



SAMHSA Awards Grants to ISAP for Substance Abuse Services in Iraq, HIV-Addiction Technology Transfer Center in Vietnam

SAMHSA, in collaboration with the U.S. State Department's Bureau of International Narcotics and Law Enforcement Affairs, has awarded ISAP a grant to support the Iraqi Ministry of Health in establishing a sustainable and functional Center of Excellence on Substance Abuse Services at Baghdad's Medical City Complex. The project seeks to strengthen substance use disorder treatment and prevention capacity in Iraq.

Funds will be used by ISAP to develop training programs and technical assistance in screening, brief intervention and referral to treatment (SBIRT) as well as medication strategies and organizational and supervisory responsibilities.

Along with ISAP, the project's subcontracted organizations, such as Cairo University, SKOUN Lebanese Addictions Center, and Inova Fairfax Hospital in Virginia, will train a core group of Iraqi medical professionals to disseminate clinical and research expertise into substance use disorder service systems throughout Iraq.

The provision of educational materials and training services will be congruent with Iraqi culture, and cultural sensitivity will be maintained to enhance implementation of clinical expertise throughout the course of the project. In addition, a Community Epidemiology Workgroup will be established to monitor drug trends in Iraq.

According to SAMHSA Administrator Pam Hyde, "(T)his initiative builds on work begun as part of the 2010 Iraq-SAMHSA Initiative, which supported a team of behavioral health professionals from the Government of Iraq who visited substance abuse sites in the U.S. to learn about substance abuse services and training. We are hopeful that this effort will lead to reductions in both demand for drugs and drug-related crime in Iraq."

SAMHSA, in collaboration with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has awarded ISAP a grant to work with Hanoi Medical University to establish the Vietnam HIV-Addiction Technology Transfer Center (VH-ATTC). The goal of the VH-ATTC is to develop the workforce in Vietnam to deliver evidence-based services to reduce the individual and societal harm due to HIV and substance use disorders (SUD) in Vietnam.

Based at Hanoi Medical University (HMU), the VH-ATTC will organize training programs for counselors and medical professionals, develop partnerships between HMU leaders, government ministries, policy makers, and health professionals, and promote the principles of recovery-oriented systems of care.

Vietnam is experiencing a severe HIV epidemic due, in large part, to the persistent problem of injection drug use. While heroin use is highly prevalent throughout Vietnam, there is evidence of increasing amphetamine-type stimulant (ATS) use in the southern part of Vietnam, particularly among sex workers.

Conferences will be conducted in Hanoi and Ho Chi Minh, the largest cities in Vietnam. Broad dissemination of evidence-based information, however, will reach many regions in Vietnam.

Direct and indirect recipients of the training and technical assistance will include: clinical staff at HMU, SUD counselors (social workers, peer counselors, case managers), medical professionals providing medication-based treatments (physicians, nurses, and pharmacists), primary care staff in HIV treatment settings, and associations focused on youth and women.

Training and educational materials will be congruent with Vietnamese cultures such as that of the Kinhs, Hmong, and ethnic minorities.

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An Experimental Comparison of Telepsychiatry, Conventional Psychiatry for Mentally Ill Parolees

www.uclaisap.org/CJS

By David Farabee (dfarabee@ucla.edu), Stacy Calhoun, Robert Veliz, and Justine Medrano (ISAP) and Sheldon Zhang (San Diego State University)

If navigating the hurdles of re-entry is difficult for most offenders, it is particularly challenging for parolees with psychiatric disorders.

Inmates with major psychiatric disorders (major depression, bipolar disorder, schizophrenia, and nonschizophrenic psychotic disorders) are significantly more likely to have multiple incarceration episodes—in fact, inmates with bipolar disorder are more than three times as likely to have had four or more incarcerations than non-mentally ill inmates.

Post-release psychiatric care has been shown to be associated with significant reductions in recidivism risk, but approximately 10% of California parolees return to rural counties, where psychiatric care is scarce or unavailable.

In certain remote counties, the California Department of Corrections and Rehabilitation (CDCR) allows mentally ill parolees to interact with their appointed psychiatrists via a telemedicine interface.

