

**County of San Luis Obispo  
DRUG AND ALCOHOL ADVISORY BOARD  
October 25, 2007, 5:15 – 8:15 p.m.**

Board Members Present: Carol Allen, Ken Conway, Gayne Crossland, Lanny Erickson, Patrick Germany, Joyce Heddleson, John Lovern, Jason Reed, Harry Sharp

Board Members Excused: John Gannon, Susan Opava, Dennis Palm, Dannie Rodger-Topo

Board Members Absent: David Giggy\*\*\*\*, Priscilla Mikesell

DAS Staff Present: Star Graber, Karen Baylor, Kerry Bailey, Frank Warren, Kimberly Kurtzman

Guests: Reverend Charlie Archibald, Susan Warren, Aurora William, Laurie Morgan, Kayanna Bailey, Hy Weiser, Dale White

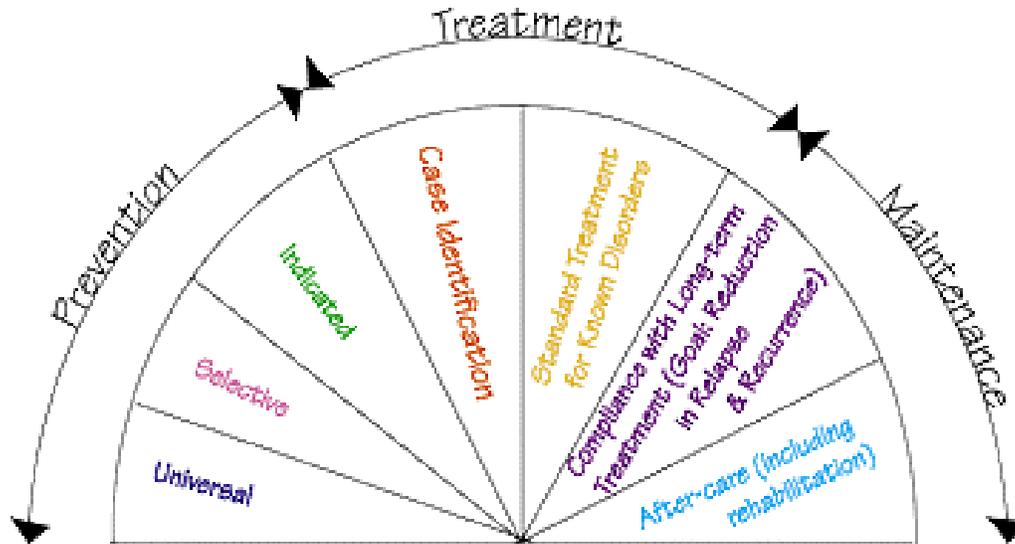
Agenda Item	Discussion	Action
Welcome & Introductions	Chairperson Carol Allen called the meeting to order at 5:25 pm.	
Public Comment	None.	
Review of Minutes	Minutes for September 20, 2007 approved and reading into minutes waived.	1 <sup>st</sup> L. Erickson 2 <sup>nd</sup> H. Sharp Approved unanimously
Membership Discussion	Carol Allen noted that Ken Conway was approved at the last Drug and Alcohol Advisory Board (DAAB) meeting and that Linda Hogoboom had resigned from the Board effective September 2007.	
Introduction Activity	<p>Frank Warren of DAS facilitated an introduction activity in which attendees shared what brought them to San Luis Obispo County.</p> <p>Mr. Warren also passed out a handout displaying the Institute of Medicine (IOM) Disease Prevention Model (IOM 1994) which displays the continuum of disease prevention strategies ranging from Prevention to Treatment to Maintenance (Attachment A). He highlighted the Prevention portion of the continuum which includes Universal prevention measures that address the entire population, Selected Prevention measures that target high-risk subsets of the population, and Indicated Prevention measures that target individuals who exhibit early signs or consequences of alcohol/drug use.</p> <p>Mr. Warren had attendees share what brought them to the DAAB table (i.e., Why are you here?). The responses are included in Attachment B.</p>	<p>IOM Handout (Attachment A)</p> <p>Why Are You Here? Responses (Attachment B)</p>
	<i>Mission/Purpose of DAAB</i>	

