



FOCUS

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Spotlight: ADP Director Renée Zito



Welcome to FOCUS, ADP's new, quarterly electronic newsletter for treatment providers!

We created this publication in response to feedback from providers like you who expressed the need for ADP to communicate directly with the field about state activities. Here you'll find the latest developments at

ADP and information on alcohol and other drug best practices, treatment advances, workforce issues, educational opportunities, and standards of care.

In this issue, we focus on NIATx, the Network for the Improvement of Addiction Treatment, whose strategies are changing the way we provide services by considering the client's viewpoint. Having a member of our executive team implement NIATx at ADP was very important, so I asked Susan Lussier, deputy director in Administration, to try this approach. She describes her insightful experience on page 2. California leads the nation in the number of providers enrolled in NIATx, so if you have not yet joined the network, I encourage you to download the materials from their website – they're free of charge!

The newsletter will keep you better informed about ADP's priorities: to help provide the best quality of care to our clients – the people of this state – and to work with our partners in the field to make California's AOD delivery system the finest in the nation. ADP is moving steadily toward those goals. We are

strengthening the heart of the system by developing clinical standards for treatment programs. The state should take on a greater role in discipline and oversight of counselors and for greater continuity and quality assurance, the state should require that all treatment facilities be licensed and certified.

ADP has also set a high bar for women's treatment standards and is dealing with workforce issues that impact professional AOD staff such as inadequate pay, benefits and respect. We're developing a cultural competency plan and collaborating with other organizations to find ways of reaching the disabled, youth, women, and other special populations, making sure clients have access to treatment.

We hope you enjoy ADP's first newsletter and please send us your comments and suggestions for subsequent issues.

Sincerely,

**Renée Zito, LMSW, CASAC
Director**

Upcoming Conferences

- ▶ **June 26-28:** 2008 National Conference on Problem Gambling, Long Beach
Information: (202) 547-9204 or ncpg@ncpgambling.org
- ▶ **August 5-7:** Seventh Annual Summer Clinical Institute in Addiction Studies, UC San Diego
Information: (858) 456-6784 or www.ucsdsci.com
- ▶ **September:** Substance Abuse Research Consortium: Cultural Competency, Sacramento.
Information: Steve Peirick, (310) 267-5331
- ▶ **October 8-10:** Proposition 36 – 2008 Conference:
Building Bridges Between Criminal Justice and Treatment, Marriott Del Mar, San Diego.
Information: Marilee Moon-Vanni, (916) 327-9532

NIATx: Breaking Down Barriers to Care

According to a 2006 SAMHSA survey, less than 10 percent of Americans who need substance abuse treatment each year get the help they need. The Network for the Improvement of Addiction Treatment, or **NIATx**, is changing this situation by breaking down barriers to care. Led by the Robert Wood Johnson Foundation and SAMHSA's Center for Substance Abuse Treatment, NIATx is a collaborative of organizations whose focus is helping providers and facilities improve addiction treatment access and retention.

NIATx has four basic goals: **Reduce Waiting Times, Reduce No-Shows, Increase Admissions, and Increase Continuation Rates**. Applying process improvement techniques that are customer-based, participants tackle one barrier after another – using small steps – in a rapid cycle of identifying a problem, testing solutions and evaluating results. Rapid-cycle changes (quick and do-able in two weeks) follow the **PDSA cycle**: **Plan** the change, **Do** the plan, **Study** the results, **Act** on the new knowledge. The results have been so successful that NIATx has made these techniques available on its website free of charge to treatment providers.

NIATx began with a pilot program co-sponsored by the UCLA Integrated Substance Abuse Programs/Pacific Southwest Addiction Technology Transfer Center (ISAP/PSATTC) and Los Angeles County Department of Public Health Alcohol and Drug Program Administration (ADPA). The 11-month pilot (November 2005 to September 2006) tested whether county-funded treatment and recovery agencies could apply process improvement strategies to reduce assessment no-shows and increase 30- and/or 60-day continuation rates.

