



FOCUS

OCTOBER 2008

VOLUME 1, ISSUE 2

Spotlight: ADP Director Renée Zito



One of my top priorities is that Californians receive the best quality of care possible. The department's 300 employees are working hard to advance that goal and we highlight their efforts here on co-occurring disorders, prescription drug misuse and issues affecting veterans and the hearing impaired. We update you on our efforts to develop treatment standards to improve services for

women and our work to strengthen counselor certification in the state.

Many clients in treatment benefit from complementary therapies that support a standard treatment regimen. In this, our second issue of *Focus* we explore the CARA Model of Brain Repair, an innovative program using acupuncture, nutrition and mind-body integration in collaboration with the Sacramento County Drug Court Program.

Also in this issue, Dr. Elinore McCance-Katz, the state's medical director, and her team write about the benefits of incorporating nicotine dependence treatment into a substance abuse treatment program. We bring you up to date on our progress applying NIATx process improvement to the department's hiring process and using NIATx to improve access to information on the department's Web site and through its phone system.

It is interesting to see programs in operation and talk to providers about opportunities and struggles that they face on a daily basis. Over the past three months I have visited many treatment programs in the state including **Another Choice Another Chance** in Sacramento, **Phoenix House Adolescent Treatment** and **Heritage House** in Orange County, and in Kern County **Hannah's House**, **Westcare** and **Cornerstone**. Keep the invitations coming.

During the department's third statewide alcohol and other drug conference in June, Susan Kennedy, the governor's chief

of staff, offered an energetic keynote address and compelled the field to build coalitions to fight for substance abuse prevention and treatment. She said when important decisions are made by government, the addiction field is often overlooked.

It is critical that we take our message about the cost savings and benefits of prevention and treatment outside our typical stakeholder groups to business and industry. Since the conference, I have asked staff to look at how the department can reach out to non-traditional stakeholders like business, healthcare and insurance to build alliances on substance abuse issues.

Last month was Recovery Month and I joined thousands of people attending the 14th annual California Recovery Happens event at the state Capitol. Participants reported more than 4,000 years of sobriety. A special thank you to the California Association of Addiction Recovery Resources for organizing the event.

Please enjoy this issue of *Focus*, I appreciate hearing from you and hope you will continue to provide your feedback on issues important to you. Please email us at askadp@adp.ca.gov.

Renée Zito, LMSW, CASAC
Director

Department of Alcohol and Drug Programs
30 Years of Service

The Network for the Improvement of Addiction Treatment (NIATx) Update

The last *Focus*, reported on efforts by the department to evaluate the effectiveness of NIATx by applying it to a problematic work situation at the department. The goal of NIATx is to improve access and retention to treatment by reducing waiting times and no shows, and increasing admissions and continuation rates.

The department's deputy director of administration, Susan Lussier, chose to apply NIATx to the department's hiring process. What she found was a system that needed to be more user friendlier, more efficient and less time consuming for the department's managers. She created a task force within the department to develop recommendations that would take out that "nuisance factor". The task force recently received approval from the department's executive team to implement recommendations that are grouped into three areas: process, recruitment and interviewing, and equal employment opportunity representation.

Lussier said, "NIATx was a valuable process. It helped me to see our hiring system from the user's perspective."

Recently, Lisa Fisher, the department's public information officer, used NIATx to evaluate the accessibility of the de-

partment's Web site from a consumer's perspective.

The review revealed that information on the department's Web site was accessible although minor changes were made to improve navigation and long term changes are planned to improve access to content on the Web site.



The review included an evaluation of the department's phone system which uncovered an outdated system not meeting the public's needs. As a result, changes were made to the phone system in the short term and a workgroup was created to upgrade the system to meet the needs of both department staff and customers.

Fisher said, "It was an eye opener. I experienced firsthand the frustration that consumers might experience as they try to obtain information from the department."

NIATx materials are available free of charge at <http://www.actioncampaign.org/>.

Helping our Veterans



Many returning veterans in California require treatment for substance abuse. Veterans face challenges the general population can never fully imagine. Mental health problems co-occurring with substance abuse disorders are not easily diagnosed and often surface long after the service member's post-deployment coverage and

eligibility for health care ends. Compounding the problem, up to 30% of returning veterans suffer from Post Traumatic Stress Disorder and Traumatic Brain Injury. Providing treatment services for veterans is critical to maintain their health.