<p>Facilitated Strategy Session</p>	<p>Star Graber addressed the purpose and function of the DAAB by providing various local and state citations that allow for and/or mandate the DAAB and its function (Attachment C). Highlights include:</p> <ul style="list-style-type: none"> <li>- Must have at least 5 members.</li> <li>- Must meet at least quarterly.</li> <li>- Advisory board cannot be in conflict with the County Board of Supervisors (BOS).</li> <li>- Advisory board is optional and exists at sole discretion of the BOS.</li> <li>- Advisory board members shall not serve on other health-related advisory boards (for counties with over 125,000 population).</li> <li>- Advisory boards composed of the same members of another health-related advisory board shall conduct the alcohol portion of the meeting separately and have a separate alcohol agenda.</li> <li>- The DAS Administrator shall provide report, information and orientation to the advisory board/members.</li> </ul> <p>Ms. Graber provided a copy of the mission/purpose statement for Marin County’s advisory board for reference (Attachment D) since Marin County is similar in population/size to SLO County.</p> <p><i>Pluses &amp; Deltas</i></p> <p>Frank Warren facilitated a discussion of what is working/has been successful (pluses) and what do we need to look at further (deltas) and a list was drafted. A summary of that discussion is included in Attachment E. Kudos to Laurie Morgan, Mental Health Therapist, who assisted Frank Warren.</p> <p><i>Proposals for How DAAB Could Function in 2007-08</i></p> <p>Various proposals were discussed for how the DAAB could function in 2007-08. The following are the main ideas that were discussed:</p> <ul style="list-style-type: none"> <li>- <u>Program Advocates</u>: Dr. Graber presented the Program Advocates purpose (Attachment F) for the DAAB as follows: <ul style="list-style-type: none"> <li><i>Purpose: Drug and Alcohol Advisory Board members will become familiar with all of the substance abuse programs offered by San Luis Obispo County Behavioral Health Services, Division of Drug and Alcohol Services, or contracting agencies. The Drug and Alcohol Advisory Board members will become advocates for services, funding impacts, and continuous improvements in order to maintain high quality substance abuse services for the citizens of</i></li> </ul> </li> </ul>	<p>SLO County Drug and Alcohol Advisory Board Community Advisory Board (Attachment C)</p> <p>Marin County Advisory Board on Alcohol and Other Drug Problems (Attachment D)</p> <p>Pluses &amp; Deltas Handout (Attachment E)</p> <p>Drug and Alcohol Advisory Board 2007-08 Program Advocates (Attachment F)</p>
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	<p><i>the County of San Luis Obispo.</i></p> <ul style="list-style-type: none"> <li>- <u>Program Review</u>: Dennis Palm was not present at the meeting but had provided an e-mail (Attachment G) delineating a proposal as follows:  <i>A list is circulated with all DAS programs. Annually, each Board member (two to a team) selects a few programs to visit, review and report back to the full Board. This would be similar to the program review process for CBO/PHG.</i></li> <li>- <u>Position Papers</u>: Carol Allen proposed that the DAAB continue to write position statements on issues of concern and finish the position paper on Co-occurring Disorders. Suggested that the Co-occurring Disorders position paper could be a joint project between the Mental Health Advisory Board and the Drug and Alcohol Advisory Board.</li> </ul> <p>These three proposals, which it was pointed out are not mutually exclusive, will be placed on next month's agenda for further discussion and a vote. It was also noted that it might be of interest to recruit members whose expertise is lacking (e.g., schools with the recent resignation of Linda Hogoboom and to solicit youth membership).</p>	Dennis Palm E-mail re: Program Review Proposal (Attachment G)
Announcements	<p><i>Fair Board Issues</i>: Dennis Palm not present. Report will be made at next meeting.</p> <p><i>Mental Health Advisory Board Meeting Report &amp; Joint Meeting Planning</i>: The Co-Occurring Disorders conference was a success and DVD copies are available for review.</p> <p><i>Juvenile Justice Commission</i>: Dennis Palm not present. Report will be made at next meeting.</p>	
Next Meeting Agenda Items	<p>Further discussion and a vote on the three proposals for how the DAAB could operate in 2007-08:</p> <ul style="list-style-type: none"> <li>- Program Advocates (Star Graber)</li> <li>- Program Review (Dennis Palm)</li> <li>- Position Papers (Carol Allen)</li> </ul>	

The meeting was adjourned at 8:15 p.m. The next meeting was set for November 15, 2007 at the Health Campus 2180 Johnson Avenue, San Luis Obispo.

