



Health Risk Reduction Projects Study Will Follow Children with HIV+ Mothers into Early Adolescence/Young Adulthood

The Health Risk Reduction Projects (HRRP) within ISAP is a group of projects run by Debra A. Murphy that are designed to conduct research on individuals and families affected by HIV/AIDS.

In 1997, the National Institute of Mental Health (NIMH) awarded Dr. Murphy a grant to begin to follow-up young children whose mothers were HIV-positive, to see how these children fared over time.

In the community, the study was called "Parents and Children Coping Together" (shortened to "PACT"). One hundred and thirty-five families were recruited and followed every six months for 36 months.

Both the mother and the child were interviewed separately at each follow-up. Children were 6 to 11 years old at the time the study started. PACT families' homes ranged from Victorville to Long Beach and from the San Fernando Valley to Compton; the families are a snapshot of the HIV epidemic in Los Angeles County as it affects women and children.

The focus of the first PACT study was to investigate: (1) the impact of maternal HIV on the child's adjustment (their mental health status and symptoms, behavioral problems, and social outcomes); (2) characteristics of the child that may mediate the impact of maternal

HIV (for example, coping style, self-concept); and (3) characteristics of the mother living with HIV that may mediate the impact of parental illness (for example, parenting skills, level of illness).

In 2002, NIMH funded PACT II (Parents and Adolescents Coping Together), a continuation of PACT, which allowed the research team to keep following these families every six months as the children transitioned to early and middle adolescence.

New measures were included to assess the youths' experimentation with cigarettes, alcohol, and other substance use; initiation of sexual behavior and sexual risk behavior; participation in delinquent acts; and school connectedness. The study also sought to evaluate the timing of maternal disclosure of HIV status on the youths' adjustment.

So far, the PACT I and PACT II studies have resulted in 20 papers and nine presentations at national and international conferences.

The papers have included findings on how young children react and adjust to maternal disclosure of HIV status; the mental, physical, and family functioning among mothers living with HIV who have young children; the resiliency of young children affected by

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By Darren Urada, Principal Investigator
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Enacted into law in 2000, California's Proposition 36 (Prop. 36) initiative permits adult nonviolent drug offenders to receive substance abuse treatment with probation or parole supervision in lieu of incarceration or supervision without treatment. UCLA Integrated Substance Abuse Programs was chosen to evaluate Prop. 36's impact, implementation, and outcomes. Findings from UCLA's latest Prop. 36 evaluation report were just released. Below is a summary:

1. Similar to prior years, nearly 50,000 offenders were referred to treatment as a result of Prop. 36 in fiscal year 2006-2007. Of these, 71% entered treatment, and about one-third of these completed treatment. Recent client characteristics were also consistent with those seen in prior years: More than half of offenders reported methamphetamine as their primary drug problem and a similar percentage entered treatment for the first time. Most offenders were placed in outpatient treatment. Treatment completion rates were lower, and treatment duration shorter, for African Americans, Hispanics, parolees, and opiate users.
2. Prop. 36 has continued to result in taxpayer savings due primarily to reduced use of incarceration. Drug and property crime arrests have risen somewhat, while violent crime dropped slightly statewide.
3. The homeless mentally ill were retained in treatment for fewer days and were more likely to be re-arrested than other groups in Prop. 36. Better integration of mental health assessments and mental health professionals with existing substance abuse treatment programs is recommended for this difficult-to-treat population.
4. As discussed in previous reports, offenders with five or more convictions in the 30 months prior to Prop. 36 entry account for a

disproportionate number of arrests and costs in Prop. 36. Among this group, only 14% completed treatment. These offenders were more likely to be male and about three years younger than the overall Prop. 36 population.

5. Several "promising practices" with the potential to improve Prop. 36 implementation were identified in the areas of employment assistance, process improvement, increased narcotic replacement therapy, increased residential treatment, and sanctions. If implemented, all of these could play important roles in improving Prop. 36 program performance and client outcomes.
6. "Process improvement" techniques in particular can be used to improve Prop. 36 now, without requiring substantial new funding, additional research, or changes in the law. These techniques, long used in business, recently have been applied to substance abuse treatment program settings, and promising results were achieved at low cost.