The department is committed to helping the veteran community access services. A plan by the department to address veteran's needs is underway and it includes collaboration, distribution of information, education and creating an ADP web page with resource information for veterans.

Very soon providers will receive an email containing a list of veterans' centers in California's counties. These centers offer valuable resources for veterans. For other resources, log on to <http://www.cimh.org/Home.aspx> to learn more

about Another Kind of Valor, an educational DVD produced by the California Institute of Mental Health focusing on the challenges that veterans face when they return home as well as the challenges for treatment and service providers.

Quick Facts

- There are 2.2 million veterans in California, more than any other state.
- In 2006-07, 9,139 veterans were admitted to treatment in California's publicly-funded treatment system— 91.6% were male and 8.4% were female.
- Most admissions were white (58.4%) followed by African American (23.6%), Hispanic (16.7%), American Indian (2.1%), Asian (1.5%), Pacific Islander (0.3%) and other or multi racial (14.1%).
- Alcohol was the primary drug of abuse at admission followed by methamphetamine, heroin and cocaine.
- At the time of admission, 57 percent of veterans were unemployed.

Source: Office of Applied Research and Analysis, California Department of Alcohol and Drug Programs.

California Prevention Program Receives National Recognition

Tehama County Mentoring Program Shines



Last August at the National Prevention Network conference, the Tehama County Mentoring Program was selected as one of six prevention programs in the nation to receive the 2008 National Exemplary Awards for quality substance abuse efforts.

TEHAMA COUNTY MENTORING PROGRAM

The Tehama County Mentoring Program connects youth with positive role models who enrich the lives of young

people by helping them to make successful life choices. By sharing their wisdom and experience, community members' lives are enriched. The program seeks to increase academic performance and reduce likelihood of substance use, juvenile delinquency, teen pregnancy and violent behaviors. The

program provides one-on-one mentoring, school-based mentoring, mentoring moms, and group mentoring.

This is a project of the Tehama County Department of Education and is a joint effort of public agencies and community organizations. The program is funded in part by Safe and Drug Free Schools and Communities – Governor's Program. It also receives funding and volunteer support from other grants, individuals, organizations, and local businesses.

For more information on volunteering log on to <http://www.californiavolunteers.org>

UPDATE: Chief Deputy Director Michael Cunningham

The department is committed to developing a comprehensive, integrated, continuum of alcohol and other drug (AOD) services. I introduced the Continuum of Services System Re-Engineering (COSSR) in the last issue of *Focus*. In this issue, I will provide the foundation for COSSR.

At its most fundamental level, COSSR views AOD problems as both acute and chronic. COSSR responds to the need to develop a comprehensive and integrated continuum of services encompassing (1) preventing and/or reducing the risk of problems occurring, (2) short term acute treatment for substance abuse disorders and (3) ongoing treatment and recovery management for clients who are substance abuse dependent. This is consistent with the 2006 update of the Institute of Medicine (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."

Using the IOM recommendation as its foundation, the department brought together a task force of 69 stakeholders encompassing every aspect of the AOD prevention, treatment and recovery system to advise the department on its efforts to re-engineer the system of services.

COSSR is a transformation of business as we know it, an

enormous undertaking matched only by the commitment and depth of experience of the task force members. Participants were required to re-examine assumptions and business practices with a willingness to consider new approaches that are systematic, disciplined, and consistent with best practices. In the next issue of *Focus*, I will discuss Phase I of the process – **Design**.



Clients entering California's system of care mirror our diverse society. A major prerequisite of an effective continuum of services is culturally appropriate and proficient service delivery. Cultural competency is necessary for our system to respond effectively to the diversity of ethnicities, cultures, and languages in our state. In response, the department recently completed a draft Cultural Competency Quality Improvement (CCQI) Strategic Plan. This issue of *Focus* provides information to increase cultural competence within your own programs beginning with the first two of 14 Federal standards of CLAS (Culturally and Linguistically Appropriate Services).

More information about COSSR and CCQI can be found online at <http://www.adp.ca.gov>.

Innovation: CARA Model of Brain Recovery

Jimmy, a recovering methamphetamine addict and father of four, sips herbal tea while undergoing an acupuncture session. He is given fish oil to increase dopamine levels, multivitamins, and amino acids to maintain calmness and stop anxiety.

In the morning, he'll check in with his nutrition counselor where they will review his weekly food/mood diary. Later he will attend a nutrition class to learn meal planning tips and then prepare Super Burritos for lunch. In stark contrast, in the room next door, probation officers stand by to test his urine for signs of recent drug use.

