



UCLA Program Screens Students for Substance Use

By Suzanne Spear, Project Director
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It's a September morning early in the UCLA semester, and a group of 14 psychology interns and postdoctoral fellows are gathered in the conference room of the university's Student Psychological Services (SPS) to learn how to screen students for substance use.

Not one of the trainees expected to do substance use screening as part of mental health therapy, but at the campus counseling center, the practice has become routine.

Clinicians at SPS administer the Alcohol, Smoking, and Substance Use Involvement Screening Test (or "ASSIST") with students at the time of their first therapy session. Afterwards, they provide personalized feedback to the students based on the results. Students are also encouraged to share their views on substance use and its impact on their lives.

The whole procedure takes about 15–20 minutes, with the goal being to raise students' awareness about the harms related to substance abuse and to reduce risky drinking and drug use.

While the topic of alcohol and other drug use may be peripheral to the everyday issues faced by mental health clinicians, students with problems related to substance use are more likely to seek help at SPS than at a specialized treatment facility off campus.



Colby Moss, clinical coordinator, and Shannon Schroeder, staff research associate, of the UCLA Access to Care substance use screening program.

At SPS, approximately 38% of students coming for an initial visit have screened positive for risky alcohol or other drug use. A large national study of adolescents, Monitoring the Future, found that college students engage in binge drinking at higher rates than their peers who are not in college. In addition, the Substance Abuse and Mental Health Services Administration's Office of Applied Studies has reported rising rates of prescription drug use (e.g., Adderall, Vicodin) among college students nationally.

The use of the ASSIST at SPS is the result of a 3-year grant entitled "UCLA Access to Care." Researchers at ISAP administer the grant, which began in 2005. The screening and brief intervention services began in February 2006.

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By Amy Fogg, Training Coordinator, Co-occurring Disorders Training Programs (afogg@ucla.edu)

ISAP Receives Continued Funding for PSATTC

It is with great pleasure that we announce that UCLA ISAP has received another round of five years of funding to continue as the administrative home of the Pacific Southwest Addiction Technology Transfer Center (PSATTC).

The PSATTC is coordinated jointly by UCLA ISAP and the Center for Applied Behavioral Health Policy at Arizona State University.

Together with all of the major stakeholders in the two-state region (e.g., Single State Authorities [the departments at the state level that manage publicly funded treatment programs], treatment provider associations, substance abuse counselors, multidisciplinary professionals, faith and recovery community leaders, consumers, and other key agencies), the PSATTC will continue to identify the training and technology transfer needs of the California- and Arizona-based substance abuse treatment and recovery workforce, and develop and conduct training and technology transfer activities to meet identified needs.

We look forward to another incredible five years!

ISAP Awarded LA County Training Contract

In other exciting news, the ISAP training department has been contracted by the Los Angeles County Department of Mental Health (DMH) to provide skills-based trainings and supervision on co-occurring disorders to DMH staff of children's Full Service Partnership (FSP) and non-FSP agencies.

From January to June 2008, ISAP will provide up to 20 interactive and didactic trainings throughout Los Angeles County, along with targeted ongoing coaching and mentoring to help staff acquire new skills for treating clients with co-occurring disorders.

ISAP is collaborating with three community-based organizations, with expertise in both integrated treatment and training of providers, to design a new training curriculum based on an integrated model of intervention for co-occurring substance and mental health disorders for children ages 0–15 and their caregivers.

The training is designed to increase skills and improve the effectiveness of DMH staff in caring for this hard-to-treat population.

The training curriculum will be split into two training modules. The first training module will include an overview of the integrated approach to treating co-occurring disorders, the internal and interagency coordination necessary to effectively implement an integrated treatment model, and information on developmentally appropriate screening and assessment of children and their caregivers.

Participants also will be instructed on the administration of screening and brief intervention tools.

The second training module will focus on the issue of trauma as it relates to treating children and their caregivers who have co-occurring disorders.

Each training module will be offered multiple times in several regions throughout the county to ensure that the training program is accessible to as many DMH staff as possible.

Calendar of Events

February 2008

Feb. 7 & 8

Sixth Annual Statewide Conference on Co-Occurring Disorders

Long Beach, CA

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ISAP's Outpatient Clinical Research Center Tests Treatments for Prescription Opioid Users

www.uclaisap.org/ctn

By Vanessa De Guzman, Staff Research Associate II
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In August 2006, the Outpatient Clinical Research Center at ISAP began recruitment for POATS— Prescription Opiate Addiction Treatment Study—a Clinical Trials Network project sponsored by the National Institute on Drug Abuse.

