

UCLA
Integrated Substance Abuse Programs

Biennial Report
July 1, 2008, to June 30, 2010



ISAP Mission

The UCLA Integrated Substance Abuse Programs (ISAP) coordinates substance abuse research and treatment within the Department of Psychiatry and Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. As one of the largest substance abuse research groups in the United States, ISAP works to:

- Develop and evaluate new approaches for the treatment of substance abuse disorders
- Move empirically supported treatments into mainstream application
- Advance the empirical understanding of substance abuse and support efforts to ameliorate related problems
- Investigate the epidemiology, neurobiology, consequences, treatment, and prevention of substance abuse.



UCLA Integrated Substance Abuse Programs (ISAP)

Biennial Report

Fiscal Years 2009 and 2010

(July 1, 2008, to June 30, 2010)

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Beginning ISAP's Second Decade

The UCLA Integrated Substance Abuse Programs (ISAP) was established in 1999 to strengthen drug abuse research efforts and to improve treatment services. Heading into its second decade in a time of budgetary difficulties, ISAP is well positioned to extend that process. The group continues to advance the knowledge base on drug problems and to improve the delivery of treatment services through diverse efforts. Examples of these ongoing efforts include:

- Continued development of medication and behavioral treatments through ISAP's role leading the Pacific Region Node of NIDA's Clinical Trials Network and through clinical trials of medications (e.g., methylphenidate for methamphetamine dependence, and buprenorphine and Probuphine for opioid dependence) and behavioral treatments (Cognitive Behavioral Therapy and Contingency Management). ISAP also is investigating alternative/complementary approaches such as mindfulness/meditation, drumming, and aerobic exercise for methamphetamine dependence.
- Established ISAP as a source for methodological expertise via the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research.
- Increased international activities through a contract with the United Nations Office on Drugs and Crime ("Treatnet") to develop regional addiction training centers around the world, as well as clinical research and training efforts in China, Vietnam, and Egypt.
- Increased research attention on special populations, including drug-abusing offenders via NIDA's Pacific Coast Center for Criminal Justice Drug Abuse Treatment Studies and numerous studies on prison services and post-release services, women, adolescents, and gay, men-who-have-sex-with-men, and transgender populations.
- Hosted research training programs in addiction research methods via the NIDA T32 training grant for pre- and postdoctoral fellows, and numerous international visiting research fellows.
- Increased dissemination of knowledge about substance use disorders and research-based interventions and treatment skills throughout the nation via the Pacific Southwest Addiction Technology Transfer Center, technical assistance contracts for the State of California and Los Angeles County Mental Health, as well as through other trainings delivered around the nation and the world.
- Broadened and strengthened technical assistance collaboration with government agencies via contracts with Los Angeles County Substance Abuse Prevention and Control and the California Department of Alcohol and Drug Programs.

ISAP will continue to advance the empirical understanding of substance abuse, develop and evaluate new approaches for the treatment of addiction, and support efforts to reduce substance use and related problems.

Synopsis of ISAP Research and Related Activities

The UCLA Integrated Substance Abuse Programs (ISAP) conducts research, provides research training and clinical training, and arranges treatment for substance use disorders in coordination with the UCLA Department of Psychiatry and Biobehavioral Sciences and in affiliation with community-based treatment providers. ISAP efforts range from epidemiological and policy studies to basic science and human laboratory research to clinical trials of innovative behavioral therapies and pharmacotherapies. ISAP activities are briefly summarized below:

Basic Science/Neurophysiology/Imaging

An extensive program of brain imaging research is coordinated with a program of cognitive and neuropsychological assessment, using innovative imaging approaches (e.g., PET and fMRI) to study brain changes and physiologic responses to nicotine, methamphetamine, cocaine, and other substances.

Clinical and Behavioral Trials

ISAP directs the Pacific Region Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN), which includes a geographically and clinically diverse group of community treatment programs throughout California and Hawaii. In concert with other CTN nodes across the country, the Pacific Region Node conducts research on pharmaceutical and behavioral treatments for substance use disorders. ISAP investigators are conducting clinical trials on behavioral approaches, including contingency management (in the United States and China), mindfulness meditation, aerobic exercise, technology-supported cognitive behavioral therapy, and traditional Native American healing approaches.

Criminal Justice Populations

ISAP researchers have conducted comprehensive reviews of drug treatment in the criminal justice system and have examined treatment programs focused on

women offenders and ethnic minorities under criminal justice supervision. Other work has investigated the differential effects of incarceration, parole, and methadone maintenance on drug use and criminal behavior, and has documented the effects of civil commitment and other forms of compulsory treatment. ISAP investigators have consistently explored the relationship between drug use and crime, including outcomes of treatment for drug-using offenders and the role of drug use in perpetuating the cycle of crime among offenders. ISAP's Pacific Coast Research Center is a component of the NIDA Criminal Justice Drug Abuse Treatment Services Research System, a nationwide effort to optimize treatment for drug-using individuals under criminal justice supervision.

Health Services

Studies by M. Douglas Anglin and William McGlothlin in the 1970s on the impact of methadone treatment initiated the UCLA tradition of studying how addiction treatment services impact the community and how the methods of delivering these services influence their effectiveness. Recently, ISAP researchers have been leading an extensive array of efforts on the integration of substance use disorder services into the broader primary care system. For example, screening, brief intervention, and referral to treatment (SBIRT) is an efficient approach that will improve identification and treatment of substance use disorders in the U.S. health care system.

HIV/AIDS

Since the early 1980s, ISAP researchers have investigated HIV/AIDS among drug users and have participated in community-based interventions to combat HIV, including tracking long-term trends in risk behaviors among drug-using arrestees. A series of studies testing psychosocial predictors of HIV risk reduction led to the development of a culturally congruent HIV education program serving drug users in Los Angeles. Several NIDA-funded projects have evaluated the effectiveness of a variety of behavioral

and pharmaceutical interventions designed to reduce risk of HIV infection among drug users. In addition, ISAP's Health Risk Reduction Projects (HRRP) conducts HIV/AIDS behavioral research on children, adolescents, adults, and families. HRRP has examined the impact of maternal HIV/AIDS on children in what will be a 15-year longitudinal study.

Implementation Science and Practice Improvement

A major focus of ISAP efforts is increasing dissemination of research-proven treatment techniques into application, often termed "implementation science" or "research to practice." Several ISAP projects have formed and supported networks of community-based treatment providers and researchers committed to improving the quality of interaction among service providers, policymakers, researchers, and members of the community. These efforts continue to provide educational activities, assist community programs with the use of evidence-based screening and treatment practices, and foster new collaborative projects in the community.

International Research and Training

ISAP personnel conduct extensive training throughout the world, disseminating research methods and proven clinical practices through their direct efforts and by hosting conferences. ISAP investigators carry out ongoing collaborative research and training efforts in Egypt, Palestine, United Arab Emirates, Israel, Iraq, China, Vietnam, South Africa, and Australia. ISAP coordinated the worldwide "Treatnet" capacity-building effort by the United Nations Office on Drugs and Crime to train clinical professionals in best practices regarding assessment and treatment of substance use disorders and related consequences. In addition, ISAP directors have contributed to United Nations/World Health Organization policymaking efforts to address global drug problems. ISAP also continues to offer training through the NIDA INVEST program for addiction medicine researchers

and clinicians who engage in year-long fellowships at ISAP.

Medication Development

Consistent with NIDA's increased emphasis on developing effective medications for substance use disorders, ISAP investigators are pioneers in the field, having been instrumental in the development and implementation of several medications for opioid dependence, including advancing the approval of buprenorphine for use by physicians in office-based treatment of opioid dependence. Recent ISAP research on Probuphine®, the long-acting, implant formulation of buprenorphine, suggests great promise for this new and important medication. A long-acting depot form of naltrexone (Vivitrol®) for opioid dependence was recently approved based on research involving ISAP Director Walter Ling, M.D. ISAP's innovative development of pharmacotherapies (delivered in the context of behavioral treatment platforms) addresses the growing problem of stimulant dependence, especially regarding methamphetamine.

Natural History, Treatment Process, and Outcomes

ISAP is the lead organization or a participating member in major treatment outcome evaluations at the national level, in California, and in the Los Angeles area. Specific research projects focus on treatment effectiveness for dually diagnosed patient populations, and development of enhanced strategies for engaging difficult-to-treat and special populations. These research efforts involve ISAP researchers who are expert in the design and application of advanced analysis techniques such as structural equation models, hierarchical linear models, latent curve models, and latent transition models. Incorporation of these techniques into ISAP investigations ensures rigorous research and reliable findings. Several publications produced by ISAP researchers have been used as guides for the application of statistical methods to social science research. Based on ISAP's standing

as the leading repository of expertise in longitudinal research on drug abuse, ISAP hosts the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research.

Program Evaluation

ISAP's Program Evaluation Services offers a full array of evaluation and consultant services including needs assessment, culturally competent evaluation planning and design, methods for improving grant priority scores, performance and outcomes monitoring, and evaluation data collection and analysis (including GPRA). ISAP assists in program evaluation at any stage, including helping programs secure grant funding and improve their programs during the planning and grant proposal stage. ISAP has evaluated numerous projects conducted locally by Los Angeles agencies, as well as around the nation, including a number of projects funded by state and federal grants. The number of sample participants in these projects range from 40 to 10,000. The evaluations vary in scope from outcome reports involving a small number of variables, such as retention and engagement in treatment, to complex analyses of multiple measures of performance and outcomes collected longitudinally.

Special Populations and Topics

ISAP researchers have examined patterns of substance use disorders and associated behaviors as they relate to individual/demographic characteristics, with recent work examining genetic-based variations. Research has shown that treatment must be designed to accommodate the unique needs of special populations, such as individuals who are dually diagnosed (with substance use disorders and mental health disorders), adolescents, the homeless, welfare recipients, the disabled, or gay, bisexual, and/or transgender populations. In addition, the engagement and retention of such persons in treatment require targeted efforts informed by research.

Substance Use Epidemiology

ISAP participates in several ongoing studies of substance use epidemiology and associated behaviors, including analyses of national representative databases (e.g., National Household Survey on Drug Use and Health, National Epidemiologic Survey on Alcohol and Related Conditions), and conducts analyses of statewide and local household survey and treatment utilization data. ISAP investigators participate (as the Los Angeles representative) in the NIDA-supported Community Epidemiologic Workgroup (CEWG), which meets biannually to report on continuing and emergent drug use trends using multiple sources of data, as well as in the biannual Substance Abuse Research Consortium (SARC), which reports on emerging drug-use trends and their policy-related implications for the State of California. ISAP investigators also conduct qualitative studies of emergent drug use trends and subpopulations, using focus groups, site visit observations, and in-depth interviewing.

Substance Abuse Policy

Serving in an advisory capacity, senior members of ISAP have supported efforts of the U.S. Attorney General's office, the White House Office of National Drug Control Policy, four directors of NIDA, the director of the Center for Substance Abuse Treatment (CSAT), and agencies and organizations in many states and counties. Senior ISAP scientists have provided expert testimony before Congress, state legislatures, the Food and Drug Administration, and the United Nations.

Training and Dissemination

Many ISAP professionals contribute to the UCLA education mission by providing coursework and lectures within the University. ISAP personnel also provide training in treatment protocols and research processes, delivering hundreds of workshops and presentations in the United States and

abroad. ISAP's NIH/NIDA-funded Drug Abuse Research Training Center supports annual fellowships for predoctoral and postdoctoral fellows. In addition, ISAP is the administrative home of the Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC), one of 14 regional centers supported by the Center for Substance Abuse Treatment. The Pacific Southwest ATTC provides training, technical assistance, and collaborative promotion of empirically proven substance use disorders treatment practices. Like the CTN, the Pacific Southwest ATTC increases knowledge about and improves the delivery of effective treatments for substance use disorders. Recently, the Pacific Southwest ATTC has provided training on several topics, including health care reform, integration of primary care and behavioral health services, screening, brief intervention, and referral to treatment (SBIRT), medication-assisted treatment for opioid and alcohol use disorders, and motivational interviewing. For the past four years, ISAP has partnered with the Los Angeles Department of Mental Health to provide comprehensive training and technical assistance to the local mental health clinical workforce on co-occurring substance use and mental health disorder screening and treatment intervention. ISAP researchers annually produce approximately 100 publications in peer-reviewed journals and present research findings at scientific meetings throughout the world.

Treatment Services

The UCLA Alcoholism and Addiction Medicine Service, based at the Resnick Neuropsychiatric Hospital at UCLA, provides comprehensive, evidence-based assessment and treatment in a caring and confidential environment. The program is directed by ISAP's Karen Miotto, M.D., and offers partial hospitalization and inpatient/detoxification services, as well as an outpatient clinic. The program coordinates outpatient treatment with aftercare, which occurs at the ISAP-affiliated network of community-based outpatient clinics: Matrix Institute clinics, Tarzana Treatment Clinic, Friends Research Institute

sites, and others. This clinical system supports patient care, teaching, research training, clinical training, and research activities.

Women's Substance Use Disorders Issues

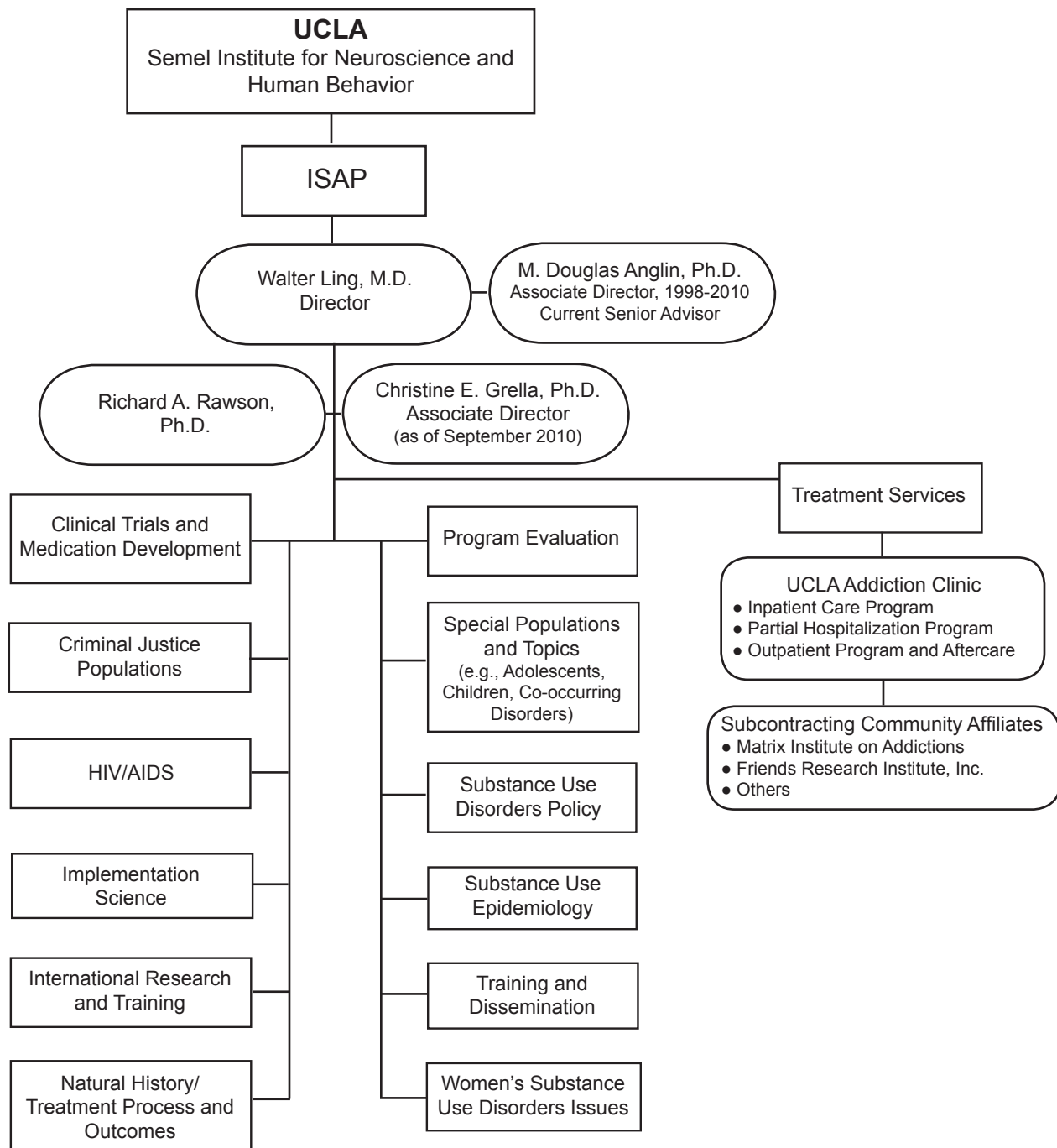
ISAP researchers are making significant contributions to the growing body of research on the particular needs of women substance users. These include studies of women in gender-specific treatment programs (e.g., the organizational characteristics of these programs, the evidence basis for treatment models, and treatment outcomes); outcomes of women and their children who come into contact with child welfare services; evaluations of programs developed for women offenders, both in correctional programs and community settings that involve innovative arrangements between corrections and treatment; and longitudinal examinations of gender differences in drug use, treatment, other service system interactions, and recovery over the life course. ISAP researchers also participate in numerous advisory boards for state and national policymakers on applying research findings to improve the delivery and outcomes of treatment for women with substance abuse disorders.

Organizational Structure

The UCLA Integrated Substance Abuse Programs (ISAP) is a unique organization with long-established connections with the substance abuse treatment community. As illustrated below, the Semel Institute for Neuroscience and Human Behavior is ISAP's institutional home

as well as the setting for inpatient treatment for substance abuse disorders. Contractual affiliations with Friends Research Institute, Inc., and the Matrix Institute on Addictions are important elements of the ISAP research program.

UCLA Integrated Substance Abuse Programs (ISAP) Organizational Structure



Service Centers

Training Center

The ISAP Training Center provides state-of-the-art training on a wide range of topics including the impact of substance abuse, effective treatment strategies, co-occurring disorders, and research ethics and procedures. Drawing on the expertise and experience of all ISAP investigators, the Training Center also develops opportunities to disseminate research findings to scientific and treatment communities.

The Training Center is the hub for several projects including the Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC), ISAP research training, the Los Angeles County and Orange County Co-Occurring Disorders Training Initiatives, a statewide training and technical assistance initiative for substance use disorders treatment providers, and several ad hoc training activities requested by members of the community. Training staff also provide in-house training in the use of the Structured Clinical Interview for the DSM (SCID) and the Addiction Severity Index (ASI), as

well as individualized courses upon request. Since 2001, the Training Center has provided training to more than 30,000 individuals in more than 600 events.

Over the past several years, a centerpiece of Training Center activities has been the California Addiction Training and Education Series (CATES). These training events bring together treatment providers with leading experts in the field to learn new information and develop skills specific to treating substance-using populations.

Training Center services are available to non-UCLA researchers.

Please visit www.psattc.org for more information, or contact Thomas Freese at (310) 267-5397.

Program Evaluation Services

ISAP Program Evaluation Services offers a full array of evaluation and consultant services including:

- Needs assessment and program development
- Culturally competent evaluation planning and design
- Methods for improving grant priority scores
- Monitoring of performance and outcomes
- Evaluation data collection and analysis (including GPRA)

ISAP assists in program evaluation at all stages of project development, including helping programs secure grant funding and improve their programs during the planning and grant proposal stage. ISAP has evaluated numerous projects conducted locally by Los Angeles agencies, as well as around the nation, including a number of projects funded by state

and federal grants. The number of sample participants in these projects ranges from 40 to 10,000. The evaluations vary in scope from outcome reports for a small number of treatment-process variables such as retention and engagement in treatment, to complex analyses of multiple measures of performance and outcomes collected longitudinally.

For more information, please visit <http://www.uclaisap.org/evaluation/index.html> or contact ISAP's Evaluation Services Director Anne Bellows, MSW, at abellows@mednet.ucla.edu.

All inquiries are welcome.

Data Management Center

The ISAP Data Management Center (DMC) is a full-service data center that handles forms printing and collating, data acquisition, and the transfer, cleaning, reporting, and storage of data. The DMC currently supplies the data needs of more than 20 projects conducted in six local clinics and two multisite projects conducted in locations outside of Los Angeles.

The DMC uses the Verity Teleform data system for both Web entry and fax-based data capture. Web capture provides images of forms in a Web browser for data entry into a secure data server over the Internet. For projects that collect data on paper and want to skip the data-entry step, the faxed-based system allows images of forms to be translated directly into alphanumeric data. The DMC has created more than 1,000 measures for ISAP studies and

receives an average of 30 fax transmissions a day. These transmissions result in the entry of more than 500 pages of data into the databases every business day.

