



FOCUS

JANUARY 2009

Spotlight: ADP Director Renée Zito



Thank you for your ongoing support, recommendations and guidance. In spite of the state's budgetary challenges, I am optimistic about what we can accomplish in 2009 by working together. Improving the counselor certification system is a top priority for the department this year. Counselors in the state touch lives and they save lives, yet they do not get the respect they deserve. The field must be professionalized to reduce the stigma associated with alcohol and drug certification system.

In September, the governor vetoed AB 239 a bill that would have set up a two-tiered classification for drug and alcohol counselors in the state. The governor directed the Departments of Alcohol and Drug Programs and Consumer Affairs to develop legislation containing uniform standards for alcohol and drug counselors in California. The legislative proposal gives the state greater oversight and stronger tools for sanctions and disciplinary actions to assure counselor adherence to ethics and appropriate standards of practice. We are looking at a tiered system that recognizes different levels of experience and education. Supporting the field is critical and we are considering ways to become more involved in workforce development including education and training and incorporating recruitment and retention strategies.

You can review and comment on the legislative proposal at <http://www.adp.ca.gov>. Thank you for your recommendations last year on how to strengthen the current system; I look forward to our continued partnership on this issue.

Other important work for 2009 includes the California Veteran's Awareness Initiative, Prescription Drug taskforce, ongoing work to develop the Continuum of Services System Re-Engineering (COSSR) and development of treatment guidelines. Also continuing into the New Year is distribution of a statewide public service announcement about alcohol abuse among African American women that was provided to county administrators for use in their communities. In December, you received screening and immunization cards for your use when working with clients who may have neglected the healthcare needs of themselves and their families.

Budgetary challenges continue to dog the state and it is uncertain how they will be resolved. The governor last year proposed an alcohol tax increase to fund substance abuse services in the state. The funding would replace the department's general fund allocation. This is an interesting proposal, one the department supports, but is not on the radar of some in the capitol.

In personnel moves at ADP, we have filled most of our vacant

positions and are interviewing for the deputy director of the Office of Legislation and External Affairs. Earlier this year, Dave Neilsen was hired to oversee the Program Services Division, Daniel Steinhart took over Licensing and Certification and Gigi Smith came on board to run Information Management Services Division. Marjorie McKisson was promoted to assistant deputy director over Program Services Division – Treatment. More recently, Sharon Dais was promoted to assistant deputy director of Program Services Division – Prevention; Terri Sue Canale joined the department as deputy director of the Office of Problem Gambling.

In August, I was elected as the Western Regional representative for the National Association of State Alcohol/Drug Abuse Directors (NASADAD) and will serve on the Board of Directors. I was also selected to participate on the Child Welfare and Public Policy Council of NASADAD. California is the largest state in the nation and should have a seat at the table.

In this issue of *Focus*, we feature the California Screening, Brief Intervention, Referral and Treatment program. The program bridges prevention and treatment by offering brief screenings for alcohol and drug use in medical settings with at-risk substance users before their use becomes a problem. The State Medical Director Team provides an article on integration of substance abuse treatment services with primary care providers and community-based health centers. Chief Deputy Director Michael Cunningham writes about the COSSR Initiative. The California Veteran's Initiative is off to a promising start and an update is provided in this issue. Thank you to the 200 California counselors who answered my call to volunteer their time to conduct assessments on returning National Guard members. I was awestruck by the outpouring of support. We are currently working with the National Guard to develop a specialized assessment tool that addresses the many issues that veterans face. This week we received a note from Staff Sergeant J'neen Rice of the National Guard thanking us for our help. She said, "I am so happy that this is going to be a success and it is working so well because of the time and effort you all have put into this. There are so few people that are willing to put the effort in you all have. It has motivated us a great deal to know that the light at the end of the tunnel has gotten closer because of the work that has been done by you all."

**Renée Zito LMSW,
CASAC**

The New Year offers many possibilities. Chief among them is making California a model for the rest of the nation by embracing our shared goal of providing the best quality of care and service for clients and communities. I look forward to working with you to accomplish that purpose.

California Screening, Brief Intervention and Referral

Screening, brief intervention, and referral (SBIR) is a public health approach to the delivery of early intervention to individuals at-risk for developing substance abuse disorders. While traditional alcohol and other drug (AOD) services incorporate prevention and treatment services, SBIR bridges prevention and treatment by:

- *Screening* quickly assesses the individual's level of risk from use of alcohol and other drugs and identifies the appropriate level of intervention.
- *Brief Intervention* focuses on increasing an individual's insight and awareness regarding their personal level of use of alcohol and other drugs and evokes motivation toward behavioral change – a short, one-on-one, counseling session.
- *Referral to treatment* provides individuals identified as needing more extensive treatment with referral to specialty care.