The primary aim of the study is to determine whether individual drug counseling (enhanced medical management, or EMM) in combination with standard medical management (SMM) is more effective than SMM alone in helping individuals addicted to prescription opioids (e.g., Vicodin, Oxycontin, Morphine, etc.) discontinue use during either a short-term treatment paradigm (4 weeks of Suboxone with taper) or a long-term treatment paradigm (12 weeks of stabilization dose of Suboxone).

Both treatments will be administered with the medication Suboxone, which is a combination of buprenorphine and naloxone that has been shown to prevent withdrawal symptoms, decrease opioid craving, and decrease opioid use. The investigators hypothesize that the EMM condition will be more effective in both treatment paradigms.

Opioids have been used for decades to treat chronic pain. However, serious concerns have arisen due to increased abuse of prescription opioids. With such an increase, there is a need to provide adequate treatment to patients addicted to prescription opioids, particularly when prescription opioid users may differ from heroin addicts (e.g., are less likely to inject drugs and less likely to have co-occurring substance use disorders). Therefore, POATS, and studies like it, are being conducted to meet this growing need.

The study is divided into two phases. Phase 1 is four weeks of buprenorphine/naloxone treatment with either SMM or EMM, which includes twice weekly individual drug counseling sessions.

Patients are expected to attend weekly medical visits, where they are asked about their drug and alcohol use, how they are responding to the Suboxone, whether they are having any side

effects, and how things are going in general. They also are encouraged to attend support groups such as Narcotics Anonymous.

If they are randomized to the EMM group, their counseling sessions focus on dealing with issues such as craving, drug refusal skills, building a drug-free lifestyle, identifying triggers for drug use, and, if applicable, how pain can make individuals more vulnerable to drug abuse.

After two weeks of stabilization in this treatment, participants are tapered off the medication for an additional two weeks. Once the treatment segment of Phase 1 is completed, participants undergo eight weeks of follow-up. The entire phase lasts for 12 weeks: four weeks of study medication and eight weeks of follow-up.

During the 12 weeks of Phase 1, participants are monitored to see if they qualify for Phase 2. If participants meet “failure” criteria for Phase 1, they are invited to participate in Phase 2. Phase 2 consists of 12 weeks of stabilization on study medication and either EMM or SMM alone.

Each medical and/or counseling session is the same as those in Phase 1. After 12 weeks of steady study medication, participants are tapered off for four weeks. They then participate in 12 weeks of follow-up. The phase lasts for 24 weeks: 12 weeks of steady medication, four weeks of taper, and eight weeks of follow-up.

The study, which is being conducted at 11 sites across the country, has currently randomized 318 participants, with 29 individuals randomized at the ISAP Outpatient Clinical Research Center (OCRC). Recruitment is expected to end in June 2008.

If participants feel they need further treatment after participation in POATS, they can participate in other studies conducted at the OCRC at ISAP.

The OCRC was established in 2006 to meet the growing needs of research conducted by Walter Ling's team at ISAP and has now expanded to include three studies on prescription opioid abuse and heroin addiction as well as a study on methamphetamine and a study on pain medication for cancer patients.

ISAP Investigator Joins State 'Strike Team' Charged with Improving Offender Rehabilitation

www.uclaisap.org/CJS

More than 97% of inmates in California's prisons will be eligible for parole at some point, meaning that almost everyone who enters prison will eventually get out, according to the offices of Gov. Arnold Schwarzenegger.

California's 70% recidivism rate means that thousands of offenders return to already overcrowded prisons.

State officials have decided that rehabilitation is the key to ending this criminal cycle. Assembly Bill 900, also known as the Public Safety and Offender Rehabilitation Services Act of 2007, provides \$7.7 billion to add 53,000 prison and jail beds in two phases and fundamentally shift how the California Department of Corrections and Rehabilitation (CDCR) approaches rehabilitation for California's prisoners.

A panel of national experts, the governor's "Rehabilitation Strike Team," which was

convened in May, is currently working with CDCR to strengthen the agency's rehabilitation programs.

Kathy Jett, Director of CDCR's Division of Addiction and Recovery Services and former Director of the Department of Alcohol and Drug Programs (ADP), will chair the Rehabilitation Strike Team. She will be joined by a team of experts from the public and private sectors that includes UCLA ISAP Principal Investigator Nena Messina (nmessina@ucla.edu).

The panel will issue recommendations by the end of the year to help the CDCR lower recidivism, reduce overcrowding, and identify best practices and evidence-based programs.

The panel also will assist local government and law enforcement dealing with paroled offenders. CDCR will use these recommendations to develop more effective programs and strengthen collaboration with local communities.