This is the CARA Model of Brain Repair at the Sacramento County drug court. The program is the brain child of Carolyn Reuben, president of the Sacramento-based Community Addiction Recovery Association and involves acupuncture, nutrition and mind-body integration. An energetic and passionate Reuben said, "We are changing brain chemistry here. By improving a client's cognition and behavior through acupuncture and nutrition, we are helping them to be successful in treatment."

Jimmy said, "At first I was expecting 4 hours of Narcotics Anonymous and I was really dreading it. My first class was tai chi. I had an open mind and I embraced it, now I'm taking advantage of everything they have to offer."

According to Jimmy, the program has made a difference in his life. He has remained drug free, attends church and new found energy allows him to ride his bike to the drug court offices. He has overcome sluggishness, migraines, headaches and depression.

Clients who participate in the adult drug court program are still monitored by their team that includes probation, treatment, the public defender, district attorney and judge. Mental health services are provided if necessary. The difference is that clients also receive access to the CARA Model of Brain Repair.

Sacramento County began using acupuncture in 1995 with seed money from the Office of National Drug Control Policy, nutrition followed in 1998 and the county began funding the program in 1999.

Reuben first became interested in the topic while she was attending acupuncture school in Los Angeles. Reuben said, "The purpose of the program is to balance brain chemistry. When individuals come into treatment they have a difficult time focusing and following through. Food influences the core biochemistry of the body."

Acupuncture stimulates a cranial nerve branch in the ear. Four needles are inserted at specific points in each ear to increase endorphins, promote relaxation and stimulate detoxification. A 1999 study by Michael Schwartz of Boston University found that acupuncture clients were less likely to be readmitted to treatment within a six month time period.

Nutrition is used to effect brain repair and Reuben has found that it helps clients make it through drug withdrawal and promotes health and happiness.

Additional Resources

National Acupuncture Detoxification Association (NADA)
888-765-6232
www.acudetox.com
Safe Harbor
www.alternativementalhealth.com
Julia Ross, MA, MFT
www.moodcure.com

Reading:

The Mood Cure: The 4-Step Program to Take Charge of Your Emotions - Today by Julia Ross, MA, 2002 Penguin

Depression-Free Naturally by Joan Mathews Larson, PhD, 2001 Random House

Seven Weeks to Sobriety by Joan Mathews Larson, PhD, 1997 Fawcett Columbine

Potatoes Not Prozac by Kathleen DesMaisons, PhD, 1998 Fireside

Clients are often malnourished, have skin conditions and their teeth, digestion and nerves are bad. Clients receive a range of nutritional supplements including multivitamins and fish oil.

Reuben and others stress the importance of amino acids because they have the ability to build neurotransmitters in the body helping to move chemicals such as dopamine and serotonin to the brain more effectively. Building neurotransmitters alleviates a variety of problems that clients often experience including inability to focus, insomnia, depression, pain, anxiety and muscle tension. Amino acids are individualized for each client based on their addiction and may include tryptophan, 5-hydroxytryptophan, phenylalanine, and GABA.

continued on Page 5

Innovation: CARA Model of Brain Recovery *cont.*

In addition to acupuncture and nutrition, clients in Sacramento's drug court, receive mind-body treatment five days a week for one hour each day. Services include yoga, tai chi, qi gong and Emotional Freedom Technique (acupressure linked with guided imagery).

Reuben's advice to treatment providers: offer a nutritious meal, evaluate for nutritional deficiencies and offer access to acupuncture.

Burke Adrian joined the Sacramento County drug court as the supervising probation officer in 2001 after working as a narcotics officer. Adrian admits that at first he was skepti-

cal of the program, but it didn't take long to see the benefit.

"What I saw was a great improvement in the attitudes of the staff and that was different for clients to see," Adrian said. "There is a great retention quality in these services." Adrian finds that clients participating in the CARA Model of Brain Repair are more open to receiving other services.

Later this year, researchers at California State University at Sacramento will evaluate the CARA Model to test its impact on recidivism. For more information on CARA or to learn about a three day training on brain repair for addictive disorders next April visit CARA's Web site at:

<http://www.carasac.org>.

Providing Culturally Competent Services

The department last June introduced a draft cultural competency strategic plan as part of its ongoing commitment to advancing cultural and linguistic competency. The plan includes the 14 federal standards of CLAS (Culturally and Linguistically Appropriate Services) some of which are mandated for organizations receiving federal funds.