Prior to this, CDCR-employed psychiatrists were required to drive to remote parts of the state to meet with only one or two parolee patients. Often, the psychiatrist would arrive only to learn that the parolees had not.

The adoption of telepsychiatry has been widely acknowledged among CDCR's clinical and correctional personnel as a cost-effective alternative for providing care for mentally ill offenders living outside of major urban centers. However, the effectiveness and cost savings associated with telepsychiatry for this population have yet to be empirically established.

Over the course of a three-year project (funded by the National Institute of Justice), we will seek to address these knowledge gaps by accomplishing four objectives:

1. Assess parolees' perceptions of telemedicine-based psychiatric care.
2. Compare the effectiveness of telemedicine versus conventional psychiatric care for mentally ill parolees.
3. Assess psychiatrists' perceptions of telemedicine for parolees and solicit input on how it might be improved.

4. Conduct a cost-benefit analysis of the use of telepsychiatry for parolees in remote or rural counties.

Some of the potential benefits of telepsychiatry are an increased frequency of contact between psychiatrists and mentally ill parolees, a greater number of

mentally ill parolees receiving adequate psychiatric care, prompt responses to emergency calls, and cost savings associated with the decreased hours of service required of psychiatrists as compared to that under the conventional face-to-face treatment model.

If parolees under the care of the telepsychiatry model perform as well or better than those in the conventional treatment group, the benefit

will be articulated as a dollar amount of savings associated with the use of telepsychiatric care.



ISAPians Present at COD Workgroup in D.C.



ISAPIans Darren Urada, Mitch Karno, Desirée Crèvecoeur-MacPhail, and Sherry Larkins were invited to participate in a two-day (Aug. 30 & 31, 2011) SAMHSA-funded workgroup in Washington, D.C., for researchers using Dual-Diagnosis Capability (DDC) instruments to help programs evaluate their services for patients with co-occurring disorders (COD).

Drs. Urada, Karno, and Crèvecoeur-MacPhail were asked to share the groundbreaking findings from their pilot study, which assisted Kern County, CA, in evaluating service integration in six community health centers. The photo shows Darren Urada and Sherry Larkins at the Martin Luther King, Jr., Memorial, which was formally unveiled Aug. 28.

More than 600 Attend California Co-Occurring Disorders Conference



www.psattc.org

By Sherry Larkins, Research Sociologist (larkins@ucla.edu)

On Oct. 26 and 27, 2011, UCLA Integrated Substance Abuse Programs (ISAP) and the Los Angeles County Department of Mental Health (DMH) co-sponsored the Eighth Statewide Conference on Co-Occurring Disorders (COD), held at the Marriot Burbank Airport Hotel.

The event attracted more than 600 people from across the state, with representation from more than 20 counties.

The theme of this year's conference was "Treatment of Substance Use, Mental Health, and Primary Care Disorders in the Era of Health Reform."

Across the state, the treatment of individuals with co-occurring disorders has been a focus of collective efforts by both mental health and substance use treatment providers. Under health care reform, new policies will determine how treatment services are delivered and funded.

In preparation for the implementation of health care reform, the conference focused on the need for integrated services and treatments for both mental health and substance use disorders in the primary care setting. The broad goal of the conference was to increase the collaboration between substance use, mental health, and primary care providers serving COD clients across the state, and identify emerging best practices that address the complex needs of clients with COD.

The COD Conference planning committee spent eight months preparing the agenda and identifying speakers with expertise in areas of integrated care, behavioral health, evidence-based COD treatments, the Affordable Care Act, trauma-informed treatments, clinical supervision, and workforce development.

The plenary presentations and policy and clinical workshops offered a variety of exceptional didactic and experiential learning opportunities for treatment providers as

they work toward a unified, cross-system approach to co-occurring services.