A proposition that is similar to Prop. 36, called the Nonviolent Offender Rehabilitation Act, is likely to be on California ballots this November. The information provided in UCLA's Prop. 36 evaluation reports (available at <http://www.uclaisap.org/prop36/html/reports.html>) may be of particular interest to voters as well as to policy makers and practitioners who are working to improve the effectiveness of the Prop. 36 program.

Calendar of Events

August 2008

Aug. 13-15

UCLA CALDAR Summer Institute on Longitudinal Research

Covel Commons Bldg., UCLA

www.caldar.org

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By Albert Hasson, Project Director
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Congratulations to Dr. Ken Bachrach and the staff of the Tarzana Treatment Center for completing the Clinical Trials Network (CTN) protocol "Brief Strategic Family Therapy (BSFT) for Adolescent Drug Abusers." This project, which is sponsored by the National Institute on Drug Abuse, is under the direction of Dr. José Szapocznik, director of the Center for Family Studies at the University of Miami. Study results are forthcoming.

The CTN "Prescription Opiate Addiction Treatment Study" (POATS) is in its last six months of recruitment. This two-phase study is evaluating enhanced medical management for the treatment of prescription opioids. For additional information regarding participation, please contact Vanessa De Guzman at (310) 267-5020.

"Starting Treatment with Agonist Replacement Therapy" (START) continues enrollment at eight sites nationwide, including the Matrix Institute on Addictions in Los Angeles and the Bay Area Addiction Research and Treatment (BAART)

center on Turk Street, San Francisco. Through the START project, eligible opioid-dependent individuals can receive either Suboxone (buprenorphine plus naloxone) or methadone for up to eight months. In Los Angeles, contact Dan George at the Matrix Institute at (323) 933-9186 for more information. In San Francisco, contact Camille Langlois of BAART at (415) 928-7800, extension 324.

There are new CTN protocols for which community treatment programs from the Pacific Region Node are being considered. The Matrix Institute on Addictions in Rancho Cucamonga and Hina Mauka in Honolulu are both up for consideration in the 12-step facilitation protocol, "STAGE 12."

The goal of this protocol is to decrease stimulant and other drug use by enhancing patient engagement in the treatment process through 12-step involvement. The second CTN protocol in development will evaluate the addition of a formalized exercise regimen into treatment-as-usual for residential programs. The Tarzana Treatment Program is the lone site from the Pacific Region Node being considered at this time.

UCLA ISAP Offers Comprehensive Evaluation Services

ISAP can write the evaluation component of your application for funding from the Center for Substance Abuse Treatment (CSAT) Targeted Capacity Expansion (TCE) program, and our planning and preparation can assist you in securing grant funding. If your application does not receive funding, this service is provided at **no cost** to your agency.

UCLA ISAP can assist you with your grant and program evaluation at any stage by:

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- Monitoring performance and outcomes
- Analyzing evaluation data

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- HIV-positive and high risk groups
- Homeless populations
- Criminal justice populations
- Pregnant and parenting populations
- Multicultural and underserved populations

ISAP's evaluation services and analysis can improve your program.

Contact Anne Bellows at abellows@mednet.ucla.edu, or visit:

www.uclaisap.org/evaluation

Study Aims to Increase Aftercare for Parolees Who Received In-Prison Substance Abuse Treatment

www.uclaisap.org/CJS

By Elizabeth Hall, Project Director
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Every year, thousands of prisoners with a history of substance abuse problems are released into California communities. Even though most of these parolees have received in-prison substance abuse treatment, extensive research has shown that without continued care, in-prison treatment appears to have little effect after these individuals are released from prison.

Unfortunately, aftercare participation following release from prison remains low among most California parolees. While some research has explored the barriers to community aftercare attendance, there is a great need for a more nuanced understanding of the pressures, circumstances, and competing priorities that these parolees must negotiate during the first 30 days following release.

An ISAP study, "Increasing Aftercare Attendance among Substance Abuse Program Participants Released from Prison," is designed to collect prisoners' own accounts of their post-release plans and the circumstances they face after release.