ISAP to Host Iraqi Team as Part of 'Iraq Training Initiative'

UCLA ISAP has been selected to serve as a host site for Iraqi behavioral health teams participating in the Iraq Training Initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). In this initiative, SAMHSA will sponsor six teams of mental health professionals to work with U.S. educational institutions to build Iraq's human resource capacity in a wide range of services, including:

- services for children and families
- services for internally displaced persons
- substance abuse services
- forensics
- trauma services.

ISAP will host Dr. Salih Hasnawi and colleagues, who will focus on the topic of substance abuse services.

This project proposes to "establish treatment services for drug addiction, including psychosocial

and community treatment, and treatment for co-occurring disorders, at two levels, the hospital level and the primary health care center."

Services will include inpatient and outpatient services in the hospital, as well as community-based psychotherapy and treatment services and referrals via the primary health care center.

The team is composed of a psychiatrist, general practitioner, psychologist, and social worker. ISAP will accommodate their observations of substance abuse treatment at primary, secondary, and tertiary levels, as well as inpatient and outpatient units, detoxification, rehabilitation, psychotherapy, counseling, day treatment, medications and medications management, coordination with the justice and social welfare systems, and research and data collections systems.



UCLA ISAP's involvement in the evaluation of substance abuse treatment efforts has grown to include numerous state and local programs, including the following:

California Outcome Measurement System

Principal Investigator: Richard A. Rawson; Project Director: Rachel Gonzales (rachelmg@ucla.edu)

The California Department of Alcohol and Drug Programs (ADP) implemented a statewide data collection and management system called the California Outcome Measurement System (CalOMS) to contribute to the improvement of treatment services for substance abuse.

CalOMS is the first statewide data collection and management system to comprehensively measure program outcomes using performance and outcome measures based on the federally required reporting of National Outcome Measures (NOMs), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In collaboration with ADP, UCLA ISAP is conducting the evaluation study of CalOMS. The objectives of the evaluation study are to:

- Use CALOMS data to improve knowledge of alcohol and other drug treatment (AOD) services in California
- Enhance the capability of county administrators to use CalOMS data to improve treatment services
- Evaluate the quality and validity of CalOMS data
- Develop recommendations for improvement of the CalOMS system.

Addressing these objectives will help ADP to improve the quality and performance of AOD treatment services in California and to maximize the usability of CalOMS data to enhance treatment policies and practices in California.

Evaluation of California's Prop. 36

Principal Investigator: Darren Urada (durada@ucla.edu)

In November 2000, California voters passed Proposition 36 (also known as Prop. 36), which allows adults convicted of nonviolent, drug-related offenses who meet certain eligibility requirements to receive probation with drug treatment in lieu of incarceration. UCLA ISAP has been evaluating Prop.

36 since January 2001 (see <http://www.uclaisap.org/Prop36/html/reports.html>).

The second round of the Prop. 36 evaluation focused on identifying ways to improve the program and on high-cost offenders and the homeless mentally ill. The final report from this evaluation will be submitted to the California Department of Alcohol and Drug Programs when the project comes to an end Dec. 31. UCLA ISAP will then be participating in a third round of evaluation beginning in 2008. Planning for this third round is underway, but the evaluation will generally continue to examine how Prop. 36 can be improved and will expand its focus on special populations.

Evaluation of California Access to Recovery Effort (CARE)

Principal Investigator: Richard A. Rawson; Project Director: Anne Bellows (abellows@mednet.ucla.edu)

California, through its Department of Alcohol and Drug Programs (ADP), is one of 14 states to receive funding from President Bush's \$100 million Access to Recovery program (ATR), which allows people in need of substance abuse treatment to make individual choices—reflecting their personal values—in their path to recovery (see <http://atr.samhsa.gov/>).

ATR provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services.

The California Access to Recovery Effort (CARE) is the state's ATR project that focuses on youth 12 to 20 years of age residing in Sacramento and Los Angeles counties ($N = 8,700$). The marketing plan of CARE is unique in that not only are clients the targets but so are potential service providers, including faith-based providers who, prior to the Access to Recovery Effort, were not eligible for these funds.

The goals of the CARE evaluation are to evaluate and report on the:

(Please see Evaluation Projects, Page 7)



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Evaluation Projects

(Continued from Page 5)

- Implementation, operation, and marketing of CARE
- Characteristics of CARE participants and treatment outcomes, using existing data sets collected through the Government Performance and Results Act (GPRA).

Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES)

Principal Investigator: Richard A. Rawson; Project Director: Desirée Crèvecoeur (desireec@ucla.edu)

The Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES) is in its 8th year of providing the following services for substance abuse treatment providers funded by the Los Angeles County Alcohol and Drug Program Administration:

- Assessing effectiveness of services
- Assessing client outcomes and the effectiveness of specific service modalities (e.g., residential, outpatient)
- Reviewing programs for efficiency and effectiveness.