The DMC recently expanded its PC- and Web-based data capture methods. Several projects have become completely paperless using this technology.

For more information, please visit www.isapdmc.org. Inquiries from both UCLA and non-UCLA researchers are welcome. Please contact David Bennett at (310) 267-5330 or davebenn@ucla.edu.

Treatment Services

UCLA Alcoholism and Addiction Medicine Service

UCLA ISAP utilizes and supports the UCLA Addiction Medicine Service, located at the Resnick Neuropsychiatric Hospital at UCLA. Researchers at UCLA and elsewhere continue to develop new and increasingly effective medical and psychological treatments to hasten substance abuse recovery.

The UCLA Addiction Medicine Service, which is directed by ISAP's Karen Miotto, M.D., provides comprehensive, scientifically based assessment and treatment in a caring and confidential environment. Co-occurring psychiatric and substance use disorders involving numerous substances are treated, including alcohol, prescription pain medications, cocaine, methamphetamine, opiates, benzodiazepines, and club drugs (e.g., Ecstasy and GHB).

An interdisciplinary team of experts offers a complete continuum of care based on the individual's needs, including inpatient and outpatient detoxification, partial hospitalization, structured outpatient treatment, and aftercare.

Treatment incorporates any or all of the following: addiction and recovery education

- Matrix Model of relapse prevention
- family involvement
- psychoeducational groups
- medication (when appropriate)

Scope of Services

Inpatient Care Program

The Inpatient Care Program is housed in the UCLA Neuropsychiatric Hospital's pavilion on the UCLA campus in Westwood (Los Angeles), California. This eight-bed, inpatient unit specializes in the treatment of adults with co-occurring psychiatric and substance use disorders. Based upon the patient's specific needs, a combination of physician addiction specialists, psychologists, licensed clinical social workers, and registered nurses join together to form a highly personalized treatment team to

facilitate the individual's recovery. In addition to the medical management of substance abuse disorders, patients are assessed, diagnosed, and treated for any psychiatric or medical complications stemming from or affecting their substance use disorder. Referral to residential treatment programs for patients who require long-term inpatient treatment is also arranged.

Partial Hospitalization Program

The UCLA Partial Hospitalization Program helps patients transition from an inpatient to outpatient treatment setting and provides a structured environment for patients who do not need 24-hour supervision after detoxification but require more intensive care than an outpatient setting can provide.

Outpatient Care Program

The Outpatient Care Program, directed by Timothy Fong, M.D., provides a range of outpatient services including an outpatient addiction clinic offering medication management for substance use disorders, behavioral addictions, and co-occurring psychiatric disorders. Collaboration with psychosocial treatment providers in the community is provided, allowing individuals to continue to work and perform daily activities while pursuing addiction treatment.

For more information, call (310) 825-9989 or (800) 825-9989.

Matrix Institute on Addictions

Many of UCLA ISAP's research studies take place in the community-based treatment programs of the Matrix Institute on Addictions. The Matrix Institute was established in 1984 to promote a greater understanding of addiction disorders and to improve the quality and availability of addiction treatment services through treatment, training, and research. Matrix is a nonprofit organization that delivers outpatient drug and alcohol treatment services in four clinics in two Southern California counties. In the past year (2010), more than 1,200 patients received treatment from the Matrix Institute in the four Matrix clinics. Over the past 27 years, more than 50 research projects and grants have been conducted at Matrix Institute sites, either by Matrix or in collaboration with investigators from UCLA and Friends Research Institute.

The Matrix training department has grown significantly over the past five years to include six trainers who have traveled nationally and internationally training people in the Matrix Model of Intensive Outpatient Treatment. From 2005-2010, more than 600 Matrix Model trainings were delivered in 46 states and on three continents (including the countries of Japan, Spain, South Africa, and Vietnam) with more than 6,000 people trained on the Matrix Model. A model of dissemination has been developed that has resulted in an international network of over 300 Matrix Model Key Supervisors who are experts in their respective facilities in the structuring and delivery of the Matrix treatment program. A Matrix Model Certification program was developed in 2009 to meet the demands of those people and organizations asking for a way to discern which of the programs delivering the Matrix Model are doing so with fidelity to the protocols. A conference for Matrix Key Supervisors has been held twice in the last 3 years.

The Matrix Model of Treatment for Substance Abuse Disorders

The Matrix Model of intensive outpatient treatment was developed with an awareness of the diversity of problems that contribute to addictive disorders. To produce the best opportunity for success, the needs of the individual patient are considered in the design of each treatment plan. Matrix manuals have been published by the Center for Substance Abuse Treatment (CSAT) and Hazelden Publishing for the treatment of adults, adolescents, and Native Americans using the Matrix Model of Intensive Outpatient Treatment. These manuals have been developed and evaluated with funding from the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, and the National Institute on Alcoholism and Alcohol Abuse.

At the Matrix Institute, the elements chosen to create optimal treatment plans include strategies and methods that have been demonstrated to be effective with substance abuse disorders. The intensity, duration, and content of treatment vary for individual patients, but certain key elements that are significantly related to treatment success are included within all Matrix treatment plans. They are:

Motivational Interviewing (MI)

Motivational Interviewing is a style of therapy that is designed to respect clients while helping them move toward making health-related changes. Matrix therapists have used this style of counseling for over 20 years. This non-confrontational, flexible, and accepting style is a hallmark of the Matrix Model of treatment and the use of it creates a nurturing relationship in which the client can thrive and successfully heal.

Cognitive Behavioral Therapy (CBT) – Including Relapse Prevention (RP)

Cognitive behavioral techniques that emphasize the important role of thinking in how we feel and what

we do are utilized throughout the treatment process at Matrix. Clients are taught to identify events that precede alcohol and/or drug use and change their thoughts and behaviors in response to these events. They are also taught skills to assist them in stopping alcohol and drug use, preventing relapse, and living an alcohol- and drug-free life.

12-Step Facilitation

Numerous outcome reports have demonstrated that patients who are involved in a 12-step or other support group have far better outcomes than patients who are not involved in such programs. Every Matrix clinical office hosts an onsite 12-step meeting for the clients at that location.

Contingency Management (CM)

Reinforcing positive behaviors during treatment has been shown to be highly effective in achieving a variety of substance abuse treatment goals. The Matrix Model incorporates incentives into its program by rewarding alcohol and drug free test results, attendance at treatment sessions, the use of skills learned during group, and the accomplishment of goals set during treatment.

Family Involvement

Families are involved regularly in the treatment process at Matrix because the more they understand the process of addiction and recovery, the more helpful they can be in the recovery process. There is substantial research that clearly indicates superior treatment outcomes for patients whose families are involved in the treatment process.

Education

The Matrix program was founded on the principle that scientific findings can be successfully presented to clients and their families. The Matrix Education Groups contain a unique set of lectures that explain to participants what happens when addiction occurs and how they can deal with the brain chemistry changes that are caused by the abuse of alcohol and drugs.

Continuing Care

Clients are encouraged to attend continuing care groups at Matrix for at least one year, although many choose to stay longer. Those individuals that stay connected by attending the continuing care groups have a better chance of achieving long-term recovery.

The Matrix approach allows for maximal utilization of effective outpatient treatment methods. Due to the extensive involvement of the Matrix staff with clinical research efforts, patients treated at Matrix Institute have access to the newest and most effective pharmacotherapies and psychologically based treatment models. The substance abuse treatment system established by Matrix offers a set of options and a level of expertise unmatched in behavioral healthcare.

Publications (July 1, 2008, to June 30, 2010)

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health and substance use disorders. She has published her work widely in the areas of addiction, mental health, health services, and evaluation research. Dr. Grella directs the NIDA-funded pre- and postdoctoral training program at ISAP and is a Co-Investigator and Director of the Research and Methods Support Core of the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research (CALDAR). cgrella@mednet.ucla.edu

Elizabeth A. Hall, Ph.D., is a researcher in UCLA ISAP's Criminal Justice Research Group. She is currently Principal Investigator for "Modeling Risk and Protective Factors for Well-being of Maltreated Youth" (NICHD), serves as Co-Investigator for "Using Incentives to Improve Parolee Participation and Attendance in Community Treatment" (NIDA, PI: Prendergast) and for "Health Promotion Coaching/Vaccine for Homeless Parolees" (NIDA, PI: Nyamathi), and as Project Manager for "Criminal Justice Drug Abuse Treatment Studies-2" (NIDA, PI: Prendergast). Over more than 15 years of substance abuse research, Dr. Hall has been involved in a variety of research and evaluation projects examining substance abuse treatment outcomes. Her areas of expertise include contingency management in substance abuse treatment settings, and substance abuse treatment for women, individuals in the criminal justice system, and families in the child welfare system. Dr. Hall is the author of *Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers in Follow-up Studies, 2nd Edition*, and provides training throughout the United States on follow-up techniques with substance-abusing populations. Dr. Hall is an instructor at Loyola Marymount University Extension and has served as an adjunct professor at the University of Southern California. Previously, she was a Senior Associate at IOX Assessment Associates, where she provided technical assistance in evaluation to school districts and state boards of education throughout the nation. In addition, she conducted large-scale evaluations of prevention programs for the Centers for Disease Control Division of Adolescent and School Health, the California Department of Health Services, and the California Wellness Foundation. Dr. Hall's research interests include improving long-term outcomes for women offenders and their children, improving drug treatment services and effectiveness for criminal justice and child welfare populations, and qualitative and longitudinal study methodology. ehall@ucla.edu

Alison B. Hamilton, Ph.D., is an Associate Research Anthropologist at UCLA ISAP. Her main area of interest is the relationship between addiction, mental health, and sexuality among women. She is currently the Principal Investigator for the NIDA-funded "Women, Methamphetamine, and Sex" study (K01 DA017647), which utilizes mixed methods to investigate women methamphetamine users' sexual experiences and behaviors as they relate to their methamphetamine use and/or histories of trauma. Dr. Hamilton also leads a pilot study funded by Dr. Yih-Ing Hser's Center for Advanced Longitudinal Drug Abuse Research (CALDAR), entitled "Daily Stressors and Psychobiologic Reactivity among Women Methamphetamine Users." Dr. Hamilton is a Research Health Scientist at the VA Health Services Research & Development Center of Excellence for the Study of Healthcare Provider Behavior, specializing in mental health implementation research and quality improvement, and she is a fellow with the NIMH/VA Implementation Research Institute. alisonh@ucla.edu

Yih-Ing Hser, Ph.D., is Professor-in-Residence in the Department of Psychiatry and Behavioral Sciences at UCLA ISAP and Director of the Center for Advancing Longitudinal Drug Abuse Research. As a trained quantitative psychologist, she has extensive experience in health services research, treatment evaluation, and long-term follow-up research, derived from her prior and ongoing research projects, including several intervention studies currently conducted in China. She has been conducting research in the field of substance abuse and its treatment since 1980 and has extensive experience in research design and advanced statistical techniques applied to substance abuse data. In addition to gender-related issues in substance abuse and treatment, Dr. Hser has published in the areas of treatment evaluation, epidemiology, natural history of drug addiction, and innovative statistical modeling development and application. She is one of the founding members of the UCLA Drug Abuse Research Center, established in the early 1980s at the UCLA Neuropsychiatric Institute, which was one of the primary formative components of UCLA ISAP. yhser@ucla.edu

Yu-Chuang (David) Huang, Dr.P.H, M.P.H., is currently serving as senior statistician at UCLA ISAP. For the past 10 years, he has been actively involved in large health education and epidemiological research projects at UCLA. He has provided statistical support on several multi-center longitudinal studies examining health care for drug abuse patients in treatment institutes, and is responsible for planning and conducting all data management and statistical analysis, especially in choosing appropriate methods for multivariate analysis. Recently, he has also expanded his research in conducting quantitative analyses of long-term follow-up data for adolescents and for drug users and has made a contribution to the Center for Advancing Longitudinal Drug Abuse Research project, which extensively explores life course trajectories of drug use and risky health behaviors as well as the impact of mental disorders and chronic diseases. More recently, he has served as Principal Investigator in a study funded by the National Institute of Mental Health that examines trajectories of sexual risk behaviors among adolescents and the association of such behaviors with mental health, substance use, and delinquency. yhuang@ucla.edu

Mitchell Karno, Ph.D. (Clinical Psychology, University of California, Santa Barbara, 1997), is Associate Research Psychologist in UCLA's Department of Psychiatry and is the Director of Alcohol Studies at ISAP. Dr. Karno's primary

research areas include patient-treatment matching, mechanisms of behavior change for alcoholism, and screening for alcohol problems. Dr. Karno is Principal Investigator for multiple studies funded by the National Institutes of Health, including a study to assess which types of therapist interventions are most and least effective for different patients during alcohol treatment, and a study examining factors associated with help-seeking and change in substance use in the general population. Dr. Karno is Assistant Editor of the journal *Addiction*. karno@ucla.edu

Walter Ling, M.D., is Professor of Psychiatry and Director of UCLA ISAP, one of the foremost substance abuse research groups in the United States and worldwide. He is board certified in neurology and psychiatry, is active in research and clinical work, and has been listed in "Best Doctors in America," "Best Doctors in the West," and "Best Doctors in Los Angeles." Dr. Ling's research in opiate pharmacotherapy provided pivotal information for the approval of LAAM, naltrexone, and buprenorphine. His current research includes prescription opiate abuse and dependence, opiate-induced hyperalgesia, treatment of pain in opiate-maintained patients, including those treated with buprenorphine, and the role of buprenorphine in the management of pain in these patients. The scope of ISAP's research has encompassed the development of medications and psychosocial strategies for the treatment of opiate, cocaine, methamphetamine, alcohol, and nicotine abuse and dependence. As Principal Investigator of NIDA's Clinical Trial Network's Pacific Region Node, Dr. Ling has extended ISAP's research beyond the United States to Asia and the Middle East. lwalter@ucla.edu

Nena P. Messina, Ph.D., is a Criminologist at UCLA ISAP and has been involved in substance abuse research for over 12 years. Dr. Messina's areas of expertise include the specialized treatment needs of drug-dependent women offenders and the association between crime, psychiatric disorders, and substance abuse. Recently, Dr. Messina was appointed as a Special Consultant to act as a Governor's Rehabilitation Strike Team Member to create a strategic plan to reform the California prison system in response to Legislative bill AB 900—The Public Safety & Offender Rehabilitation Services Act of 2007. Dr. Messina has also focused her efforts toward identifying the long-term outcomes of drug-exposed children. Dr. Messina is currently the Principal Investigator of several NIDA-funded grants and California state contracts assessing the effectiveness of gender-responsive treatment for women offenders (on parole, in prison, or under community supervision such as drug court and Prop 36). Dr. Messina has collaborated on numerous publications on the psychosocial correlates of substance abuse treatment outcomes and has contributed a great deal to the understanding of co-occurring disorders, trauma and abuse, and treatment responsivity for women offenders. nmessina@ucla.edu

Larissa Mooney, M.D., is a board-certified addiction psychiatrist with expertise in the treatment of substance use disorders and psychiatric comorbidity. After obtaining residency training at New York University, she completed a fellowship in addiction psychiatry at Cedars-Sinai Medical Center in 2006. Dr. Mooney is an Assistant Clinical Professor of Psychiatry at UCLA, where she supervises and teaches psychiatrists in training at the Addiction Medicine Clinic and the dual-diagnosis inpatient service. She is active in the American Academy of Addiction Psychiatry (AAAP), where she serves on the Board of Directors and as the Associate Editor of the *AAAP Newsletter*. Since joining UCLA ISAP in 2007, Dr. Mooney has conducted research on treatment interventions for addictive disorders and has collaborated on community training initiatives to enhance understanding of substance abuse and concomitant psychiatric illness among mental health clinicians. Her interests include development of psychopharmacological and integrated treatments for addiction and advancement of substance abuse training for health care professionals. lmooney@ucla.edu

Debra A. Murphy, Ph.D. (Psychology, Florida State University, 1987), is a Research Psychologist and Director of the Health Risk Reduction Projects within UCLA ISAP. She has conducted HIV/AIDS behavioral research on children, adolescents, adults, and families over the past 19 years. Dr. Murphy is currently Principal Investigator on two NIMH-funded R01s. The first is to assess the impact of maternal HIV/AIDS on late adolescent/early adult children in what will be a 15-year longitudinal study, as she has followed these families since the children were 6 to 11 years of age. The second is to test the preliminary efficacy of a parenting intervention for HIV-infected mothers with well children age 6 to 14 years old. Overall, she has been the P.I. on nine federally funded grants and three state-funded grants, as well as a Co-investigator on 18 federally funded projects. Prior to coming to UCLA, she was the Associate Director for the Center for AIDS Intervention in Wisconsin, and Co-Investigator on a series of federal grants focused on outcome evaluations of HIV behavioral risk-reduction interventions. dmurphy@mednet.ucla.edu

Deborah Podus, Ph.D., is an Associate Research Sociologist at UCLA ISAP whose primary research interests are treatment effectiveness and substance abuse treatment policy. Dr. Podus has conducted numerous policy and treatment-related projects at ISAP including, most recently, research on disaster preparedness for disruptions in methadone treatment and research on migration and substance abuse among first generation Mexican migrants. Other studies have focused on the intersection between substance abuse and welfare reform, research on the impact of the termination of SSI benefits to persons disabled by substance abuse, and research on methadone treatment regulation. She has also been Co-PI and project director for several meta-analyses on various aspects of drug abuse treatment. Her research

has been funded by grants from the National Institute on Drug Abuse, the Robert Wood Johnson Foundation-Substance Abuse Policy Research Program, the Center on Substance Abuse Treatment (CSAT), the California Policy Research Center, and UC MEXUS. Podus has a doctorate in Sociology from Rutgers University and received postdoctoral training in mental health service systems and evaluation research at UCLA. dpodus@ucla.edu

Michael Prendergast, Ph.D., is Director of the Criminal Justice Research Group at UCLA ISAP. He has directed various projects studying drug treatment strategies in the criminal justice system, including treatment for women offenders. He has been Principal Investigator of evaluations of treatment programs in correctional settings in California: the Forever Free Treatment Program at the California Institution for Women, the California Substance Abuse Treatment Facility at Corcoran, and 15 treatment programs at other California prisons. He has also been Principal Investigator of several NIDA-funded studies: a five-year follow-up study of participants in a prison-based therapeutic community, an evaluation of the use of vouchers within a drug court treatment program, and an evaluation of the relative effectiveness of mixed-gender and women-only community treatment. He was Co-Principal Investigator of the statewide evaluation of the Substance Abuse and Crime Prevention Act (Proposition 36) and is currently Principal Investigator of the Pacific Coast Research Center of the NIDA-funded Criminal Justice Drug Abuse Treatment Studies (CJ-DATS). He has also conducted three meta-analyses on the effectiveness of drug abuse treatment. His research interests include treatment effectiveness, research syntheses, treatment policy, issues in coerced treatment, and treatment for drug-abusing offenders. His work has been published in *American Journal of Drug and Alcohol Abuse*, *American Journal of Public Health*, *Criminal Justice and Behavior*, *Drug and Alcohol Dependence*, *Journal of Drug Issues*, *Journal of Offender Rehabilitation*, and *Prison Journal*. mlp@ucla.edu

Richard A. Rawson, Ph.D., is an Associate Director of UCLA ISAP and Professor-in-Residence at the UCLA Department of Psychiatry, in which he has been a member for more than 20 years. He received a Ph.D. in experimental psychology from the University of Vermont in 1974. Dr. Rawson oversees clinical trials on pharmacological and psychosocial addiction treatments. He is principal investigator of the Los Angeles County Evaluation System Program (LACES) and the California Outcome System Monitoring Program (CaIOMS). He has led addiction research and training projects for the United Nations, the World Health Organization, and the U.S. State Department, exporting science-based knowledge to many parts of the world. Dr. Rawson has published 3 books, 33 book chapters, and over 200 peer-reviewed articles and has conducted over 1,000 workshops, paper presentations, and training sessions. rrowson@mednet.ucla.edu

Cathy J. Reback, Ph.D., is an Associate Research Sociologist with UCLA ISAP, a Senior Research Scientist with Friends Research Institute, Inc., and a Core Scientist with the UCLA Center for HIV Identification, Prevention and Treatment Services (UCLA CHIPTS). Dr. Reback's research focuses on the intersection of sexual identity, gender identity, substance use, and HIV risk behaviors. Currently, Dr. Reback is Principal Investigator of a NIDA-funded study evaluating contingency management with non-treatment seeking MSM substance users, Voucher-based Incentives in a Prevention Setting (VIPS), a CHRP-funded study to evaluate the efficacy of contingency management for optimizing Post-Exposure Prophylaxis (PEP) among stimulant-using MSM, Optimizing Access to Non-occupational Post Exposure Prophylaxis for HIV Using Contingency Management in Stimulant-Using Men Who Have Sex with Men, and a CDC-funded project to adapt and transfer the *Safety Counts* evidence-based intervention for use among high-risk transgender women. Additionally, Dr. Reback currently serves as the Director of six Los Angeles County-funded contracts for high-risk MSM substance users and transgender women and two City of Los Angeles-funded contracts. Dr. Reback has served as Principal Investigator or Co-Principal Investigator of ethnographic, intervention, and epidemiological studies funded by CDC, NIDA, CSAT, CHRP, and California State Office of AIDS. Dr. Reback has collaborated with Dr. Steve Shoptaw on major research intervention studies that evaluated behavioral therapies and HIV risk reduction for gay and bisexual male methamphetamine users. Dr. Reback's community and policy work includes current and past membership on numerous local and national HIV/AIDS and substance abuse task forces and advisory committees. reback@friendsresearch.org

Steven J. Shoptaw, Ph.D., is a licensed psychologist and Professor in the UCLA Departments of Family Medicine and Psychiatry and Biobehavioral Sciences. Dr. Shoptaw joined the Department of Family Medicine as full professor in 2005. Prior to this, Dr. Shoptaw was a Research Psychologist with the Integrated Substance Abuse Programs in the Department of Psychiatry & Behavioral Science since 2003. Dr. Shoptaw earned his BA (1982) in Psychology and an MA (1985) and Ph.D. (1990) in Psychology at UCLA. His dissertation was nominated for the Gingerelli Award for Excellence in the Department of Psychology. Dr. Shoptaw completed his postdoctoral training in Psychophysiology at the UCLA NPI/VAMC in Sepulveda, CA, in 1991. Following that, Dr. Shoptaw worked for 10 years as a Principal Investigator with Friends Research Institute, Inc. (FRI), during which time, his program of clinical research with substance abusers supported opening several treatment research clinics in Rancho Cucamonga, Hollywood, South Los Angeles, and West Hollywood. Dr. Shoptaw received the FRI Daniel Mendelsohn Young Investigator Award in 1996 and a mentoring award in 2000. In 1996, Dr. Shoptaw opened Safe House, a 24-bed facility that provides emergency, transitional, and permanent housing to persons living with HIV/AIDS, chemical dependency, and mental illness who are homeless or at risk for homelessness.