These accounts are collected via focus group interviews with those about to be released from the California Substance Abuse Treatment Facility prison in Corcoran. Topics covered in the focus groups include clients' intentions to attend aftercare, reasons why they do or do not plan to attend, and anticipated barriers to successful re-entry.

After release, study participants receive four weekly telephone interviews that chronicle treatment attendance after release, barriers to treatment attendance, relapse prevention activities, relapse, service needs, existing parole support, and additional parole support needed. They are contacted again at 90 days following release. Study members have been enthusiastic about the goals of the study and their participation in it.

Only some of the full sample of 50 male parolees have completed the entire interview process. The

preliminary findings reported here are merely an indication of what we may find in the full analysis.

When asked what prevented them from opting for aftercare, focus group participants' reasons included: family obligations, not wanting to spend any more time in confinement, and a lack of information on specific treatment programs. Clients from counties with small populations felt that their treatment options were limited. Although participants had spent extensive time in treatment (typically more than 12 months), few were able to describe specific relapse prevention strategies.

The post-release interviews indicate that many of those interviewed have positive experiences with their parole officers and the services to which the parole office linked them. However, some have found their parole officers unhelpful and unsupportive. Those who attended aftercare treatment generally found it to be helpful.

When asked how they could have been encouraged to attend aftercare, participants suggested providing more specific information about the programs available, highlighting the benefits of aftercare by showing the accomplishments of aftercare clients, providing incentives to attend aftercare, and providing job training in the aftercare program.

Participants were also asked, "What extra support from parole or from the aftercare program would help during this time?" Responses included requests for financial help, Medi-Cal assistance, employment assistance, and one-on-one counseling assistance.

The parolees in the study described a variety of personal and system-level challenges; however, many were confident in their ability to stay clean despite these challenges. Focus groups and follow-up phone calls with clients continue. The next phase of the study entails designing an intervention to address the barriers found.

The Aftercare Study is part of a larger evaluation of treatment at the Substance Abuse Treatment Facility being conducted by Michael Prendergast and funded by the California Department of Corrections and Rehabilitation, Division of Addiction and Recovery Services.



ISAP's Program Evaluation Services can help programs secure grant funding and improve services. For more information, see the bottom of Page 3 or visit www.uclaisap.org/evaluation.

The December *ISAP News* included descriptions of some of ISAP's evaluation projects. The following are summaries of ISAP's remaining evaluation projects.

Evaluation of Female Offender Treatment and Employment Program (FOTEP)

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

The goal of FOTEP is the successful reintegration of women parolees into the community, particularly in regard to reducing criminal behavior, substance use, and welfare dependence, and to strengthen family relationships and employment skills. The FOTEP evaluation study examines a sample of FOTEP participants ($n = 343$) and a comparison group of eligible, but non-participating, female parolees ($n = 157$). All participants initially participated in in-prison substance abuse treatment; about two-thirds of the sample then transferred to community-based treatment in FOTEP, while the others were paroled to the community and referred to treatment as usual. Follow-up analyses show that longer time in FOTEP treatment (at least 150 days) reduces the likelihood of a return to prison by about half, and that individuals who complete FOTEP treatment are significantly less likely to return to prison as compared with individuals in the comparison group.

Evaluation of the Mental Health Services Continuum Program

Principal Investigator: David Farabee (dfarabee@ucla.edu)

To enhance the California Department of Corrections' ability to identify and treat mentally ill parolees, the Mental Health Services Continuum Program (MHSCP) was developed in July 2000. The purpose of the MHSCP is to enhance the quality and timeliness of mental health services provided to mentally ill parolees after release, with the overarching goal of reducing recidivism and improving public safety. The purpose of the evaluation is to answer the following: (1) How well were the in-prison and community-based

components planned, developed, and implemented? (2) What problems were encountered and how were they addressed? and (3) What impact does the MHSCP program have on recidivism of mentally ill parolees?

