

SUBSTANCE USE DELIVERY EXPANSION PROJECT BLUEPRINT

Fiscal Year 2023/24 through 2025/26

MHSA Acknowledgement and Liability

This Blueprint is funded by the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services. Westside Regional Center is solely responsible for the content of this document. The Department of Developmental Services has not developed, reviewed, endorsed, or approved the contents of this document.

Westside Regional Center
Contact: Andy Ponce, andyp@westsiderc.org

Table of Contents

1. Introduction	2
2. Project Overview.....	3
Core Strategies	3
Programs Developed	3
3. Project Goals & Objectives	3
4. E-Learning Certification Program	4
4.1 Purpose & Target Population	4
Target Audience	5
4.2 Development & Implementation	5
Step 1: Conduct Needs Assessment	5
Step 2: Curriculum Development.....	6
Step 3: E-Learning Module Design.....	8
Step 4: Pilot Testing	9
Step 5: Program Launch & Outreach	10
4.3 Evaluation.....	10
Evaluation Plan	10
Measure four core components:.....	10
Evaluation Framework	11
Data Sources & Methods.....	11
Summary Matrix of Evaluation Components	11
4.4 Outcome & Findings (as of June 2026)	12
Conclusions	16
4.5 Lessons Learned & Recommendations	16
5. Peer Mentoring Program (PMP)	17
5.1 Purpose & Target Population	17
5.2 Development & Implementation	18
5.3 Replication Guidance	18
5.4 Evaluation.....	19
Summary Matrix of Evaluation Components	19
5.5 Outcome & Findings	20
Participant Video Testimonials	22

Conclusions	22
5.6 Lessons Learned & Recommendations	22
6. Project Timeline.....	24
7. Project Impact & Sustainability	25
7.1 System-Level Impact	25
7.2 Sustainability Strategies.....	26
7.3 Future Directions.....	26
8. Appendices	27
Appendix A. Project Staffing Materials	27
Appendix B. E-Learning Certification Program Materials.....	27
Appendix C. Peer Mentoring Program Materials	27
8. Acknowledgement	27

1. Introduction

Although prevalence estimates vary, research consistently indicates that approximately 30-40% of individuals with intellectual and developmental disabilities (I/DD) experience co-occurring mental health conditions, commonly referred to as a dual diagnosis.¹ Among individuals with dual diagnoses, an estimated 20-30% also experience substance use disorders (SUD), with alcohol and cannabis being the most reported substances.²

Despite the expectation that healthcare systems be inclusive and accessible, individuals with I/DD and co-occurring mental health and substance use disorders frequently encounter significant barriers to care. These include diagnostic overshadowing, limited provider training in disability-informed substance use treatment, lack of appropriate accommodations, and fragmented service systems spanning developmental disabilities, mental health, and substance use treatment.³ As a result, substance use disorders among

¹ Cooper, S.-A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: Prevalence and associated factors. *The British Journal of Psychiatry*, 190(1), 27–35. <https://doi.org/10.1192/bjp.bp.106.022483>

² Chapman, S. L. C., Wu, L.-T., & Weidenmaier, J. (2011). Substance use among persons with intellectual disability: Research findings and implications. *Intellectual and Developmental Disabilities*, 49(5), 365–377. <https://doi.org/10.1352/1934-9556-49.5.365>

³ Institute of Medicine. (2006). *Improving the quality of health care for mental and substance-use conditions*. National Academies Press. <https://doi.org/10.17226/11470>

people with I/DD are often under-identified and under-treated, leading to delayed intervention and poorer health outcomes.⁴

Workforce capacity challenges further compound these systemic barriers. Direct support professionals and service providers consistently report low confidence and limited formal training in identifying substance use concerns and supporting recovery among adults with I/DD.⁵ These gaps underscore the need for structured, accessible, and evidence-informed training models tailored to the unique needs of this population.

Consistent with national findings, a local needs assessment conducted with direct service providers vendored through Westside Regional Center (WRC) and Frank D. Lanterman Regional Center (Lanterman RC) confirmed a strong demand for targeted workforce training and improved access to recovery-oriented supports for adults with I/DD and SUD.