He continues with this program as a volunteer Executive Director. These linkages of clinical research and community collaboration have led Dr. Shoptaw's work to influence practice guidelines in intervening with substance abusers, especially those at high risk for HIV transmission, locally, nationally, and in emerging international epidemics. sshoptaw@mednet.ucla.edu

Cheryl Teruya, Ph.D., is currently Principal Investigator for "Exploring Proposition 36 as a Turning Point in Life Course Drug Use Trajectories" (NIDA) and Project Director for "Retention of Suboxone Patients in START: Perspectives of Providers and Patients" (NIDA) and "Drum-assisted Recovery Therapy for Native Americans" (NCCAM). She also serves as the Coordinator for the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research (CALDAR) at UCLA ISAP. Previously, Dr. Teruya was Co-Principal Investigator for a study examining treatment motivation among drug users and has directed studies investigating treatment providers' readiness for implementing research into practice and the impact of California's Proposition 36 on the drug treatment system. In addition, she led the qualitative study for the California Treatment Outcome Project (CalTOP), conducting and analyzing data from over 30 focus groups with community-based treatment providers throughout California, and directed focus groups with county stakeholders as part of the Substance Abuse and Crime Prevention Act (SACPA) Evaluation in California. Dr. Teruya has experience examining organizational change issues in public institutions and helping groups manage and deal with change in the corporate setting through workshops, teambuilding activities, and consultation. She has been conducting research at UCLA ISAP since 1999. cteruya@ucla.edu

Darren Urada, Ph.D., is currently working on an evaluation of California's continuum of services, integration of substance use disorder services and primary care, and potential performance measures. Previously, he was the Principal Investigator of an evaluation of the California Substance Abuse and Crime Prevention Act of 2000 and a project to advance research and cooperation in the Middle East. Dr. Urada also served as project director for the California State Treatment Needs Assessment Program and a study on substance abuse and welfare reform, and has contributed to the California Treatment Outcome Project (CalTOP), meta-analytic studies on substance abuse and HIV/AIDS, and research on treatment expansion. In addition, he coordinates external communications for UCLA ISAP. He has worked for the UCLA Drug Abuse Research Center / Integrated Substance Abuse Programs since 1998. durada@ucla.edu

Current and Notable Projects

Basic Science/ Neurophysiology/Imaging

Refinement and Validation of a Portable, Salivary Biosensor of Psychosocial Stress

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Rachel Fintzy, M.A. (rfintzy@mednet.ucla.edu),
Project Director*

In this two-phase study, we will test the effectiveness of a salivary biomarker, a small biosensor for salivary analytes. In Phase 1, we will optimize the performance characteristics of the biosensor among 50 healthy controls. In Phase 2, we will conduct functional validation of the biosensor in a cohort of 185 socio-economically vulnerable males with high systemic isolated facial injury.

Refinement and Validation of a Portable, Salivary Biosensor of Psychosocial Stress was funded by the NIH/NIDA to the UCLA Department of Dentistry, Grant 1 U01 DA023815, with collaboration by UCLA ISAP (August 2007 to April 2011).

The Oral and Dental Consequences of Methamphetamine Use

*Debra A. Murphy, Ph.D., Principal Investigator
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Vivek Shetty, DDS, Dr Med Dent, Co-Investigator
Rachel Fintzy, M.A., Project Director*

The primary objectives of this study are: to validate that the rates and patterns of dental caries and oral disease are substantially different in methamphetamine (MA) users than non-MA users; to characterize the relationship between dental consequences, patterns of MA-use and other individual characteristics; and to investigate the extent to which negative self-image among MA-users is associated with a willingness to seek treatment.

The Oral and Dental Consequences of Methamphetamine Use was funded by the NIH, Grant 1 R01 DA025680 to the UCLA Department of Dentistry (April 2010 to January 2014).

Clinical Trials and Medication Development

Duloxetine for Depressed Substance Abusers

*Suzette Glasner-Edwards, Ph.D., Principal Investigator
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Richard A Rawson, Ph.D., and Walter Ling, M.D.,
Co-Investigators*

This pilot study examines the efficacy of duloxetine combined with group psychotherapy for individuals with stimulant dependence and comorbid major depressive disorder. Although the past decade has seen new pharmacological and psychological interventions producing improvement in substance use outcomes, few studies have systematically explored the efficacy of these approaches in combination in patients with substance use disorders and comorbid mental health disorders. This open-label trial will include 20 dually diagnosed individuals with stimulant dependence and Major Depressive Disorder. We will examine the efficacy of 12 weeks of treatment with duloxetine and group psychotherapy on outcomes for depression and substance use. The primary hypothesis is that duloxetine in conjunction with psychotherapy will produce reductions in depressive symptoms and stimulant use. This is an open-label, prospective pilot study without an active comparator or placebo arm. The preliminary data gathered in this investigation will inform the potential significance and feasibility of a subsequent randomized, controlled trial for treatment of depressed adults with concomitant substance use disorders.

Duloxetine For Depressed Substance Abusers was funded by the Eli Lilly Corporate Center, Contract number: F1J-US-X046 (October 2007 to September 2009).

Mindfulness-Based Relapse Prevention for Stimulant Users

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*Richard Rawson, Ph.D., Larissa Mooney, M.D.,
Co-Investigators*

The objective of the current research is to improve treatment for stimulant dependence by augmenting traditional relapse prevention therapy with innovative meditation-based strategies to promote affect regulation skills. Based on Mindfulness-Based Cognitive Therapy for depression (Segal, Teasdale, & Williams, 2002), Marlatt and colleagues recently developed a manualized intervention for the treatment of substance-using populations: Mindfulness Based Relapse Prevention (MBRP). The specific aims of this research are (1) to conduct a pilot randomized clinical trial comparing MBRP relative to a health education (ED) control group in stimulant users receiving contingency management (CM); (2) to test the impact of MBRP compared to ED on negative affect, stimulant use, and healthcare outcomes; (3) to evaluate the differential effects of MBRP versus ED on HIV-risk behavior of participants; and (4) to examine potential mechanisms of action of MBRP, including reductions in stress reactivity and biological indicators of arousal (e.g., blood pressure and heart rate). We hypothesize that MBRP will be more efficacious than ED in reducing negative affect and stimulant use. Further, we expect that MBRP will produce greater reductions in HIV-risk behaviors, stress reactivity, and arousal, and that these changes will be associated with substance use outcomes. By providing coping skills to address affect regulation and stress reactivity, two important factors in stimulant relapse, MBRP may provide a promising augmenting strategy for the treatment of stimulant users.

Mindfulness-Based Relapse Prevention for Stimulant Users was funded by the National Institute on Drug Abuse, grant 1 R21 DA029255, from April 2010 to March 2012.

Motivational Therapy for Substance Users with Depression

*Suzette Glasner-Edwards, Ph.D., Principal Investigator
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Anne Bellows, Project Director

This study examines the incremental efficacy of an aftercare psychosocial treatment program of a motivational intervention combined with cognitive behavioral therapy (CBT), relative to standard care or treatment as usual (TAU) for individuals with alcohol or drug dependence and comorbid major depressive disorder. Although the past decade has seen new cognitive and motivational interventions producing improvement in substance use outcomes, few studies have systematically explored the efficacy of these approaches in combination in patients with substance use disorders and comorbid mental health disorders. This randomized psychosocial clinical trial will include 80 dually diagnosed individuals with alcohol or drug dependence and a substance-independent diagnosis of Major Depressive Disorder. Among patients receiving pharmacotherapy for depression, we will compare 12 weeks of CBT combined with motivational therapy (CBT-MT) to 12 weeks of treatment-as-usual (TAU) on 6-, 12-, and 24-week outcomes for depression, substance use, HIV-risk behaviors, and other healthcare outcomes. The primary hypothesis is that CBT-MT will produce better outcomes than TAU. We will also examine predictors of early attrition and treatment retention and examine neuropsychological predictors of treatment retention and outcome. The results of this study might provide a dual-diagnosis specific, cognitive-motivational alternative to traditional aftercare programs for the treatment of stimulant users with depression.

Motivational Therapy for Stimulant Users with Depression was funded by the National Institute on Drug Abuse, Grant 1 K23 DA020085 (September 2007 to August 2012).

The National Drug Abuse Clinical Trials Network

Walter Ling, M.D., Principal Investigator (lwalter@ucla.edu)

Richard A. Rawson, Ph.D., Larissa Mooney, M.D., &
Steven Shoptaw, Ph.D., Co-Investigators
Albert L. Hasson, M.S.W., Project Director

As one of 13 Regional Research Training Centers, ISAP is nearing the end of its 11th year as the Pacific Region Node of NIDA's Clinical Trials Network (CTN), and continues to collaborate with local community treatment programs in an effort to make substance abuse research more relevant to the treatment community. The Betty Ford Center, Bay Area Addiction Research and Treatment, Inc., Les Kelly Family Health Center, Matrix Institute on Addictions, Hina Mauka Treatment Programs, Tarzana Treatment Center, and newcomer, South Bay Treatment Center are participants within the Pacific Region Node helping to guide the CTN research portfolio.

The Pacific Region Node continues to take an active role in the Clinical Trials Network. In addition to leading a 9-site trial comparing the impact of Suboxone and methadone on liver function in treatment-seeking opioid-dependent individuals, **“Starting Treatment with Agonist Replacement Therapies”** (START), ISAP co-led a project evaluating Suboxone with and without enhanced medical management in the detoxification of prescription opioid users. **“Prescription Opioid Addiction Treatment”** (POAT) completed subject recruitment in 2009 with the main findings publication currently in review. Launched in the fall of 2008, **“Twelve Step Facilitation: Evaluation of an Intervention to Increase 12-Step Involvement and Improve Substance Abuse Treatment Outcomes”** evaluating the degree to which a group-based 12-Step Facilitation (TSF) intervention, integrated into treatment as usual (TAU), improves substance-related outcomes completed subject recruitment at the Hina Mauka, Kaneohe facility. Two other CTN protocols scheduled to begin during the summer of 2010 are CTN 0044, evaluating the addition of a Web-based intervention to face-to-face counseling, which will begin participant recruitment at the Hina Mauka, Waipahu location, and CTN 0046, evaluating a smoking cessation intervention for individuals receiving treatment for methamphetamine addiction to be implemented at the Matrix Institute on Addictions, Rancho Cucamonga location, and the Tarzana Treatment Center. Currently

in development is the **“Cocaine Use Reduction using Buprenorphine” (CURB)** protocol, which will be led by Drs. Walter Ling and Larissa Mooney of the Pacific Region Node, along with Dr. Andrew Saxon of the Pacific Northwest Node. Recruitment for this project is scheduled to begin in the spring of 2011. (Additional information is available at www.uclaisap.org/ctn/index.html.)

The National Drug Abuse Clinical Trials Network was funded by the National Institute on Drug Abuse, Grant 2 U10 DA13045 (September 2005 through August 2010).

PRO 806: A Randomized, Placebo and Active-Controlled, Multi-Center Study of Probuphine in Patients with Opioid Dependence

Walter Ling, M.D., Principal Investigator (lwalter@ucla.edu)
Jacqueline Fahey, M.A., Project Director

This study was a randomized, placebo- and active-controlled, multi-center study to assess the effectiveness of Probuphine (buprenorphine hydrochloride/ethylene vinyl acetate), an implantable formulation of buprenorphine hydrochloride (HCl) under development for the treatment of opioid dependence. Probuphine is inserted subdermally into the inner side of the subject's upper arm, in a brief in-office procedure under local anesthetic, and is designed to provide sustained release of BPN for 6 months. Each Probuphine implant consists of 80 mg of BPN HCl that has been blended and extruded with ethylene vinyl acetate (EVA). Each placebo implant consists of extruded ethylene vinyl acetate (EVA). Both the Probuphine and placebo implants are sterile and measure approximately 26 mm in length and 2.5 mm in diameter. Across all sites, approximately 250 subjects from 20–25 clinical centers who met eligibility criteria were randomized to 1 of 3 treatment groups in a 2:1:2 ratio [Group A: 4 Probuphine implants (n=100); Group B: 4 placebo implants (n=50); Group C: 12–16 mg/day SL BPN (n=100)], for 24 weeks of treatment.

PRO 806: A Randomized, Placebo and Active-Controlled, Multi-Center Study of Probuphine in Patients with Opioid Dependence was funded by Titan Pharmaceuticals, Inc., contract 20080840, from April 2010 to March 2011.

PRO 807: An Open Label, Multi-Center Extension Study of Probuphine in Patients with Opioid Dependence

*Walter Ling, M.D., Principal Investigator
(lwalter@ix.netcom.com)*

Catherine Domier, M.A., Project Coordinator

This study provided an opportunity to evaluate participants who received 24 weeks of investigational treatment for opioid dependence with Probuphine® for an additional 6-month trial. Probuphine® is a product that is inserted into the inner side of the upper arm. Each Probuphine® implant is about the size of a matchstick and contains buprenorphine HCL and ethylene vinyl acetate (EVA [a type of plastic]). Probuphine® is designed to release buprenorphine, a medication already approved by the FDA for the treatment of opioid dependence, into the body continuously for up to 6 months.

Study participants received four implants with active study medication, and received supplemental Suboxone if clinically indicated. Safety, pharmacokinetics, and efficacy measures were collected over the 24-week period, and participants were seen a minimum of 12 times. At the end of the treatment period, the implants were removed, and participants returned for a follow-up visit 2 weeks later.

PRO 805: A Randomized, Double-Blind, Placebo-controlled, Multi-Center Study of Probuphine in Patients with Opioid Dependence was funded by Titan Pharmaceuticals, Inc., Contract 20054064 (January 2007 to March 2009).

Sustained-Release Methylphenidate for Management of Methamphetamine Use Disorders

*Walter Ling, M.D., Principal Investigator (lwalter@ucla.edu)
Maureen Hillhouse, Ph.D., Richard Rawson, Ph.D.,
Co-Investigators; Shannon Schroeder, Project Director*

This study will evaluate the ability of sustained-release methylphenidate (MPH) to reduce stimulant abuse and increase treatment retention among 90 individuals seeking treatment for methamphetamine dependence. The four-year

double-blind, placebo-controlled study includes individuals seeking treatment for methamphetamine dependence, assessed using DSM-IV criteria. Eligible participants are enrolled for an initial two weeks to establish compliance and provide compensation for clinic attendance. After satisfactory adherence to clinic attendance requirements (at least 2 of 4 scheduled days during weeks 1-2), participants are randomized to placebo (n = 45) or MPH (n = 45). Active medication participants receive 18mg MPH/daily for week 3, 36mg/daily for week 4, and 54mg/daily for weeks 5-10. Placebo participants are given placebo prepared to appear identical to active medication. During the active medication phase, all participants will be provided with weekly group sessions of cognitive behavioral therapy (CBT), and motivational incentives (MI) provided for methamphetamine-negative urine test results. After the active medication phase, participants receive placebo (single blind) for the final four study weeks (weeks 11-14), and continue CBT and MI.

Sustained-Release Methylphenidate for Management of Methamphetamine Use Disorders was funded by the National Institute on Drug Abuse, grant 1 R01 DA025084, from February 2009 to December 2012.

Optimizing Outcomes Using Suboxone for Opiate Dependence

*Walter Ling, M.D., Principal Investigator (lwalter@ucla.edu)
Maureen Hillhouse, Ph.D., & Richard Rawson, Ph.D.,
Co-Investigators
Jackie Fahey, M.S., Project Director*

This study is a randomized controlled trial that will test the comparative efficacy of several approaches combining psychosocial treatment with pharmacotherapy for treatment of opioid dependence. In conjunction with buprenorphine pharmacotherapy, psychosocial treatment conditions will include a Cognitive Behavioral Therapy (CBT) condition with medical management (MM), a Contingency Management condition (CM) with MM, a combined CBT+CM condition with MM, and a standard MM condition with neither CBT nor CM, which approximates what physicians do in general when prescribing buprenorphine in their office practice to patients with opioid dependence. Eligible participants will be stabilized on the study drug for a period of 2 weeks and will then be randomly assigned to one of the four conditions for 16 weeks. This first period

ISAP Projects: Clinical Trials and Medication Development

will be followed by a second 16-week period during which all participants will continue to receive buprenorphine treatment but will not engage in any psychosocial treatment as part of continued study participation. Medical management of the participants will be identical to that delivered during the first treatment phase. At the end of this second 16-week buprenorphine-only treatment period, participants will be tapered off buprenorphine within a maximum of 6 weeks, or will receive referral for continued treatment if unable to successfully complete the taper. Participants will again be assessed at 40-weeks and 52-weeks post-entry into the study. Participants will be 240 opioid-dependent males and non-pregnant, non-lactating females of all racial/ethnic groups who are at least 15 years of age.

Optimizing Outcomes Using Suboxone for Opiate Dependence was funded by the National Institute on Drug Abuse, Grant 1 R01 DA020210 (September 2006 to May 2011).

Medication Development for Stimulant Dependence (MDS)

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Outstanding facilities and appropriately trained staff experienced in the conduct of clinical trials provide UCLA ISAP with a superior reputation in the area of medication development for stimulant dependence. UCLA ISAP serves as one of only a few medication development groups across the nation contracted with the National Institute on Drug Abuse to investigate the effectiveness of new medications for stimulant dependence in Phase I and Phase II research. Each umbrella contract includes a mechanism whereby proposed investigations are offered through a task order to a MDS group for clinical trial research. The specific study is funded according to the pertinent aims, scope, and design of the protocol, and includes a study team led by a principal investigator named by Dr. Ling. Individual studies are typically administered in conjunction with investigators affiliated with the UCLA Department of Family Medicine and the UCLA Department of Psychiatry and Biobehavioral Sciences.

The MDS contract focuses on medication development for stimulant abuse by evaluating medications in the context

of carefully metered doses of specific behavioral therapies, by advancing measurement and analysis strategies, and by increasing the efficiency of the clinical trials processes. From extensive research experience conducting medication trials for pharmacological and behavioral treatments for drug dependence, the MDS project contributes to the knowledge base regarding treatments for stimulant abuse. Innovative work has also been possible through collaborative efforts with the UCLA ISAP Center grant for research addressing pharmaceutical treatment for stimulant abuse (“UCLA Medication Development Unit for Stimulant Abuse”). Until recently, the MDS also served as the umbrella contract for the Methamphetamine Clinical Trials Group (MCTG), tasked with investigating medications specifically for methamphetamine-dependent individuals.

Medication Development for Stimulant Dependence (MDS) was funded by the National Institute on Drug Abuse, Grant N01DA-3-8824 (January 2003 through February 2010).