Evaluation of the Homeless Interventions Treatment Options Project (HI-TOP)

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

ISAP is conducting the process and outcome evaluations of the Homeless Interventions Treatment Options Project (HI-TOP), which is an intervention project provided by Special Service for Groups, Inc. The project is funded by a grant from SAMHSA's Center for Substance Abuse Treatment. HI-TOP provides comprehensive substance abuse treatment and case management services to homeless individuals who have co-occurring substance abuse and mental health disorders. Treatment approaches include cognitive behavioral and motivational enhancement therapies within the context of residential treatment and aftercare services provided to participants. The evaluation study is tracking the characteristics of project participants, and examining the delivery of project-specific services, adherence to the treatment models, barriers encountered in project implementation, and solutions devised to address those barriers.

Swiftiness and Certainty in Enforcing Probation Conditions: Hawaii's H.O.P.E. Program

Principal Investigator: Angela Hawken (ahawken@ucla.edu)

While most experts agree that the probation system should be reformed, policy makers need real-world evidence of the effectiveness of different approaches to probation before they can act. Hawaii offers an opportunity to test whether a more strategic approach to probation and parole can lead to better outcomes. The goal of this project is to evaluate Hawaii's Opportunity Probation with Enforcement (HOPE) program. HOPE involves regular random drug testing with swift and certain, but modest, sanctions (typically two days in jail, but terms increase for continued non-compliance) for