The strategic plan provides a roadmap for organizations, including the department, to better understand and interact with people of different cultures. The strategic plan guides the department as it integrates cultural awareness into policies and practices with the goal of improving services and outcomes. Improving the department's internal operations will ultimately have a positive impact on the clients.

The CLAS Standards are organized around three primary themes: 1) Culturally Competent Care, 2) Language Access Services, and 3) Organizational Supports. Upcoming issues of *Focus* will offer helpful tips for each CLAS Standard.

CLAS Standard 1: ADP and its regulated/contracted Alcohol and Other Drug (AOD) and Problem Gambling organizations should provide understandable and respectful care or services compatible with clients' cultural health beliefs and preferred language.

- Each client should experience culturally and linguistically competent encounters with an organization's staff.
- Each client should receive respectful and understandable care.
- Organizations should be able to recognize and respond to health-related beliefs and cultural values.
- Organizations should strive to overcome cultural, language, and communications barriers.

How to:

- Start by conducting an organizational assessment of staff's interpretation and understanding of culturally competent care.
- Establish a plan to assist staff with how to become culturally competent.

CLAS Standard 2: Health care organizations should implement recruitment, retention and promotion of diverse staff and leadership that represent the demographic characteristics of the service area.

- Diversity of an organizational staff is necessary which implies that an organization, its staff or its leadership should reflect the diversity of the population of any specific service area.
- Staffing diversity should be at all levels of the organization including the board of directors.

How to:

- An organization should use proactive strategies, such as incentives, mentoring programs, and partnerships with local schools and employment programs, to build a diverse workforce capacity.
- Encourage the retention of diverse staff by fostering a culture of responsiveness toward the ideas and challenges that a culturally diverse staff offers.
- Identify Web sites containing tools for recruitment and retention.
- Maintain updated data on the demographics of your target community and the participants in your programs or services.

To view a sample self assessment, visit the Web site at:

<http://www.adp.ca.gov/ccqi.shtml>.

Capacity Building for the Hearing Impaired

It is vitally important that hearing impaired individuals have access to prevention, treatment and recovery services within California. One way to achieve this is to increase the pool of counselors available to the hearing impaired. As a result, the department is pursuing opportunities to train interns to serve as substance abuse counselors for the hearing impaired community.

The development came about as a result of a collaboration between the Departments of Alcohol and Drug Programs and Social Services (DSS) who recently met with the Nor-Cal

Center on Deafness to discuss training and employing hearing-impaired substance abuse counselors.

Both departments will continue to develop this effort ensuring that any capacity building be consistent with the long range goals of the regional system structure that serves the hearing impaired community. In the meantime, Norcal will develop measurable evaluation criteria to assess the outcomes of this effort.

Counselor Certification Update

Last week, Governor Arnold Schwarzenegger vetoed AB 239 (DeSaulnier), a bill to license private practice counselors. In his veto message, the governor directed the Department of Alcohol and Drug Programs and Department of Consumer Affairs to “work with stakeholders to craft a uniform standard for all alcohol and drug counselors so individuals seeking treatment are offered the same quality care across all sectors, whether in a public or private facility.”

The department will work to achieve the governor’s goal of consistent, high quality standards for all alcohol and drug counselors. The department will seek to minimize disruptions and ensure adequate counselor capacity for programs while being mindful of the potential impact on the workforce and employers.

Provider groups, certifying organizations, counties and others have already provided valuable input on improvements and the department will continue to engage stakeholders on the issue. The department has two meetings scheduled in October, one with representatives of providers and the other with the department’s Counselor Certification Advisory

Committee. Additional opportunities for public input will be provided, but schedules and formats have not yet been determined.

Under the existing counselor certification structure, the state’s primary responsibility is to recognize who can certify counselors in California, to investigate and decide on disciplinary measures to be taken against counselors and to ensure that each certifying organization carries out the requirements of certification. Looking to the future, the department is considering needed improvements both within and beyond the existing system under current regulations.

The department is conducting on-site reviews of certifying organizations and an internal assessment of the existing system by examining the current standards and practices of the nine certifying organizations.

We look forward to working with all interested stakeholders to implement improved standards for alcohol and drug counselors, which will in turn assist in the delivery of improved services to Californians seeking recovery from alcohol and other drug abuse.

