

Lighthouse Institute – Completed Projects

Updated February 18, 2025

Title:	Diversity Supplement: Leveraging Parents and Peer Recovery Supports to Increase Recovery Capital in Emerging Adults with Polysubstance Use: Feasibility, Acceptability, and Scaling Up of Launch
Principal Investigator:	Tess K. Drazdowski, Ph.D. & Sierra Castedo de Martell, Ph.D.
Contracted From:	
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	R34DA057639-02S1
Project Period:	January 1, 2023 – December 31, 2024
Abstract:	This diversity supplement will prepare a concurrent cost-effectiveness analysis of the parent grant services (Launch) to accompany a future R01 of the parent grant, and complete initial stages of an exploratory qualitative study of peer worker recovery capital at the individual, interpersonal, organizational, and community levels in the workplace context.
Title:	Chicago Opioid Overdose Recovery Project (COORP)
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	City of Chicago Police Department
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	1H79SP080314-01
Project Period:	July 1, 2020 – June 30, 2024
Abstract:	Through use of grant funds, Chicago Police Department (CPD) will train and equip patrol officers and Chicago Fire Department (CFD) Emergency Medical Technicians (EMTs) to carry / administer naloxone to reverse opioid overdoses, improve linkage mechanisms connecting overdose victims to treatment services, and collaborate with stakeholders to identify issues and implement solutions along the opioid continuum.
Title:	Development of the GAIN Q4

Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	Connecticut Department of Children and Families (CTDCF)
Funded By:	
Contract Number:	22DCF6984AA
Project Period:	July 1, 2021 – June 30, 2024
Abstract:	CTDCF has contracted with the GAIN Coordinating Center for GAIN and GAIN ABS licensing, training, data services, evaluation reports and software development activities for many years. As part of our ongoing work, CTDCF is funding analysis and software development activities to re-develop the GAIN-Q3 to support diagnosis and ASAM level of care placement. Analysis was conducted to 1) assess how well the GAIN-Q3 predicts substance use disorder diagnoses using fewer items than those in the GAIN-I (which uses the full diagnostic criteria from DSM 5) and 2) to assess which items from the GAIN-I were needed to support ASAM level of care placement. The resulting new instrument, the GAIN-Q4, would meet GAIN customer needs by requiring significantly less time to administer than the GAIN-I while still supporting common diagnoses related to SUD (alcohol, cannabis, opioid, stimulant, other), internalizing disorders/problems (mood, anxiety, trauma, suicide, and psychosis), externalizing disorders (attention deficit, hyperactivity, conduct, gambling), and crime/violence (domestic violence, substance, property and violent crimes). It also provides additional input to support level of care placement per ASAM's required dimensions (withdrawal management, physical health, mental health, readiness to change, relapse potential and recovery environment), as well as family functioning and wellbeing.
Title:	Emergency Department Alternatives (ED-ALT) to Opioids Evaluation
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	Cook County Health and Hospital System
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI083122
Project Period:	June 1, 2021 – May 31, 2024
Abstract:	The goal of the Cook County Health (CCH) Acupuncture in the Emergency Department (AED) is to 1) reduce opioid prescriptions in the ED by 20% in 3 years by creating a safe prescribing model; 2) implement acupuncture as an additional pain intervention integrated into the ED in presenting headache and jaw pain patients by 10%; and 3) reduce ED admission rate by 5%. The AED project team, comprised of an acupuncturist, ED physician, and care coordinators, will work together to reduce opioid usage in CCH's ED.

Title:	Smartphone Addiction Recovery Coach for Young Adults (SARC-YA) Experiment
Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	R01 DA011323
Project Period:	August 15, 2017 – May 31, 2024
Abstract:	<p>Young adults (ages 18-25) who receive treatment for substance use disorders (SUD) have high rates of resuming substance use after they leave treatment. Although relapse prevention is widely incorporated within SUD treatment, tools for sustaining recovery are frequently lacking or inadequate. Smartphones have the potential to address this need by delivering Ecological Momentary Assessments (EMA); EMA is a self-monitoring intervention that can be used to help people identify and better understand the antecedents, patterns, and consequences of substance use. In addition, smartphones can provide immediate access to a range of recovery supports delivered via Ecological Momentary Interventions (EMI). As part of the P.I.'s MERIT award (R37 DA011323-14), the research team developed the Smartphone Addiction Recovery Coach for Young Adults (SARC-YA) mobile application, which is based on a dynamic model of relapse prevention and utilizes smartphones to deliver recovery-oriented interventions. The applicant team completed two pilot studies in which EMAs and EMIs were delivered to adolescents via smartphones, both separately and combined. Results indicated that EMAs were reliably completed (5 to 6 per day) and accurately predicted the risk of use in the next 7 days. In addition, participants completed an average of 20 or more EMIs per day and EMI utilization was associated with reduced substance use in the next 7 days. Building on these findings, the applicants propose the following experimental study. Young adults (N=300) will be recruited upon their engagement in outpatient treatment programs or from community outreach in several locations in Central Illinois (i.e., Bloomington-Normal, Champaign-Urbana, Peoria metro areas) and randomly assigned to 1 of 2 conditions: (1) recovery support as usual control or (2) an EMA+EMI experimental condition. The experiment intervention will be delivered via SARC-YA for 6 months post-randomization with quarterly assessments through 9 months. Data include standardized assessments, mobile phone meta data, EMA responses, and EMI utilization. Study hypotheses will be tested using survival analysis, multi-level modeling and structural equation modeling of longitudinal data. The study has the following aims: Aim 1: Test the effects of EMA+EMI (v control) on the frequency of substance use; Aim 2: Evaluate the extent to which the above effects are moderated by baseline substance use frequency; Aim 3: Test the extent to which the frequency of substance use mediates the effects of EMA+EMI on other aspects of recovery including SUD symptoms, HIV risk behavior, quality of life, mental wellness, days of school; and Aim 4: Determine the degree to which EMA responses and EMI utilization predict the duration of abstinence.</p>
Title:	Zero Suicide
Principal Investigator:	Lora L. Passetti, M.S. (Evaluator)