Agenda highlights included:

- an opening plenary by Mady Chalk, Ph.D., from the Treatment Research Institute of Philadelphia, PA, reviewing the national effort to integrate behavioral health into primary care in order to improve client access, enhance outcomes, and reduce costs;
- workshops discussing the policy of re-aligning certain responsibilities for lower level offenders, adult parolees, and juvenile offenders from state to local jurisdictions in California (Assembly Bill 109) and the resulting clinical implications for providers treating clients with criminal justice backgrounds;
- skills-based sessions showcasing evidence-based COD treatment for age-specific populations, including older adults, adolescents, and children;
- workshops covering treatment for trauma-exposed men and women and trauma-focused clinical supervision; and
- a closing plenary panel with Los Angeles County directors from the departments of Mental Health (Dr. Marvin Southard), Public Health–Substance Abuse Prevention & Control (Dr. Jonathan Freedman), and Health Services (Dr. Mitchell Katz).



Dr. Marvin Southard, Director of the Los Angeles County Department of Mental Health (LAC-DMH), making his opening remarks at the COD Conference. Seated from left are Dr. Thomas Freese, ISAP Director of Training, Dr. Madelyn Schlaepfer, Stanislaus County Director of Behavioral Health, and Dr. Roderick Shaner, LAC-DMH Medical Director.

Calendar of Events

March 2012

March 22

Betty Ford Center presents the Women's Symposium

UCLA campus, Los Angeles, CA

Contact: Eloise Gene-Black - egene@bettyfordcenter.org; 760-702-5780



By Albert Hasson, Project Director (alhasson@ucla.edu)

Congratulations to Dr. Eric Daar, Chief of the Division of HIV Medicine at Harbor-UCLA Medical Center, and his research team for being selected to host a site for the Clinical Trials Network (CTN) study *Project HOPE: Hospital Visit as Opportunity for Prevention and Engagement for HIV-Infected Drug Users*.

The HOPE protocol, led by Lisa Metsch, Ph.D., of the Florida Node Alliance of the CTN, is due to kick off early 2012.

The study will assess the effectiveness of a brief intervention for HIV-infected drug users recruited from hospital settings. The main goal of the intervention is HIV viral suppression, but it also will be evaluating linkage and retention in HIV primary care and drug abuse treatment, and effects on the number of patient hospitalizations.

The study will compare the use of (1) "peer navigators," who, based on a strengths-based case management approach, will provide motivation, escort to treatment, and face-to-face booster sessions, to (2) peer navigators paired with contingency management, and (3) treatment as usual for HIV-positive substance abusers admitted for inpatient care. The project is scheduled to begin participant recruitment in the summer of 2012.

Web Delivery of Treatment

Hina Mauka, the CTN community-based treatment provider in Hawaii, randomized their 60th participant into the study *Web Delivery of Evidence-Based Psychosocial Treatment for Substance Use Disorders*, a record among CTN sites evaluating the project.

Participant enrollment began in June 2010 at 10 sites across the CTN. The target enrollment of 500 participants was reached and exceeded in September 2011. Congratulations and thanks to Monique Weisman, Marie Hughes, Rachel Harvey, and Steve Blotzke of Hina Mauka.

Smoking Cessation and Stimulant Treatment

Congratulations to the Tarzana Treatment Centers and the Matrix Institute on Addictions, Rancho Cucamonga office, for exceeding targeted recruitment goals for the CTN study *Smoking Cessation and Stimulant Treatment (S-CAST): Evaluation of the Impact of Concurrent Outpatient Smoking Cessation and Stimulant Treatment on Stimulant Dependence*.

One Serious Mission...



ISAP special agents (aka: Outpatient Clinical Research Center staff) took a break from their mission Oct. 31 to pose for a Halloween photo. A sign at the front desk that day read:

Special Operations Headquarters – Team: ISAP
Operation: Substance Research
Target Goal: Process participants efficiently and effectively
Mission Possible: Affirmative
Welcome

Overall recruitment for the project ended December 2011, with 531 participants randomized across 12 sites. The Tarzana Treatment Centers and the Matrix Institute on Addictions were among the highest recruiting sites throughout the trial. We thank Matrix Institute staff Mickey McCann, Deborah Service, Dara Yomjinda, Kim Wampler, and Dr. Keith Simpson, and Tarzana Treatment Centers staff, Ken Bachrach, Nicole Grifka, Elizabeth Tindal, Donna Rios, and Dr. Duane Carmalt.