Research shows that a brief intervention, usually delivered using a motivational interviewing technique, is a highly effective practice for reducing low and moderate risk of AOD use. Utilizing a screening tool such as the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), a Health Educator or a medical professional provides SBIR in healthcare settings to all individuals, regardless of the nature of the medical issue for which they are being seen. Effective brief intervention is matter-of-fact and non-confrontational, and involves providing educational materials and individualized feedback on screening results, offering choices on how to make changes, emphasizing the individual's responsibility for changing behavior, and conveying confidence in their ability to change. Individuals at highest risk are invited to accept a referral for further assessment and treatment.

Screening and Brief Intervention (SBI) is effective in a variety of settings particularly in hospital emergency departments and trauma centers treating individuals with alcohol-related injuries. One study reported that trauma patients who received SBI showed a 47 percent reduction in new injuries requiring either treatment in emergency departments or readmission to trauma services; and a 48 percent reduction in inpatient hospital readmissions for treatment of a new injury. Another study found that SBI resulted in health care cost savings of \$3.81 for every \$1.00 spent on screening and intervention. SBI has been shown to be effective in primary care settings, where it is incorporated into other routine medical assessments. National outcome data shows significant reduction in AOD usage by clients who receive SBI services including a 39 percent reduction in drinking alcohol to intoxication and a 50 percent reduction in use of any illegal drugs.

In 2003, ADP was awarded a five-year federal grant to implement a Screening, Brief Intervention, Referral, and Treatment (SBIRT) initiative in California. ADP partnered with San Diego County where Health Educators in emergency departments, trauma centers and community clinics deliver SBI services directly to patients. The Health Educators screen patients, deliver appropriate interventions and/or referrals, and transfer the substance use information to the medical providers for use in diagnosing and treating the patient.

In addition to delivering evidence-based interventions to nondependent users to motivate them to stop using drugs and reduce their alcohol consumption to low-risk levels, the program also provides brief treatment services to individuals identified with high-risk usage and provides referrals to treatment for individuals who are addicted. To date 51,435 clients have been screened. Additionally, ADP recently entered into a partnership with the Los Angeles County Alcohol and Drug Program Administration to conduct a demonstration project targeting short-term detainees from the Los Angeles County Men's Central Jail and the Metro Jail Section at Parker Center.

In an effort to promote SBI throughout California, ADP has contracted with the University of California at Los Angeles – Integrated Substance Abuse Programs to provide training on SBI techniques to trauma center and emergency department personnel, as well as other interested individuals, in San Francisco, Sacramento, Fresno, and Los Angeles counties. The goal is to encourage providers who have not yet tried SBI in these settings to successfully incorporate it into their practices and provide more advance training to assist those who have already implemented SBI services and are looking for more comprehensive options for patients. On-site follow-up consultation will also be available to training participants.

Screening, brief intervention, and referral offers a unique opportunity to expand the AOD service system to address the use of alcohol and other drugs in non-dependent users, who contribute to the majority of AOD-related problems. By incorporating SBIR into the continuum of care, we can begin to bridge the gap between prevention and treatment.

Update: Chief Deputy Director Michael Cunningham

In the last issue of *Focus*, I introduced the Continuum of Services System Re-Engineering (COSSR). Work on COSSR began in 2006 by a diverse, 69-member taskforce including AOD administrators, prevention, treatment and mental health specialists; narcotic treatment program providers, Director's Advisory Committee members, policy professionals and educators.

Under COSSR, alcohol and other drug problems are viewed as both acute and chronic conditions requiring prevention, brief interventions, ongoing treatment and recovery management. Effectiveness, quality and integration of services are the necessary ingredients for a high functioning system.

COSSR is divided into four phases: design, plan, mobilize and implement. The COSSR taskforce is currently in Phase III or mobilization and capacity building. In this issue of *Focus*, I will describe design and planning and introduce mobilization and capacity building.

Phase I – Design

In Phase I, taskforce members developed the basic framework for a system responsive to the chronic nature of AOD problems. Members identified gaps and needs in the current system, they established principles to guide the process and developed a framework for a continuum of services.