Contracted From:	Indiana University Health
Funded By:	Center for Mental Health Services (CMHS)
Grant Number:	H79SM083452
Project Period:	April 1, 2021 – April 30, 2024
Abstract:	Indiana University Health received funds to prevent suicides in Indiana, particularly among individuals age 25+, by raising awareness of suicide, formalizing referral processes, and improving care and outcomes for individual at risk for suicide. Zero Suicide protocol involves implementation of workforce training, a comprehensive risk assessment/screening and reassessment process in all 15 of its emergency departments statewide, connection of patients with appropriate treatment and follow-up support through evidence-based Caring Contacts, individualized safety planning, and connection of patients with outpatient behavioral health treatment.
Title:	Emergency COVID-19 II
Principal Investigator:	Belinda Willis, MS
Contracted From:	Illinois Department of Human Services (IDHS)
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	FG000700
Project Period:	July 1, 2021 – September 30, 2023
Abstract:	The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. This program intends to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.
Title:	State Opioid Response (SOR-II) Grant II
Principal Investigator:	Belinda Willis, MS
Contracted From:	Illinois Department of Human Services (IDHS)

Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI083278
Project Period:	January 1, 2021 – December 30, 2023
Abstract:	Evidence of the multiple impacts of the opioid and stimulant crisis among Illinois residents include increased primary opioid clients among IDHS/SUPR-funded treatment admissions, increased need for medication-assisted treatment (MAT) for persons with opioid use disorder (OUD), increasing numbers of opioid overdose deaths, increasing numbers of persons using methamphetamines and other stimulants, and increasing numbers of opioid-related overdose reversals. The services supported and expanded through this SOR II grant include: certification training on the Community Reinforcement Approach combined with Contingency Management; community-based linkage and referral services provided by peer outreach workers; access to MAT Hub and Spoke services; hospital screening and warm hand-off services provided by hospital staff; integration and increased MAT services provided by Federally Qualified Health Centers; MAT integration within criminal justice-involved population; county jail-based screening and warm handoff; and housing stabilization for persons with OUD. Approximately 5000 people are expected to receive SOR II-related services over 2 years.
Title:	Project POINT: Effectiveness and Scalability of an Overdose Survivor Intervention
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	R33 DA045850
Project Period:	September 1, 2017 – August 31, 2023
Abstract:	Opioid misuse and addiction are at historic heights in the United States, and deaths due to opioid overdose have quadrupled over the past 16 years. Despite significant need, substantial treatment and design barriers prevent many opioid users from accessing medication assisted treatment (MAT), the gold standard treatment for opioid use disorder (OUD). Planned Outreach, Intervention, Naloxone, and Treatment (POINT) is an emergency department (ED)-based outreach program for engaging opioid overdose survivors into MAT. POINT builds on the strengths and addresses weaknesses of previous ED-based opioid use disorder (OUD) interventions. POINT seeks to quickly mobilize support for members of a highly vulnerable population at a juncture in their lives when they are likely to be receptive to assistance (i.e., after an overdose). It accomplishes this through use of recovery coaches (i.e., individuals with lived experience of recovery who are trained to assist those struggling with addiction) who assist patients to navigate barriers to MAT access after ED discharge. This study employs a Hybrid Type 1 effectiveness implementation design to take full advantage of current POINT expansion efforts currently happening in Indiana.

Title:	Syringe Service Telemedicine Access for Medication-Assisted Intervention through Navigation (STAMINA)
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	
Funded By:	Arnold Ventures
Grant Number:	None
Project Period:	August 1, 2020 – July 31, 2023
Abstract:	This study will develop, implement, and test a model of medication for opioid use disorder (MOUD) treatment linkage for syringe service program (SSP) participants. Where similar models of treatment linkage depend on people who use opioids first accessing the formal healthcare system, typically through emergency medical services after an overdose has occurred, STAMINA will leverage the SSP setting to engage potential participants and link them to care before a potentially life-threatening event. Of the few similar SSP-based programs that exist, none explicitly describe telemedicine as a component nor have they developed strong evidence of their effectiveness. Our primary goal, accomplished through structured interviews and drug testing, is to identify whether STAMINA improves initial treatment engagement and reduces illicit opioid use compared to basic referral. Our secondary goal, pertaining to longitudinal interviews, is to develop a rich understanding of the impact of STAMINA on the recovery process.
Title:	Emergency COVID-19
Principal Investigator:	Christine Grella, Ph.D.
Contracted From:	Illinois Department of Human Services (IDHS)
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	FG000268
Project Period:	July 1, 2020 – September 30, 2022
Abstract:	The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. This program intends to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental

	disorders that are less severe than serious mental illness, including those in the healthcare profession.
Title:	CT-SAFE Service Cascade
Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	Connecticut Department of Children and Families (CTDCF)
Funded By:	
Contract Number:	19DCF6858AA
Project Period:	July 1, 2018 – June 30, 2023
Abstract:	CTDCF has contracted with the GAIN Coordinating Center for GAIN and GAIN ABS licensing, training, data services, evaluation reports and software development activities for many years. As part of our ongoing work, CTDCF is funding program evaluation of its SAFE Family Recovery (SAFE-FR) project. SAFE-FR is comprised of three evidence-based practices to promote engagement with substance use treatment: Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multidimensional Family Recovery (MDFR) and Recovery Management Checkups and Support (RMCS). In collaboration with the state, the vendor for each service, and local providers, GCC staff are evaluating each program to identify potential gaps in their service cascade (i.e., the flow of clients from screening and need identification through referral, treatment initiation, and retention / continuing care). Based on analysis of the service cascade, the evaluation examines client and staff factors contributing to gaps, differences among vendors, and the impact of external forces like COVID. This culminates in a report including recommendations for how to further improve program functioning and data systems.
Title:	State Opioid Response (SOR)/Tribal Opioid Response (TOR) Grant
Principal Investigator:	Christy K. Scott, Ph.D.
Contracted From:	Illinois Department of Human Services (IDHS)
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI081699-01
Project Period:	December 1, 2018 – April 30, 2022
Abstract:	Based on an analysis of Illinois' Division Automated Reporting and Tracking System (DARTS) data for State Fiscal Year 2016, there were 49,887 total admissions to the Illinois

	<p>Department of Human Services (IDHS)/Division of Substance Use Prevention and Recovery (SUPR) funded treatment services. A total of 14,885 (29.8%) of these admissions were persons who indicated opioids as their primary substance of abuse, with heroin accounting for 83.8% of these primary opioid admissions. Based on the information available, only 9.1% (1,349) of these primary opioid patients were admitted to IDHS/SUPR-supported MAT services. IDHS/SUPR is proposed a comprehensive continuum of OUD outreach, medication-assisted treatment (MAT), recovery support, and prevention services in response to the critical nature of the opioid crisis in Illinois. Agencies will provide services to participants including peer outreach, linkage to treatment, and medication-assisted treatment (MAT), such as Outpatient Methadone Treatment (OMT), Vivitrol Injection Services, Buprenorphine, and Community Reinforcement Approach (CRA). Approximately 4500 people are expected to receive SOR related services over 2 years.</p>
Title:	Juvenile Drug Treatment Court (JDTC) Multiple Site Evaluation
Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	American Institutes for Research (AIR)
Funded By:	Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Grant Number:	2014–DC–BX–K001
Project Period:	November 15, 2017 – September 30, 2021
Abstract:	<p>This is a multisite evaluation of efforts to implement the Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2016) Juvenile Drug Treatment Court (JDTC) Guidelines. Directed by Chestnut Health Systems, it is being conducted in collaboration with Temple University, Northwest Professional Consortium, Inc. (dba NPC Research), and Carnevale and Associates, LLC (CALLC). This work is also a part of a larger cooperative agreement that requires working closely with AIR (prime) and its other subcontractors who have developed and will refine the guidelines based on findings from this effort, as well as OJJDP and its contractors/grantees providing training and technical assistance (TTA) to implement the guidelines and grantees from 15 jurisdictions, and who will implement the new guidelines and collect the data on their JDTC(s) and a comparison standard juvenile court. Over 2 years, each grantee jurisdiction/site will a) to recruit at least 150 youth who are “eligible” for JDTC or Traditional Juvenile Courts (TJC), b) either randomly or quasi-experimentally assign these youth to the JDTC or TJC, and c) collect data from court staff, youth records and youth interview. The primary research question for this study is: Do youth with substance use disorders experience more positive outcomes if assigned to a JDTC rather than to a traditional (i.e., non-JDTC) juvenile court program? The outcomes to be evaluated include changes in a) recidivism, b) substance use and symptomatology, c) academic performance (grades, attendance/truancy), d) mental symptomatology and well-being, and e) relationship with parents/guardians and peers. The study will also look at several secondary research questions, including 1) Are different interpretations of the guidelines by the courts associated with better outcomes? 2) Are there certain guidelines that, if present, are associated with better outcomes? 3) Are there guidelines that, if absent, do not seem to be associated with worse outcomes (i.e., they are not necessary)?</p>

Title:	Juvenile Justice - Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) Coordinating Center to Reduce Substance Use, HIV Risk Behaviors, & Crime
Principal Investigator:	Michael L. Dennis, Ph.D., Christy K. Scott, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	U01 DA036221
Project Period:	July 1, 2013 - June 30, 2021
Abstract:	<p>Through the Coordinating Center (CC) and six Research Centers (RCs), the cooperative will seek to improve the continuum of evidence-based services available to youth within the juvenile justice system. The Coordinating Center's aims are to 1) conduct a national survey of juvenile justice agencies that provides a context and comparison standard for the TRIALS pre-implementation needs assessment and subsequent implementation studies; 2) coordinate each Research Center's pre-implementation needs assessment; 3) develop and manage a common data base infrastructure for cross-site research implementation studies, and 4) provide communications and logistical support.</p> <p>To examine the needs and services provided to youth on community supervision, the CC was responsible for conducting a national survey of juvenile justice agencies, behavioral health agencies, and judges. The survey was conducted with a sample of 20 states and 192 counties, which were randomly selected based on the size of their adolescent population. The survey objectives were to a) Identify screening and assessment tools and procedures currently being used; b) Identify what services are available and to whom; c) Identify evidence-based practices being used; d) Determine the extent to which services are integrated; e) Determine the extent to which youth and families utilize the different types of services; f) Assess the availability and efficacy of linkage/referral services; g) Inquire about the presence of administrative data systems to monitor service implementation and outcomes. The CC will conduct the survey again in 2017 using the same sample of states and counties to measure outcomes.</p>
Title:	Justice Community Opioid Innovation Network (JCOIN) Coordinating Center and Surveys
Principal Investigator:	Michael L. Dennis, Ph.D., Christy K. Scott, Ph.D.
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	U01 DA036221
Project Period:	July 1, 2018 – June 30, 2021
Abstract:	Chestnut's Coordinating Center (CC) provides electronic infrastructure and other support services to NIDA-funded justice grantees and FY18 Helping to End Addiction Long-term