Double-Blind, Placebo-Controlled Trial of Prometa Pharmacotherapy for the Treatment of Methamphetamine Abuse

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This study assessed the efficacy of the PROMETA™ pharmacotherapy compared to placebo for initiating abstinence and for preventing relapse to methamphetamine (MA) use in treatment-seeking individuals meeting criteria for MA abuse in multiple treatment locations. The study design included random assignment to pharmacotherapy condition, and both participants and study personnel were blinded to assigned condition. Screening verified participant eligibility and collected demographic, drug use, psychiatric, and neuropsychological information before participants were randomly assigned to either the PROMETA pharmacotherapy condition or to the placebo condition. Pharmacotherapy included 2 infusion phases (starting at Day 0, and again at Day 21) in addition to 40 days of oral medications. Participants were also provided with weekly cognitive behavioral therapy for the duration of the study. Weekly assessments collected information to evaluate medical and psychological status throughout the 15-week study. Drug use outcomes were measured using self-report, verified by biological markers of abstinence (urine

tested for metabolites of MA, cocaine, heroin, marijuana, and benzodiazepines). Analyses of participants who received at least one day of medication dosing include 55 participants who received the PROMETA pharmacotherapy and 56 participants who received matching placebo. (Additional information is available at www.hythiam.com.)

Double-Blind, Placebo-Controlled Trial of Prometa Pharmacotherapy for the Treatment of Methamphetamine was funded by Hythiam, Inc., Clinical Trial 05072347 (March 2005 through December 2008).

A Randomized, Double-Blind, Cross-Over Trial Comparing the Analgesic Potency and Side Effects of Buprenorphine+Ultra-Low-Dose Naloxone to Buprenorphine Alone

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The objective of this randomized, double-blind, crossover study was to determine whether treatment with IV buprenorphine in conjunction with ultra-low-dose naloxone results in increased analgesic potency, fewer side effects, and reduced opioid tolerance compared to treatment with IV buprenorphine alone. Twelve participants with lingering pain (rated as 4-7 on a 0-10 likert pain scale) were randomly assigned to treatment order and completed the trial, receiving each drug for 5 days with a 7+ day intertrial interval in which no drug was provided. Analyses of pain scores collected at multiple times on each dosing day show no difference in self-reported pain between the two medications. Additional findings indicate no difference in adverse events between medications.

A Randomized, Double-Blind, Cross-Over Trial Comparing the Analgesic Potency and Side Effects of Buprenorphine+Ultra-Low-Dose Naloxone to Buprenorphine Alone was funded by Reckitt-Benckiser, contract 20080605 number (April 2008 to November 2009).

A Phase 2, Double-Blind, Placebo-Controlled Trial of Bupropion for Methamphetamine Dependence

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Richard Rawson, Ph.D., Site Principal Investigator
Valerie Pearce, M.P.H., Project Director

This project is a multi-site double-blind, placebo-controlled, parallel-group design study targeting methamphetamine users in which participants are randomly assigned to receive either placebo or bupropion daily for 12 weeks. Participants also receive group Cognitive Behavioral Therapy (CBT) three times weekly along with weekly assessments to collect information on status and functioning. Additional follow-up assessments occur weekly for 4 weeks after completion of study interventions. Eligibility criteria includes methamphetamine use on 29 or fewer days (non-daily use) during the 30 days prior to signing consent.

The primary goal of this study is to assess the efficacy of bupropion in reducing methamphetamine use in participants using methamphetamine on 29 or fewer days during the 30 days prior to signing consent. It is hypothesized that bupropion, compared to placebo, will be associated with an increase in the proportion of subjects who achieve abstinence (confirmed by at least two methamphetamine-negative urines) each week during the last two weeks (Weeks 11 and 12) for non-daily users as the primary outcome.

A Phase2, Double-Blind, Placebo-Controlled Trial of Bupropion for Methamphetamine Dependence was funded by the National Institute on Drug Abuse, grant number N01 DA-3-8824, from September 2007 to December 2010.

Aerobic Exercise to Improve Outcomes of Treatment for Methamphetamine Dependence

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This five-year study, funded by NIDA, seeks to assess the efficacy of aerobic and resistance exercise for the treatment of methamphetamine dependence in a population of 150 individuals in residential treatment. After signing consent and satisfying all inclusion requirements, participants undergo baseline assessments during approximately two weeks of treatment as usual. After randomization, participants enter either the Education condition, consisting of 45- to 50-minute health education sessions three times per week for 8 weeks (n=75), or the Exercise condition, consisting of aerobic and resistance exercise three times per week for 8 weeks (n=75).

The primary goal of the study is to determine whether inclusion of aerobic and resistance exercise within a residential program improves treatment outcomes in terms of reduced methamphetamine use during the first 12 weeks after discharge and at a 26-week follow-up, as well as to characterize effects of exercise on health, psychiatric symptoms and cognition compared to the control (education) group at pre/post intervention.

Of the 150 participants, a subset of voluntary participants will take part in a brain imaging sub-study. This sub-study will use Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) scans to see if cells in the brain change after therapy and treatment for methamphetamine dependence. Specifically, we will see if group participation (exercise or education group) changes the availability of dopamine in the brain.

Aerobic Exercise to Improve Outcomes of Treatment for Methamphetamine Dependence was funded by the National Institute on Drug Abuse, grant 1R01DA027633-01 (September 2009 to August 2014).

Criminal Justice Populations

Project BRITE: Behavioral Reinforcement to Increase Treatment Engagement

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Project BRITE will (1) test the impact of a behavioral reinforcement intervention on inmate engagement in prison-based substance abuse treatment (thereby improving both psychosocial functioning over the course of treatment and post-release outcomes [e.g., decreased drug use and reincarceration]), and (2) assess the process by which this evidence-based innovation is implemented and sustained within prison-based treatment programs, within the context of Diffusion of Innovations theory. This theory explains the process by which innovations are communicated to and adopted by individuals within a social system or organization over a period of time. Male and female inmates ($N = 260$) receiving referrals to intensive outpatient treatment will be randomly assigned to one of two types of programs (i.e., conditions): behavioral reinforcement (BR) or standard treatment (ST). Inmates assigned to the BR programs will receive positive behavioral reinforcement contingent upon their attendance and participation in regularly scheduled program activities. Reinforcement will be in the form of Motivational Incentive (MI) points that can be redeemed for commissary items and/or privileges or donated to a “community charity” (a measure of altruism). Subjects will be interviewed at baseline and upon discharge from the programs. Records-based data will be collected on aftercare participation, drug use, and reincarceration 9 months following release from prison. This project is being conducted in collaboration with the Washington State Department of Corrections and CiviGenics, Inc.

Project BRITE was funded by the National Institute on Drug Abuse, Grant 1 R01 DA017856-01 (July 2005 through June 2009).

Effectiveness of Residential vs. Intensive Outpatient Prison-Based Treatment

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The purpose of this 5-year study is to (1) assess the differential clinical effectiveness and cost-effectiveness of long-term residential (LTR) treatment versus intensive outpatient (IOP) treatment in a prison-based treatment setting and (2) determine whether one treatment modality is more effective than the other for drug-involved offenders matched to the appropriate modality (e.g., based on risk level and/or substance abuse severity). Eight hundred inmates (600 males and 200 females) who have received referrals to enter prison-based substance abuse treatment will be randomly assigned to either LTR or IOP treatment. Inmates who are randomly assigned to LTR treatment will begin treatment no later than 9 months prior to their scheduled release date. Inmates who are randomly assigned to IOP treatment will begin treatment approximately 3 months prior to their scheduled release from prison. Treatment for both groups will continue until they are released from prison. Study participants will be assessed in face-to-face interviews at baseline and immediately prior to discharge from the treatment programs and release from prison. Twelve-month post-release follow-up interviews will also be conducted. Data on community treatment participation (e.g., modality, intensity, and duration of treatment) will be obtained directly from the community provider. In addition, the Washington State Department of Corrections (WSDOC) will provide records-based data on post-release treatment participation, illicit drug use (i.e., results of drug tests), and return-to-custody for all individuals who receive in-custody IOP and LTR treatment. This project will be conducted in collaboration with the Washington State Department of Corrections (WSDOC) and CiviGenics, Inc., the sole provider of treatment services for inmates in the Washington State prison system.

Effectiveness of Residential vs. Intensive Outpatient Prison-Based Treatment was funded by the National Institute on Drug Abuse, Grant 1 R01 DA020621 (September 2006 to May 2011).

A Randomized Controlled Trial of the Second Chance Program for Ex-Inmates

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The major goal of this project is to conduct an outcome evaluation and cost analysis of the Second Chance Reentry Program in San Diego, California. Over the decades, various offender re-entry efforts have been tried and evaluated, but few of these evaluation efforts have relied on rigorous study designs. In this study, we intend to subject this nationally recognized reentry program to a randomized clinical trial design in order to examine its effectiveness. Outcomes will be tracked for 12 months and include drug use, employment, and recidivism.

A Randomized Controlled Trial of the Second Chance Program for Ex-Inmates was funded by the Smith Richardson Foundation, grant #: 2008-7752, from September 2008 to September 2011.

Evaluation of the P3BENEFITS Program

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The purpose of this evaluation is to determine the effectiveness of CDCR's Pre-Parole Process (P3) Benefits Program. The P3 program allows for the pre-release identification of inmates with special needs or health issues that entitle them to state or federal benefits. Social workers then complete the benefits paperwork on the inmates' behalf so that they are able to receive their entitled benefits immediately upon release. This 4-year study provides evidence of the effectiveness of the P3 Benefits Program with regard to its ability to improve parolee outcomes, including lowered recidivism. In addition, Dr. Sheldon Zhang's team at San Diego State University (SDSU) Research Foundation will conduct a cost analysis of the program.

Evaluation of the P3BENEFITS Program was funded by the State of California Department of Corrections and Rehabilitation contract number C08.145, from November 2008 to October 2012.

Utility of the COMPAS in Assessing Needs and Predicting Recidivism

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The Correctional Offender Management and Profiling Alternative Sanctions (COMPAS) is a computerized database and analysis system for criminal justice practitioners to make decisions regarding the placement, supervision and case-management of offenders in community and secure settings. This instrument was recently adopted by the California Department of Corrections and Rehabilitation (CDCR) to assess treatment needs and recidivism risk of its inmates. Although a pilot study has shown encouraging results on the psychometric properties of the instrument (Brennan, T. W. Dieterich, & W. Oliver. 2006. California Department of Corrections, Parole and Community Services Division: COMPAS Pilot

Psychometric Report. Traverse, MI: Northpointe Institute for Public Management. <http://www.northpointeinc.com/>), one crucial property of the COMPAS was not adequately addressed in the COMPAS pilot study—predictive validity. The current study was undertaken to improve upon these preliminary analyses by employing a prospective design with a three-year follow-up period to assess the ability of the COMPAS with regard to predicting various types of recidivism (e.g., general, violent, failure to comply with parole conditions) and, if possible, to modify the scale to reduce the number of items while increasing its predictive validity.

Utility of the COMPAS in Assessing Needs and Predicting Recidivism was funded by the State of California, California Department of Corrections, Grant C06.417 (January 2007 to December 2009).

Evaluation of Female Offender Treatment and Employment Program (FOTEP)

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The goal of the FOTEP project is to enable 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 consisted of a quasi-experimental study with 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. A 12-month follow-up interview was conducted with about 90% of the study sample from 2001-2003 and outcomes were assessed regarding their drug use, criminal behavior, employment, parental status, and psychosocial functioning. Recidivism (i.e., return-to-prison) has also been analyzed for up to 48 months following parole using administrative data. Analyses showed that longer time in FOTEP treatment (at least 150 days) reduced the odds of a return to prison by about half, and that individuals who completed FOTEP treatment were significantly less likely to return to prison

as compared with individuals in the Comparison group. In addition, surveys conducted with in-prison treatment participants and program staff and focus groups with FOTEP participants have provided information for ongoing project evaluation.

Evaluation of Female Offender Treatment and Employment Program (FOTEP) was funded by the State of California, Department of Corrections and Rehabilitation, Division of Addiction and Recovery Services, Contracts C03.052 and C06.229 (July 2003 through June 2009).

Mental Health Characteristics and Service Utilization of Substance-Abusing Offenders in California

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This study compares participants with and without co-occurring substance use and mental disorders (COD) who were referred to substance abuse treatment through "Prop 36" in California, which allows non-violent drug offenders to go to treatment instead of prison. Administrative data on mental health diagnoses of Prop 36 participants were linked with data on their treatment participation and arrests within 12 months of their eligibility for participation. Participants with COD (N=2,526, 15.9%) and without (N=13,385; 84.1%) in 2001-02 were compared on their background characteristics, treatment participation, and criminal justice outcomes. Primary diagnoses of participants with COD were 42% mood disorder, 31% psychotic disorder, 6% anxiety disorder, 13% drug use disorder, and 9% other type of disorder. Less than one-fifth of these participants were identified with COD in the substance abuse treatment system. Among participants with COD, there were higher proportions of Whites (54% vs. 49%), women (36% vs. 23%), heroin users (16% vs. 12%), homeless individuals (19% vs. 12%), and individuals not in the labor force (50% vs. 37%), and fewer Hispanics (24% vs. 30%). Analyses will examine treatment completion rates, rates of re-arrest and re-incarceration, and the relationship of mental health services utilization with longitudinal outcomes among Prop 36 participants with

COD. Study findings will address implications for public policy and service delivery to individuals with COD in the criminal justice system.

Mental Health Characteristics and Service Utilization of Substance-Abusing Offenders in California was funded by the National Institute of Mental Health, grant 1 R03 MH080874, from August 2008 to May 2010 (NCE through May 2011).

Employment and Social Reintegration

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Among many drug offenders who are re-entering the community from incarcerated settings, becoming employed is a significant event that facilitates maintenance of drug use recovery, criminal desistance, and successful social re-integration, yet addressing employment needs among offenders is one of the most difficult tasks for the drug treatment field. To learn from community-based employment experts about what practices work best with this population, we partnered with Walden House Incorporated, a non-profit drug treatment center in California that emphasizes meeting the employment needs of persistently difficult-to-serve individuals. We plan to (1) identify strategies for improving the employment status of substance-abusing offenders released from prisons to community drug treatment, and (2) develop an employment-improvement intervention for substance-abusing offender populations to be tested with future extramural research funding.

Employment and Social Reintegration was funded by the UCLA Senate COR Program and UCLA Center for Community Partnerships, from July 2008 to December 2009.

Enhancing Substance Abuse Treatment Services for Women Offenders

*Nena Messina, Ph.D., Principal Investigator
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*Maria Zarza, Ph.D., Project Director
(September 2005 to September 2007)*

*Stacy Calhoun, M.A., Project Director
(September 2007 – Present)*

This 3-year study will examine Mental Health Systems, Inc.'s (MHS), readiness and capacity for practice improvement as it incorporates women-focused treatment into four MHS program sites currently serving female drug court participants. The proposed study will also include an experimental component to determine the relative effectiveness of a women-focused (WF) treatment program based on relational theory compared to the standard mixed-gender (MG) outpatient treatment program delivered to women offenders deferred from incarceration through drug court to promote positive behaviors (e.g., reducing HIV risk and substance abuse, and increasing psychological functioning). The WF curriculum has been fully developed (Helping Women Recover, Covington, 1999; 2003); however, the activities outlined in this application will be the first empirical test of the curriculum that includes assessments of staff readiness and barriers to enhancing service. Specifically, 150 women participating in four MHS drug court programs in San Diego, California, will be randomly assigned to the WF or MG treatment program groups. The proposed study has the following specific aims:

1. To identify and address barriers to coordinating and integrating new and appropriate WF services, including HIV prevention, for substance-dependent women offenders;
2. To coordinate and integrate a theoretically based women-focused protocol into the existing MHS program curriculum;
3. To develop effective fidelity measures to assess staff performance, adherence, and retention of the newly integrated curriculum;
4. To pilot test the efficacy of the theoretically based, multi-faceted, WF curriculum to promote positive behaviors among women offenders compared to the impact of the standard MG program;
5. To qualitatively assess women's perceptions of their treatment experience, comparing those of women in

the newly integrated WF program and those of women in the standard MG program.

Preliminary Findings

Findings from the staff focus groups revealed that the facilitators were very supportive of implementing the WF curriculum in their drug court and showed a strong willingness to be trained in the new curriculum. However, they were concerned that they were not trained enough to deal with traumatic events that might come up in group. In particular, they were worried about "opening a can of worms" and being unable to resolve the situation before a session is finished and thereby placing the client at risk for using again. Findings indicate the need to provide the counselors with an on-site experienced clinician to help them deal personally and professionally with their daily work.

The findings from the client satisfaction survey showed that there were no differences between the two groups in their overall satisfaction with their treatment program. Both groups were very satisfied with the treatment they received. However, the women in the WF group were significantly more likely to find their groups to be helpful in their recovery process than the women in the MG group (95% vs. 84%, $p < .05$). The women in the WF group were also more likely to rate their program as being the best kind of program for women (81% vs. 67%, $p=.08$).

Enhancing Substance Abuse Treatment Services for Women Offenders was funded by Mental Health Systems, Inc., Grant 720 (R01 DA022149) (September 2005 to July 2010).

Substance Abuse Treatment Facility: Cohort Evaluation and Focused Studies

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There are four main goals of this continuing evaluation of the Substance Abuse Treatment Facility (SATF). The first is to conduct an additional 3-year analysis of official California Department of Corrections and Rehabilitation (CDCR) data to determine whether subsequent cohorts of SATF parolees have declining levels of recidivism during the first 6 and 12 months of parole. The second is a qualitative study to improve aftercare attendance by focusing on substance abuse program (SAP) parolees' ($N = 50$) transitional issues by conducting pre-release focus groups and a series of post-release telephone interviews. Using the data from this study, UCLA will work collaboratively with the treatment provider (Walden House) to develop a brief pre-release intervention to encourage parolee participation in community treatment. The third study ($N = 300$) uses the Criminal Justice - Client Evaluation of Self and Treatment (CJ-CEST) and the Criminal Thinking Scale (CTS) to measure change in SAP participants over time during treatment. Data from this study (instrument scores) will be used to predict entrance to post-release community treatment, retention in community treatment, and 12-month recidivism rates. Should outcomes prove significant for certain scales on these instruments, UCLA ISAP will train treatment staff in the administration, scoring, and interpretation of the instruments. The fourth study is a randomized clinical trial to measure the impact of the Skills Training Component of Dialectical Behavioral Therapy (DBT) on psychological functioning of SAP participants (DBT, $N=64$, control, $N=57$). Unfortunately, due to the California budget crisis this contract was suspended effective August 1, 2008, and all research activities ceased on that date. A final report to the CDCR was submitted on November 6, 2008, and included our preliminary findings. Analyses of SATF-SAP parolee cohorts from 2000 to 2006 indicate a continued decrease in recidivism rates for both the 6- and 12-month post-release periods over time. The decrease is most significant among those parolees who entered into, and attended, a minimum of 90 days of post-release substance abuse treatment. Because of the contract suspension, no analyses of the

post-release aftercare data were conducted. However, an analysis of the pre-release focus groups indicates that the greatest perceived barriers to aftercare participation are lack of detailed information about the community treatment program to which the parolee has been, or may be, referred to, the perception that family needs outweigh the need for more treatment, and the perception that post-release aftercare, especially residential treatment, is a continuation of incarceration. Although a full analysis of the CJ-CEST data was not possible, preliminary findings indicate an association between positive trends in psychological functioning, social functioning, and treatment engagement with time in program. Results in the domain of criminal thinking are mixed. Finally, participants in the Skills Training (DBT) cohort show significant improvement (relative to the control cohort) in the following areas, Emotional Regulation, Goal-Directed Behaviors During Stress, and Access to Emotional Regulation Strategies. The DBT cohort shows near-significant results, again relative to the control cohort in the following areas, Decision Making, Distress Tolerance, and Emotional Clarity.

Substance Abuse Treatment Facility: Cohort Evaluation and Focused Studies was funded by the California Department of Corrections and Rehabilitation; Agreement C06.082 (July 1, 2006 - June 30, 2010). Contract suspended August 1, 2008, due to State of California budget constraints.

Computerized Psychosocial Treatment for Offenders with Substance Use Disorders

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The majority of individuals in criminal justice settings across the U.S. have a critical need for science-based, psychosocial treatment that targets substance use and HIV risk behavior. National Development and Research Institutes (NDRI) has developed and demonstrated the efficacy of a computer-based, interactive, psychosocial treatment program, the Therapeutic Education System (TES), that can answer this need. This computer-based therapeutic tool allows complex interventions to be delivered with fidelity to the evidence-based model and at low cost due to its self-directed nature (e.g., minimal staff time/training needed), thus offering considerable potential for future sustainability and dissemination within criminal justice systems. The study employs random assignment of incarcerated male and female

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offenders with substance use disorders (N=526) to either (1) TES (N=263), or (2) Standard Care (N=263), in a multi-site trial conducted in eight prison substance abuse programs. Along with NDRI (the lead organization), the collaborating study sites are University of California Los Angeles, Temple University, and University of Kentucky.