## Institute of Medicine Continuum of Care Model



### The "IOM Model" of Prevention and Treatment

This model (often referred to as the IOM model and sometimes as a "continuum of services," "continuum of care," or "continuum of prevention" model) classifies prevention interventions according to their target populations. This model identifies three prevention categories, based on levels of risk:

- Universal programs reach the general population, such as all students in a school or all parents in a community.
- Selective programs target subsets of those at risk, such as children of substance abusers or those experiencing problems at school.
- Indicated programs are for those already beginning to use ATOD or showing signs of other risky behaviors.

Under this system, treatment interventions, which are therapeutic in nature (such as psychotherapy, support groups, medication, and hospitalization), are provided to individuals who meet or are close to meeting DSM-III-R diagnostic levels. There are two components in treatment intervention:

- case identification; and
- standard treatment for the known disorder, which includes interventions to reduce the likelihood of future co-occurring disorders.

The optimal treatment protocol aims to reduce the length of time the disorder exists, halt a progression of severity, and halt the recurrence of the original disorder, or if not possible, to increase the length of time between episodes.

Maintenance interventions, which are supportive, educational, and/or pharmacological in nature, are provided on a long-term basis to individuals who have met DSM-III-R diagnostic levels and whose illness continues (especially the more severe disorders). The two components of maintenance intervention are:

- the patient's compliance with long-term treatment to reduce relapse and recurrence; and
- the provision of after-care services to the patient, including rehabilitation.

The aim of both components is to decrease the disability associated with the disorder.

# WHY ARE YOU HERE?

## LIFE EXPERIENCE

- Drug and alcohol issues keep popping up in life.
- To change direction from past family problems.
- To inform DAAB/others based on personal experience.

## FAMILY

- Impact of substance abuse on family and how to make positive change from past.
- Perinatal prevention and treatment.

## SENIOR POPULATION

- Impact of substance abuse on senior citizens.

## WORKING TOGETHER

- Co-occurring disorders and importance of program collaboration and provision of integrated services.
- To address important issues facing the County and prevent problems by creating partnerships and collaborative efforts to establish a continuum of care.
- Work together to address lack of services in outlying areas.
- Work together to continue to develop the wealth of resources already available and the importance of communication and collaboration.

## YOUTH

- Interested in youth prevention.
- Alateen, empowering kids to help themselves, obtain information/resources, and leave dysfunctional situations/families.
- Lack of youth services.

## RECOVERY

- Youth recovery.
- Importance of resiliency in youth recovery.
- To be the bridge for others trying to change/recover.

## INFORMATION & EDUCATION

- To inform the media about alcohol and substance abuse related issues.
- To inform and educate community about substance abuse, its impact on county and recovery.

## POLICY

- Public Policy regarding access.

## LAW ENFORCEMENT

- Sees negative and punitive side of drugs/alcohol abuse in work as narcotics commander and detective/investigator. Important to see positive aspects related to treatment and recovery.

## ADDICTION

- Importance of better services for addiction treatment and trauma related to addiction.

1. Family substance abuse issues.
2. Public policy issues (access).
3. Drug and alcohol issues keep popping up in life experience.
4. Interested in youth prevention.
5. Media issues.
6. Recovery – Alateen – Kids helping themselves, getting the right information, and leaving dysfunctional situations/families.
7. Lack of services (outlying areas, for youth).
8. Resiliency (for youth and people in recovery)
9. To address important issues facing our county and prevent problems by creating partnerships and collaborative efforts to provide a continuum of care.
10. Perinatal issues (prevention and treatment).
11. Co-occurring disorders and importance of integrated services.
12. To change direction from past family problems.
13. To inform and educate the community about substance abuse, its impact on county, and recovery.
14. To be the bridge for others trying to change/recover.
15. Substance abuse in senior population.
16. Law enforcement – sees the negative side/impact of drugs every day. The DAAB helps him to stay positive and see that change is possible.
17. Addiction issues and importance of better services for addiction treatment and trauma related to addiction.
18. To continue to develop the wealth of resources already available and the importance of communication and collaboration.