Cocaine Use Reduction with Buprenorphine

The CTN study *Cocaine Use Reduction with Buprenorphine (CURB)* is in its fourth month of recruitment and has randomized 36 participants across seven sites.

Eleven sites have been selected to participate in the *CURB* trial, led by Walter Ling and Larissa Mooney, of ISAP, and Andrew Saxon, of the University of Washington. The trial currently has eight sites recruiting, including the ISAP Outpatient Clinical Research Center, directed by Sandy MacNicoll.

CURB is evaluating two medications for the treatment of cocaine abuse. Participants are inducted onto Vivitrol (naltrexone), a long-acting narcotic antagonist, and are then randomized to either placebo, 4 mg Suboxone (buprenorphine and naloxone), or 16 mg Suboxone. All participants receive individual cognitive behavioral therapy on a weekly basis. The active phase of treatment is eight weeks, with one-month and three-month follow-up visits.

What Is Program Evaluation and What Can It Do for You?

www.uclaisap.org/evaluation

By Anne Bellows Lee, Project Director
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UCLA ISAP offers comprehensive program evaluation that can help agencies improve their services.

The two primary components of program evaluation by UCLA ISAP are process evaluation, or collecting information on how successfully a project is being implemented, and outcome evaluation, or determining the outcomes of a project.

Early and frequent feedback from process evaluation can be used to refine a project intervention and improve the organization and delivery of services. Subsequently, once enough data has been collected to show outcomes, the outcome findings can be used to market the project to new funders or potential participants. In sum, evaluation data enhances a program staff's overall knowledge and understanding of how to effectively execute a project and then interpret the important impact of their work.

Specifically, process evaluation:

- monitors the implementation of the proposed project (Are timelines being met? Are stakeholders involved? Are staff being trained?);
- determines whether the intervention is being delivered as planned;
- documents challenges and barriers to project implementation, and devises strategies to solve them; and
- determines whether the project is reaching the intended target population (e.g., drug users, pregnant women, etc.).

Outcome evaluation:

- determines the effects of participation in the project on the participants;
- determines the factors (individual and programmatic) related to favorable/unfavorable outcomes; and
- determines the relationship between "dose" (amount of time in the program, number of services received) and outcomes observed (e.g., abstinence, reduced criminal activity).

For a typical process evaluation, UCLA ISAP observes project meetings and conducts site visits. We also conduct staff interviews and client surveys (and may examine case files) to monitor or measure implementation of new services; perceptions of and attitudes toward services; collaboration among service providers; types and frequency of services provided; frequency of activities

Typical Questions that Guide a Program Evaluation

- What did you do?
- Who did you do it to?
- How many people did you serve?
- What services did they get (or not get)?
- What effect did those services have on their attitudes and behavior?
- What unintended effects happened and how were they addressed?
- Can other programs use this information?

across participating providers in the continuum of care; the number of clients served and their background characteristics; and services received, time in treatment, and type of discharge.

Challenges Encountered in Conducting Evaluations

An example of one type of challenge to projects is when a program is housed primarily at one agency or institution, such as the court system, but implemented somewhere else, such as a homeless shelter. In this case, there is a risk of lack of integration of all project stakeholders as some staff are "front line" and deal with the target population one to one, while others generally have administrative duties.

In this case, regular meetings help to keep all stakeholders in the loop and also increase communication and eliminate misunderstandings between project stakeholders, which can arise from differences in training, orientation, and goals.

Another possible stumbling block is when project staff view the evaluation requirements as intrusive or burdensome. Evaluations typically require a little time and training for the project staff to prevent this issue; it's important that all affected staff understand the goal of the evaluation in order to promote success.

Finally, one of the most common problems in program evaluation is the project team's fear of being judged as performing poorly. Such judgment is not the goal of program evaluation. A good evaluation points out where projects can improve so that they can be successful. The evaluation team should provide regular feedback to the project team in order to provide opportunities for course correction early and often.