In response, WRC and Lanterman RC developed the **Substance Use Delivery Expansion Project**, funded through the Mental Health Services Act (MHSA) Cycle V (FY 23/24–25/26) in partnership with the [California Department of Developmental Services](#). The initiative sought to: (1) Strengthen direct service provider capacity through a structured **E-Learning Certification Program**, and (2) Improve access to recovery-oriented supports for adults with I/DD and SUD through a **Peer Mentoring Program (PMP)**.

This blueprint documents the processes, tools, and implementation strategies used to design, implement, and evaluate these programs, serving as a replicable guide for Regional Centers and community partners seeking to expand substance use and mental health supports for adults with I/DD. For further information, please contact Andy Ponce at AndyP@WestsideRC.org.

2. Project Overview

The Substance Use Delivery Expansion Project aimed to improve substance use and mental health support for adults with I/DD by combining workforce development, peer-driven recovery, and cross-system collaboration.

Core Strategies

- **Workforce Training:** Build service provider knowledge and foundational skills through a structured, evidence-informed E-learning Certification Program.

⁴ Slayter, E. (2010). Disparities in access to substance abuse treatment among people with intellectual disabilities. *Journal of Social Work Practice in the Addictions*, 10(3), 237–251. <https://doi.org/10.1080/1533256X.2010.493871>

⁵ McLaughlin, D., Taggart, L., Quinn, B., & McFarlane, C. (2014). Learning disability nurses' experiences of supporting people with learning disabilities and mental health needs. *Journal of Clinical Nursing*, 23(17–18), 2563–2574. <https://doi.org/10.1111/jocn.12452>

- **Peer Mentoring Model:** Foster self-efficacy, recovery skills, and community belonging among adults with I/DD through a structured peer mentoring program.
- **System Coordination:** Strengthen alignment across WRC, Lanterman RC, behavioral health partners, and community recovery networks.

Programs Developed

- **E-Learning Certification Program** – A competency-building, modular training for providers supporting adults with I/DD and SUD.
- **Peer Mentoring Program (PMP)** – A recovery support model emphasizing mentorship, skill-building, and community connection.

3. Project Goals & Objectives

Goal	Objective	Timeline	Deliverable
1. Recruit Staff	Hire project consultants; identify WRC + Lanterman RC staff to assist with project deliverables	Q1 FY 23/24	Position postings, Request for Proposals, interview scoring sheets (see Appendix A)
2. Conduct Needs Assessment & Evaluations	2.1 Conduct provider survey and needs assessment	Q2 FY 23/24	Survey + analysis report (see Appendix B)
	2.2 Conduct quarterly evaluations of Certification Program + PMP	Quarterly	Evaluation dashboards
3. Develop Certification Program	3.1 Create curriculum	Q3 FY 23/24	Curriculum drafts + transcripts
	3.2 Build e-learning modules	Q4 FY 23/24	508-compliant digital modules
	3.3 Launch Certification Program on LMS	Q2 FY 24/25	Final LMS module files
4. Develop Peer Mentoring Program	4.1 Select provider to develop PMP	Q2 FY 23/24	Provider contract
	4.2 Approve program design + evaluation → launch PMP in Q1 24/25	Q4 FY 23/24	Program design materials (curriculum, handbook,

Goal	Objective	Timeline	Deliverable
5. Form Grant Advisory Council	Host quarterly meetings	Quarterly	evaluation tools) (see Appendix C) Meeting agenda + minutes

4. E-Learning Certification Program

4.1 Purpose & Target Population

The Certification Program, *Supporting Adults with Developmental Disabilities and Substance Use Challenges*, was developed to: (1) Address the gap in service provider knowledge of substance use among adults with I/DD; (2) Equip staff with the skills to identify, differentiate, and support SUD and mental health concerns; and (3) Improve early intervention, engagement, and recovery-oriented support.

Target Audience

- Direct support professionals
- Behavioral specialists
- Residential/day program staff
- Service coordinators/case managers
- Other Regional Center vendored providers and community

4.2 Development & Implementation

The steps below summarize the development and implementation process for the E-Learning Certification Program.

Step 1: Conduct Needs Assessment

Purpose: Identify provider training needs, knowledge gaps, and service challenges related to supporting adults with I/DD who experience co-occurring mental health and substance use concerns.