Upcoming Conferences and Meetings

- **October 24:** Governor’s Prevention Advisory Council, Sacramento, Cheryl Ito, 916-322-7567
- **October 29:** Counselor Certification Advisory Committee Meeting, Sacramento, Joan Robbins 916-322-2911
- **November 3:** 33rd Annual California Conference on Alcohol Problems, Lake County, Craig Koury, 209-748-2470, ckradrs@aol.com
- **November 13:** DUI Advisory Work Group Quarterly Meeting, Sacramento, Cindy Felix 916-366-7233
- **January 27:** Narcotic Treatment Programs Advisory Committee Meeting, Sacramento, Joan Robbins 916-324-3084
- **February 3:** Director’s Advisory Council Meeting, Sacramento, Patricia Rey 916-324-4722

State Medical Director-Dr. Elinore McCance-Katz

Tobacco Dependence in Persons With Substance Use Disorders

Most users of illicit drugs are smokers and their quit rates are half those of non-smokers (1). A landmark study of clients admitted to drug abuse treatment showed that more patients died from tobacco-related (51%) than from alcohol-related disease (34%) (2). People in recovery may be reluctant to stop smoking because they fear smoking cessation might trigger relapse, or they believe that smoking is not as risky as alcohol and drug use (3). A barrier to treating nicotine dependence in drug abuse treatment settings is staff smoking (4), yet many clients wish to stop smoking (5). Research shows that nicotine dependence treatment during substance abuse treatment may enhance treatment outcomes and is correlated with abstinence from other drugs of abuse (5). Treatment programs may not provide smoking cessation because staff members minimize tobacco effects and because they lack the tools to implement evidence-based practices (6). Numerous models of effective organizational change to incorporate tobacco-related services exist (7-10) and treatment programs have successfully integrated nicotine dependence treatment, smoke-free policies, and staff supports for quitting (11-13), helping clients in recovery to quit smoking.

References: (1) Richter, K.P. et al. A population-based study of cigarette smoking among illicit drug users in the United States. *Addiction*, July, 97(7), 861-9. (2) Hurt, R.D. et al. (1996). Mortality following inpatient addictions treatment: the role of tobacco use in a community-based cohort. *JAMA*, 275(14), 106-123. (3) McIlvain, H.E. et al. (1998). Practical steps to smoking cessation for recovering alcoholics. *Am Fam Physician*, Apr 15, 57 (8), 1869-

76.1979-82. (4) Guydish, J. et al (2007). Staff smoking and barriers to nicotine intervention in addiction treatment settings. *Journal of Psychoactive Drugs*, 39 (4), 423-433. (5) Baca, C.T. & Yahne, C.E. (in press). Smoking cessation during substance abuse treatment: What you need to know. *Journal of Substance Abuse Treatment* (2008), DOI:10.1016/j.sat.2008.06.03. (6) Montini, T. & Guydish, J. 2004, June. Gaps between nicotine dependence research and clinical practice in substance abuse treatment programs. Paper presented at the Translating Research into Practice conference, Washington, D.C. (7) New York State Office of Alcoholism and Addiction Services (2008). Tobacco Recovery Exchange Resource: <http://www.oasas.state.ny.us/tobacco/index.cfm>. (8) Hoffman, A.. et al. (1997). Drug-free is nicotine free: A manual for chemical dependency treatment programs. Addressing Tobacco in the Treatment and Prevention of Other Addictions. New Brunswick, N.J.: Robert Wood Johnson Foundation. (9) Williams, J.M. et al. (2005). The integration of tobacco dependence treatment and tobacco-free standards into residential addictions treatment in New Jersey. *Journal of Substance Abuse Treatment*, 28 (4), 331-340. (10) Ziedonis, D.M. et al. (2006). Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research and Health*, 29 (3), 228-235. (11) Stuyt, E.B. et al.(2003). Addressing tobacco through program and system change in mental health and addiction settings. *Psychiatric Annals*, 33 (7), 447-456. (12) Ziedonis, D.M. et al.(2007). Addressing tobacco use through organizational change: a case study of an addiction treatment organization. *Journal of Psychoactive Drugs*, 39 (4), 451-459. (13) Jessup, M. Organizational change in a perinatal treatment setting: Integration of clinical practice and policies on tobacco and smoking cessation, (2007). *Journal of Psychoactive Drugs*, 39 (4), 461-472.

Prescription Drug Misuse Task Force



The Department of Alcohol and Drug Programs has established a national prescription drug task force charged with developing recommendations to address the emerging health and safety issues related to the increase in prescription drug misuse.