Three overriding recommendations were developed based on the work of the taskforce: intervention must occur at all levels of the continuum, coordination of services is critical and recovery services are a necessary component of AOD services in California.

Phase II – Planning

In Phase II, the taskforce built on the accomplishments of Phase I. Participants adapted a system improvement model used to improve the quality of care for other chronic conditions. They developed goals, objectives and major tasks in six key areas: system design, support, resources and policies, community partnerships, prevention and recovery support services and workforce development. Taskforce members emphasized the importance of addressing cultural competency and recovery support. Participants also said the system of services must be community and client centered and that community acceptance that addiction is a chronic condition that can be prevented and treated is critical.



Phase III – Mobilization and Capacity Building

Last October, the taskforce met to develop a series of recommendations for Phase III – mobilization and capacity building. This included the identification, application and sustainability of existing assets and strengths that are necessary to provide effective, high quality and integrated services. Members will meet again in February to prioritize and adopt recommendations.

Phase I and II reports can be viewed online at <http://www.adp.ca.gov>.

Continuum of Services Task Force

Core Principles for System Re-engineering

An effective continuum of services recognizes that alcohol and other drug problems can be acute and transient, as well as severe and persistent, and are similar to other chronic conditions. They can be successfully prevented, treated and/or managed through prevention, treatment, and recovery maintenance services. Thus, important principles for an effective continuum of alcohol and other drug services include:

1. Services must be comprehensive, integrated, and high quality, with demonstrated effectiveness.
2. Services must share the following characteristics: accessible, affordable, individual and community-centered, culturally and gender appropriate, and responsive to individual and family needs and differences.
3. Delivering quality and effective care requires outcome and data-based planning for California's prevention, treatment, and recovery systems.
4. Potential problems can be prevented by reducing risk factors and increasing protective factors in both communities and individuals.
5. Transient or non-dependent alcohol or other drug problems can be resolved through acute care, including brief intervention and brief treatment services.
6. Recovery from severe and persistent problems can be achieved through continuing and comprehensive alcohol and other drug treatment services.

California Commission on the Status of Women Adds Alcohol and Drug Addiction Among Women to 2008-2009 Policy Guideline

The California Commission on the Status of Women has included substance abuse issues in its recently released 2008-2009 Public Policy Agenda. Earlier this year, Director Renée Zito urged the Commission to adopt women's treatment as part of its policy platform.

She encouraged the members to advocate for gender-responsive approaches in all areas of service delivery and promote cross-systems collaboration to service vulnerable women and families. She also recommended that the state require health plans to include treatment of sexual trauma and abuse as reimbursable

mental health services and increase access to transitional housing for recovering women and their children.

About the Commission: For more than four decades, the California Commission on the Status of Women has advocated for women and girls in California. To better identify their needs, the Commission held hearings last year throughout California. The proposals in the Public Policy Agenda are based in part on the testimony provided at the hearings. The proposals are designed to meet important human needs and to eliminate inequities for women and benefiting all citizens of California. To read the Director's full testimony, click on: http://www.adp.ca.gov/pdf/Ca_Commission_Status-of-Women_Testimony.pdf

State Medical Director Team

Any Door: Primary Care Integration of Substance Abuse Treatment Services

Community-based health centers and primary care providers are uniquely positioned to address substance abuse and mental health problems in their medical patients and collaborate with substance abuse treatment providers for client entry and maintenance in ongoing health services (1, 2). One such primary care effort, The Integrated Behavioral Health Project (IBHP), is a project of the Tides Center funded by the California Endowment that aims to integrate mental health and substance abuse services into primary health care settings for California's low-income and minority health care consumers who historically have had no or limited access to these services (3). Practice enhancement initiatives that include brief interventions in primary care can lead to robust improvements in the quality of care that Americans obtain in primary care (4) and the important role of medical services in the long-term management of AOD disorders has been demonstrated (5). Strategies to ensure attention to alcohol and drug dependency (AOD) in primary care settings include provider education, the presence of clinical systems to ensure AOD services for patients, and reimbursement to support interventions in these settings (6). Partnerships and linkages between primary care and substance abuse

treatment providers are critical to preserve and improve the health of Californians with substance use disorders.

1. Druss, BG, Bornemann, T, Fry-Johnson, TW & McCombs, HG et al. (2008). Trends in mental health and substance abuse services at the nation's community health centers 1998-2003. *American Journal of Public Health*, 98 (9 Suppl):S126-31. 2. Samet, J. (2003). Future directions of the U.S. primary care system: Implications for research. Conference presentation: National Institute on Drug Abuse, Division on Epidemiology, Prevention and Services Research, July 17-18, Bethesda, MD.

