Trimpey responded by saying that Rational Recovery could be an office within agency and they could be paid by a licensing agreement and he would provide consulting services.

Ms. Lavita Daniel, DAAB asked Mr. Trimpey how would his agency handle performing urinalysis testing for individuals in the criminal justice system? Mr. Trimpey responded by saying that he would tell individuals in the criminal justice system, probationers and parolees, that you owe tests so pay up and get your tests done since you are in the criminal justice system. Mr. Trimpey stated that we make it possible for people to abstain as a matter of principle.

Mr. Brian Haley, DAAB stated that he left 12-steps because he lived with anxiety day in and day out because the support around him did not tell him that he could decide never to use again. Mr. Haley stated that he found the Rational Recovery book in the library. Mr. Haley stated that he is not addicted because he decided never to use again. Mr. Trimpey stated that Mr. Haley is doing well.

Ms. Daniel added that everybody started in the 12-step fellowship.

The Board graciously "thanked" Mr. Trimpey for his presentation to the full Board. Ms. Bates Creel announced that Mr. Trimpey would be making a presentation at City Hall this evening.

VII. There were no public comments.

VIII. The full Board meeting was adjourned at 6:00pm.

Minutes Respectfully Submitted by Danita L. Mathis

***Next Full Board Meeting will be
Wednesday, September 11, 2002
4th Floor CSAS Conference Room
From 4p to 6p***