Results were gratifying: participants demonstrated modest to marked improvements in no-show and continuation rates that met or exceeded project goals. “The most significant outcome was the use of progress data by providers, who at first had been somewhat apprehensive,” says Wayne Sugiata, acting director for ADPA in Los Angeles County. “Now, facilities that have implemented NIATx are really enthusiastic – they’re our best advertisement for the program.”

During the pilot, sponsors and providers learned seven valuable lessons:

1. Considering the client's perspective is helpful. Multiple improvements are possible in short time periods.
2. Process improvement can motivate staff/clients when good things happen.
3. Results can surpass initial objectives/expectations.
4. Simple improvements yield big dividends.
5. Using data can be helpful.
6. “Sticking with it” has huge value.

Richard A. Rawson, Ph.D., principal investigator for

ISAP/PSATTC, which provided introductory training and follow-up support for participating providers, praises the insights gained. “The most impressive thing to come out of the pilot was the enthusiasm participants developed for the relevance of NIATx to real-world challenges they face,” explains Rawson. “People saw that they could actually take these skills and successfully make changes.”



For example, one participating provider sought to increase retention by developing new intake appointment questions. Staff hoped to demonstrate an interest in helping clients address potential roadblocks by asking them what might keep them from getting to treatment (e.g., work schedule, transportation, traffic, need for bus tokens). Staff used client responses to these questions to explore options and resolve client concerns.

New clients at another facility felt the intake process was too impersonal and found the many rules and responsibilities overwhelming. Staff encouraged new clients to be self-paced during their first two weeks of treatment and did not assign them any community duties during that time. This allowed for maximum flexibility and a client-driven orientation to treatment.

As a group, the 39 founding members of NIATx report impressive results using process improvement methods, including:

- 34.8 percent reductions in wait times and 33 percent fewer no-shows
- 21.5 percent increases in admissions and 22.3 percent more clients who stayed in treatment

These dramatic outcomes prompted NIATx to establish an unprecedented partnership with government agencies, community organizations and foundations to launch the **ACTION Campaign – Adopting Changes to Improve Outcomes Now**. The campaign promotes national implementation of NIATx practices, focusing on three goals: (1) rapid access to treatment; (2) increased retention of clients in treatment; and (3) seamless transition from one care stage to another. Agencies that have achieved these goals have seen significant improvements in client satisfaction, staff retention and financial stability.

Applying NIATx at ADP

Susan Lussier, deputy director for ADP's Administration Division, was recently asked to personally apply "process improvement" to a problematic work scenario in her area and judge the effectiveness of NIATx in a state agency setting.

For her "experiment," Susan chose the ADP hiring process of recruitment, interviews and candidate selection. Her goal was to see if the NIATx approach could identify ways of improving procedures and filling positions more quickly. As she walked through the process and tried the steps, Susan very quickly saw where changes were needed. For example, she found that the instructions to managers on the recruitment form were unclear and hard to follow.

To help her evaluate her "hands-on" NIATx trial, Susan formed a task force and shared her weekly observations. The task force then made recommendations for improvements to make the process more efficient for ADP hiring managers. The group's NIATx assessment is still a work in

progress. They are consolidating information that will later be implemented, evaluated and presented to ADP executive staff.

Susan found her experience with NIATx valuable, and she better appreciates the frustrations of her "customer" (i.e., the manager who wants to hire a new employee). She thinks all administrators should go through the process to gain first-hand knowledge of where problems exist. With this insight, they can focus on areas with the greatest needs, make essential changes, and bring about improvements.

Susan also believes that applying NIATx methods to work situations at ADP is important for understanding its significance for treatment providers and for showing that the NIATx customer-based approach can translate to other environments – including the state system – especially in critical, process-driven areas.

ACTION Campaign tools and technical assistance can be downloaded free of charge from <http://www.actioncampaign.org/>. The website features a series of ACTION Kits with step-by-step instructions on how to implement NIATx practices. Members can participate in regular peer networking activities, technical assistance conference calls, and a campaign blog.