Aim 1 is to test the comparative effectiveness of TES vs. Standard Care at 3- and 6-months post-prison discharge on measures of drug use (e.g., weeks of abstinence), HIV risk behavior (both sex-related and drug-related), and reincarceration rates using Department of Corrections records.

Aim 2 is to evaluate the cost and cost-effectiveness of TES relative to standard care.

Computerized Psychosocial Treatment for Offenders with Substance Use Disorders is funded by a subaward from the National Development and Research Institutes, Inc., under grant RC2DA028967 from the National Institute on Drug Abuse, from September 2009 to August 2011.

Gender-Responsive Treatment for Women Offenders

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*Nena Messina, Ph.D., & Elizabeth Hall, Ph.D.,
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This 5-year study was designed to determine whether drug abuse treatment programs designed specifically for women offenders result in better outcomes than do mixed-gender programs. Consistent findings regarding the greater severity of women's drug abuse, past trauma, and psychological disorders have led many researchers to advocate the use of gender-responsive treatment for women as a more appropriate and effective way to facilitate their recovery. As policymakers and treatment providers consider expanding treatment options for women offenders, it is critically important to determine whether women-only (WO) treatment programs do produce better outcomes than standard mixed-gender (MG) programs. The study involved the cooperation of community-based drug abuse treatment agencies providing Drug Court, Substance Abuse Crime and Prevention Act (SACPA), perinatal, and other outpatient treatment within Los Angeles County. The

study used a quasi-experimental design with study intake into two treatment conditions (MG vs. WO) and had the following specific aims:

- To evaluate the impact of WO programs on drug use, criminal activity, and social functioning (e.g., employment, education, parenting behavior) for women offenders, compared to the impact of MG programs.
- To qualitatively assess women's perceptions of their treatment experiences in the WO and MG treatment programs.

Using a propensity-score approach to balance the two groups on baseline characteristics, analysis indicated that, at 12 months following treatment entrance, women who participated in WO programs were significantly less likely to use drugs and to commit crimes than were women in MG programs, but the groups did not differ significantly on arrest and employment.

Gender-Responsive Treatment for Women Offenders was funded by the National Institute on Drug Abuse, Grant 1 R01 DA016277 (September 2004 through August 2009).

Pacific Coast Research Center of CJ-DATS2

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The Pacific Coast Research Center (PCRC) is part of a nationwide network of research centers involved in NIDA's Criminal Justice – Drug Abuse Treatment Research Studies (CJ-DATS). The Pacific Coast Research Center brings together researchers from a broad array of disciplines with experience in criminal justice, drug abuse, and implementation research. The PCRC also partners with criminal justice agencies in Washington, New Mexico, Oregon, and California.

Currently, CJ-DATS focuses on the problems of implementing research-based drug treatment practices. This research concerns the organizational and systems processes involved in implementing valid, evidence-based practices to reduce drug use and drug-related recidivism for individuals in the criminal justice system. Adopting

new evidence-based practices often requires substantial commitment from an organization, including evaluating the evidence supporting the new practice, determining what organizational changes are needed to adopt the new practice, hiring and training staff, and allocating time and resources to successfully implement the new clinical practice. Approaches to successfully implement and sustain research-based treatment services and practices have received little rigorous study in the context of drug abuse treatment for offenders with substance use disorders. Twelve CJ-DATS Research Centers are conducting research in three primary domains:

- Improving the implementation of evidence-based assessment processes for offenders with drug problems
- Implementing effective medication-assisted treatment for drug-involved offenders
- Implementing evidence-based interventions to improve an HIV continuum-of-care for offenders.

For more information, please visit www.uclapcrc.org/html/about.htm.

Pacific Coast Research Center of CJ-DATS2 was funded by the National Institute on Drug Abuse, grant 2 U01 DA16211, from April 2009 to March 2014.

Using Incentives to Improve Parolee Participation and Retention in Community Treatment

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In collaboration with Walden House and the California Department of Corrections and Rehabilitation, we are conducting a five-year health services research study involving a randomized test of the use of incentives to improve treatment utilization among parolees in community-based treatment. The incentives are in the form of vouchers that are redeemable for goods or services. The goals of the study are to increase the likelihood that prison treatment participants with a referral to community treatment will actually enroll in community treatment following release to parole and, once

enrolled, will increase the amount of time they participate in treatment. Increased exposure to community treatment as a result of incentives is expected to result in improved long-term outcomes of parolees who have participated in prison-based and community-based treatment.

The study's aims are to:

- Determine whether offering an incentive increases admission to community treatment.
- Determine whether providing incentives for attendance in community treatment results in greater retention.
- Determine whether providing an incentive increases the likelihood that clients will participate in HIV testing and counseling.
- Assess the long-term impact of the use of incentives on drug use, crime, and psychosocial outcomes at 12 months following the end of the intervention.
- Assess the long-term impact of treatment attendance incentives on HIV risk behaviors.
- Assess issues of acceptability, satisfaction, and sustainability of the use of incentives among staff and clients.

Using Incentives to Improve Parolee Participation and Retention in Community Treatment was funded by the National Institute on Drug Abuse, grant 1 R01 DA025627, from August 2009 to July 2014.

Exploring Proposition 36 as a Turning Point in Life Course Drug-Use Trajectories

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Rooted in the life course theory, the idea of turning points has been used to explain and characterize major changes in drug use. This qualitative study explores whether and how California's Proposition 36 (or "Prop. 36," aka the Substance Abuse and Crime Prevention Act) served as a turning point redirecting participants' drug-use trajectories. This relatively new law offers adults convicted of nonviolent drug possession offenses the opportunity to choose drug treatment in the community in lieu of incarceration or

probation without treatment. In-depth qualitative interviews are being conducted with 80 participants selected from another NIDA-supported study of outcomes among Prop. 36 clients enrolled in treatment to explore if Prop. 36 has served as a turning point for these individuals and describe related subjective experiences. The goal of this study is to derive theory components that may account for the underlying mechanisms and developmental processes involved in turning points within the life course of drug use and generate hypotheses to test in future research studies.

Exploring Proposition 36 as a Turning Point in Life Course Drug-Use Trajectories was funded by the National Institute on Drug Abuse, grant 1 R03 DA025291, from May 2009 to April 2012.

Evaluation of the Substance Abuse and Crime Prevention Act of 2000

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Liz Evans, M.A., Project Director

Bradley Conner, Ph.D., Project Director
(January 2008 to August 2008)

In November 2000, 61% of California voters approved Proposition 36, subsequently enacted into law as the Substance Abuse and Crime Prevention Act, or SACPA. This legislation mandated a major shift in the state's criminal justice policy. Under SACPA, nonviolent drug possession offenders may choose to receive drug abuse treatment in the community instead of being sentenced to a term of incarceration or being placed under community supervision without treatment. ISAP conducted a statewide evaluation of SACPA to examine its implementation, costs and cost-savings, and influence on offender behavior. The evaluation examined SACPA's effect on eligible offenders and subpopulations of eligible offenders and made recommendations for improvements. The evaluation communicates findings to state and national audiences and identifies implications for criminal justice and treatment

policy. (Additional information is available at www.uclaisap.org/prop36/index.html.)

Evaluation of the Substance Abuse and Crime Prevention Act of 2000 was funded by the California Department of Alcohol and Drug Programs, Contracts 06-00156 and 07-00152 (February 2007 to November 2007 and January 2008 to December 2010).

HIV/AIDS

Trajectories of HIV Sexual Risks: Impacts of Drug Use, Mental Health, and Criminality

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The purpose of this research is to conduct extensive analyses on the national representative sample of youths (NLSY97) to identify distinctive trajectories of HIV sexual risk behaviors and to examine how the distinctive trajectories are influenced by drug use, mental health, delinquency and other factors. We focus on the following research questions: (1) Are there subgroups of individuals with distinctive patterns of sexual-risk trajectories, and how do women and men differ in these patterns? (2) What factors distinguish different sexual-risk trajectories? and (3) How are sexual-risk trajectories associated with alcohol use, marijuana use, and delinquency over time?

The study has identified five distinctive sexual-risk trajectory patterns from ages 15 to 23 among adolescents. The High group had a risk trajectory that was high at age 15 and increased over the observed ages. The Decreased group had a risk trajectory that was accelerated before age 19, but decreased afterwards. The risk trajectories of the Increased-Early and Increased-Late groups were low at age 15, but increased significantly starting at age 16 for the former group and at age 18 for the latter

group. Participants in the Low group remained at low risk over time. The findings support the concept that sexual risk behavior is dynamic and that there are distinct developmental trajectories of such behavior among adolescents. Heterogeneity of developmental trajectories of sexual risk behavior indicates a need for diverse prevention programs targeted to various subgroups.

Trajectories of HIV Sexual Risks: Impacts of Drug Use, Mental Health, and Criminality was funded by the National Institute of Mental Health, grant 1 R03 MH084434, from June 2009 to May 2011.

A Parenting Intervention for HIV+ Moms: The IMAGE Program

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The purpose of this R01 pilot study is to develop and then test the feasibility of implementing a parenting intervention for HIV-infected mothers with well children age 6 – 14 years old. The intervention is designed to improve parenting skills and maternal self-care skills in order to improve child and maternal outcomes. The basis for development of this intervention is work from two previous R01s (MH # 5R01MH057207) designed to longitudinally assess HIV-positive mothers and their children. MLH ($n = 60$) and their children (total $N = 120$) will be recruited, randomized to a theory-based, skills training intervention or a control condition, and assessed at baseline and 3-, 6-, and 12-month follow-ups. The intervention (“Improving Mothers’ parenting Abilities, Growth, & Effectiveness”—the IMAGE program) will consist of 5 sessions, and will be based on the Information – Motivation – Behavioral Skills (IMB) model of health behavior change, with specific skills selected based on our 10-year observational study of MLH and their children, which is ongoing at UCLA. A random subset of 40% of the intervention mothers ($n = 12$) will be asked to participate in an in-depth qualitative interview after their last follow-up, to obtain detailed process information on their experiences in the intervention.

A Parenting Intervention for HIV+ Moms: The IMAGE Program was funded by the National Institute of Mental Health, grant 1 R01 MH086329, from April 2010 to December 2013.

Center for HIV Identification, Prevention and Treatment Services

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Debra A. Murphy, Ph.D., Co-Investigator

This Center comprises an interdisciplinary group from UCLA, Drew University, RAND, and the Los Angeles County community (Department of Health and community-based agencies) with the aim of enhancing understanding of HIV research and promoting early detection and effective prevention and treatment programs for HIV at the societal, community, and individual levels.

Center for HIV Identification, Prevention and Treatment Services was funded by the National Institute of Mental Health, Grant 5 P30 MH58107 (September 1997 through December 2012).

Maternal HIV: Intervention to Assist Disclosure to Children

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This small 3-year R01 was designed to develop and pilot test an intervention to assist mothers living with HIV (MLWH) to disclose their serostatus to their young (age 6 – 12 years old) children. Information gathered in previous two R01s was used to develop a brief disclosure intervention to assist HIV-infected mothers of young children to appropriately disclose their serostatus to their child. Feasibility, acceptability, and preliminary efficacy of the intervention were tested in a pilot trial. MLWHs ($N = 80$) were randomly assigned to the intervention or control condition. MLWHs and children were assessed at baseline, and 3-, 6-, and 9-month follow-ups. A random subset of intervention mothers ($n = 12$) were asked to participate in an in-depth qualitative interview after their last follow-up to obtain detailed information on their experiences in the study. The aims of the intervention were to: facilitate disclosure of the MLWHs’ HIV status to their children;

increase their self-efficacy to responding to children's questions regarding HIV; reduce fears regarding disclosure and stigma; improve maternal knowledge of child development and how to provide age-appropriate levels of information; improve MLWHs' mental health indicators over time; improve children's mental health indicators over time; and improve family functioning indicators. The study has just recently completed final data analyses, with a clinically and statistically significant intervention effect. The outcome paper has been submitted, and a full scale trial of the intervention is now being planned.

Maternal HIV: Intervention to Assist Disclosure to Children was funded by the National Institute of Mental Health, Grant 1 R01 MH077493 (January 2007 to December 2010).

Longitudinal Study of Maternal HIV on their Late Adolescent/Early Adult Children

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Diane Herbeck, M.A., Project Coordinator

This study was designed to extend and expand a longitudinal study (R01-MH057207-10), "Parents And Children Coping Together" (PACT). The original study was designed to longitudinally assess mothers living with HIV (MLHs) and their young, well children 6 to 11 years old. Five follow-ups were conducted at 6-month intervals in the PACT study. A subsequent longitudinal study, "Parents and Adolescents Coping Together" (PACT II), followed up the majority of these families when the children were transitioning to early and middle adolescence; there were 6 follow-ups. This study ("PACT III") continues to follow the MLHs and adolescents one last time, to continue to investigate outcomes as the adolescents transition to late adolescence/young adulthood. Both quantitative and qualitative interviews are being conducted. This is the first cohort of children in the U.S. to be followed almost continuously as they grow up to adulthood while living with a mother with HIV/AIDS.

The Longitudinal Study of Maternal HIV on their Late Adolescent/Early Adult Children was funded by the National Institute of Mental Health, Grant R01 MH57207-11 (2008 - 2013).

International Research and Training

Improving Methadone Maintenance Treatment Compliance and Outcomes in China

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This study is a collaboration between the UCLA Integrated Substance Abuse Programs (ISAP), the Shanghai Mental Health Center (Co-PI: Min Zhao, M.D., Ph.D), and the Yunnan Institute for Drug Abuse (Co-PI: Jianhua Li, Ph.D.). Motivational incentives (MI; a form of contingency management) have been well researched and proven efficacious by many studies conducted in Western countries. This study aims to evaluate the efficacy of using an MI intervention to reduce treatment dropout and opiate use in methadone maintenance treatment (MMT) in China. The study has two phases. The goal of the developmental phase is to adapt study protocols and assessment questionnaires to the local community via input from focus group participants and community advisory board members. The second phase is a pilot-test of the MI intervention in several MMT clinics located in Shanghai and Kunming and involving approximately 320 MMT patients. This project is scheduled to continue through July 2011. For more information, visit <http://uclaisap.org/InternationalProjects/html/china/index.html>.

Improving Methadone Maintenance Treatment Compliance and Outcomes in China was funded by the National Institute on Drug Abuse, grant 1 R21 DA025252, from August 2008 to July 2010.

Reducing HIV/AIDS and Drug Abuse: Linking Compulsory Rehabilitation to Methadone Maintenance

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Elizabeth Evans, M.A., Project Director*

This project is a collaboration between the UCLA Integrated Substance Abuse Programs (ISAP) and the Shanghai Mental Health Center (Co-PI: Min Zhao, M.D., Ph.D) to develop and pilot-test a Recovery Management Intervention (RMI) program for heroin addicts released from compulsory rehabilitation in China. The study will explore the effectiveness of the intervention in improving the transition to the community and access to methadone maintenance treatment. Activities are scheduled to continue through August 2010. For more information, visit <http://uclaisap.org/InternationalProjects/html/china/index.html>.

Reducing HIV/AIDS and Drug Abuse: Linking Compulsory Rehabilitation to Methadone Maintenance was funded by the National Institute on Drug Abuse, grant 1 R21 DA025385, from September 2008 to August 2010.

Cognitive Behavioral Therapy Training Project in the Republic of South Africa (CBTTPRSA)

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Lusanda Rataemane, M. Sc., & Jason McCuller, M.A.,
Project Directors*

The goal of this project is to assess the efficacy of three training approaches on Republic of South Africa (RSA) clinicians' ability to adhere to the core elements of a research-based model for individual cognitive behavioral therapy (CBT) that is adapted for use in RSA. These methods include: (1) An in-vivo (IV) CBT program in which clinicians receive training and supervision from an expert trainer; (2) A distance learning (DL) training and supervision approach via a teleconferenced and interactive broadcast with the same expert trainer; and (3) A self-instructional manual-only approach (MO). Results indicate that the IV and DL approaches resulted in superior CBT

knowledge acquisition and significantly greater acquisition of CBT skills compared to the C condition, but there was no difference between the IV and DL conditions. During the implementation phase, the IV condition produced a significantly greater frequency of CBT skill application than the DL condition, and the DL condition promoted more CBT application than the C condition. The IV condition resulted in a superior level of CBT quality than the DL and C conditions. Cost data indicate that the IV approach cost twice the DL approach and the DL approach cost 5 times the C condition. (Additional information is available at www.uclaisap.org/InternationalProjects/html/cbhttp/index.html.)

CBTTPRSA was funded by the National Institute on Drug Abuse, Grant DA019063 to Friends Research Institute, Inc. (September 2005 through June 2010).

Natural History/Treatment Process and Outcomes

Methamphetamine Abuse: Long-Term Trajectories, Correlates, Treatment Effects

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The project is a follow-up of 596 previously studied methamphetamine (meth) users, half recruited from drug treatment participation in Los Angeles County and half with no prior meth treatment at recruitment. The project uses the Natural History Interview to collect detailed histories of substance use, treatment, and criminal careers; these new data combined with previously collected data will produce life course trajectories averaging at least 28 years in duration, covering teen and adult periods. Additional data will come from administrative records from several state agencies. The sample is 35% female/65% male, 33% Hispanic/38% non-Hispanic White/17% African-American/12% other ethnicity, and will be 28-74 years of age (average 42) at beginning of the follow-up study. Analyses will describe the current status and extended patterns of meth and other substance use including escalation, deceleration, and possible cessation and

recovery; examine drug treatment utilization patterns and relationship to meth use patterns; describe health morbidity and mortality; assess long-term outcomes (14 or more years) of a previously identified drug treatment episode (for the subsample recruited from treatment); and estimate cumulative social costs of meth abuse for the sample in terms of criminal activity, incarceration, and drug treatment, and health and mental health services utilization. Analysis methods will include growth models and growth mixture models.

Methamphetamine Abuse: Long-Term Trajectories, Correlates, Treatment Effects was funded by the National Institute on Drug Abuse, grant 1 R01 DA025113-01A1, from July 2009 to May 2013.

Four Models of Telephone Support for Stimulant Recovery

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The purpose of this study is to develop and compare the efficacy of four low-cost, telephone support protocols for patients who have completed the intensive phase of a structured, outpatient stimulant abuse treatment protocol. Patients ($N = 300$) who have successfully completed a Primary Outpatient model of stimulant abuse treatment are randomly assigned to one of five aftercare counseling conditions: (1) unstructured/non-directive, (2) unstructured/directive, (3) structured/non-directive, (4) structured/directive, or (5) standard referral to aftercare without telephone counseling (control). The two structured conditions are based on the behavioral “prompts” identified by Farabee et al. (2002) as being associated with drug avoidance. In the non-directive conditions, patients state their own goals and how they intend to achieve them. In the directive conditions, the coaches provide specific recommendations for the adoption of as many drug-avoidance activities as possible. Certain patient personality traits or styles are also assessed for their possible interaction with the telephone counseling dimensions. Outcomes will be tracked at 3 and 12 months

following completion of primary treatment and will include measurement of participation in drug-avoidance activities (including aftercare participation), as well as self-reported and objective measures of substance use and associated prosocial behavior change.

Four Models of Telephone Support for Stimulant Recovery was funded by the National Institute on Drug Abuse, Grant 1 R01 DA018208 (August 2005 through July 2010).

Research on Racial and Ethnic Disparities in Access to Mental Health Care and Addiction-Related Outcomes among Clients of Public Sector Substance Abuse Treatment Programs in California

Kevin Heslin, Ph.D., Principal Investigator
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Psychiatric comorbidity is highly prevalent among persons with substance abuse problems. Unfortunately, many substance abusers with psychiatric symptoms do not receive mental health services. Racial/ethnic minorities are much less likely than are Whites to use mental health or substance abuse treatment; however, the reasons for these disparities are not well understood. Previous work has not determined whether the geographic maldistribution of providers and other characteristics of poor, predominantly minority neighborhoods has an effect on mental health service use and addiction-related outcomes. This represents a considerable gap in the literature, given the continued need to explain and reduce persistent racial/ethnic health disparities in the United States.

The general aim of this study is to identify individual- and community-level determinants of mental health service use and treatment outcomes among clients of publicly funded substance abuse programs. We will examine the extent to which racial/ethnic disparities in mental health service use and addiction-related outcomes are a function of community-level characteristics. To accomplish this goal, we will conduct a secondary analysis of existing data from the California Treatment Outcome Project (CalTOP), a computer-based system developed for California to

standardize assessment, monitor use of services, and support outcomes evaluation of publicly funded substance abuse treatment programs throughout the state.

