

ANNUAL REPORT 2005

Dear Friends of HRTC,

At the end of 2005, the Harm Reduction Therapy Center completed its 5th year of life as a nonprofit and its 4th year of operations. During 2005, HRTC expanded its client base and its training activities and continued to grow as the mental health/drug treatment provider of choice for many community-based agencies in San Francisco, particularly agencies that serve the homeless. This is because we combine our unique model of treatment for complex multi-diagnosed individuals with training and support for staff at agencies that serve the neediest and most chaotic of residents of the Bay Area. Not only are HRTC's therapists trained to work simultaneously with mental illness and substance abuse, but we are also comfortable working on a drop-in basis in chaotic environments with clients who typically do not show up for appointments. We are therefore able to provide state-of-the-art treatment to the most chaotic of substance abusers on a drop-in basis – a combination of skills unparalleled by any other substance abuse or mental health treatment provider.

TREATMENT

In 2005, HRTC's therapists and medical staff provided a total of 3500 hours of individual therapy (including short-term consultation and evaluation), 125 hours of family treatment, 275 hours of group treatment, and 1000 hours of psychiatric treatment. 40% of the individual treatment took place at HRTC's offices in San Francisco and Oakland, 60% at our community partner sites, while 70% of our psychiatric care took place at our community partner sites! In all, we worked with 750 individuals in 2005 and supervised the care of another 100.

In 2005, HRTC created more structure at the beginning of the treatment relationship. Clients who come to HRTC's offices participate in an initial two month program of assessment, individual therapy, and an educational group, after which they design their own treatment structure (any combination of individual, family, group and psychiatric care) and pay for treatment on a sliding scale basis. Clients who seek us out at our community partnership sites are able to receive all treatment services free of charge on a drop-in basis. We have coined the term "treatment dosing" to describe the empowering model that allows clients to "dose" themselves with treatment at the level of intensity and frequency they feel they need. In 2005, HRTC provided services at the following locations:

■ **Ernestine C Reems Academy of Technology and Arts**

We are in our third year of working with elementary-aged children and parents, and boy are we busy! There is a waiting list for our individual therapy services and for our ever-popular drumming groups.

■ **Pretrial Diversion, Inc.**

HRTC facilitated a harm reduction group at Pretrial's Court Accountable Case Management Program for mentally ill "offenders" who are remanded to Pretrial to ensure followup in the court system.

■ **Glide Community Housing**

We provided one evening a week of drop-in counseling services until July. This program ended this summer due to changing budget priorities at Glide.

■ **Tenderloin AIDS Resource Center (TARC)**

HRTC continued to provide the mental health, substance abuse, and psychiatric care for TARC's homeless clients. Our largest community presence is at TARC.

New community partnerships in 2005:

■ **Asian and Pacific Islander Wellness Center**

API invited HRTC to replace its existing psychiatric treatment provider. We employed a psychiatrist, an expert in substance abuse and opiate addiction and a Tagalog-speaker to provide services at API. This has been an excellent partnership.

■ **Mission Neighborhood Resource Center (MNRC)**

Thanks to The California Endowment, HRTC received a 2-year grant in partnership with the MNRC and the Psychiatric Foundation of Northern California (PFNC) to develop a model program at MNRC. The model integrates mental health and drug treatment for monolingual Spanish-speaking homeless residents of the Mission district with HRTC's model of clinical training and support for MNRC's peer-based and professional staff, thus enhancing the whole agency's ability to work with psychologically complex clients.

■ **Central City Hospitality House**

Under another grant from The California Endowment, HRTC began providing dual diagnosis treatment to clients and clinical training and support to peer-based staff of Central City Hospitality House, San Francisco's oldest homeless drop-in center.

■ **Tenderloin Area Center of Excellence**

HRTC became a partner with the Tenderloin AIDS Resource Center, the Asian and Pacific Islander Wellness Center and the Tom Waddell Health Center under a new San Francisco AIDS Office initiative called Centers of Excellence which calls for agencies to formally integrate substance abuse and mental health treatment into HIV care for the highest needs clients of the Tenderloin of San Francisco.

TRAINING AND STAFF DEVELOPMENT

Just as our treatment model is an integrated one: combining general mental health with substance abuse treatment and caring for the full range of people with complex substance abuse problems, so is our training model an integrated one. In our treatment and in our trainings, we focus on the needs of groups ranging from homeless mentally ill persons to people with powerful positions in the community whose drug use and emotional scars remain hidden.

In 2005 HRTC formalized a training model based on research by the national Addiction Technology Transfer Centers. This research shows that stand-alone training does little to create change in treatment practices. Followup consultation and supervision is essential to ensure that skills learned in trainings are integrated and transferred to day to day work with clients.