	(HEAL) grant supplements, including data management and analytic support, logistical support, and dissemination. Additionally, the CC will conduct two national surveys to inform the field about the interface between criminal justice and the opioid crisis through the administration of two surveys targeting different intercept points in the CJ system. Survey #1 will include all 50 states and inform the field about the policies and procedures behind the walls in state prisons that either facilitate or prohibit the availability and access to treatment, medication-assisted treatment (MAT), and overdose education and prevention. Survey #2 will include community supervision and jails in a nationally representative sample of counties across the U.S. and will focus on the ways in which community supervision and jails either facilitate or obstruct/prohibit the availability and access to treatment, MAT, and overdose education and prevention.
Title:	Using Smartphones to Provide Recovery Support Services
Principal Investigator:	Christy K. Scott, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	R01 DA035879
Project Period:	May 1, 2014 - February 28, 2021
Abstract:	<p>The primary goal of the proposed trial is to examine the effect of combining more frequent self-monitoring via EMAs and automated interventions via Ecological Momentary Interventions (EMIs) provided by A-CHESS, on days of abstinence from drugs and alcohol and HIV risk behaviors <u>over 6 months following</u> treatment discharge. We will recruit 400 participants at <u>discharge</u> (both planned or unplanned) from Illinois' largest treatment organization and randomly assign them in a 2 x 2 factorial design to receive EMA only, EMI only, combined EMA+EMI, or neither (control). Participants in the 3 EMA and EMI groups will receive a smartphone and training after discharge. To help them self-monitor, individuals in the EMA groups will be randomly signaled 6 times daily for 6 months and asked to record their recent substance use, HIV risk behaviors (e.g., needle use, unprotected sex) and exposure to internal and external protective and risk factors, then to rate the extent to which these factors support their recovery or make them want to use drugs or alcohol. Individuals in the EMI groups will have 24/7 access to A-CHESS. In the combined EMA+EMI group, participants will receive feedback directly following completion of each 2-3 minute EMA, and EMA responses will be used to encourage EMI utilization. The AIMS of this experiment are to: Aim 1. Test the effect of EMA, EMI and EMA+EMI on days of abstinence; Aim 2. Test the effect of EMA, EMI and EMA+EMI on HIV risk behaviors; and Aim 3. Evaluate the extent to which changes in days of abstinence mediate the effect of EMA, EMI, and EMA+EMI on HIV risk behaviors.</p>
Title:	State Targeted Response (STR) to the Opioid Crisis
Principal Investigator:	Christy K. Scott, Ph.D.
Contracted From:	Illinois Department of Human Services (IDHS)

Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	1H79TI080231-01
Project Period:	July 1, 2017 – April 30, 2020
Abstract:	In 2011, the Chicago Metropolitan Area ranked first nationally for both emergency department (ED) mentions (24,627) for heroin (Drug Abuse Warning Network) and percentage (18.6%) of individuals who were arrested and tested positive for heroin (Arrestee Drug Abuse Monitoring Program). In Chicago and nationally, there is an emerging consensus on the need to address this epidemic and a particular focus on broad dissemination of over-the-counter Naloxone to prevention opioid overdose and death. Efforts are currently underway (and supported by federal and state funds) to distribute Naloxone and train individuals in its use. There is no one place to find all or even most of the people at risk of overdose. This project seeks to address this gap by combining two well established protocols: 1) Peer Outreach Workers (POW) to identify and recruit opioid users and 2) Recovery Management Checkups (RMC) to link and engage people in substance use disorder (SUD) treatment. The general efficacy of POW has been well established in over 3 dozen studies with injection drug users and crack users, but has not yet been applied to prescription opioid users. The general efficacy of RMC has been established in 3 clinical trials with opioid users (both injection and other) recruited from SUD treatment and jail, as well as 1 quasi experiment study (referral from primary care).
Title:	Treating Rural Adult Clients with Technology (TRACT)
Principal Investigator:	Lora L. Passetti, M.S.
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	1H79TI026425-01
Project Period:	September 30, 2016 – March 31, 2020
Abstract:	Research shows that rural residents with substance use disorders have more barriers to accessing outpatient and continuing care treatment than those who live in urban areas. Chestnut Health Systems proposes to enhance its capacity to provide evidence-based substance use treatment for rural adults through the use of a combination of tele-health and web-based treatment services to deliver the Community Reinforcement Approach. The population of focus for the proposed “Technology-Based Treatment” project is rural adults who reside in underserved areas within 11 counties located in central Illinois who are: 1) admitted to outpatient treatment for substance use disorders; OR 2) discharged from residential treatment for substance use disorders and admitted to continuing care. Based on existing data, we anticipate that rural participants in this project will have the following characteristics: 45% female, 3% African American, 4% Hispanic, and 3% Other. Average age will be 32 years old. Sixty-five percent will be involved with the criminal justice system, 31% employed, 51% using alcohol weekly, 31% using marijuana weekly, 25% using cocaine weekly, 11% using heroin weekly, 70% presenting with symptoms of Major Depressive Disorder, and 50% presenting with symptoms of generalized anxiety disorder. The four primary goals of this project are to: 1) share effective treatment models and results among providers; 2) increase engagement of persons in treatment in their