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- Anglin, M.D., et al. (2007). Criminal justice treatment admissions for methamphetamine use in California: A focus on Proposition 36. *Journal of Psychoactive Drugs, Suppl. 4*, 367-381.
- Brecht, M.L., et al. (2008). Polydrug use and implications for longitudinal research: Ten-year trajectories for heroin, cocaine, and methamphetamine users. *Drug and Alcohol Dependence*.
- Brecht, M.-L., et al. (2008). Predictors of intention to change HIV sexual and injection risk behaviors among heterosexual methamphetamine-using offenders in drug treatment: A test of the AIDS Risk Reduction Model. *Journal of Behavioral Health Services & Research*.
- Brown, A.H., et al. (2008). EQUIP: Implementing chronic care principles and applying formative evaluation methods to improve care for schizophrenia: QUERI Series. *Implementation Science, 3*(9).
- Christian, D.R., et al. (2007). Methamphetamine users entering treatment: Characteristics of the methamphetamine treatment project sample. *Substance Use & Misuse, 42*(14), 2207-2222.
- Crèvecoeur, D.A., Rutkowski, B., & Rawson, R.A. (2007). The rise in treatment admissions for methamphetamine use in Los Angeles County from 2001 through 2005. *Journal of Psychoactive Drugs, SARC Suppl. 4*, 383-392.
- Dickerson, D.L., et al. (2008). Coricidin HBP® abuse: Patient characteristics and psychiatric manifestations as recorded in an inpatient psychiatric unit. *Journal of Addictive Diseases, 27*(1), 25-32.
- Farabee, D. (2007). For the Second Chance Act, great strides will come in small steps. *Federal Sentencing Reporter, 20*(2), 136-137.
- Glasner-Edwards, S., et al. (2008). Clinical course and outcomes of methamphetamine-dependent adults with psychosis. *Journal of Substance Abuse Treatment*.
- Glasner-Edwards, S., et al. (2008) Identifying methamphetamine users at risk for major depressive disorder: Findings from the Methamphetamine Treatment Project at three-year follow-up. *American Journal on Addictions, 17* (2), 99-102.
- Glasner-Edwards, S., et al. (2008). Risk factors for suicide attempts in methamphetamine-dependent patients. *American Journal on Addictions, 17*(1), 24-27.
- Grella, C.E., et al. (2008). Gender similarities and differences in the treatment, relapse, and recovery cycle. *Evaluation Review, 32*(1), 113-137.
- Herbeck, D.M., Hser, Y.-I., & Teruya, C. (2007). Empirically supported substance abuse treatment approaches: A survey of treatment providers' perspectives and practices. *Addictive Behaviors, 33*(5), 699-712.
- Hser, Y.-I., Huang, D., Chou, C.-P., & Anglin, M.D. (2007). Trajectories of heroin addiction: Growth mixture modeling results based on a 33-year follow-up study. *Evaluation Review, 31*(6), 548-563.
- Hser, Y.-I., Longshore, D., & Anglin, M.D. (2007). The life course perspective on drug use: A conceptual framework for understanding drug use trajectories. *Evaluation Review, 31* (6), 515-547.
- Hser, Y.-I., & Teruya, C. (2007). Introduction to the special issues on longitudinal research on substance abuse and health services: Current knowledge and future directions. *Evaluation Review, 31*(6), 511-514.
- King, W.D., Larkins, S., Hucks-Ortiz, C., Wang, P.C., Gorbach, P.M., Veniegas, R., & Shoptaw S. (2007). Factors associated with HIV viral load in a respondent driven sample in Los Angeles. *AIDS and Behavior*.
- Lee, N.K., & Rawson, R.A. (2008). A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review, 27*(3), 309-317.
- Ling, W. (2007). Why we do what we do: Delivery of buprenorphine and the treatment of opioid addiction. *Addiction, 102*(12), 1908-1909.
- Murphy, D.A. (2008). HIV-positive mothers' disclosure of their serostatus to their young children: A review. *Clinical Child Psychology and Psychiatry, 13*(1), 105-122.
- Murphy, D.A., Brecht, M.-L., Herbeck, D., Evans, E., Huang, D., & Hser, Y.-I. (2008). Longitudinal HIV risk behavior among the Drug Abuse Treatment Outcome Studies (DATOS) adult sample. *Evaluation Review, 32*(1), 83-112.
- Murphy, D.A., Greenwell, L., Resell, J., Brecht, M.-L., & Schuster, M.A. (2008). Early and middle adolescents' autonomy development: Impact of maternal HIV/AIDS. *Clinical Child Psychology and Psychiatry, 13*, 253-276.
- Murphy, D.A., & Marelich, W.D. (2008). Resiliency in young children whose mothers are living with HIV/AIDS. *AIDS Care, 20*(3), 284-291.
- Prendergast, M., & Cartier, J. (2008). Improving parolees' participation in drug treatment and other services through strengths case management. *Perspectives, 32*(1), 38-46.
- Prendergast, M.L., Hall, E.A., Roll, J., & Warda, U. (2007). Use of vouchers to reinforce abstinence and positive behaviors among clients in a drug court treatment program. *Journal of Substance Abuse Treatment*.
- Prendergast, M., Huang, D., & Hser, Y.-I. (2008). Patterns of crime and drug use trajectories in relation to treatment initiation and 5-year outcomes: An application of growth mixture modeling across three datasets. *Evaluation Review, 32*(1), 59-82.
- Rawson, R.A., et al. (2008). Methamphetamine dependence and human immunodeficiency virus risk behavior. *Journal of Substance Abuse Treatment*.
- Rawson, R.A., Maxwell, J., & Rutkowski, B. (2007). OxyContin abuse: Who are the users? *American Journal of Psychiatry, 164*(11), 1634-1636.
- Rawson, R.A., & Rutkowski, B.A. (2007). Prime numbers: A matter of life or meth. *Foreign Policy, 163*: 32-33.
- Shoptaw, S., et al. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment*.
- Torrington, M., Domier, C.P., Hillhouse, M., & Ling, W. (2007). Buprenorphine 101: Treating opioid dependence with buprenorphine in an office-based setting. *Journal of Addictive Diseases, 26*(3), 93-99.

By Rachel Gonzales, Project Director
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Top priorities in the field of addiction are the efficient management of treatment program performance and client outcomes. The adoption of systematic performance management can result in effective treatment decisions, efficient use of treatment resources, and improved client treatment outcomes.

The California Outcomes Measurement System (CalOMS) for treatment is a statewide data collection and management system implemented in all 58 counties to comprehensively measure alcohol and drug (AOD) performance and outcomes.

As part of UCLA ISAP's effort to evaluate and improve CalOMS, ISAP and the Treatment Research Institute (TRI), a not-for-profit research and development organization (www.tresearch.org), coordinated two meetings with leading national and state experts from around the country to discuss topics related to performance and outcome measurement and how such measurement can be used to improve treatment in California.