Recently, LACES designed two reports to help ease the burden of paperwork connected to outcomes reporting.

First, the annual site report includes information similar to existing quarterly site reports (aggregate client demographics, alcohol/drug use, employment and social support activities, length of stay), but combines that information for the 2006–2007 fiscal year. This report will be particularly helpful for those agencies requiring census, outcomes, and performance information for program improvement or funding purposes.

The Discharge Outcome Report functions much like a site report, except it compares admission-to-discharge information for the individual treatment participant. These reports are helpful when reporting treatment progress to a court or when reviewing improvements at discharge.

The next step in LACES will be the development of outcome and performance standards. For more information, visit www.laces-ucla.org.

Evaluation of the Community Bridges Project

Principal Investigator: Christine E. Grella, (grella@ucla.edu); Anne Bellows, Project Director

The purpose of the Community Bridges Project is to strengthen and enhance the comprehensive treatment system in Santa Monica, CA, for chronically homeless persons who have co-occurring mental illness and substance use disorders.

The project plans to develop a fully integrated system and treatment model for this population through collaboration among service providers that include substance abuse treatment, mental health treatment, health services, shelter and drop-in services, and transitional and permanent housing.

The integrated treatment model will incorporate several evidence-based practices, including motivational interviewing and relapse prevention, with the aim of (1) increasing access to treatment, (2) increasing continuity of care and services integration, (3) improving quality of life and increasing self-determination, and (4) improving levels of functioning among participants. In addition, the project aims to increase integration of services across the participating providers, to eliminate barriers to system entry, and to improve staff competency in treating homeless individuals with co-occurring disorders.

Evaluation of the Liberating Our Families from Drugs and Incarceration Program

Principal Investigator: Christine E. Grella (grella@ucla.edu)

ISAP is conducting the evaluation of the SAMHSA-funded program “Liberating our Families from Drugs and Incarceration (LOFFDI),” which is part of the Pregnant and Parenting Women’s Treatment Initiative at the Center for Substance Abuse Treatment.

The LOFFDI program is provided at the Walden House program in El Monte, CA, and it aims to assist women parolees as they reintegrate into the community and reunify with children and other family members.

The program’s objectives are to improve the mental and physical health status and employability of participants, as well as the overall psychosocial functioning of participants and their families, and thereby reduce the risk of relapse to substance abuse and criminal behavior.

The program provides intensive case management services within the context of residential substance abuse treatment, which includes family counseling, parenting skills training, vocational services, mental health services, and trauma-related services.

The site-specific evaluation was designed to collect data on the relevant background characteristics of this sample and their level of functioning in the outcome domains that are targeted by the intervention. In addition, the evaluation will be conducting site visit observations of project implementation and focus groups with project participants.

Follow-up interviews with participants will assess their satisfaction with the services received in LOFFDI, in addition to changes in the relevant outcome domains (i.e., substance use, physical and mental health status, employment status, family functioning, criminal behavior, pregnancy and child-related outcomes).

Access to Care

(Continued from Page 1)

To date, 3,019 students have been screened at SPS and 837 students received a brief intervention using the ASSIST.

Elizabeth Gong-Guy, SPS director and co-principal investigator of the grant, has been instrumental in the adoption of the ASSIST.

"The ASSIST has been an important addition to the range of interventions our counselors can routinely provide to students," said Gong-Guy. "Screening and brief intervention has provided a practical motivational framework and specific intervention procedures for addressing substance abuse."

Training clinicians to use the ASSIST has been an ongoing activity of the grant program. Since 2006, the program has trained 84 clinicians in the ASSIST and organized a number of lectures on substance abuse for SPS staff and the broader campus community.

One of the long-term goals of the UCLA Access to Care program is to offer the screening and brief

intervention service to a broader population of students. In 2006, the program developed a collaborative relationship with the Athletics Department that allowed for screening and brief intervention with UCLA athletes. Three coaches initially volunteered their teams to receive the ASSIST at SPS. Beginning this fall, the Athletics Department will require all athletes to take the ASSIST.

Colby Moss, clinical coordinator of the program, has conducted a large number of the ASSISTS at SPS. Based on her experience, Moss says that most students aren't surprised or concerned by the feedback they receive as a result of the ASSIST. While most seem comfortable with their use patterns and do not see an urgent need for reduction in use, a good portion of students participate in the brief intervention and find the personalized feedback useful as "food for thought."

SPS clinicians also use the ASSIST as an outreach tool with students who are treated at the UCLA Medical Center emergency room as a result of an alcohol- or drug-related incident. SPS clinicians routinely follow-up with these students, inviting them to come to SPS to take the ASSIST.

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