	<p>health care; 3) increase monitoring and tracking of the health status of individuals; and 4) improve recovery and resiliency rates. These goals will be achieved by implementing the project's measurable objectives as defined by the Washington Circle Group: increase continuity of care after assessment; increase continuity of care after residential discharge; increase treatment initiation; and increase treatment engagement. We plan to serve 76 unduplicated individuals in year 1, 98 unduplicated individuals in year 2, and 87 unduplicated individuals in year 3. Thus, over the course of the three-year project, we plan to serve a total of 261 unduplicated adults living in rural areas of central Illinois. In addition to improving the availability, accessibility, and acceptability of and rates of retention in treatment for rural populations with substance use disorders in central Illinois, this project is significant in that it seeks to substantially improve compliance with national Washington Circle performance standards, as well as improve dissemination of technology-based treatment to other rural areas of the United States.</p>
Title:	Effectiveness of Volunteer Telephone Continuing Care (VTCC) for Adolescents with Alcohol and Other Drug Use Disorders
Principal Investigator:	Mark D. Godley, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Grant Number:	R01 AA021118-01A1
Total Project Period:	December 15, 2012 – November 30, 2018
Abstract:	The main goal of this study is to evaluate the effectiveness of Volunteer Telephone Continuing Care for adolescents after discharge from residential substance use treatment in terms of reducing relapse to substance use and substance-related problems and increasing involvement with pro-recovery peers and activities.
Title:	Illinois Access to Recovery - IV (ATR IV)
Contracted From:	Illinois Department of Human Services (IDHS)
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI023111
Project Period:	October 1, 2014 - September 30, 2018

Abstract:	The Access to Recovery (ATR) Program is designed to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. The Care Coordination services includes: establishing a relationship with the participant beginning at enrollment, 30- and 90-day calls to check in with the participant about whether the participant needs additional services or referrals and then making the referrals and/or re-linking them to ATR enrolling site, tracking the participant for 6 months; and completing the 6-month GPRA and client satisfaction interview with the participant.
Title:	Pathways to Recovery: Older Substance Users
Principal Investigator:	Christy K. Scott, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	R01 DA 15523
Total Project Period:	March 1, 2010 - June 30, 2017
Abstract:	Historically, the majority of people with substance use disorders in the US has been under age 50. This trend is changing as baby boomers, many of whom are former and current substance users, are entering their 50s and 60s, and their demand for treatment is expected to double for the second time by 2020. Consequences of addiction are expected to interact with vulnerabilities associated with natural aging. While rates of long-term recovery increase with age, many will continue to relapse and interact with treatment systems lacking in age-appropriate services. Chiefly missing is an empirical basis to inform service development and delivery. Few long-term studies of individuals with chronic addiction and treatment histories exist; even fewer elucidate the interface between chronic addiction and aging. This study targets this gap by capitalizing on a previous NIDA-funded longitudinal study that recruited 1,326 people presenting to publicly funded substance abuse treatment between 1996 and 1998 and re-assessed 9 times through 2007 (90%+ retention/wave). The original gender-balanced sample consisted largely of ethnic minority members with chronic histories of polysubstance use including cocaine (64%), alcohol (44%), opioids (41%), or marijuana (14%). At intake, the mean age was 35 years (4% 50+), at 9 years it was 44 (18% 50+), at the start of the proposed study it will be 49 (42% 50+) and at the close 54 (53% 50+). This project will extend the original study by adding annual interviews at 14, 15, 16, 17, and 18 years post intake to establish one of the longest and largest treatment cohort studies of its type to date. The cohort's comprehensive history, captured in earlier waves, paired with new prospective information, offers a cost-effective and rare opportunity to identify factors to help minimize the burden of aging on the substance use and health fields. Study aims are to (1) determine if there are age-related changes in the predictive value of factors expected over time to increase (e.g., age of first use, number of sober friends, treatment received) and decrease (e.g., severity, mental distress and legal involvement) the likelihood of <u>initiating abstinence in the next 12 months</u> ; (2) determine if there are age-related changes in the predictive value of factors expected over time to increase (e.g., prior abstinence, being female, self-help engagement) and decrease (e.g., number of prior treatment episodes, homelessness, and number of arrests) the likelihood of <u>maintaining abstinence another 12 months</u> ; (3) to test whether there are age-related changes in the predictive value of variables expected over time to decrease (e.g., loss, grief, functioning, disability) and increase (e.g., activity level, quality of life, social support) <u>the time from 3 years of abstinence to late stage relapse</u> ; and

	(4) to evaluate whether there are age-related changes in the impact of the cumulative pattern of recovery on <u>future critical positive and negative health outcomes</u> (e.g., quality of life, functioning, disability, death).
Title:	Effectiveness of Technology-Assisted Diffusion for Evidence-Based Treatment
Contracted From:	RAND Corporation
Co-Investigators:	Mark D. Godley, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Grant Number:	R01 AA021217
Project Period:	January 1, 2013 - December 31, 2016
Abstract:	The main goal of this study is to longitudinally examine the extent to which treatment organizations, which received funding from the Substance Abuse and Mental Health Service Administrations' Center for Substance Abuse Treatment (SAMHSA/CSAT) to implement an evidence-based practice called the Adolescent Community Reinforcement Approach (A-CRA), sustain A-CRA implementation after the SAMHSA/CSAT funding ends.
Title:	Evaluation of Juvenile Drug Court Reclaiming Futures Initiative; FY12 Cohort Juvenile Drug Court/Reclaiming Futures Evaluation
Contracted From:	University of Arizona - Southwest Institute for Research on Women
Evaluator:	Michael L. Dennis, Ph.D.
Funded by:	Library of Congress; Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Grant Number:	LCFRD11R0001; 2013-DC-BX-0081
Total Project Period:	July 1, 2011 - June 30, 2015; August 1, 2013 - July 31, 2016
Abstract:	The overall purpose for the Juvenile Drug Courts/Reclaiming Futures evaluation is to conduct an independent evaluation of the combined effects of Juvenile Drug Courts and Reclaiming Futures to determine what system-level changes may result in increased efficiencies and cost effectiveness. The cross-site evaluation plan will incorporate both quantitative and qualitative methods inclusive of process, outcome, and cost-effectiveness analyses to identify the factors, elements, and services that perform best with respect to outcomes and cost-effectiveness.