The meetings took place in Sacramento (Nov. 15 & 16, 2007) and Los Angeles (March 20 & 21, 2008).

From these meetings, we learned about the critical areas related to performance and outcomes monitoring, including the measurement and monitoring of key performance and outcome indicators, the impact of process improvement strategies on enhancing performance and outcomes, and the management of performance and outcome indicators for delivering quality care. Definitions of key terms are in the sidebar.

Some examples of process improvement strategies that can be used to improve program performance and client outcomes discussed at the meetings included:

- **NIATx:** Network for the Improvement of Addiction Treatment (www.niatx.net)
- **STAR-SI:** Strengthening Treatment Access and Retention – NIATx-Led State Initiatives
- **Action Campaign:** Adopting Changes to Improve Outcomes Now (www.actioncampaign.org)

To view the presentations from each meeting, please visit the CalOMS Web site at www.uclaisap.org/caloms.

Definition of Key Terms

In Systematic Performance Management

- **Performance and Outcomes Measurement:** Performance measures are used at the program level to estimate and monitor the extent to which the actions of a program conform to standards of quality. Outcome measures are used at the client level for measuring trends over time across life function areas expected to be positively influenced by a treatment.
- **Performance and Outcomes Monitoring:** A continuous process of examining performance and outcome data to evaluate how a program is affecting outcomes.
- **Performance and Outcomes Management:** A systematic process by which staff are involved to improve program effectiveness in the accomplishment of program outcome results. This process entails continually monitoring program performance and client outcomes, and periodically giving feedback, rewards, and technical assistance to staff.
- **Performance-Based Contracting:** This is an incentive-based method of purchasing treatment services and managing programs—funding is tied to programs achieving specified performance and outcome goals.

Evaluation Projects

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every urine sample that tests positive for drugs or probation violation. If HOPE is as successful at scale as it was in the original pilot—with reductions of more than 80% in rates of noncompliance and large reductions in recidivism and therefore public-sector costs—it represents a potential revolution in corrections and in drug policy.

Evaluation of New Elements Treatment Program, People in Progress

Principal Investigator: Richard A. Rawson

ISAP is conducting the process and outcome evaluations of the New Elements Treatment program, which is an intervention project provided by People in Progress. The project is funded by a grant from SAMHSA's Center for Substance Abuse Treatment. New Elements provides comprehensive substance abuse treatment and case management services to homeless individuals. The evaluation study is tracking the characteristics of participants and examining provided services, fidelity to treatment models, barriers to project implementation, and solutions addressing those barriers.

PACT Study

(Continued from Page 1)

maternal HIV/AIDS; the importance of family routines and the stability of such routines among families affected by HIV; maternal and adolescent perceptions of HIV-related stigma; and the impact of maternal HIV on the development of autonomy among early and middle adolescents.

Recently, it was announced that PACT III will be funded. PACT III is a study designed to follow these families one last time, again every six months, as the children transition to late adolescence/early adulthood. PACT III will focus on the children's transition to independence, career goals and family planning goals, engagement in risk behaviors, and mental health outcomes.

PACT III will also focus on how the mothers are dealing with an "empty nest" as their children transition to adulthood, and will continue to follow the status of their disease progression as well as their mental health status.

One of the reasons the HRRP research team has been so successful in retaining a majority of the

families over more than a 10-year period is the dedication of the HRRP staff within ISAP; two of the research team members, Tim Castro and Aida Santos, have been involved in PACT I and PACT II, and will be working with the families again for PACT III.

A number of other staff in the HRRP group, as well as ISAP staff, have contributed to the PACT studies, including: Bill Marelich, Diane Herbeck, Lisa Greenwell, Mary-Lynn Brecht, and Judith Resell.

PACT is one of very few prospective studies examining the impact of chronic maternal illness on children and the mother-child relationship.

This is the first cohort of children affected by maternal HIV/AIDS followed all the way from early school age through late adolescence/early adulthood, and therefore the only group of children in the United States to be followed almost continuously as they grew up to adulthood while living with a mother with HIV/AIDS.

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