[<http://www.drugabuse.gov/whatsnew/meetings/primarycare.html>]. 3. Integrated Behavioral Health Project. Tides Foundation: <http://www.tidescenter.org>. 4. Ornstein, S., Nietart, PJ, Jankins, RG & Wessell, AM et al. (2008). Improving the translation of research into primary care practice: Results of a national quality improvement demonstration project. *Jt Comm J Qual Patient Safety*, 34 (7), 379-90. 5. Mertens, JR, Flisher, SJ, Satre, DD & Weisner, CM (2008). The role of medical conditions and primary care services in 5-year substance use outcomes among chemically dependent treatment patients. *Drug Alcohol Depend*, 98 (1): 45-53, Epub 2008 Jun 20. 6. Yoast, RA, Wilford, BB and Hayashi, SW. (2008). Encouraging physicians to screen for and intervene in substance use disorders: Obstacles and strategies for change. *J Addict Dis*, 27(3): 77-97.

State Medical Director Team

Elinore McCance-Katz, M.D., Ph.D.
Marty Jessup R.N., Ph.D.
Vicki Smith, NP

Resource Material Now Available for the Blind and Visually Impaired

Providing the disabled with resources and improving their access to care is a priority for the department. Now, the blind and visually impaired have access to new resource materials. The materials are taken from a NIDA brochure entitled *Drugs, Brains and Behavior; the Science of Addiction*. They are translated into three formats: Braille, CD ROM and Cassette tape. The materials are housed in the Resource Center.

Screening and Immunization Card

The department is committed to helping providers and other individuals in the AOD field provide the best quality of care and services to clients and communities. Last month providers in the state received immunization and screening cards for use with clients who may have neglected the health care needs of themselves and their families. The cards, which should be kept in a central location for quick reference, were developed by the Centers for Disease Control and recommended by the State Medical Director team. A limited supply of cards is available and can be ordered by contacting the Department's Resource Center at 800-879-2772 or by downloading them at <http://www.adp.ca.gov/immcard>

Upcoming Conferences and Meetings

- January 27: Narcotic Treatment Programs Advisory Committee Meeting, Sacramento, Joan Robbins 916-324-3084
- February 3: Director's Advisory Council, Sacramento, Patricia Rey 916-324-4722
- February 25: Counselor Certification Advisory Committee Meeting, Sacramento, Joan Robbins 916-324-3084
- March 1-7: National Problem Gambling Awareness Week
- March 31–April 1: 7th Annual Conference on Co-Occurring Disorders: Transforming Challenges into Opportunities, Long Beach Darien De Lu 916-327-7473

California Veteran's Awareness Initiative

The Substance Abuse Mental Health Services Administration is urging states to focus on the unique behavioral health needs of returning veterans. Returning veterans face co-occurring issues, some experiencing post traumatic stress disorder and traumatic brain injury. Many have a difficult time accessing treatment services because their post deployment coverage and eligibility for health care ends and, in some cases, veterans are put on a waiting list.

The department is responding with the **California Veteran's Awareness Initiative**. Director Zito asked former department assistant deputy director Carmen Delgado to lead this important campaign. With the aid of stakeholders a "Commitment Plan" is being developed to increase awareness of veteran's needs through development of a Web site, collaboration with community organizations and increasing the field's capabilities by providing training on

veterans' issues.

The first stakeholders meeting was held on December 10. Representatives from the Department of Veteran's Affairs, National Guard, community organizations and CADPAAC attended the meeting. The next meeting is February 4, from 9-1:30 p.m.

Look for the new Veterans web page on the department's web site this month. The web page will provide local, state, and federal resources. Working with the Department of Mental Health and the Mental Health Services Administration, a link to the Veterans Network of Care web site will be provided. The Network of Care, developed by Trilogy and funded by the Mental Health Services Administration, offers a rich and impressive wealth of resources.

On the Road Again

by Peggy Bean, ADP California Women's Treatment Coordinator

I had the pleasure of accompanying Director Renée Zito recently on a site visit to Lassen County's Perinatal program in Susanville. Before the trip, I researched funding for this program and because it receives \$75,000 from the state annually, I didn't expect to see comprehensive services, but I was surprised!

Best practices for the provision of perinatal services recommend that substance abuse programs collaborate with other types of service providers since women typically have many needs. Lassen County – one of the most rural of California's counties, has developed a collaborative organization of open communication and mutual respect.