UPDATE: Chief Deputy Director Michael Cunningham

ADP is committed to establishing a comprehensive, integrated alcohol and other drug (AOD) service delivery system based on a chronic care model. In 2006, the department established a Continuum of Services System Re-Engineering (COSSR) task force comprised of major stakeholders to assess the department's system for delivering AOD services.

The task force would develop a plan in alignment with COSSR that would: (1) reshape operations for optimal system accountability, efficiency and effectiveness; and (2) ensure delivery of wide-ranging, all-inclusive, high-quality AOD services.

Fundamentally, COSSR recognizes that AOD problems are both acute and chronic in nature, a sharp contrast to traditional treatment models, which regarded dependency as solely an acute condition. Today, we are beginning to understand the need for both immediate treatment and ongoing recovery support services to deal with the chronicity of substance abuse.

COSSR is based on four phases: Phase 1 – System of Care Design, Phase 2 – Implementation Planning, Phase 3 – Mobilization and Capacity Building, and Phase 4 – Implementation. The COSSR task force worked with ADP through Phases 1 and 2 to develop an overall framework and systems model, core principles, and recommendations.



ADP is now focused on mobilization and capacity building under Phase 3 and is working to pilot these system changes. Programs are in place in three California counties that are serving as "learning libraries" in which to try out different COSSR implementation methods. By December 2010, all major components of COSSR should be in place, and system changes will be reflected in the business practices of our county and local providers.

The key findings from Phases 1 and 2 are available for viewing online at www.adp.ca.gov.

State Medical Director's Team

Elinore F. McCance-Katz, MD, PhD, is ADP's new State Medical Director (SMD). She and her team provide consultation to ADP on emerging trends, evidence-based treatment approaches, recovery data, and other health issues.

Dr. McCance-Katz is a professor of psychiatry at the University of California, San Francisco (UCSF), and president of the American Academy of Addiction Psychiatry. She has expertise in substance abuse disorders, addiction pharmacotherapies, infectious disease, and co-occurring disorders. Dr. McCance-Katz conducts research on clinical pharmacology of abused substances, drug interactions, and medications development for stimulant dependence with National Institute on Drug Abuse/National Institutes of Health funding. She is a national mentor for buprenorphine treatment of opioid dependence through the Center for Substance Abuse Treatment (CSAT) Physicians' Clinical Support Sys-

tem and has a CSAT grant to teach physicians-in-training about opioid dependence treatment.

The SMD team, located at the Institute for Health and Aging, UCSF School of Nursing, includes Vicki Smith, RN, MS, NP and Marty Jessup, RN, PhD. Ms. Smith, an assistant clinical professor, provides primary care, behavioral health and substance abuse treatment services to indigent clients at a UCSF faculty practice. Dr. Jessup, an associate professor of nursing, conducts research on and helps providers with the organization and delivery of substance abuse treatment services.

Look for the SMD webpage to appear on the ADP website in the near future!

Cultural Competency Quality Improvement Strategic

ADP will unveil its draft Cultural Competency Quality Improvement (CCQI) Strategic Plan at the ADP Conference June 18-20. The plan includes all 14 federal standards of CLAS (Culturally and Linguistically Appropriate Services).

ADP has long been committed to advancing cultural and linguistic competency. Now, all health organizations receiving federal funds have been mandated to comply with these standards from the Health and Human Services Office of Minority Health. The standards will reduce disparity in the provision of health care to diverse patient populations nationwide.

Last November, collaborating with the UC Davis Center for Reducing Health Disparities, ADP's executive team initiated a fast-track process to address inequalities in delivery of services within the department's alcohol and other drugs and problem gambling programs. Working with Center Director Sergio Aguilar-Gaxiola, MD, PhD, and his staff, the team completed intensive cultural competency training.

In March, an ADP task force developed a draft CCQI strategic plan containing all 14 federal CLAS standards. No other state agency has done what UC Davis colleagues call such "groundbreaking" work.