Principal Investigator:	Lora L. Passetti, M.S.
Funded by:	Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Grant Number:	2012-JU-FX-0011
Project Period:	October 1, 2012 - January 31, 2016
Abstract:	The primary goals are to (1) implement the Aftercare for Indiana through Mentoring (AIM) mentoring model in four new states with court-involved youth and enhance mentor training with selected evidence-based substance abuse treatment skills (from the Adolescent Community Reinforcement Approach or A-CRA) to improve youth outcomes; and (2) provide parents/caregivers with A-CRA sessions targeted to their needs and mentoring support to enhance their children's outcomes. These goals will result in reduction of juvenile delinquency and help youth abstain from substance use, which can otherwise lead to poor academic performance and drop out, and greater likelihood for involvement in more serious crimes such as gang activity. Project Combine will be implemented through the supportive structure of each site's drug or juvenile/family court.
Title:	Early Re-Intervention (ERI) Experiment
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	1R37 DA11323
Project Period:	July 1, 1999 - September 30, 2015
Abstract:	A randomized experiment comparing outcome monitoring with outcome monitoring followed by motivational feedback to get those who have relapsed to consider going back into treatment and case management to help them actually accomplish it. The aims are to see if this additional early re-intervention (ERI) gets more people back into treatment and if they get back into treatment sooner. Supported development of version 4 and 5 of the GAIN.
Title:	Get Sober, Live Healthy!
Contracted From:	Haymarket Center
Evaluator:	Christy K. Scott, Ph.D.

Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI021502
Total Project Period:	October 1, 2010 - September 30, 2015
Abstract:	Haymarket Center in collaboration with the Polish American Association proposes to expand and enhance residential and outpatient substance abuse treatment for homeless men, primarily Polish-speaking, on Chicago's Northwest side. The project will implement Motivational Enhancement Treatment, a model well-tested on alcohol abusers and which has been translated into Polish. Polish-speaking counselors at Haymarket Center will provide residential treatment and translation for mental health screening and treatment, and a Polish-speaking psychiatrist will be available for further mental health support. Counselors at the Polish American Association will continue the motivational interviewing approach and provide expanded outpatient treatment to the men once they are transitioned from residential services at Haymarket. A wide variety of providers of services to the Polish community, who are members of the Northwest Coalition for the Homeless, will provide additional support.
Title:	Elder Abuse Computerized Decision Support System (EADSS)
Principal Investigator:	Kendon J. Conrad, Ph.D.
Funded by:	Department of Justice (DOJ)
Grant Number:	2011-IJ-CX-0014
Project Period:	January 1, 2012 - March 31, 2015
Abstract:	The study will conduct an efficacy test to examine improvement in client, caseworker and administrative outcomes over time using the new Elder Abuse Decision Support System (EADSS) as compared to the current Illinois Department on Aging's Abuse, Neglect, and Exploitation (ANE) investigation system. The analysis of all full scales will include person and item reliability of original and revised scales using Rasch item response theory (IRT) methods. Construct validity analyses will be designed using both concurrent and predictive correlations with theoretically appropriate target variables. Short screeners will be correlated with versions of their long forms both concurrently and predictively. This study compares reactions to and outcomes of process aspects of the old ANE (pretest) and new EADSS (post) procedures such as acceptability, completeness, validity and so on over time.
Title:	Illinois Access to Recovery - III (ATR III)
Contracted From:	Illinois Department of Human Services (IDHS)

Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI023111
Total Project Period:	October 1, 2010 - September 30, 2014
Abstract:	The Access to Recovery (ATR) Program is designed to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. The Care Coordination services includes establishing a relationship with the participant beginning at enrollment, 30- and 90-day calls to check in with the participant about whether the participant needs additional services or referrals and then making the referrals and/or re-linking them to ATR enrolling site, tracking the participant for six months; and completing the six-month GPRA and client satisfaction interview with the participant.
Title:	Impact, Predictors, and Mediators of Therapist Turnover
Principal Investigator:	Bryan R. Garner, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	1 R01 DA030462-01
Total Project Period:	September 15, 2010 - August 31, 2014
Abstract:	The main goals of this study are to better understand the consequences of staff turnover on patient outcomes, as well as the factors that lead to staff turnover.
Title:	Recovery Management Check-Up – Women Offenders
Principal Investigator:	Christy K. Scott, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	1 R01 DA021174-01A1
Total Project Period:	July 1, 2007 - June 30, 2014

Abstract:	This project is designed to expand the scope of the existing RMC model and to test its effectiveness for linking women offenders to community-based treatment upon re-entry into the community, interrupting the relapse, treatment re-entry, and re-incarceration cycle over time, and sustaining recovery. This is an expansion of the previously tested RMC model, application in a different setting (jail versus treatment program) and with a different population (women offenders). The goal of RMC-WO intervention is to shorten and eventually break the cycle of relapse, treatment re-entry, incarceration, and to sustain recovery for women offenders. RMC-WO involves: a) a Re-entry Interview at release, b) monthly Recovery Management Checkups 1 and 2 months post release, c) quarterly Recovery Management Checkups for three years post release, d) linkage to treatment when eligible and in need, e) quarterly HIV prevention booster sessions when eligible and in need, and f) engagement support to increase treatment retention rates.
Title:	Lake County Therapeutic Intensive Monitoring (TIM) Court Service Enhancement
Contracted From:	Lake County
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI023106
Total Project Period:	October 1, 2010 - September 30, 2013
Abstract:	The purpose of this program is to expand and/or enhance substance abuse treatment services in "problem solving" courts which use the treatment drug court model in order to provide alcohol and drug treatment, recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination to defendants/offenders.
Title:	H-STAR Project: (HIV Substance Treatment and Recovery)
Contracted From:	Haymarket Center
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI019858