The county provides a substance abuse counselor at the Welfare office. All clients in the CalWORKS program and Children Protective Services are screened for substance use disorders and referred to the perinatal program for assessment if the screen is positive. The local Public Health Department screens all pregnant women with the 4Ps Plus screen developed by Dr. Ira Chasnoff's Children's Research Triangle – one of the leading experts in the nation regarding Substance Exposed Infants. All women with a positive screen receive a brief intervention right on the spot and a follow-up referral to treatment.

All of these services are on the same campus so clients literally have a one-stop shopping experience. In Lassen County, Mental Health and Substance Abuse services work hand in hand to serve clients who may have co-occurring disorders.

Lassen County is as big as the state of Connecticut and the county provides one-stop services in outlying areas, too. Renée and I were very impressed with the service array and dedication of the staff that we met. If you are having difficulty providing these kinds of services with a limited budget, give Lassen County Health and Social Services Administrative Officer Kevin Mannel a call – he really has it going on in Lassen County.



Renée Zito L.C.S.W, Director, Department of Alcohol and Drug Programs, second from right, visits with Substance Abuse Counselor Tillie Baker, far right, on a recent trip to the Promises Perinatal Program in Lassen County.

With them, from L-R, Anita Harsh, Supervising Counselor, Lassen County Department of Alcohol and Other Drugs, Peggy Bean, Supervisor, Office of Women's and Perinatal Services, Department of Alcohol and Drug Programs, Lyle Dornon, Director, Lassen County Department of Alcohol and Other Drugs.

Sharon Dais was recently promoted to assistant deputy director Program Services Division – Prevention. Prior to joining the department in 1988, Sharon worked with the Sacramento County Friday Night Live Program in 1984. At the time FNL was a pilot project designed to reduce death and injuries caused by teens driving under the influence of alcohol and other drugs (AOD). She also taught an AOD prevention course at the University of the Pacific in Stockton.

At the department, Sharon supervised the Complaint Unit and managed the Residential and Outpatient Compliance Branch in the Licensing and Certification Division. She also played key roles in the California Outcomes Measurement System – Treatment and the California Mentor Initiative. As the assistant deputy director over prevention, Sharon will advance the department's goals of data driven and outcome-based programs.

Joining the Department as the new deputy director over the Office of Problem Gambling is **Terri Sue Canale**. Terri Sue joins the department from the Responsible Gambling Program at the Department of Justice. There she managed research, regulations, legislative programs and the Charitable Gambling Program.

Terri Sue's expertise in problem gambling has earned her invitations to speak at gaming regulatory conferences and industry and trade association meetings. She has testified before the California Senate Governmental Organization Committee. Additionally, she is active with the California and National Councils on Problem Gambling and was a member of the advisory board of the Office of Problem Gambling. In 2006 she was elected to the Board of Directors of the North American Gaming Regulators Association.

The Office of Problem Gambling was established in 2003 to develop problem gambling prevention programs. Since its inception, the office has promoted problem gambling public awareness campaigns and supported help lines, research and training. Last year, the office released the largest prevalence study of problem gambling in the nation.

California Selected to Host Largest Prevention Conference

After reviewing applications submitted by several state alcohol and drug programs, including the department, California was selected to host the 22nd annual conference of the National Prevention Network Conference September 15-18 in Anaheim – the largest prevention conference in the nation. The theme of the conference is Prevention Research: Striking Gold.

The National Prevention Network is a component of the National Association of State Alcohol and Drug Abuse Directors. The department will have roles on planning committees and as co-chair of the Executive Planning and Leadership Group.

National Prevention Network's mission is to promote high quality prevention services nationwide. The network emphasizes policy development to stimulate research-based approaches, prevention theory and concepts, moving from research to practice, prevention innovation, and research and evaluation methods.

Indicators of Alcohol and Other Drug Risk and Consequences of California Counties

In the mid-1990's, the California Department of Alcohol and Drug Programs, in collaboration with the Center for Applied Research Solutions, Inc., began improving the state's prevention information system. Data contained within the information system are useful measures of alcohol and other drug use in California and assist planners develop effective programs based on the needs of communities.

The department is excited to provide California counties with revised and updated reports that include expanded detail on the alcohol and drug use problems within a county's population. There are currently 32 individual county reports and one State report. The remaining county reports will be added as they are completed.