The plan will: (1) enhance ADP and provider ability to effectively understand, interact and communicate with people of different cultures; and (2) help ADP integrate cultural knowledge, awareness and sensitivity along with cross-cultural skills into policies and practices to improve services and deliver better outcomes.

Upon its approval, ADP will implement the plan internally before launching it in the field. The CCQI Strategic Plan will bring about incremental, yet monumental, changes to provision of alcohol and other drug services in California.

The ADP draft Cultural Competency Quality Improvement Strategic Plan is available for review at <http://www.adp.ca.gov/ccqi.shtml>. You are encouraged to read and provide input on the plan prior to its finalization. E-mail your comments about the plan to CCQI_Feedback@adp.ca.gov before August 30, 2008.

Guidelines for Women in Treatment

Research shows that women do better in treatment programs expressly geared toward them. ADP has made developing gender-responsive, trauma-informed treatment guidelines for all alcohol and other drug (AOD) programs serving women a top department priority.

Female substance abuse involves complex, multidimensional challenges. Addiction comprises one piece of a larger mosaic that includes a woman's background and the socioeconomic, political and cultural forces that shape her life.

Women abusers differ from their male counterparts in many respects, including their reasons for initiating substance use and the consequences. Women's motivations for entering treatment; barriers faced; treatment and recovery needs; and risks of relapse vary from those of men. Gender differences are also reflected in family relationships. Female abusers are more likely to have severe family and social problems and little family support when they enroll in treatment.

To address the issue of guidelines for women in treatment,

in December 2007 ADP hosted a workgroup of experts in women's services. The group developed seven core competencies as basic elements essential for any program providing AOD treatment services to women, including mixed-gender programs:

1. Safety (Environment)
2. Trauma-Informed/Trauma-Specific
3. Cultural Competency
4. Women-Specific Curricula
5. Case Management
6. Clinical Supervision
7. Health and Wellness

The workgroup also formulated recommendations for each core competency that will be incorporated into general treatment standards currently being developed at ADP.

Additional information on the core competencies is available from the Office of Women's and Perinatal Services by contacting Peggy Bean at 916-322-0495 or pbean@adp.ca.gov.

High Marks

« Youth alcohol prevention programs funded by ADP and testimony by the California Youth Council resulted in approval by the State Board of Equalization of a higher taxation rate for Alcopops, making them more difficult for young people to obtain.

« ADP awarded over \$700,000 to 11 California youth groups for methamphetamine prevention campaigns as part of the California Methamphetamine Initiative. The department also secured \$14.5 million for the California Access to Recovery Program, focusing on youth treatment.

« California's reporting system to measure treatment outcomes, California Outcomes Measurement System (CalOMS), is now live in all 58 counties. Data obtained from the system will help the state assess the quality and effec-

tiveness of treatment and will ultimately assist in improving outcomes.

« ADP recently developed a *Planning Guide for Prevention and Early Intervention under the Mental Health Services Act*. This "how-to" publication is designed to help Prevention and Early Intervention (PEI) treatment providers obtain funding under California's Mental Health Services Act (MHSA), also known as Proposition 63. The guide provides PEI providers with useful information designed to increase their understanding of PEI program requirements within MHSA; enable them to participate more effectively in local PEI planning; and help them access MHSA funds. The guide is available from ADP and also posted on the ADP website at www.adp.ca.gov/COD/pei.shtml.

Gold Stars

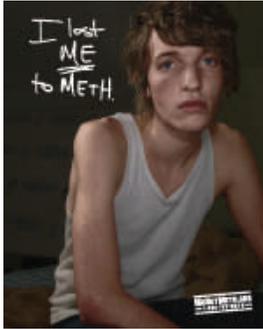
« *Methamphetamine Treatment: A Practitioners Reference Guide*, developed by ADP and UCLA's Integrated Substance Abuse Programs (ISAP) and published in 2007, recently took top honors in the Special Reports category at an awards competition sponsored by the State Information Officers Council. The "toolkit" the most comprehensive collection of research and best practices to date on methamphetamine treatment. Contents include the latest clinical data on methamphetamine use and addiction, along with guidelines for assess-



ment, treatment and recovery. Over 5,000 copies have already been distributed statewide. The guide is available free of charge upon request from ADP or online at www.adp.ca.gov.