Total Project Period:	October 1, 2008 - September 30, 2013
Abstract:	The HIV Substance Treatment and Recovery (H-STAR) project is a five-year project designed to decrease substance use among HIV positive African American, Hispanic/Latino, and other racial/ethnic minority adults receiving services at the CORE Center. The goals of the project are to enhance the current on-site substance abuse disorders program in order to address social factors, behavioral patterns and psychiatric illness as related to substance use.
Title:	Illinois Offender Reentry Program: Pathways to Reentry and Recovery
Contracted From:	Illinois Department of Human Services (IDHS)
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI021592
Total Project Period:	October 1, 2009 - September 30, 2012
Abstract:	The Illinois Offender Re-entry Program (ORP) is intended to expand and enhance the substance abuse treatment and recovery support services that are available to adult female offenders who are returning to City of Chicago west and south side community areas following release from incarceration in the Illinois Department of Corrections (IDOC) facilities, primarily Dwight Correctional Facility.
Title:	Recovery-Oriented System of Care for Men in Chicago with Multiple Prior Treatment Episodes
Contracted From:	Haymarket Center
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI021209
Total Project Period:	October 1, 2009 - September 30, 2012

Abstract:	The main goal of the project is to implement the principles of recovery oriented systems of care to expand and enhance services to adult males with chronic substance abuse problems by offering them a comprehensive menu of treatment and recovery support services to meet their individual needs and chosen pathway to recovery.
Title:	Family Centered Substance Abuse Treatment for Pregnant and Postpartum Women
Contracted From:	Haymarket Center
Evaluator:	Christy K. Scott, Ph.D.
Evaluator Site:	Lighthouse Institute, Inc. - Chicago
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI019615
Total Project Period:	October 1, 2008 - September 30, 2011
Abstract:	The overriding goal of the program is to improve outcomes for pregnant and post-partum women through the implementation of evidence-based practices; including improving developmental outcomes for children; increasing family reunification with services to mother's partner and/or other family members as appropriate.
Title:	Reinforcing Therapist Performance (RTP)
Principal Investigator:	Bryan R. Garner, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Grant Number:	1 R01 AA017625-01
Total Project Period:	September 25, 2008 - August 31, 2011
Abstract:	To examine the effectiveness and cost-effectiveness of reinforcing therapist performance via monetary incentives. Specifically, effectiveness analyses will focus on the extent to which the reinforcement approach increases the likelihood that (a) therapists demonstrate monthly competence and (b) adolescents receive an empirically derived target level of A-CRA treatment (an evidence based treatment known as the Adolescent Community Reinforcement Approach), (c) adolescents are in recovery (i.e., no alcohol or other drug use, abuse, or dependence symptoms while living in the community) 12 months after intake. Cost analyses will focus on whether the increased costs of therapist incentives can be offset by improvements in adolescent treatment outcomes.

Title:	Illinois Youth Survey (IYS)
Survey Director:	Alan Markwood, M.S.
Funded by:	Illinois Department of Human Services/Division of Community Health and Prevention (State of Illinois/Federal Substance Abuse Block Grant)
Grant Number:	CH99000150
Project Period:	1993 - 2011
Title:	Adolescent Outpatient and Continuing Care Study (AOCCS)
Principal Investigator:	Susan Harrington Godley, Rh.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	1 R01 DA 018183
Total Project Period:	August 1, 2004 - June 30, 2009
Abstract:	This study examines the impact of providing brief Motivational Enhancement Therapy/Cognitive Behavior Therapy (MET/CBT) vs. treatment as usual in Chestnut's Outpatient Program (CHS-OP), as well as the impact of a manual-guided continuing care approach (Assertive Continuing Care) to managing longer term recovery vs. discharge without formal continuing care. The specific aims of this study are to evaluate the relative effectiveness of (a) MET/CBT vs. CHS-OP, (b) ACC vs. No CC, and (c) their interaction in terms of their impact on (1) initially reducing the frequency of substance use and problems in the first year; (2) reducing risk factors associated with relapse; and (3) increasing the cost-effectiveness of treatment (in terms of the cost per days abstinent and cost per person in recovery at month 12).
Title:	Effectiveness of Assertive Continuing Care and Contingency Management with Adolescents
Principal Investigator:	Mark D. Godley, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism
Grant Number:	2 R01 AA010368-06A2

Total Project Period:	June 1, 1997 - July 31, 2008
Abstract:	The specific aims of this study are to evaluate the extent to which supplementing usual aftercare for adolescents discharged from residential substance abuse treatment with an Assertive Continuing Care protocol and/or Contingency Management will (a) improve intermediate outcomes, including aftercare participation, recovery environment, and other pro-social activities; and (b) reduce relapse in terms of time to first use of alcohol or marijuana and change in the long-term (12 months) days abstinent from any substance, days abstinent from alcohol, days abstinent from marijuana, and the number of substance use problems.
Title:	Pathways to Recovery
Principal Investigator:	Christy K. Scott, Ph.D.
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	1 R01 DA 15523
Total Project Period:	August 20, 2002 - July 31, 2007
Title:	Strengthening Substance Abuse Screening, Referral and Treatment for Youth in Central Illinois through Interagency Coordination and Collaboration (SCY)
Principal Investigator:	Susan Harrington Godley, Rh.D.
Funded by:	Center for Substance Abuse Treatment
Grant Number:	6 U79 TI13356
Project Period:	September 2001 - September 2006
Abstract:	The goals of this project are to a) increase Chestnuts capacity to screen adolescents off-site for substance use; b) institute an evidence-based intervention to increase adolescent motivation to participate in treatment; c) adopt a more cost-effective evidence-based treatment option appropriate for adolescents who are less severe; d) add a continuing care component to Chestnut's outpatient services; e) address the relationship between substance abuse and violence throughout the continuum of care; f) adopt an MIS to facilitate the identification, referral, assessment, treatment, and tracking of youth through the continuum of care; and g) improve the quality and the penetration of Chestnut's community education activities.