The reports, called 2007 Indicators of Alcohol and Other Drug Risk and Consequences of CA Counties, can be found on ADP's website, **Prevention** tab, under **Resources & Documents** at: http://www.adp.ca.gov/Prevention/risk_indicators.shtml.

Daniel Steinhart was appointed by Governor Schwarzenegger earlier this month to lead the Licensing and Certification Division. Prior to his appointment, Daniel was a senior community health programs representative at the University of California, Davis Center for Reducing Health Disparities. There he collaborated on the development, implementation and evaluation of a training curriculum on cultural competency standards in conjunction with the California Department of Public Health, Office of Minority Health. Steinhart trained the executive team at the department on cultural competency based on the Culturally and Linguistically Appropriate Services (CLAS) standards. He also assisted the department to develop its cultural competency strategic plan.

For more than a decade, Steinhart worked as a treatment provider in California. He was a clinic manager and counselor at Bi-Valley Medical Clinic in Sacramento and a counselor at the West Oakland Health Center.

The Licensing and Certification Division licenses and certifies more than 1,800 residential and nonresidential alcohol and drug treatment facilities in California. The division licenses Narcotic Replacement Therapy facilities and conducts complaint investigations and site inspections at treatment facilities. The division conducts complaint investigations on certified counselors in the state. The division responds to community requests for information about the placement of alcohol and drug treatment facilities in residential neighborhoods.

**ADP INFORMATION MANAGEMENT SERVICES DIVISION
ENHANCING SERVICES TO ALL AOD STAKEHOLDERS**
By Gigi Smith, Deputy Director and Chief Information Officer
Information Management Service Division

Daily we learn lessons on the critical nature data in managing services, reporting to stakeholders, and supporting the continuum of alcohol and other drug (AOD) and problem gambling prevention, treatment, and recovery services that are so vital to the health and safety of the citizens of California. The Information Management Services Division (IMSD) is building on the existing foundation to enhance the data and information technology (IT) services provided to the external and internal stakeholders of ADP.

Initial efforts to enhance data systems have focused on the California Outcomes Management System-Treatment (CalOMS Tx). CalOMS Tx is the system with the critical information about clients, the treatment services they receive, and the outcomes resulting from those services. IMSD has developed the CalOMS Tx Users' Group and CalOMS Tx Web-Based Training to support service providers and counties in their efforts to ensure that the data in CalOMS is accurate, complete, and timely.

In 2008, the IMSD Data Management Services Section (DMSS) and Office of Applied Research Analysis (OARA) developed CalOMS Tx Users Group. DMSS and OARA staff meet periodically with counties and providers who regularly use the CalOMS Tx data system to discuss the strengths and challenges of working with the system, provide technical assistance, and identify potential improvements.

A Place to Live

The lack of safe and stable housing for individuals who are discharged from treatment can become a barrier for lasting recovery. Interestingly it is during the treatment process that individuals should pay attention to the details of a person's housing according to the Connecticut Department of Mental Health and Addiction Services. The department offers 4 Simple Steps to Help People Maintain Housing in Times of Crisis:

Discuss when rent and utility bills are due and arrange to ensure they are paid on time.

Inform landlords that the home is not abandoned.

Be aware that some benefits may be discontinued if a person is in the hospital or prison for period of time, making it difficult to pay the bills.

Section 8 vouchers and public housing programs have many time sensitive requirements that can be rescheduled upon request as a reasonable accommodation.

IMSD will be looking at creative ways to continue the meetings this year.

Over time, the Department has recognized the need to provide consistent and ongoing training for County and Provider staff that enter data in CalOMS Tx. IMSD decided the most efficient way to provide training was to use a web-based approach. Karen De Voe of DMSS managed the project and collaborated with Rachelle (Repace) Weiss of OARA to develop the content, and worked with a contractor to develop the web-based training system. To date, all counties and direct providers have identified a web-based training administrator. The feedback on the training by our stakeholders has been very positive. Contact your County Alcohol and Drug Program Administrator's office for information on how you can use the system to train staff.

In the new year, the IMSD Leadership Team is implementing a number of initiatives to enhance the IT and research resources available to support ADP and its stakeholders as it continues to develop the Continuum of Services System Redesign (COSSR). IMSD has realigned existing positions to create a position for a Research Scientist II (Epidemiology). Stephen Bright is starting in January, 2009 and will significantly enhance our ability to respond to research requests and publish reports that support COSSR. Check future issues of *Focus* for information on future IT and research efforts related to prevention services, internet innovations, and CalOMS Tx.



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