Research on Racial and Ethnic Disparities in Access to Mental Health Care and Addiction-Related Outcomes among Clients of Public Sector Substance Abuse Treatment Programs in California was funded by the National Institute on Drug Abuse, grant R03 DA018762 to Drew University, with a subcontract between ISAP (Yih-Ing Hser) and Drew University, from November 2008 to August 2010.

Center for Advancing Longitudinal Drug Abuse Research (CALDAR)

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Cheryl Teruya, Ph.D., Project Director

The overarching theme of the UCLA Center for Advancing Longitudinal Drug Abuse Research (CALDAR), a multidisciplinary research unit, is the development and application of rigorous scientific approaches for advancing longitudinal research on substance abuse and its interplay with HIV infection, substance abuse treatment, and other service systems. The aims of CALDAR are to: (1) increase knowledge of longitudinal patterns of drug addiction and their interplay with HIV infection, drug treatment, and other service systems (e.g., mental health, criminal justice, welfare, medical care); (2) enhance the quality and efficiency of research conducted by Center-supported projects by providing centralized support to serve common project functions; (3) provide opportunities for scientific collaboration and cross-project analyses, stimulating conceptual development and integration, and advancing improved research methodologies and statistical approaches; and (4) enhance the relevance and application of longitudinal research on drug use by facilitating dissemination of integrated project findings to a variety of communities. Infrastructure and activities of the Center are designed to provide intensive training for enhancing the conceptualization of and methodological approaches to conducting longitudinal research, and to disseminate empirical findings on life-course drug-use trajectories and

their interplay with social and service systems. Special emphasis is placed on minority and/or underserved populations, who often carry a disproportionate burden of the social problems related to substance abuse and HIV/AIDS. (Additional information is available at www.CALDAR.org.)

The Center for Advancing Longitudinal Drug Abuse Research was funded by the National Institute on Drug Abuse, Grant 5 P30 DA016383 (September 2005 through August 2010).

Factors Associated with Help-Seeking and Change in Substance Use

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*Alison Moore, M.D., M.P.H., Christine Grella, Ph.D., &
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This project uses cross-sectional and longitudinal data from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to identify the factors associated with why people with an alcohol or drug use disorder improve and maintain improvement in their substance use. The first objective of this project is to identify the factors associated with changes in substance use among individuals with a lifetime diagnosis of abuse or dependence on either alcohol, drugs, or both alcohol and drugs. The second objective of this project is to identify the factors associated with help-seeking among these same individuals. The third objective is to identify the factors associated with maintaining improvement from Wave 1 to Wave 2 of NESARC among individuals who had a lifetime substance use disorder but who no longer met criteria for diagnosis in the year preceding Wave 1. The results of this study will provide new information about the initiation and maintenance of behavior change. This information may contribute significantly to informing public policy, prevention, and treatment efforts.

Factors Associated with Help-Seeking and Change in Substance Use was funded by the National Institute on Alcohol Abuse and Alcoholism, Grant 1 R01 DA020944 (September 2005 through August 2008).

Mechanisms Underlying Patient-Treatment Matches and Mismatches in Alcohol Therapy

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Evidence suggests that posttreatment alcohol use is associated with the occurrence of a match or mismatch between the level of therapy structure in relation to the level of patient reactance (i.e., opposition to influence from others), and with mismatches between the level of therapist confrontation in relation to the level of patient reactance and patient trait anger. This project seeks to study potential mechanisms of action that underlie these effects. Drawing on both the theories behind these effects and the extant literature on purported mechanisms of action in behavioral therapies, this research is using observer-based ratings of alcohol treatment sessions to examine the roles of (1) cognitive change in beliefs about alcohol use, (2) change talk, and (3) in-session resistance as potential mechanisms. If positive, the results of this study will validate the importance of these patient-treatment match and mismatch effects, will provide valuable insights into the active ingredients of behavioral treatments, and will provide compelling evidence on which to base future clinical trials that examine these matching effects in treatments for alcoholism.

Mechanisms Underlying Patient-Treatment Matches and Mismatches in Alcohol Therapy was funded by the National Institute on Alcohol Abuse and Alcoholism, Grant 1 R21 AA017132 (September 2007 to August 2009).

Program Evaluation

Evaluation of the Community Bridges Project

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The purpose of the Community Bridges Project is to strengthen and enhance the comprehensive treatment system in Santa Monica, California, for chronically homeless persons who have co-occurring mental illness and substance use disorders. Led by the CLARE Foundation, the project is based on a model of services collaboration among community-based providers of substance abuse treatment, mental health treatment, health services, shelter and drop-in services, outreach and engagement, and transitional and permanent housing. The integrated treatment model incorporates 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, to improve awareness of service needs for this population within the broader community, and to improve staff competencies for delivering services to this population. ISAP is conducting the project-level process and outcome evaluations. A total of 300 participants will be recruited over 5 years.

Evaluation of Community Bridges Project was funded by the CLARE Foundation (Grant 20063816), through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA; September 2006 to September 2011).

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

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ISAP conducted the evaluation of the Homeless Interventions Treatment Options Project (HI-TOP), which is an intervention project provided by Special Service for Groups, Inc. HI-TOP provided comprehensive substance abuse treatment and case management services to homeless individuals with co-occurring substance abuse and mental health disorders. The intervention model paired recovery home living with structured day treatment three days per week for 120 days, as well as individual counseling and comprehensive case management. Specific treatment approaches included cognitive behavioral and motivational enhancement therapies. The evaluation study found that project participants (N = 150) significantly improved in their alcohol and drug use, residential status, mental health status, and employment status over the period from study intake to 6-month follow-up. In addition, the evaluation documented several challenges to implementing the integrated treatment model and strategies that were used to successfully address these barriers.

Evaluation of Homeless Interventions Treatment Options Project was funded by Special Service for Groups, Inc., Subcontract 243 (April 2005 through December 2009).

Evaluation of the Liberating our Families from Drugs and Incarceration Program

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ISAP is conducting the evaluation of the SAMHSA-funded project "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 the target population is women parolees who have a history of substance use problems and who are currently pregnant or have young children. The program's objectives are to improve the mental and physical health status, employment status, and parenting skills of participants so that they can successfully reintegrate into the community following their release from prison. Intensive case management services are provided within the context of residential substance abuse treatment, which includes children's services, family counseling, parenting skills training, vocational services, mental health services, trauma-related services, and referral for medical services for the women and their children. The evaluation study showed that approximately 60% of participants (N=110) completed the LOFFDI treatment, compared with an average of 39% for participants in other aftercare programs for female offenders in California. Moreover, LOFFDI participants demonstrated significant improvements in their alcohol and drug use, psychological status, family functioning, employment, and quality of life at the 6-month post-discharge follow-up. Participants had a high level of satisfaction with the services received and staff improved their competency in delivering parenting and other services over the course of project implementation. Overall, the evaluation demonstrated that LOFFDI participants improved in targeted domains that address the multiple and complex problems faced by female offenders and their families as they re-integrate into the community following parole.

Evaluation of the Liberating our Families from Drugs and Incarceration Program was funded by Walden House, Inc., Contract20064370 (October 2006 to September 2010).

Evaluation of Trauma Informed Substance Abuse Treatment (TI-SAT)

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Nena Messina, Ph.D., Co-Investigator

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The Trauma-Informed Substance Abuse Treatment (TI-SAT) program was established at the Leo Chesney Community Correctional Facility in 2008 to provide gender-responsive and trauma-informed substance abuse treatment for women offenders. Trauma-informed treatment is based on the recognition that childhood and adult trauma exposure is pervasive among women offenders and intricately related with their substance abuse problems. ISAP is conducting an evaluation of the TI-SAT to determine whether the trauma-informed treatment components are implemented as planned; if obstacles are encountered in the implementation process, and if so, the strategies used to address these obstacles; and the characteristics of participants, their treatment retention and aftercare participation, and their outcomes on parole. A total of 106 participants were recruited to participate in the outcome study; interviews are conducted at study intake and at 6-month follow-up. Study findings will compare risk of recidivism of TI-SAT participants with comparable women offenders who were enrolled at the facility prior to implementing the TI-SAT program. Outcome analyses will examine the effects of program participation on status and functioning of participants, including their relapse to substance use, criminal behavior involvement, employment, parenting and family relationships, and overall mental health and psychosocial functioning. In addition, surveys with program staff and observational site visits are conducted to determine whether the gender-responsive and trauma-informed program components are successfully implemented.

Evaluation of Trauma Informed Substance Abuse Treatment (TI-SAT) was funded by the State of California Department of Corrections and Rehabilitation, contract C08.106, from October 2008 to March 2011.

CLARE Follow-up Study

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The CLARE Follow-up Study was designed to provide basic evaluation information on the socio-demographics and background characteristics of CLARE participants, their time in treatment and completion status, and outcomes across various domains of functioning over time. Four assessments were completed over a 12-month period; 95% of the study sample (N=92) was located over the follow-up period and 85.9% of the baseline sample completed at least one follow-up interview. Overall, close to two thirds of the study sample completed treatment and less than one third discharged prior to completion. CLARE participants significantly reduced their alcohol and drug use at 3 months, although there was a slight rebound by 6 months. Participants significantly improved in the areas of overall health status and psychological status, with greater improvements generally among those who completed treatment compared with those who did not. Substance use at the time of follow-up was associated with poorer functioning in several areas, particularly regarding psychological problems. Overall, the odds of working increased over time by approximately 40%. Individuals who were more involved in AA/12-step participation (both during and after treatment) had lower levels of drug use severity, depressive symptoms, and severity of psychological problems over time. There were significant gender differences in the areas of social/family functioning and psychological problems, with women reporting more anxiety, overall psychological problems, and problems in social/family functioning at all time points.

CLARE Follow-up Study was funded by the CLARE Foundation, contract 20080772, from May 2008 to April 2009.

**Evaluation of Horizon's Integrated
AODA Treatment / HIV Services
for Justice-Involved Women**

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The purpose of this SAMHSA funded project is to expand Community Advocates - Horizons Campus' program to increase access to integrated outpatient AODA treatment and HIV services for a minimum of 600 justice-involved women who are less likely to enter treatment through formal systems. Objectives are to: (1) increase the number of women who participate in integrated outpatient AODA/HIV services from 25 to 125 women per year; (2) enhance Community Advocates-Horizons Campus' program with research-based AODA/HIV curricula that will engage hard-to-reach women, their children, and their partners; and (3) increase the number of women and partners who receive rapid HIV testing from 90 to 200 per year.

ISAP is conducting the evaluation, which (1) includes process and outcome components to monitor the implementation of the planned intervention and (2) measures observed changes in participants from before to after their participation in the project in the following domains of functioning: (a) alcohol and drug use; (b) parenting behaviors and family functioning; (c) quality of life and social functioning; (d) criminal behavior and legal status; (e) mental health and physical health status; (f) HIV/AIDS risk reduction behaviors; and (g) treatment and services received.

ISAP will determine the degree to which the project was able to increase access for justice-involved women to gender-specific, integrated outpatient AODA treatment and HIV prevention services.

Evaluation of Community Advocates - Horizons Campus Integrated AODA Treatment/HIV Services for Justice-Involved Women was funded by the Substance Abuse and Mental Health Services Administration, Grant T118592 to Community Advocates - Horizons Campus (October 2007 to September 2012).

**Evaluation of People in Progress's
New Elements Treatment
for Homeless Program**

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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 5-year grant from the Substance Abuse and Mental Health Services Administration, 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 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. Focus groups with project participants and interviews with project staff are being conducted in order to monitor their respective perceptions and experiences of the project; feedback is provided from the evaluation in order to refine the project implementation.

Evaluation of People in Progress New Elements Treatment for Homeless Program was funded by People in Progress, Contract 20071053 (November 2006 to October 2011).

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

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M. Douglas Anglin, Ph.D., Co-Investigator*

The Los Angeles County Evaluation System (LACES) is designed to assess the overall effectiveness of the county's alcohol and drug treatment/recovery system and measure the effectiveness of specific service modalities and service components. To accomplish this, LACES augmented the intake and discharge questions used by the county's alcohol and drug treatment/recovery system.

ISAP Projects: Program Evaluation

The revised admission and discharge questions provide information that is used to evaluate the treatment system at the county level, but they also serve to satisfy the additional requirements outlined by the state under the California Outcomes Measurement System (CalOMS) and the federal government as defined by the National Outcomes Measurement System (NOMS). The information gained from the revised admission and discharge questions allow LACES to assess individual programs through the use of site reports that provide outcome and performance information based on the same areas under examination by the state and federal governments. In addition, LACES has implemented several pilot projects in order to improve treatment engagement and retention and to assess for the “optimal” level of care. Future tasks for LACES include the assessment of participants’ satisfaction with treatment and development of report cards that will include benchmarks improve program performance. (Additional information is available at www.laces-ucla.org.)

Los Angeles County Evaluation System (LACES): An Outcomes Reporting Program was funded by the Los Angeles County Alcohol and Drug Program Administration, Contract H700244 (March 2004 through June 2010).

Evaluation of the California Outcome Measurement System (CalOMS) for Treatment

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Rachel Gonzales, Ph.D., Project Director

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 Integrated Substance Abuse Programs (ISAP) conducted an evaluation study of state data system (CalOMS) under the guise of the following objectives:

- Use CALOMS data to improve knowledge of alcohol and other drug (AOD) treatment 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.

UCLA provided ADP with a final report that addressed these objectives to help the state department 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 the CalOMS Data was funded by the State of California, Alcohol and Drug Programs, Contract 06-00216 (June 2007 to December 2008).

Research Services in Performance and Outcome Management in Support of the Continuum of Services Redesign (COSSR)

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In an effort to move towards a continuum of services platform recognizing AOD problems under a chronic illness model, the California Department of Alcohol and Drug Programs (ADP) established the Continuum of Services System Re-engineering (COSSR) Task Force in May 2006. This effort focused on “developing a comprehensive, integrated, continuum of AOD services that includes prevention, intervention, treatment and recovery.” This reengineering effort is consistent with the 2006 update of the Institute of Medicine’s (IOM) Quality Chasm Series which recommends that “substance use disorder treatment move toward building its standards of care, performance measurement and quality, information and cost measures, upon a chronic illness model rather than the current, acute illness-based, fragmented and deficient system of health care.”

ADP contracted with UCLA ISAP for a 1-year period (July 2008 to June 2009) to help ADP facilitate Research Services in support of the Continuum of Services

Redesign (COSSR) addressing Performance and Outcome Measurement and Management. For the purposes of addressing these COSSR-related Objectives, UCLA addressed the following three objectives:

- *Objective 1:* Development of a Framework for Performance and Outcome Measurement/Management System
- *Objective 2:* Identification of Performance and Outcome Measurement in Support of a Continuum of Services Model
- *Objective 3:* Putting it all Together: Planning for the Redesign of the System in Support of a Continuum of Services

Research Services in Performance and Outcome Management in Support of the Continuum of Services Redesign was funded by the State of California Department of Alcohol and Drug Programs, contract 07-00176, from July 2008 to June 2009.

Evaluation Services to Enhance the Data Management System in California

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A top priority of the California Department of Alcohol and Drug Programs (ADP) is to improve the accountability of the Substance Use Disorder (SUD) treatment system in California in terms of ensuring quality services and effective client outcomes. Within this contract, ADP requested a two-year work plan for 2009-2011 to continue evaluation work and concepts as defined within the previous Continuum of Services System Reengineering (COSSR) state contract (07-00176) in support of establishing a more effective SUD system in California.

Within Year 1, the workplan was focused around the following objectives:

Objective 1: Examine the California Outcomes Measurement System for SUD Treatment (CalOMS-Tx) data to enhance SUD treatment services and client outcomes in California

Objective 2: Enhance CalOMS-Tx system to include performance measurement/management data.

Objective 3: Enhance CalOMS-Tx system to include performance and outcome measurement in support of the COSSR model.

Objective 4: Increase the capacity of SUD stakeholders (state ADP, county administrators, and providers) to understand how to apply performance and outcome data to improving the quality of treatment services

Within Year 2, the workplan was amended to address new priorities established following the passing of H.R. 3590 – the federal Patient Protection and Affordable Care Act, to assist the State of California and its 58 counties in their preparation for health care reform (HCR). It is anticipated that HCR will result in (among other things) modifications in how services will be funded, the type of services delivered, the venues where they are delivered, the individuals who will receive the services, the work force that delivers the services, how services are measured, and how service benefits are evaluated. The major focus of the revised workplan was to conduct data collection, data analysis, and related activities to determine models of service delivery that may facilitate this new system, and disseminate this knowledge to policy makers and practitioners across California. The tasks and activities were focused around the following topic areas:

- A. Data Systems Improvements
- B. SA/MH/Health Care Integration
- C. Performance Measurement/Dashboards
- D. Development of Recovery Measurement and Resources
- E. Planning for Prevention
- F. Workforce Development

Evaluation Services to Enhance the Data Management System in California was funded by the State of California Department of Alcohol and Drug Programs, contract 09-00115, from July 2009 to June 2012.

Special Populations and Topics

Enhancing Follow-Up Rates Through a Rechargeable Incentive Card (RIC) System

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Stacy Calhoun, M.A., Project Director

The purpose of this Phase I Small Business Technology Transfer (STTR) proposal was to develop a national network that supports a rechargeable incentive card (RIC) system designed to enhance follow-up rates. Specifically, the RIC System involves a debit card linked to an account in which researchers can immediately transfer funds following a follow-up contact (whether this involves telephone or in-person interviews, mail-in surveys, or provision of biological samples). The card also contains a toll-free number that subjects can use to call (as often as once a month) to notify the researchers of changes in their locator/contact information. This, too, can result in an automatic transfer of funds to the subjects' RIC System account. Developing this technology will require collaboration between the Calance Corporation and the UCLA Integrated Substance Abuse Programs (ISAP).

Enhancing Follow-Up Rates Through a Rechargeable Incentive Card (RIC) System was funded by the Calance Corporation, [NIDA grant No: 1R41DA025387], from December 2008 to March 2010.

Modeling Risk and Protective Factors for Well-being of Maltreated Youth

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We are conducting a secondary analysis study to identify risk and protective factor trajectories for maltreated youth during the transition from middle childhood to early adolescence and how these trajectories influence their well-being. The study uses data from the National

Survey of Child and Adolescent Well-Being (NSCAW), the first national probability survey of children assessed following a child maltreatment report. This study targets the transition from middle childhood to early adolescence because it is a significant period during which many life patterns are established. By identifying risk and protective factor trajectories for this population and understanding how these trajectories influence outcome, the proposed study will enable policymakers to more effectively choose and time intervention services to improve child outcomes. Because a large proportion of Child Welfare System (CWS) cases are linked to parental substance abuse which, in turn, is associated with higher risk of poor child outcomes, we plan to examine this factor in detail. This study can also make an important contribution to the substance abuse and child welfare research knowledge base because there is a lack of research on trajectories of risk and protective factors during the transition to adolescence that includes the range of risk and protective factors available in the NSCAW dataset.

Modeling Risk and Protective Factors for the Well-being of Maltreated Youth was funded by the National Institute of Child Health & Human Development, grant 1 R03 HD058235, from January 2009 to December 2010. No cost extension to December 2011.

Women, Methamphetamine, and Sex

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This 5-year project focuses on the relationship between methamphetamine (MA) and sex among women MA users. Thirty women in residential treatment participated in in-depth interviews. They were asked about their history of using MA and other substances, their life experiences (including any trauma or abuse they may have experienced), and their perspectives on how MA has affected their lives, specifically their intimate relationships and sexual behaviors. Now in the follow-up phase, these participants are being interviewed about their experiences since the first interview. Recovery, relapse, intimate relationships, and several other topics are being explored. As a career development award, the project also involved training for the principal investigator (PI) in public health and community health sciences. This study will add to the body of literature on the impact of substance abuse on life experiences. Considering that women who abuse

substances such as MA typically have multiple factors placing them at risk for poor sexual decision-making (e.g., histories of violence and abuse), a more in-depth understanding of how women MA users conceptualize their sexual behaviors and experiences could assist in developing interventions for them. The PI's co-mentors on the project are Drs. Richard Rawson (UCLA ISAP), Yih-Ing Hser (UCLA ISAP), and Vivian Brown (PROTOTYPES).

Women, Methamphetamine and Sex was funded by the National Institute on Drug Abuse, Grant 1 K01 DA017647 (April 2006 through March 2011).