Title:	Mothers at the Crossroads (MAC) - Phase II
Project Evaluator:	Susan Harrington Godley, Rh.D.
Funded by:	Illinois Department of Human Services-Office of Alcoholism and Substance Abuse (Subcontract from the Fayette Companies, Peoria, IL)
Grant Number:	PI 00567
Project Period:	June 1999 - June 2005
Title:	Integrated Dual Diagnosis Services for the Peoria County Criminal Justice System
Principal Investigator:	Mark Godley, Ph.D.
Funded by:	SAMHSA, Center for Mental Health Services
Grant Number:	SM53877-01 to Peoria County
Project Period:	October 2001 - September 2004
Title:	Data Coordinating Center for CSAT Adolescent Treatment Program
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded by:	Center for Substance Abuse Treatment (Subcontract to NGIT)
Grant Number:	Indefinite Quantity Contract 270-98-7047
Project Period:	February 2002 - November 2003
Title:	Improving Services for Substance Abusers with Comorbid Depression
Principal Investigator:	Linda Cottler, Ph.D., Washington University, School of Medicine Michael L. Dennis, Ph.D. & Chris Scott, Ph.D., Chestnut Health Systems
Funded by:	Center for Substance Abuse Treatment (Subcontract from Washington University, St. Louis, MO)
Grant Number:	1 KD1 TI12541

Project Period:	September 2000 - September 2003
Title:	Adolescent Treatment Models (ATM)
Principal Investigator:	Susan Harrington Godley, Rh.D.
Funded by:	Center for Substance Abuse Treatment
Grant Number:	1 KD1 TI11894
Project Period:	October 1999 - September 2002
Abstract:	The Adolescent Treatment Models (ATM) study is one of 11 nationwide projects funded by the federal government to examine adolescent substance abuse treatment. The goal of our funding is to evaluate Chestnut Health Systems' adolescent outpatient and intensive outpatient treatment program.
Title:	Disease Management Program
Principal Investigator:	William L. White, M.A.
Funded by:	Illinois Department of Human Services (Subcontract from Fayette Companies, Peoria, IL)
Project Period:	October 1999 - September 2002
Title:	Multisite Analytic Support Center (MASC)
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded by:	Center for Substance Abuse Treatment (Subcontract from Row Sciences, Inc.)
Grant Number:	Parent grant from CSAT: TA 6001-501; Row Sciences, Inc.- CSAT Prime Contract: # 270-98-7047; LI/CHS subcontract: # S-18697
Project Period:	May 1999 - September 2002
Title:	Persistent Effects of Treatment Study - Target Chicago (PETS-TC)

Principal Investigator:	Christy K. Scott, Ph.D.
Funded by:	Center for Substance Abuse Treatment (Subcontract from Westat, Inc.)
Grant Number:	LI/CHS subcontract 270-97-7022
Project Period:	December 1999 - September 2002
Title:	Persistent Effects of Treatment Study of Adolescents - Madison County (PETSA-MC)
Principal Investigator:	Susan Harrington Godley, Rh.D.
Funded by:	Center for Substance Abuse Treatment (Subcontract from Westat, Inc.)
Grant Number:	LI/CHS subcontract 270-97-7022
Project Period:	September 2000 - September 2002
Title:	Persistent Effects of Treatment Study of Adolescents - Data Coordinating Center (PETSA-DCC)
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded by:	Center for Substance Abuse Treatment (Subcontract from Westat, Inc.)
Grant Number:	LI/CHS subcontract 270-97-7022
Project Period:	September 2000 - September 2002
Title:	Assertive Aftercare Project (AAP)
Principal Investigator:	Mark D. Godley, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism
Grant Number:	RO1 AA10368
Project Period:	June 1997 - May 2002

Abstract:	The aims of this study are (1) following discharge from residential treatment, clients randomly assigned to the Assertive Aftercare Protocol (AAP) will have higher rates of treatment participation, referrals to other services, and other positive recovery environment indicators; and (2) following discharge from residential treatment, clients randomly assigned to the AAP condition and/or those with better intermediate outcomes will have lower rates of relapsing to alcohol use, and improved functioning (e.g., AOD problems, health/mental distress, pattern of health care use, illegal activity, school problems/absences, and violence).
Title:	Cannabis Youth Treatment - Coordinating Center (CYT-CC)
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded by:	Center for Substance Abuse Treatment
Grant Number:	5 UR4 TI11320
Project Period:	October 1997 - October 2001
Title:	Cannabis Youth Treatment - Madison County (CYT-MC)
Principal Investigator:	Susan Harrington Godley, Rh.D.
Funded by:	Center for Substance Abuse Treatment
Grant Number:	5 UR4 TI11321
Project Period:	October 1997 - October 2001
Title:	El Rincon: Targeted Capacity Expansion of Methadone Treatment for Hispanics
Project Evaluator:	Christy K. Scott, Ph.D.
Funded by:	Center for Substance Abuse Treatment
Grant Number:	1 H79 TI11526
Project Period:	October 1998 - September 2001