HRTC utilizes a strengths-based and a cross-training approach to staff development, and in 2005 we succeeded in formalizing this training model. We attract the full range of practitioners into our training – from peer-based staff (clients or former clients) to paraprofessional social service staff to pre-licensed or licensed practitioners in the medical and mental health fields – and we train them in groups together. Using a team training model, we believe that each provider, regardless of background and degree of formal training, brings expertise to the group. HRTC facilitators create a learning environment where each staff member teaches the others. Once staff has had sufficient experience in training each other, anyone has the opportunity to work with us and develop as a professional trainer, thus creating a career development opportunity for people with the interest and dedication to become trainers. We place great emphasis on diversity in the workplace, including attracting people of color at all levels of professional development and training. HRTC's training and staff development takes place in fifteen (15) venues and in four different modalities:

1. All of HRTC's staff are trainees in social work, psychology, and marriage and family therapy who participate in five (5) hours per week of training and supervision in harm reduction therapy. Therefore HRTC *is* a training program in all of its operations, and each staff therapist spends two years in our training program. In 2005, we graduated our first five (5) therapists. In addition to training our own trainee employees, we also offer licensed supervision to pre-licensed therapists employed at the Mission Neighborhood Resource Center, Pretrial Diversion, Inc., and EC Reems Academy, thereby expanding the number of harm reduction therapists in the community. In 2005, three volunteer guest trainers, experts in treatment of trauma, and in trauma and substance abuse – **Katherine Czesak, PhD, Denny Liebowitz, LCSW, and Peter Goetz, MFT** – presented 18 hours of specialized training to HRTC's staff. In addition, two volunteer consultants – **Katie Cofer, MFT, and Chaya Rivka Mayerson, MFT** – worked with our EC Reems staff to develop their play therapy skills.

2. HRTC provides workshops to providers in the Bay Area of California and around the country. Workshops in dual diagnosis and harm reduction were provided at the following sites in 2005:

- Homeless Healthcare Los Angeles (2 daylong trainings)
- Schwab-funded "Housing First" Initiative (3 daylong trainings for 9 participating Bay Area housing and homeless service agencies)
- Kaiser Medical Centers Psychiatric Departments (Oakland, Richmond, and a Bay Area-wide substance abuse and trauma conference)
- San Quentin Prison
- Highland Hospital Department of Psychiatry
- San Francisco Dept. of Public Health Office-Based Opiate Addiction Treatment Program
- San Francisco Academy of Art
- Wright Institute
- Reliance House, Connecticut
- Health Initiatives for Youth
- Tri City Homeless Coalition
- Milestones Ranch Malibu

3. HRTC provided 3000 hours of ongoing consultation and staff development in 2005.

Ongoing support is the key to practice change and HRTC has been successful in implementing this model at all of its service sites and at many other sites, including:

- Glide Community Housing
- Tenderloin AIDS Resource Center
- Pretrial Diversion, Inc.
- Mission Neighborhood Resource Center
- Central City Hospitality House
- San Francisco AIDS Foundation
- Conard House
- Dolores Street Community Services
- Frequent Users (of healthcare) Initiative staff throughout CA
- Consultation group for psychotherapists
- Office-based Opiate Addiction Treatment staff
- Southeastern AIDS Training and Education Center
- Milestones Ranch Malibu (residential rehab facility)
- Reliance House (Connecticut)

4. HRTC became fiscal sponsor and program development consultant for a grant received in 2005 from the Drug Policy Alliance to support the Up Front Student Assistance Program at Oakland High School, a reality-based drug education and counseling program. Under this grant, Up Front will develop a national curriculum for training teachers to work with students who have drug problems.

RESEARCH AND EVALUATION

HRTC collected initial data on problems related to drug use from all of our new clients in 2005. In order to collect follow-up data and to analyze and publish that data, HRTC has created a 2-year post-doctoral Researcher/Clinician Fellowship. *This is HRTC's newest project and the one most in need of outside funding support. HRTC is seeking funders who are interested in adding Harm Reduction Therapy to the body of evidence-based treatments for substance abuse in the United States.*

CONFERENCES, MARKETING AND PUBLICATIONS:

- Conducted a 15-week internet talk show, with many distinguished guests who are responsible for the development of evidence-based and alternative treatments, as well as for more sensible drug policy, in the United States. This series can be heard on our website at www.harmreductiontherapy.org.
- With Board member Frederick Rotgers, PsyD, published the first *positive* article about harm reduction treatment in the Addiction Professional, the publication of the National Association of Drug and Alcohol Counselors, with a circulation of 60,000.
- Published an article in The Addictions Newsletter of the American Psychological Association.
- Got accepted for publication a paper on harm reduction groups for the first edition of the new Journal of Groups in Addiction and Recovery that will be coming out in spring of 2006.
- Conference presentations at
 - American Group Psychotherapy Association Annual Conference
 - Drug Policy Alliance National Conference
 - American Fund for AIDS Research Annual AIDS Update Conference
 - California AIDS Case Management Conference
- Began work to co-present the *1st National Harm Reduction Therapy Conference* to be held in Seattle, May 5-6, 2006

FINANCIAL REPORT:

HRTC's budget expanded from \$587,855 in 2004 to \$703,600 in 2005, a 20% increase. 84.4% of our budget goes directly to programs and 15.6% to administration, fundraising, and overhead. 62% of our program budget is dedicated to treatment and 38% to training and consultation.

We look forward to another year of serving dually diagnosed clients and supporting the staff who work with them!

Very truly yours,

Jeannie Little