# **SLO COUNTY DRUG AND ALCOHOL ADVISORY BOARD COMMUNITY ADVISORY BOARD**

## **Alcohol and/or Other Drug Program Certification Standards**

### **Section 18015**

An alcohol and/or other drug program community advisory board shall be required for all alcohol and/or other drug programs including government operated and proprietary programs. If one program has two or more locations in the same geographical area, one advisory board is acceptable. A community advisory board may consist of the same people who constitute a program's board of directors; however, the community advisory board shall consist of at least five members.

(In San Luis Obispo County, the Board of Directors is considered the County Board of Supervisors. We have three clinic locations, but one Drug and Alcohol Advisory Board).

The community advisory board shall meet at least quarterly to review operations reports and the effectiveness of services provided to participants. The community advisory board shall advise the program director on policies and goals of the alcohol and/or other drug program and on any other related matters the governing body refers to it, or that are raised by the community advisory board. When there is a board of directors and community advisory board, the role of the community advisory board shall not be in conflict with the role of the board of directors. The community advisory board shall be governed by bylaws.

## **Health and Safety Code**

### **Section 11752.1(e)**

(e) "Advisory board" means the county advisory board on alcohol and other drug problems established at the sole discretion of the county board of supervisors pursuant to Section 11805. If a county does not establish an advisory board, then any provision of this chapter relative to the activities, duties, and functions of the advisory board shall be inapplicable to that county.

## **Health and Safety Code**

### **Section 11805**

**11805.** Each county may have an advisory board on alcohol and other drug problems appointed by the board of supervisors. The advisory board may be independent, be under the jurisdiction of another health-related or human services advisory board established pursuant to any provision of state law, or have the same membership as that other advisory board.

## **California Code of Regulations, Title 9, Division 4, Chapter 2, Article 2**

### **Section 9404**

In counties whose population exceeds 125,000, advisory board members shall not serve on other health-related advisory boards.

**California Code of Regulations, Title 9, Division 4, Chapter 2, Article 2**

**Section 9406**

Advisory boards composed of the same members as another health-related advisory board shall conduct the alcohol portion of the meeting separately from the other portions of the meeting and shall develop a separate alcohol agenda.

**Health and Safety Code**

**Section 11801**

The County Drug and Alcohol Program Administrator shall,

(d) (1) Provide reports and information periodically to the advisory board regarding the status of alcohol and other drug programs in the county and keep the advisory board informed regarding changes in relevant state, federal, and local laws or regulations or improvements in program design and services that may affect the county alcohol and other drug program.

(l) Provide for the orientation of the members of the advisory board, including, but not limited to, the provision of information and materials on alcohol and other drug problems and programs, planning, procedures, and site visits to local programs.

## COUNTY ADVISORY BOARD ON ALCOHOL AND OTHER DRUG PROBLEMS

**PURPOSE:** The purpose of the County Advisory Board on Alcohol and Other Drug Problems is to participate in the alcohol and drug program planning process; to review the scope of alcohol and drug problems in the County; to advise the County Alcohol and Drug Program Administrator on policies and goals of the County Alcohol and Drug Program and on any other related matters the County Alcohol and Drug Program Administrator or the Board of Supervisors refers to it, or which are raised by the Advisory Board and/or individual members of the Advisory Board; to encourage and educate the public to understand the nature of alcohol and drug problems, and to support throughout the County for development, implementation, and evaluation of alcohol and drug programs; to network with other involved community resources; to review the community's alcohol and drug program needs, services, facilities, and special programs; to review the procedures used to ensure citizen and professional involvement at all stages of the planning process; to keep informed of legislative issues related to alcohol and drugs; and to encourage support of legislation that will work toward effective treatment and management of addiction issues.