« The Network for the Improvement of Addiction Treatment (NIATx) will present awards to the four states, including California, with the highest enrollment in its Adopting Changes to Improve Outcomes Now (ACTION) Campaign at the State Association of Addiction Services (SAAS) and NIATx Summit on June 25 in Orlando, Florida. California will be honored for having the most providers enrolled in NIATx.

“Me Not Meth” Campaign a Hit



The California Methamphetamine Initiative successfully launched the “Me Not Meth” ad campaign in March 2008. The campaign’s target audience is methamphetamine users in the gay, bisexual and other men who have sex with men (G/B/MSM) communities from all racial backgrounds aged 18-49. Research has shown that methamphetamine abuse has significant

negative public health effects on G/B/MSM and disproportionately impacts this population.

Already, millions of Californians have seen the campaign’s powerful message in television commercials; interactive online ads on social networking sites (e.g., Gay.com); print ads in gay-focused and alternative publications; and urban billboards. Both methamphetamine users and the community responded almost immediately. Inquiries continue to come in via the campaign’s website (www.menothmeth.org)

or hotline (1-866-787-METH) from current meth users seeking help and community stakeholders wanting to partner.

California and national media are also paying attention, due in part to users willing to share their stories and perspectives about recovery and treatment. Coverage to date includes stories in the *Los Angeles Times*, *The Advocate*, KCRA-TV, *La Opinion* and E! Online. The interactive website maintains a strong online presence, including campaign commentary from bloggers. Community stakeholders have posted the TV commercial on YouTube, reaching thousands of viewers and driving traffic to the website.

This summer, the Me Not Meth campaign will maximize exposure at events throughout California such as the Pride Festivals in Los Angeles, San Jose, Sacramento, and San Francisco. Collaborations will continue with local stakeholders to show meth users that help is out there, treatment works, and life without meth is indeed possible.

OARA Creates New Treatment Fact Sheet

The Department of Alcohol and Drug Programs (ADP) collects treatment data through the California Outcomes Measurement System – Treatment. One feature of this system is the ability to measure how treatment affects clients’ lives, or outcomes measurement. Treatment outcomes are measured using specific data collection and data analysis methods.

The Office of Applied Research and Analysis (OARA) recently completed a new ADP Fact Sheet, *Californians in Treatment: Fiscal Year 2006-07*. The Fact Sheet provides an overview of treatment clients and important changes that occurred in their lives between admission and discharge. Some key findings:

From July 1, 2006, through June 30, 2007, there were 222,221 new admissions to treatment.

Methamphetamine is the No. 1 drug among men, women, Whites, Hispanics, Asians, Native Americans, and four out of seven age groups.

Marijuana is the No. 1 drug for individuals under 18 years old.

Heroin is the No. 1 one drug for individuals 56 to 65 years old.

Of the 33,144 clients who used their primary drug in the 30 days prior to admission, 13,506 had not used their primary drug in the 30 days prior to discharge.

There were 4,991 clients unemployed at admission who were employed at discharge.

Between admission and discharge, the number of clients who had been arrested decreased by 71.3 percent.

To view *Californians in Treatment: 2006-07*, visit www.adp.ca.gov and click on the green “Research” tab.



Department of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95811
Lisa Fisher
Amanda Esquivias
Wendy Alexander
(916) 323-1706, ExternalAffairs@adp.ca.gov

Program Services Division	(916) 322-7012
Licensing and Certification Division	(916) 322-9897
DUI	(916) 324-5908
Proposition 36	(916) 445-7456
Drug Court	(916) 322-1222
Office of Problem Gambling	(916) 327-8611