To assist the Task Force, a Prescription Drug Misuse Summary Report was prepared describing the scope of the prob-

lem, current efforts to address it and the populations most affected by prescription drug misuse. The report also contains preliminary recommendations for the state focusing on lack of awareness, the need for training and education, availability of prescription medicine, youth access, and tracking information on prescription drug use. The report is scheduled to be completed this fall.

Noteworthy:

- Seniors are particularly vulnerable to drug misuse. Individuals over age 65 represent 13 percent of the population and yet account for 1/3 of all medication prescribed.
- According to the 2006 California Student Survey, prescription drugs are the third most abused drugs after alcohol and marijuana.
- The highest percentage of misuse occurred with pain relievers followed by tranquilizers, stimulants and sedatives.

New Instrument Aids Programs Providing Co-Occurring Disorder Services

The Department of Alcohol and Drug Programs (ADP) has launched a Dual Diagnosis Capability in Addiction Treatment (DDCAT) instrument as part of a pilot program. The DDCAT is an instrument that assesses a provider's ability to provide co-occurring disorder (COD) services. Currently, twenty states are using the DDCAT to guide the development of standardized treatment services for individuals with COD. The instrument, developed by Dr. Mark McGovern of Dartmouth University, is endorsed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. There is also a version that is adapted for mental health programs. The DDCAT instruments were validated in substance abuse treatment, mental health treatment, primary care and general medical settings.

Providers self-administer the DDCAT, which typically requires one day. The results are based upon the providers' answers to a number of questions on a variety of issues concerning:

- Program Environment
- Clinical Process: Assessment
- Clinical Process
- Treatment Continuity of Care
- Staffing
- Training
- Program Structure

The pilot program follows the endorsement of the DDCAT by the state's Co-Occurring Disorders Joint Action Council (COJAC). COJAC is a body of substance abuse and mental health experts that advise the Directors of the Departments of Mental Health and Alcohol and Drug Programs on issues relating to COD.

Administering the DDCAT provides organizations with an objective evaluation of their program's strengths and weaknesses. The DDCAT is user friendly and concrete. It also identifies specific avenues for change should an organization wish to expand its COD capability by providing a baseline for the development of action plans. The DDCAT and other tools are free of charge and may be downloaded at: <http://www.adp.ca.gov>.

An Update on Women's Treatment

A 2006 survey conducted for the department by Children and Family Futures found that approximately 57% of California treatment facilities accepting women **do not offer** a specialized program or group specifically designed for women. The same survey found that 66% of women are served in outpatient programs.

In the last issue of *Focus*, the department introduced the seven core competencies for programs serving women including mixed gender programs. The competencies were developed by a workgroup of subject matter experts for the department in 2007. The seven core competencies include safety, trauma informed/trauma specific, cultural competency, women-specific curricula, case management, clinical supervision and health and wellness.

This fall, to assess the readiness of treatment providers, the Office of Women's and Perinatal Services (OWPS), and the Information Management Services Division at ADP, will conduct an online survey of the more than 1,000 programs in the state. Findings will allow the department to offer technical assistance to providers and provide training on the seven core competencies.

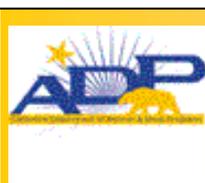
The department also participated in a workgroup funded by



the Center for Substance Abuse Treatment and the National Association of State Alcohol/Drug Abuse Directors to develop comprehensive Federal Guidelines for women's treatment. The Federal Guidelines are more comprehensive and include the seven core competencies developed by the department's workgroup. Federal Guidelines will be used as the basis for voluntary Gold Star Certification for women's programs that provide a higher level of service.

To determine the utility of federal guidelines in California OWPS staff will begin conducting site visits to perinatal programs in the fall. Approximately two weeks prior to the scheduled visit a self-assessment tool developed from the federal guidelines will be sent to each program. Office of Women's and Perinatal Services staff will review the completed self-assessment prior to the visit to achieve a more productive site visit.

The Office of Women's and Perinatal Services will use the self-assessment and site visit to determine technical assistance needs. We look forward to working together with you on this exciting project and the opportunity to disseminate best practices. Information on the federal women's treatment standards can be obtained at http://www.nasadad.org/index.php?doc_id=1379.



Department of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95811
Communications Office, (916) 323-1706,
askadp@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) 445-7456
Office of Problem Gambling	(916) 327-8611