Prenatal Methamphetamine Exposure and School Age Outcome

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Jeffrey Annon, M.A., Project Director

The rapidly escalating abuse of methamphetamine (METH) in the United States, places a sense of urgency on understanding the consequences of METH use during pregnancy for the developing child. To our knowledge, IDEAL (Infant Development Environment and Lifestyle) is the only prospective longitudinal NIH study of prenatal METH exposure and child outcome. This is the continuation of a multi-site, longitudinal study that includes 4 diverse data collection sites where METH use is prevalent (Iowa, Oklahoma, California, and Hawaii) and 3 data coordinating centers (Brown Center for the Study of Children at Risk, the Data Management Center at UCLA ISAP, and the Center for Substance Abuse Research [CESAR] at the University of Maryland). The responsibilities of the 3 data coordinating centers include study development and oversight, data management, communication and documentation. The children were enrolled at birth and assessed at multiple age points until 36 months old during Phase I of this study (IDEAL I). The cohort is now being followed during Phase II, which spans the age range from 5 years old through 7.5 years old (IDEAL II).

We have followed 204 METH-exposed and 208 Comparison children since birth. We are currently at an important age range when executive function neural

networks develop and children make the critical transition to school. We are studying a relatively narrow band of executive function domain outcomes supported by the published preclinical and clinical literature and our own preliminary findings. We also plan to study how these executive function domains affect school-related academic skills.

Our preliminary findings show effects of prenatal METH exposure on fetal growth, and on behavior between birth and 3 years on arousal-regulation, attention, and inhibitory control, with some effects due to heavy METH exposure. These effects suggest that motor development and precursors of executive function may be affected by prenatal METH exposure. We also found effects of psychosocial risk factors including low SES, family conflict, maternal psychiatric status and abuse potential, and out-of-home placement. We are in the process of studying the effects of prenatal METH exposure on emerging executive function domains including higher order motivation, attention, memory, inhibitory control, visual motor integration, and motor control, and how the effects of prenatal METH exposure are affected by psychosocial risk factors and by postnatal passive drug exposure (e.g., smoke).

Prenatal Methamphetamine Exposure and School Age Outcome was funded by the National Institute on Drug Abuse to Women & Infants Hospital with collaboration by UCLA ISAP (September 2007 through May 2012).

Substance Use Disorders Policy

Disaster Planning in the Context of Methadone Treatment Regulation

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M. Douglas Anglin, Ph.D., Co-Investigator

This study was part of a larger study of emergency responses to disruptions in the delivery of methadone maintenance treatment in the aftermath of natural disasters, primarily hurricanes, in five Gulf Coast states. The primary focus of this project was on how federal and state methadone regulatory systems support or impede the quality of addiction treatment in the event of a natural disaster. Research findings (see references below) will be used to improve contingency planning and mitigation strategies for future disasters.

- Maxwell, J.C., Podus, D., & Walsh, D., (2009). Lessons learned from the deadly sisters: Substance abuse treatment disruption and consequences from Hurricanes Katrina and Rita. *Substance Use & Misuse* 44(12):1681-1694.
- Podus, D., Maxwell, J.C., & Anglin, M.D., (2011). Public health emergencies and substance abuse in G.B. Kapur and J.P. Smith (eds.), *Emergency Public Health: Preparedness and Response*. Sudbury, MA: Jones and Bartlett Publishers, pp. 531-543.

(See also: "Emergency Management for Disruptions in Methadone Treatment.")

Disaster Planning in the Context of Methadone Treatment Regulation was funded by the Robert Wood Johnson Foundation Substance Abuse Policy Research Program, Grant 61374 (May 2007 to April 2010).

Emergency Management for Disruptions in Methadone Treatment

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This project examined emergency responses to disruptions in the delivery of methadone maintenance treatment in the aftermath of natural disasters. The primary focus was on natural disasters due to hurricanes in five Gulf Coast states. The project employed multiple research methods to examine the impacts of disasters at all levels of the treatment system: local, state, and federal. The study examined the types of treatment disruptions that treatment programs have experienced; assessed how effectively different levels of the treatment system have responded to these disruptions; explored the longer-term impacts of a disaster on the treatment system; and examined the status of disaster mitigation efforts at the state-level in all states that have methadone treatment facilities. Findings from the study will be used to improve contingency planning and mitigation strategies for future disasters. (See also: "Disaster Planning in the Context of Methadone Treatment Regulation.")

Emergency Management for Disruptions in Methadone Treatment was funded by the National Institute on Drug Abuse, Grant 1 R21 DA023045 (May 2007 to April 2009).

Training and Dissemination

California Addiction Training and Education Series (CATES)

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CATES is a series of one-day trainings (launched in March 2004) designed to provide in-depth information to individuals working with substance-using populations. The information provided is based on sound science but presented in such a way that it is directly useful when working with these clients. CATES trainings cover two topics per year. Each topic is presented in at least three locations across California. The target audience for CATES is substance abuse and mental health treatment providers, administrators, and other professionals (e.g., researchers, psychologists, educators, law enforcement personnel, nurses, and physicians) interested in the latest information on the impact of substance abuse and effective interventions and treatments. An expanded version of CATES, which now includes three to six months of follow-up, coaching conference calls and Webinars, was initiated in the spring of 2007. The purpose of this follow-up is to provide CATES training participants with opportunities for ongoing learning, technical assistance, and skill development. A total of 25 CATES training sessions have been conducted since the series' inception, and have involved several thousand California-based treatment practitioners. Topics covered to date in the CATES series include methamphetamine treatment; Motivational Interviewing and Contingency Management; improving client engagement and retention in treatment; and PTSD and substance abuse, with a focus on returning military members, veterans, and their families. In fall 2010, CATES will focus on addiction treatment under healthcare reform. (Additional information is available at www.psattc.org.)

CATES was funded in part by the State of California, Department of Alcohol and Drug Programs, Contract 09-00132 (September 2007 through September 2010).

Substance Abuse Research Consortium State Contract

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The Substance Abuse Research Consortium (SARC) meetings offer an opportunity for professionals from a variety of disciplines to exchange current information on California substance abuse trends, promising prevention and treatment strategies, criminal justice and social service partnerships, and other substance abuse related topics. The target audiences for these meetings include substance abuse researchers, treatment providers, administrators, policymakers, and other individuals interested in substance abuse research- and policy-related issues. Recent meetings have been conducted on May 30, 2008 (Los Angeles, CA), and September 22-23, 2008 (Sacramento, CA), on cultural considerations for substance abuse research; September 10, 2009 (Burbank, CA), and September 21, 2009 (Sacramento, CA), on improving addiction treatment in California: guidelines for treatment and evidence-based practices; and May 24, 2010 (Sacramento, CA) on implementation of evidence-based practices in the treatment of criminal justice-involved clients. Additionally, the SARC contract has funded a total of five special theme issues of the *Journal of Psychoactive Drugs*. Each of these issues contained articles written by SARC meeting presenters based on the information that they presented. A sixth special issue is currently underway, which is based on the 2009 SARC meeting series and is scheduled for publication in September 2010. Additional products produced under the SARC contract include white papers on a variety of topics, including *Methamphetamine in the Workplace*, *Prescription Drug Abuse*, and *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*, and a clinical toolkit on methamphetamine for clinicians. Additional information is available at www.psattc.org.)

SARC State Contract was funded by the State of California, Department of Alcohol and Drug Programs, Contract 09-00132 (September 2007 through September 2010).

**Adopting Changes in Addiction Treatment –
California Regional NIATx/ACTION
Campaign Learning Collaboratives**

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Adopting Changes in Addiction Treatment was a one-year project funded by the California Endowment and sponsored by the Pacific Southwest ATTC, the County Alcohol and Drug Program Administrators' Association of California, and the NIATx National Program Office. The overarching goal of this one-year project was to collaborate with substance use disorders (SUD) treatment and recovery agencies across California to build their capacity to identify issues with and improve administrative processes. The project sought to enhance ongoing ACTION Campaign recruitment efforts in California and provide for more intensive support through the establishment of five regional learning collaboratives (Southern California, Northern California, Capitol Region, Bay Area, and Central Valley).

Through the regional learning collaboratives, interested treatment providers in participating counties were given a forum to share their experiences, progress, successes, and frustrations with implementing NIATx process improvement strategies. The learning collaboratives were given two opportunities to meet face-to-face during the project year, as well as participate in monthly conference calls to discuss ongoing progress made with regards to access and retention efforts. While the primary intention of the collaborative conference calls was to provide an opportunity for participants to share with one another, periodic presentations were made by experts or peer mentors who had substantial prior experience using NIATx process improvement methods. In total, 173 agencies/programs from 49 counties participated in one of the five learning collaboratives.

Adopting Changes in Addiction Treatment was funded by the California Endowment, file number 20081075, from November 2008 to October 2009.

**Integrated Services for
Co-Occurring Mental Health and
Substance Abuse Disorders
for Children (0–15)**

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Richard Rawson, Ph.D., Co-Investigator
Sherry Larkins, Ph.D., Project Director

The ISAP training department was contracted by the Los Angeles County (LAC) Department of Mental Health (DMH) to provide skills-based trainings and supervision on co-occurring disorders to DMH staff of children's agencies. In 2008, ISAP provided interactive and didactic trainings throughout LAC, along with targeted ongoing coaching and mentoring to help staff acquire new skills for treating clients with co-occurring disorders (COD). ISAP collaborated 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 was designed to increase skills and improve the effectiveness of DMH staff in caring for this hard-to-treat population. The curriculum was split into two training modules. The first included an overview of the integrated approach to treating COD and information on developmentally appropriate screening and assessment of children and their caregivers. The second module focused on the issue of trauma as it relates to treating children and their caregivers who have co-occurring disorders. Each training module was offered multiple times in several regions throughout the county to ensure that the training program was accessible to as many DMH staff and with as few barriers to participation as possible.

Integrated Services for Co-Occurring Mental Health and Substance Abuse Disorders for Children (0–15) was funded by the Los Angeles County Department of Mental Health, Contract (November 2007 to December 2009).

METH INSIDE OUT Video Series

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METH INSIDE OUT is a groundbreaking video-based treatment curriculum on methamphetamine addiction and recovery. The series is designed to equip meth users, their families, and the professionals who assist them with a solid understanding of the neurological basis of addiction, effective tools for recovery, and, most important, hope for the future. Presented by UCLA, the world leaders in methamphetamine research, and Eyes of the World Media Group, this research-based series presents the most up-to-date information in a compelling and easy-to-understand format. **METH INSIDE OUT** emphasizes the human impact of addiction by sharing personal stories of users and their families. Shot in high definition with state-of-the-art graphics, the series goes beyond presenting information by engaging and inspiring viewers. Created for maximum flexibility, the curriculum is designed to meet the needs of treatment centers, jails/prisons, community centers, social service agencies and universities. The series comprises five episodes, which can be used individually or as a set. Companion Leader's Guides allow counselors to maximize the educational potential of each episode. After an initial overview episode (*The Human Impact*), two subsequent episodes focus on the brain and behavior (*Brain & Behavior*), and treatment (*Windows to Recovery*).

Methamphetamine Video Series was funded by the State of California Alcohol and Drug Programs, Contract 06-00169 (June 2007 to June 2009).

Screening and Brief Interventions for Trauma Centers and Other Emergency Departments in California

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Through the statewide SBIRT trauma training series, UCLA ISAP provided a series of one-day training workshops for staff from trauma centers, emergency departments, and primary health care settings. Participants included physicians, nurses, psychologists, social workers and marriage and family therapists, health educators, nurse aides, and substance use disorders treatment counselors. The core clinical components of the training included: screening techniques to identify substance-related problems; brief intervention to raise awareness of risk and motivate change; brief treatment for patients seeking help; and referral to treatment for patients with more serious addictions. At the conclusion of the training, participants would be able to: (1) describe the background and rationale for conducting SBIRT in medical settings; (2) utilize screening procedures for identifying patients engaged in at-risk substance use behaviors; and (3) utilize brief intervention strategies and techniques to motivate patients to change their at-risk behavior and/or seek treatment. In total, 17 trainings were conducted in 12 counties with 842 participants.

Screening and Brief Interventions for Trauma Centers and Other Emergency Departments in California was funded by the State of California Department of Alcohol and Drug Programs, contract 08-00133, from September 2008 to March 2010.

UCLA Pre- and Postdoctoral Training Program

Christine E. Grella Ph.D., Principal Investigator
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The UCLA Integrated Substance Abuse Programs (ISAP) offers training to predoctoral and postdoctoral Ph.D. and M.D. fellows. The two-year research training program combines a core research methodology curriculum with hands-on training opportunities in an extraordinarily diverse group of research and clinical settings. Training is organized to address core issues and methodology within a health services research context. Specific training areas are:

- clinical trials (pharmacotherapy and behavioral)
- treatment effectiveness and outcomes
- organizational development and service delivery system evaluation
- longitudinal research methodologies and statistical modeling
- drug use and HIV
- interventions for substance-abusing offenders, both in prison & community
- special populations, e.g., women, individuals with co-occurring disorders, adolescents
- drug use and social policy
- research-to-practice and technology transfer

The ISAP training program is intended to provide trainees with exposure to a broad variety of drug abuse research personnel and settings and the opportunity to select an area of focus for research that is supported by faculty mentoring. The program provides access to varied research environments; training in diverse research methods, both qualitative and quantitative; strong training in statistical applications, including longitudinal modeling; and access to leading researchers in the substance abuse treatment and related areas at UCLA and the surrounding community. The Training Program funds fellowships for two predoctoral and three postdoctoral trainees each year.

UCLA Drug Abuse Research Training Center was funded by the National Institute on Drug Abuse, Grant 2 T32 DA07272 (September 1991 through June 2012).

Summer 2009 Internship with UCLA CALDAR

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Elizabeth Evans, M.A., Project Director*

Designed for high school and undergraduate students, the NIDA Summer Research Internship with UCLA CALDAR will provide an intellectually stimulating environment for investigating drug use behavior as it relates to socioeconomic and attitudinal factors as well as how drug use behavioral patterns may be influenced by critical events that occur over the life course.

Opportunities for educational enrichment and mentorship will be provided. Students will be able to participate in or observe ongoing projects. Students will be introduced to basic concepts of data collection and analysis for the behavioral sciences, assist with manuscript preparation and library research, be exposed to the drug abuse research literature, and provide general research support. The program will also be a forum for youth to connect with leading experts from multiple disciplines to explore educational and career opportunities in the behavioral sciences. Students should be available to participate in the program for 10 weeks.

Summer 2009 Internship with UCLA CALDAR was funded by the National Institute on Drug Abuse, grant 5 P30 DA016383-05S, from June 2009 to August 2009.

2007-2008 NIDA INVEST Research Fellowship for Dr. Chen Hanhui

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Dr. Chen was awarded a Research Fellowship by the National Institute on Drug Abuse's Clinical Trials Network for 2008-2009. As a psychiatrist at the Shanghai Mental Health Center, Dr. Chen came to work and train under the guidance of Dr. Walter Ling at the UCLA Integrated Substance Abuse Programs. With an interest in clinical trials, Dr. Chen was provided with extensive opportunities

to observe clinic practice, specifically in projects providing buprenorphine for the treatment of opioid dependence. Additional training opportunities included visits to local treatment programs such as the Matrix Institute and the Betty Ford Clinic for observation and education. Dr. Chen attended workshops sponsored by NIDA as an international scholar, and also presented results of his recent treatment research examining the use of CBT in compulsory treatment programs in China. As a final project, Dr. Chen analyzed data from a recently completed CTN study conducted by the sponsoring site to address questions of craving and withdrawal during treatment.

2007-2008 NIDA INVEST Research Fellowship for Dr. Hanhui Chen was funded by the National Institute on Drug Abuse, grant 20083143, from October 2008 to September 2009.

2009-2010 NIDA INVEST Research Fellowship for Dr. Suzanne Nielsen

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This grant is provided by the National Institute on Drug Abuse's Clinical Trials Network (CTN) to provide training in drug abuse and to foster collaboration between the grantee with established investigators at the sponsoring site. Dr. Nielsen's goals are to attain expertise in clinical trials research and learn sophisticated research methodologies. Her research plan has a two-track approach. First, throughout the fellowship period at the UCLA Integrated Substance Abuse Programs (ISAP), she will participate with Dr. Ling and other physicians and clinical personnel in the conduct of clinical trials of addiction treatments, and will attend pertinent seminars, presentations, and formal courses. Second, to accomplish the objective of applying acquired knowledge to research methodologies, she will conduct a project of secondary analysis of existing CTN data pertinent to future research to be conducted in Australia when she returns after the fellowship. Dr. Nielsen proposes to study variations in outcomes—in terms of drug use and HIV-related risk behaviors— of buprenorphine-based treatment for opioid dependence according to differences in primary drug problem

(i.e., prescription opioid versus heroin) and as they differ by gender. As part of this training, she will collaborate on the preparation of a manuscript of study findings to be submitted for publication.

2009-2010 NIDA INVEST Research Fellowship for Dr. Suzanne Nielsen was funded by the National Institute on Drug Abuse, grant number 20101668, from June 2010 to May 2011.

The Pacific Southwest Addiction Technology Transfer Center

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The Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC) provides training, acquires and shares information, and promotes incorporation of empirically based substance abuse treatment practices. In order to help community service providers to efficiently produce optimum outcomes, the main work of the Pacific Southwest ATTC is to disseminate knowledge about state-of-the-art treatment practices and their delivery. Drawing on research conducted by UCLA ISAP, a major focus of Pacific Southwest ATTC work has been to educate providers about the impact of methamphetamine (MA) use and effective treatment strategies for MA-dependent individuals. Additional key topics include: screening, brief intervention, and referral to treatment (SBIRT), co-occurring mental and substance abuse disorders, NIATx process improvement strategies to increase access to and engagement and retention in treatment, and medication-assisted treatment for opioid and alcohol-dependent clients (specifically methadone and buprenorphine). The Pacific Southwest ATTC works to promote changes in attitudes across all involved settings in the Pacific Southwest (including academic and government agencies, as well as among clinicians involved in treating substance abusers) regarding the status of the field, the need to increase cultural

competence among substance abuse professionals, the need for greater interaction among stakeholders, and the need for more training for substance abuse professionals. The Pacific Southwest ATTC, led by ISAP in partnership with faculty from Arizona State University (ASU), provides an exemplary resource and an extraordinary array of expertise and experience in training, evaluation, and distance learning techniques for substance abuse professionals. The combination of the ISAP and ASU groups, along with key stakeholders, consultants, and community organization partners in Arizona and California, creates an extraordinary resource to meet the extensive and rapidly evolving training and technology transfer needs of the field. (Additional information is available at: www.psattc.org.)

The Pacific Southwest Addiction Technology Transfer Center was funded by the Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Treatment, Grant 5 UD1 TI013594 (March 2002 through September 2012).

Women's Substance Use Disorders Issues

Evaluation of Female Offender Treatment and Employment Program (FOTEP)

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The goal of the FOTEP project is to enable 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 consisted of a quasi-experimental study with 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. A 12-month follow-up interview was conducted with about 90% of the study sample from 2001-2003 and outcomes were assessed regarding their drug use, criminal behavior, employment, parental status, and psychosocial functioning. Recidivism

(i.e., return-to-prison) has also been analyzed for up to 48 months following parole using administrative data. Analyses showed that longer time in FOTEP treatment (at least 150 days) reduced the odds of a return to prison by about half, and that individuals who completed FOTEP treatment were significantly less likely to return to prison as compared with individuals in the Comparison group. In addition, surveys conducted with in-prison treatment participants and program staff and focus groups with FOTEP participants have provided information for ongoing project evaluation.

Evaluation of Female Offender Treatment and Employment Program (FOTEP) was funded by the State of California, Department of Corrections and Rehabilitation, Division of Addiction and Recovery Services, Contracts C03.052 and C06.229 (July 2003 through June 2009).

Evaluation of Trauma Informed Substance Abuse Treatment (TI-SAT)

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Luz Rodriguez, B.A., Project Director

The Trauma-Informed Substance Abuse Treatment (TI-SAT) program was established at the Leo Chesney Community Correctional Facility in 2008 to provide gender-responsive and trauma-informed substance abuse treatment for women offenders. Trauma-informed treatment is based on the recognition that childhood and adult trauma exposure is pervasive among women offenders and intricately related with their substance abuse problems. ISAP is conducting an evaluation of the TI-SAT to determine whether the trauma-informed treatment components are implemented as planned; if obstacles are encountered in the implementation process, and if so, the strategies used to address these obstacles; and the characteristics of participants, their treatment retention and aftercare participation, and their outcomes on parole. A total of 106 participants were recruited to participate in the outcome study; interviews are conducted at study intake and at 6-month follow-up. Study findings will compare risk of recidivism of TI-SAT participants with comparable women offenders who were enrolled at the facility prior to implementing the TI-SAT program. Outcome

analyses will examine the effects of program participation on status and functioning of participants, including their relapse to substance use, criminal behavior involvement, employment, parenting and family relationships, and overall mental health and psychosocial functioning. In addition, surveys with program staff and observational site visits are conducted to determine whether the gender-responsive and trauma-informed program components are successfully implemented.