The TRACK Program: An HIV Disclosure Intervention for HIV-Positive Mothers

By Debra A. Murphy, Principal Investigator
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Worldwide, women constitute half of the 33 million people living with HIV and are most often the primary caregivers in families.

The Parents And Children Coping Together (PACT) study was designed to longitudinally assess mothers living with HIV (MLH) and their well children.

Throughout the course of the study (now in its 13th year), the UCLA research team has investigated maternal disclosure of their HIV status to their children.

Overall, children who are disclosed to are doing better on mental health indicators as reported by both mother and child.

The Teaching, Raising And Communicating with Kids (TRACK) program, which was based on the PACT study, is an intervention designed to assist MLH disclose their serostatus to their young children based on Derlega et al.'s (2004) disclosure model. For intervention MLH, we anticipated improving relationship context variables (family communication, parenting skills) and disclosure outcomes for mothers who disclosed.

Child and MLH dyads ($N = 80$ dyads) were recruited and randomized to intervention or control and

assessed at baseline and 3, 6, and 9 months. The three-session intervention focused on children's typical development (including at what age they are able to keep secrets); improving family routines; improving mother-child communication; advice and quotes from MLH who have disclosed and from children disclosed to; and the behavioral practice of disclosure.

Mothers living with HIV in the intervention group were six times more likely to disclose than those in the control group; MLH in the intervention group showed increases in disclosure self-efficacy across time, increased communication with their child, and improvement in emotional functioning. Children of MLH in the intervention group exhibited reductions in depression and anxiety, and increases in happiness.

Results indicate the intervention shows success in its primary aim: to increase disclosures. Most MLH who disclosed felt that they had managed well: They kept an appropriate emotional tone during disclosure and were ready to answer questions that children asked.

Moreover, MLH and child mental health indicators showed significant positive change. Thus, the intervention appeared effective in preparing MLH to disclose their HIV status to their children in an effective manner, ensuring the disclosure was not traumatic for the children.

ISAP Hosts NIDA International INVEST Fellow from Iran

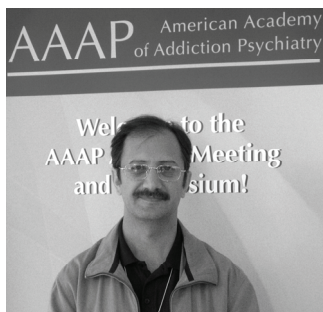
Saeed Momtazi, M.D., of Tehran, Iran, is ISAP's most recent international visiting scholar. An Assistant Professor of Psychiatry at Zanjan University of Medical Sciences and Head of its Psychiatry Department, Dr. Momtazi is a NIDA International Program INVEST Fellow, selected to participate in a drug abuse research fellowship at ISAP for one year.

While at ISAP, Dr. Momtazi's research objective will be to examine and compare the knowledge, attitudes and behaviors concerning drug abuse among Iranians living in Iran, Iranian-Americans living in the United States, and U.S. non-Iranian Americans. In this research he works with Dr. Richard Rawson, ISAP associate director.

Furthermore, Dr. Momtazi will be exposed to graduate courses, seminars, and workshops on campus. He is

currently involved in myriad addiction psychiatry activities, such as Dr. Timothy Fong and Dr. Larissa Mooney's Addiction Medicine Clinic at the UCLA Ronald Reagan Hospital and Cedars-Sinai Hospital's Addiction Professionals Roundtable discussions.

Additionally, Dr. Momtazi presented a poster entitled, "Behavioral Surveillance Study Among a Sample of Injection Drug Users in Iran" at the American Psychiatric Association 2011 conference in San Francisco, CA. Another poster entitled "Methamphetamine Induced Psychotic Disorders in Iran, Psychopathology and Demographic Features" was presented by Dr. Momtazi at the American Academy of Addiction Psychiatry conference in Scottsdale, AZ. He also participated in the California Society of Addiction Medicine and UCLA Co-Occurring Disorders conferences in October.



Dr. Saeed Momtazi

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