### LONG-TERM GOALS AND INITIATIVES

- ✓ Increase Awareness of and Community Mobilization around Alcohol and Other Drug Issues
- ✓ Increase Funding for Alcohol and Drug Programs to Provide and Maintain Vital Services
- ✓ Increase the Membership and Capacity of the Board

### KEY INITIATIVES FOR ACCOMPLISHING THE GOALS IN FY 2005-06 WITHIN THE BUDGET

#### **Goal: Increase Awareness of and Community Mobilization around Alcohol and Other Drug Issues**

- ⇒ Engage in **Media and Public Relations** activities, including planning and publicizing activities for Recovery Month (September 2005), supporting the Department with Letters to the Editor and Op-Ed pieces and coordinating media activities with contracted providers.
- ⇒ Participate in planning and implementing **Community Projects**, including Recovery Month, the Prevention Pavilion at the Marin County Fair and an Alcohol Policy and Land Use Conference.
- ⇒ Serve as a **Community and Provider Liaison** with groups such as the Criminal Justice Behavioral Health Advisory Committee, Mental Health Board, Marin Alcohol and Other Drug Prevention Collaborative and contracted prevention and treatment providers.

#### **Goal: Increase Funding for Alcohol and Drug Programs to Provide and Maintain Vital Services**

- ⇒ Research relevant **Grant Opportunities and Resources** on GovGrant and other Websites.
- ⇒ Attend grant writing seminars.
- ⇒ Assist the Department of Health and Human Services and other County Departments, such as Probation, in writing and submitting grant applications.

#### **Goal: Increase the Membership and Capacity of the Board Members**

- ⇒ Develop a **Board Enrichment and Development** subcommittee to determine Board staffing and recruitment needs, to formalize and oversee implementation of the Board structure and processes, to establish and document Board best practices and pursue capacity building training opportunities.
- ⇒ Coordinate and receive training on various topics, such as the Brown Act, Dual Diagnosis and Best Practices for Alcohol and Drug Prevention and Treatment.

### CHALLENGES TO ACCOMPLISH THESE GOALS AND INITIATIVES

Given the nature of Boards that are comprised of volunteers, time and competing priorities can pose a challenge. The Board does not anticipate any other particular challenges to accomplishing the goals and initiatives in FY 05/06.

### DEPARTMENT RESPONSE TO GOALS, INITIATIVES AND CHALLENGES

The Board's goals and initiatives are in alignment with the Department of Health and Human Services, Division of Alcohol, Drug and Tobacco Programs Goals and Objectives for FY 2005/06, particularly with regard to increasing awareness of substance abuse issues, mobilizing community members around these issues, and obtaining funding to provide and maintain vital prevention, early intervention and treatment services for Marin residents. The Board has been a tremendous asset in informing and advancing the prevention and treatment of alcohol and other drug problems in Marin County. The Department will continue to proactively provide staff support to the Board in order to ensure that they have the information, tools and assistance necessary to achieve their goals and initiatives.

<p style="text-align: center;"><b>PLUSES</b> (What is going well?)</p> <p style="text-align: center; font-size: 2em;">+</p>	<p style="text-align: center;"><b>DELTAS</b> (What do we need to look at?)</p> <p style="text-align: center; font-size: 2em;">△</p>
<p>Social marketing regarding Meth addiction is getting people talking and increasing awareness.</p>	<p>What are the next steps after meth addiction has been “taken out of the closet and how do we build the momentum?</p>
<p>Co-occurring disorders conference was a success/good start to addressing issues of persons with addiction issues and mental illness.</p>	
<p>Re-structuring of Behavioral Health by boards and staff.</p>	<p>Need to continue to get the word out to clients about the change.</p>
<p>Great staff working at DAS and Mental Health.</p>	<p>Not all staff on board. Need more training on co-occurring disorders.</p> <p>Territoriality among staff. Minimum standards of staff.</p> <p>Need more dialogue between the professionals celebrating differences on how can work together effectively.</p>
<p>Leading the way in the recovery and resiliency movement and prevention.</p>	<p>Community will participate/engage when they know the system has changed.</p>
<p>Law Enforcement is represented on DAAB.</p>	
	<p>Increased responsible server training as a way to save lives.</p>
	<p>Educate parents about their responsibility and liability in regarding to endorsing/allowing youth to consume alcohol/drugs.</p>
	<p>Slow process on getting beefed up social host policy in SLO County.</p>
<p>Wide array of services in County (e.g., perinatal screening, Martha’s Place, etc.)</p>	<p>Need better understanding of the service providers in the county and strengths and weaknesses.</p> <p>Need to make sure we are not duplicating and that we are using funding appropriately.</p> <p>Need to get input from the users of the</p>