Evaluation of Trauma Informed Substance Abuse Treatment (TI-SAT) was funded by the State of California Department of Corrections and Rehabilitation, contract C08.106, from October 2008 to March 2011.

Evaluation of the Liberating our Families from Drugs and Incarceration Program

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Luz Rodriguez, Project Director

ISAP is conducting the evaluation of the SAMHSA-funded project "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 the target population is women parolees who have a history of substance use problems and who are currently pregnant or have young children. The program's objectives are to improve the mental and physical health status, employment status, and parenting skills of participants so that they can successfully reintegrate into the community following their release from prison. Intensive case management services are provided within the context of residential substance abuse treatment, which includes children's services, family counseling, parenting skills training, vocational services, mental health services, trauma-related services, and referral for medical services for the women and their children. The evaluation study showed that approximately 60% of participants (N=110) completed the LOFFDI treatment, compared with an average of 39% for participants in other aftercare programs for female offenders in California. Moreover, LOFFDI participants demonstrated significant improvements in their alcohol and drug use, psychological

status, family functioning, employment, and quality of life at the 6-month post-discharge follow-up. Participants had a high level of satisfaction with the services received and staff improved their competency in delivering parenting and other services over the course of project implementation. Overall, the evaluation demonstrated that LOFFDI participants improved in targeted domains that address the multiple and complex problems faced by female offenders and their families as they re-integrate into the community following parole.

Evaluation of the Liberating our Families from Drugs and Incarceration Program was funded by Walden House, Inc., Contract 20064370 (October 2006 to September 2010).

A Long-term Follow-up Study of Drug-Dependent Mothers and their Children

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Elizabeth Evans, M.A., Project Director

Risky health behavior causes serious health problems for drug-dependent mothers and their children. In recent years, an increased number of women-only programs have offered special services to address the unique problems and service needs among mothers, including child care and parenting services. However, few studies have examined short-term and long-term outcomes of mothers and children served in women-only programs. We are conducting a long-term follow-up study of 4,500 mothers treated for risky health behaviors via their administrative records, and by interviewing a subsample of mothers (n = 1,000) to provide complementary data on their status. Additionally, we are collecting assessment data from the mothers interviewed on their target children (mostly aged 8 to 10). The specific aims of the study are: (1) to investigate mothers' long-term outcomes measured by administrative records (e.g., treatment, mental health, arrest) in relation to their index treatment in women-only versus mixed-gender programs; and (2) to locate and interview a subset of mothers to determine, in relation to mothers' index treatment in women-only versus mixed-gender programs, (2a) mothers' current status (social support, parenting behaviors, health behaviors, mental health) and (2b) children's current status (custody, school achievement, behavioral problems). The study should provide empirical data with treatment and policy

ISAP Projects: Women's Substance Use Disorder Issues

implications for improving services and outcomes for mothers and their children.

A Long-term Follow-up Study of Drug-Dependent Mothers and their Children was funded by the National Institute on Drug Abuse, grant 1 R01 DA021183, from June 2009 to May 2011.

Evaluation of Horizon's Integrated AODA Treatment / HIV Services for Justice-Involved Women

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Kira Jeter, M.P.H., Project Director*

The purpose of this SAMHSA funded project is to expand Community Advocates - Horizons Campus' program to increase access to integrated outpatient AODA treatment and HIV services for a minimum of 600 justice-involved women who are less likely to enter treatment through formal systems. Objectives are to: (1) increase the number of women who participate in integrated outpatient AODA/HIV services from 25 to 125 women per year; (2) enhance Community Advocates-Horizons Campus' program with research-based AODA/HIV curricula that will engage hard-to-reach women, their children and their partners; and (3) increase the number of women and partners who receive rapid HIV testing from 90 to 200 per year.

ISAP is conducting the evaluation, which (1) includes process and outcome components to monitor the implementation of the planned intervention and (2) measures observed changes in participants from before to after their participation in the project in the following domains of functioning: (a) alcohol and drug use; (b) parenting behaviors and family functioning; (c) quality of life and social functioning; (d) criminal behavior and legal status; (e) mental health and physical health status; (f) HIV/AIDS risk reduction behaviors; and (g) treatment and services received.

ISAP will determine the degree to which the project was able to increase access for justice-involved women to gender-

specific, integrated outpatient AODA treatment and HIV prevention services.

Evaluation of Community Advocates - Horizons Campus Integrated AODA Treatment/HIV Services for Justice-Involved Women was funded by the Substance Abuse and Mental Health Services Administration, Grant TI18592 to Community Advocates-Horizons Campus (October 2007 to September 2012).

Enhancing Substance Abuse Treatment Services for Women Offenders

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Maria Zarza, Ph.D., Project Director
(September 2005 to September 2007)
Stacy Calhoun, M.A., Project Director
(September 2007 – Present)*

This 3-year study will examine Mental Health Systems, Inc.'s (MHS), readiness and capacity for practice improvement as it incorporates women-focused treatment into four MHS program sites currently serving female drug court participants. The proposed study will also include an experimental component to determine the relative effectiveness of a women-focused (WF) treatment program based on relational theory compared to the standard mixed-gender (MG) outpatient treatment program delivered to women offenders deferred from incarceration through drug court to promote positive behaviors (e.g., reducing HIV risk and substance abuse, increasing psychological functioning). The WF curriculum has been fully developed (Helping Women Recover, Covington, 1999; 2003); however, the activities outlined in this application will be the first empirical test of the curriculum that includes assessments of staff readiness and barriers to enhancing service. Specifically, 150 women participating in four MHS drug court programs in San Diego, California, will be randomly assigned to the WF or MG treatment program groups. The proposed study has the following specific aims:

1. To identify and address barriers to coordinating and integrating new and appropriate WF services, including HIV prevention, for substance-dependent women offenders;
2. To coordinate and integrate a theoretically based women-focused protocol into the existing MHS program curriculum;

3. To develop effective fidelity measures to assess staff performance, adherence, and retention of the newly integrated curriculum;
4. To pilot test the efficacy of the theoretically based, multi-faceted, WF curriculum to promote positive behaviors among women offenders compared to the impact of the standard MG program;
5. To qualitatively assess women's perceptions of their treatment experience, comparing those of women in the newly integrated WF program and those of women in the standard MG program.

Preliminary Findings

Findings from the staff focus groups revealed that the facilitators were very supportive of implementing the WF curriculum in their drug court and showed a strong willingness to be trained in the new curriculum. However, they were concerned that they were not trained enough to deal with traumatic events that might come up in group. In particular, they were worried about "opening a can of worms" and being unable to resolve the situation before a session is finished and thereby placing the client at risk for using again. Findings indicate the need to provide the counselors with an on-site experienced clinician to help them deal personally and professionally with their daily work.

The findings from the client satisfaction survey showed that there were no differences between the two groups in their overall satisfaction with their treatment program. Both groups were very satisfied with the treatment they received. However, the women in the WF group were significantly more likely to find their groups to be helpful in their recovery process than the women in the MG group (95% vs. 84%, $p < .05$). The women in the WF group were also more likely to rate their program as being the best kind of program for women (81% vs. 67%, $p=.08$).

Enhancing Substance Abuse Treatment Services for Women Offenders was funded by Mental Health Systems, Inc., Grant 720 (R01 DA022149) (September 2005 to July 2010).

Integrated Outpatient AODA/HIV Treatment for Justice-Involved Women

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The Horizon House Community Connections Program (CCP) is funded by a grant from the Substance Abuse and Mental Health Services Administration to expand outpatient access to alcohol and other drug abuse (AODA) treatment and HIV services to justice-involved women who are less likely to access treatment through formal systems. The project's goal is to increase participant access to gender-specific, integrated outpatient AODA treatment and HIV prevention services. Objectives include: (1) increase the number of women who participate in integrated outpatient AODA/HIV services; (2) enhance the CCP program with research-based HIV/AODA curricula focused on engaging hard-to-reach women, their children, and their partners; and (3) increase the number of women and their partners who receive rapid HIV testing. The UCLA Integrated Substance Abuse Programs will determine the degree to which the project was able to increase access for justice-involved women to gender-specific, integrated outpatient AODA treatment and HIV prevention services.

Integrated Outpatient AODA/HIV Treatment for Justice-Involved Women was funded by Community Advocates, Substance Abuse and Mental Health Services Administration, Grant # T1018592-04 to Community Advocates, October 2007 to September 2012.

TOWAR: A Comprehensive Training on Women's Addiction and Recovery

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The purpose of this Phase I Small Business Technology Transfer (STTR) project is to develop TOWAR: a comprehensive Training on Women's Addiction and Recovery specifically for use in drug courts. Social Solutions International, Inc. (Social Solutions), in collaboration with UCLA Integrated Substance Abuse Programs (ISAP), proposes to develop the training and

a woman-focused, innovative model of a drug court program. Instructions for how to implement the woman-focused drug court program will be incorporated into the comprehensive training and toolkit. The project will have strong commercial potential, as it will incorporate training, research, and education on appropriate treatment protocols, criminal justice supervision, and services for women eligible for participation in drug court settings nationwide. The project also involves the cooperation of the Los Angeles County Drug Court, Los Angeles Alcohol and Drug Program Administration, and the Center for Gender and Justice.

TOWAR: A Comprehensive Training on Women's Addiction and Recovery was funded by the National Institute on Drug Abuse, number 1 R41 DA022101-01A2, from January 2009 to June 2010.

A Parenting Intervention for HIV+ Moms: The IMAGE Program

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The purpose of this R01 pilot study is to develop and then test the feasibility of implementing a parenting intervention for HIV-infected mothers with well children age 6 – 14 years old. The intervention is designed to improve parenting skills and maternal self-care skills in order to improve child and maternal outcomes. The basis for development of this intervention is work from two previous R01s (MH # 5R01MH057207) designed to longitudinally assess HIV-positive mothers and their children. MLH ($n = 60$) and their children (total $N = 120$) will be recruited, randomized to a theory-based, skills training intervention or a control condition, and assessed at baseline and 3-, 6-, and 12-month follow-ups. The intervention ("Improving Mothers' parenting Abilities, Growth, & Effectiveness"—the IMAGE program) will consist of 5 sessions, and will be based on the Information – Motivation – Behavioral Skills (IMB) model of health behavior change, with specific skills selected based on our 10-year observational study of MLH and their children, which is ongoing at UCLA. A random subset of 40% of the intervention mothers ($n = 12$) will be asked to participate in an in-depth qualitative interview

after their last follow-up, to obtain detailed process information on their experiences in the intervention.

A Parenting Intervention for HIV+ Moms: The IMAGE Program was funded by the National Institute of Mental Health, grant 1 R01 MH086329, from April 2010 to December 2013.

Maternal HIV: Intervention to Assist Disclosure to Children

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This small 3-year R01 was designed to develop and pilot test an intervention to assist mothers living with HIV (MLWH) to disclose their serostatus to their young (age 6 – 12 years old) children. Information gathered in previous two R01s was used to develop a brief disclosure intervention to assist HIV-infected mothers of young children to appropriately disclose their serostatus to their child. Feasibility, acceptability, and preliminary efficacy of the intervention were tested in a pilot trial. MLWHs ($N = 80$) were randomly assigned to the intervention or control condition. MLWHs and children were assessed at baseline, and 3-, 6-, and 9-month follow-ups. A random subset of intervention mothers ($n = 12$) were asked to participate in an in-depth qualitative interview after their last follow-up to obtain detailed information on their experiences in the study. The aims of the intervention were to: facilitate disclosure of the MLWHs' HIV status to their children; increase their self-efficacy to responding to children's questions regarding HIV; reduce fears regarding disclosure and stigma; improve maternal knowledge of child development and how to provide age-appropriate levels of information; improve MLWHs' mental health indicators over time; improve children's mental health indicators over time; and improve family functioning indicators. The study has just recently completed final data analyses, with a clinically and statistically significant intervention effect. The outcome paper has been

submitted, and a full scale trial of the intervention is now being planned.

Maternal HIV: Intervention to Assist Disclosure to Children was funded by the National Institute of Mental Health, Grant 1 R01 MH077493 (January 2007 to December 2010).

Longitudinal Study of Maternal HIV on their Late Adolescent/Early Adult Children

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This study was designed to extend and expand a longitudinal study (R01-MH057207-10), "Parents and Children Coping Together" (PACT). The original study was designed to longitudinally assess mothers living with HIV (MLHs) and their young, well children 6 to 11 years old. Five follow-ups were conducted at 6-month intervals in the PACT study. A subsequent longitudinal study, "Parents and Adolescents Coping Together" (PACT II), followed up the majority of these families when the children were transitioning to early and middle adolescence; there were 6 follow-ups. This study ("PACT III") continues to follow the MLHs and adolescents one last time, to continue to investigate outcomes as the adolescents transition to late adolescence/young adulthood. Both quantitative and qualitative interviews are being conducted. This is the first cohort of children in the U.S. to be followed almost continuously as they grow up to adulthood while living with a mother with HIV/AIDS.

The Longitudinal Study of Maternal HIV on their Late Adolescent/Early Adult Children was funded by the National Institute of Mental Health, Grant R01 MH57207-11 (2008 - 2013).

Gender-Responsive Treatment for Women Offenders

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This 5-year study was designed to determine whether drug abuse treatment programs designed specifically for women offenders result in better outcomes than do mixed-gender programs. Consistent findings regarding the greater severity of women's drug abuse, past trauma, and psychological disorders have led many researchers to advocate the use of gender-responsive treatment for women as a more appropriate and effective way to facilitate their recovery. As policymakers and treatment providers consider expanding treatment options for women offenders, it is critically important to determine whether women-only (WO) treatment programs do produce better outcomes than standard mixed-gender (MG) programs. The study involved the cooperation of community-based drug abuse treatment agencies providing Drug Court, Substance Abuse Crime and Prevention Act (SACPA), perinatal, and other outpatient treatment within Los Angeles County. The study used a quasi-experimental design with study intake into two treatment conditions (MG vs. WO) and had the following specific aims:

- To evaluate the impact of WO programs on drug use, criminal activity, and social functioning (e.g., employment, education, parenting behavior) for women offenders, compared to the impact of MG programs.
- To qualitatively assess women's perceptions of their treatment experiences in the WO and MG treatment programs.

Using a propensity-score approach to balance the two groups on baseline characteristics, analysis indicated that, at 12-months following treatment entrance, women who participated in WO programs were significantly less likely to use drugs and to commit crimes than were women in MG programs, but the groups did not differ significantly on arrest and employment.

Gender-Responsive Treatment for Women Offenders was funded by the National Institute on Drug Abuse, Grant 1 R01 DA016277 (September 2004 through August 2009).

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UCLA Affiliates

UCLA Center for Addictive Behaviors

The mission of the Center for Addictive Behaviors is to discover fundamental mechanisms that link addictive disorders (drug abuse and smoking) and their behaviors with neurochemical phenotype and genotype in healthy individuals and in those who suffer from neuropsychiatric diseases. The Center's work focuses on two major areas:

- Research on the biological basis of addictive disorders
- Development of new probes for noninvasive imaging, including methods to visualize gene expression.

The Center uses cutting-edge noninvasive in vivo imaging techniques in its research, placing it at the forefront of drug addiction behavioral research.

For more information, visit the UCLA Center for Addictive Behaviors online.

UCLA Center for Community Health/CHIPTS

The mission of the UCLA Semel Institute's Center for Community Health (CCH) is to advance the understanding of children and adults in high-risk situations and to improve their health, development, and quality of life. The Center conducts research that crosses three significant areas impacting these individuals: HIV, mental health, and chronic illness. A primary component of CCH is the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), an HIV core support research center funded by the National Institute of Mental Health. CHIPTS is a partnership of UCLA, Charles Drew University of Medicine and Science, Friends Research Institute, and RAND that facilitates science, supports community and investigator partnerships, and disseminates research findings. ISAP researchers involved in CHIPTS are Drs. Debra A. Murphy and Cathy Reback (Intervention Core Scientists).

For more information, visit <http://chipts.ucla.edu>.

UCLA Hatos Center for Neuropharmacology

The Stefan and Shirley Hatos Center for Neuropharmacology focuses on research concerned with addictive drugs, including opioids, nicotine, and psychostimulants. It is also home to the Center for Opioid Receptors and Drugs of Abuse (CSORDA), which is supported by the National Institute on Drug Abuse (NIDA). The research objectives of CSORDA are to gain insights into the mechanisms of action of endogenous opioids and opioid drugs at their cognate receptors, with the goal of discerning fundamental processes contributing to behaviors such as analgesia, addiction, tolerance, and withdrawal. The Center has four integrated components that investigate the activity of opioid ligands at the molecular, cellular, and behavioral levels utilizing complementary methodologies and shared resources.

For more information, visit www.semel.ucla.edu/hatos.

Community Affiliates

Friends Research Institute, Inc.

Friends Research Institute (FRI) has provided administration of national and international research and grants for more than 50 years. That history includes a 36-year collaboration with ISAP Director Dr. Walter Ling and a 21-year history with Associate Director Dr. Richard Rawson. Working with investigators west of the Mississippi, FRI-West Coast provides research administration on varied projects, from biomedical to behavioral, including substance abuse treatment methodologies. Several FRI researchers, including Dr. Cathy Reback, have collaborated with UCLA investigators to develop cutting-edge treatment and research programs.

For more information, visit www.friendsresearch.org.

Clinical Trials Network (CTN) Community Treatment Programs

Bay Area Addiction Research and Treatment (BAART) Programs

BAART Programs, headquartered in San Francisco, CA, is a multi-service organization providing drug treatment through a number of clinically proven methods. In addition to drug abuse treatment, BAART Programs provides primary medical care and mental health services through a network of fixed sites and mobile vans. Now serving four states and more than 5,000 people per day, BAART blends state-of-the-art services with a dedicated staff offering personal, caring, and individual attention to each of our patients. The goal of BAART is to provide quality, individualized opioid treatment at affordable rates and at convenient locations. BAART has received a three-year accreditation by CARF, the Rehabilitation Accreditation Commission. BAART is licensed and certified by the State of California Department of Alcohol and Drug Programs.

For more information, visit www.baartprograms.com.

Betty Ford Center

The nonprofit Betty Ford Center, in Rancho Mirage, CA, provides alcohol and other drug dependency treatment services, including educational and research programs, to help women, men, and families begin the process of recovery. The Center emphasizes the involvement of the entire family in the recovery process and stresses the importance of each person identifying his or her own spiritual path. The Center has an Inpatient Treatment Program, Residential Day Treatment Program, Intensive Outpatient Program, and Specialized Treatment for Licensed Professionals, as well as programs for families and children.

For more information, visit www.bettyfordcenter.org.

Hina Mauka

Hina Mauka, in Hawaii, has a 40-year history of successfully helping people with addictions using evidence-based practices to assist them achieve their goals of overcoming dependence on alcohol and other drugs.

The mission of Hina Mauka is to provide prevention, treatment, and recovery services to individuals, families, and communities touched by alcoholism, chemical dependency, and related challenges.

Hina Mauka offers treatment for adults through several levels of care including Residential Treatment, Day Treatment, Outpatient Treatment, and Aftercare. Hina Mauka also provides innovative treatment programs for homeless people and incarcerated women, as well as school-based adolescent outpatient treatment at 20 high schools and middle schools on Oahu and Kauai.

For more information, visit <http://hinamauka.org>.

Community Affiliates

Matrix Institute on Addictions

The Matrix Institute on Addictions, located in the Los Angeles area, was established in 1984 to promote a greater understanding of addiction disorders and to improve the quality and availability of addiction treatment services. The Institute's mission is to improve the lives of individuals and families affected by alcohol and other drug use through treatment, education and training, and research, promoting a greater understanding of addiction disorders.

The Matrix approach emphasizes the use of outpatient techniques. Treatments focus on lifestyle changes, training in relapse prevention, education about dependencies, 12-step facilitation, and family involvement.

The Matrix Model is listed on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). This prestigious listing is based on the cumulative data from evaluations of the Matrix Model over the past 25 years. The Matrix Institute is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is a member of the National Association of Addiction Treatment Providers (NAATP).

For more information, visit www.matrixinstitute.org.

Tarzana Treatment Centers

Tarzana Treatment Centers, Inc., in Los Angeles County, is a full-service behavioral healthcare organization that provides high quality, cost-effective substance abuse and mental health treatment to adults and youths. Tarzana is a nonprofit, community-based organization that operates a psychiatric hospital, residential and outpatient alcohol and drug treatment centers, and family medical clinics. All facilities are licensed and certified by the State of California and the County of Los Angeles and are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Tarzana Treatment Centers have provided a comprehensive continuum of healthcare services since 1972.

For more information, visit www.tarzanatc.org.