<p style="text-align: center;"><b>PLUSES</b> (What is going well?)</p> <p style="text-align: center; font-size: 2em;">+</p>	<p style="text-align: center;"><b>DELTAS</b> (What do we need to look at?)</p> <p style="text-align: center; font-size: 2em;">△</p>
	services about what works and what is not consumer driven.
Involved in collaboratives (e.g., DUI Task Force, Prevention Alliance)	
Almost have detoxification based on Board responsiveness to community need.	
Ability to measure program data and be more outcome driven.	
Know more about teen drug use and abuse.	More focus on tobacco issues and how they impact community.
CBO/Tobacco Settlement grants forced collaboration.	
PACT – Helping people coming out of prison	AB 900 – Possible funding (prison reform). Re-entry facility.
	Cal Poly – policy making.
Shift in thinking – Recovery happens. Prop 36 is working.	
School programs (e.g., FNL, EFM)	

**Drug and Alcohol Advisory Board  
FY 2007-08  
Program Advocates**

**Purpose:** Drug and Alcohol Advisory Board members will become familiar with all of the substance abuse programs offered by San Luis Obispo County Behavioral Health Services, Division of Drug and Alcohol Services, or contracting agencies. The Drug and Alcohol Advisory Board members will become advocates for services, funding impacts, and continuous improvements in order to maintain high quality substance abuse services for the citizens of the County of San Luis Obispo.

Program Area	Area of Expertise	Program AdvocateNames
1. Adult Outpatient	Three main outpatient DAS clinics Walk-in access Matrix Program OP Detoxification	
2. Perinatal Services	Perinatal Daycare Rehabilitative Program (POEG) Interface with Children's Development Center CWS Referred Program Child care/Transportation Life Steps House Pasos de Vida Residential Treatment Facility Dependency Drug Court	
3. Legal/Forensic	Deferred Entry of Judgment Proposition 36/OTP Adult Drug Court Mental Health Systems, Inc. Sober Living Environments DUI Programs Jail Services/Parolee Services	
4. Youth Services	School based programs MAP Programs Youth & Family Treatment Youth Matrix Outpatient Juvenile Drug Court Juvenile Hall Services	
5. Prevention Services	Friday Night Live Programs Prevention Alliance & Coalitions DUI Task Force Prevention General Prevention Services HIV Prevention Syringe Exchange Program Community Services (Oc & SM) Strengthening Families Program	

**Dennis Palm <dpalm7@sbcglobal.net>**

10/23/2007 07:32 PM

To

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cc sgraber@co.slo.ca.us

Subject Re: Drug & Alcohol Advisory Board (DAAB) Minutes for Sept 2007 and Agenda for Oct 2007

All,

I am unable to attend the Planning Session on Thursday, however, I have a couple of thoughts for you to kick around:

1. Hot Topic Platform, ect. Statement

It appears that the process may too cumbersome, or maybe too many people involved in the finished product, or maybe we are making it more complex than it needs to be. An alternative may be to receive a presentation, on a Hot Topic, from staff and file the report for future reference. In this way, we accumulate a catalog of information, adding structure and formalizing what we already may be doing.

2. Program Review

A list is circulated with all D&AS programs. Annually, each Board member (two to a team)selects a few programs to visit, review and report back to the full Board. This would be similar to the program review process for CBO/PHG. If Harry or Linda are present, they can explain.

Have fun and play nice,  
Dennis