Activities:

- Collaborated with the Evaluation Consultant to design a 36-item provider survey targeting WRC and Lanterman RC vendored service providers.
- Developed survey questions that captured:
 - o provider background and experience
 - o the scope and behavioral characteristics of the population served

- o provider knowledge and confidence in supporting individuals with I/DD and co-occurring MH/SUD
- Recruited participants through regional center email listservs, provider bulletins, and direct outreach to vendored agencies.
- Held regular project team meetings to refine survey items, finalize data collection procedures, and ensure consistent administration.
- Conducted a comprehensive literature review (10-year scope) across social, health, and behavioral science databases to identify national trends, evidence-based practices, and treatment considerations for individuals with I/DD and SUD.
- Synthesized survey findings and literature insights to identify training priorities and guide curriculum development.

Deliverables:

- Provider Survey Report (Appendix B)
- Literature Review Guide (Appendix B)
- Data Extraction Sheet (Appendix B)
- Literature Review Summary (Appendix B)

Replicability Notes:

Allow 8–10 weeks for survey development, distribution, data collection, analysis, and literature review synthesis.

Step 2: Curriculum Development

Purpose: Build an evidence-informed curriculum that responds directly to provider training needs identified through the needs assessment and literature review.

Activities:

- Convened weekly collaboration meetings with project staff, the Project Manager, Research Assistant, and Subject Matter Experts (SMEs) in developmental disabilities, mental health, substance use, and Motivational Interviewing (MI).
- Identified core learning objectives and competencies, including:
 - o differentiating behaviors related to I/DD, mental health conditions, and substance use
 - o recognizing signs of SUD among adults with I/DD
 - o navigating treatment systems and barriers
 - o applying person-centered, culturally responsive, and MI-aligned communication strategies
- Developed the training outline, module sequence, and curriculum structure.

- Drafted base content for each module, including conceptual explanations, examples, case scenarios, and practice opportunities.
- Created downloadable learner resources (e.g., reference guides, scripts, and toolkits) to reinforce key concepts and provide practical tools for service providers.
- Provided e-learning design and development consultant, Yukon Learning, with the curriculum outline, base content, and resource materials for instructional design and scripting.

Collaborative Script Development with Yukon Learning (E-learning Design and Developer):

- Yukon Learning’s instructional design team converted the base content into draft transcripts for each module.
- Project staff and SMEs completed multiple rounds of review, providing annotated edits to ensure accuracy, clarity, and alignment with plain-language and universal design principles.
- Yukon Learning incorporated revisions and submitted updated drafts until each transcript met content and quality expectations.
- Finalized transcripts and accompanying resources were approved for e-learning module development.

Deliverables:

- Complete curriculum outline and module script package
- Downloadable learner resources
- Final approved transcripts for all program modules

Replicability Notes:

Build in multiple structured review cycles with SMEs and instructional designers; allow sufficient time for iterative feedback and transcript refinement.

The final version of the program includes an Introduction module, five core modules, and two assessment modules. The Introduction module provides an overview of the program’s purpose, structure, and navigation, while the five core modules titled below, address the following areas:

1. Understanding the People You Support

Overview: This module offers an in-depth overview of IDD, mental health conditions, and co-occurring disorders. You will learn to recognize signs of mental health concerns and identify when a mental health assessment may be necessary. The module also defines dual diagnosis and trauma, outlines the core principles of trauma-informed care, and examines the types and impact of trauma. This foundational knowledge will empower you

to provide effective, person-centered support for individuals with IDD and co-occurring mental health needs.

2. Recognizing the Risks, Impact, and Signs of Substance Use Disorder

Overview: This module provides an overview of substance use disorders, with a focus on cannabis and alcohol. You will explore the risk factors that make individuals with IDD more vulnerable to substance use, learn to recognize behavioral and physical signs of substance use, and examine the unique challenges in identifying substance use within this population.

3. Navigating Systems of Care for Substance Use and Mental Health Treatment

Overview: This module explores treatment options for individuals with IDD and substance use disorders. You will learn how to identify and describe mental health symptoms, understand evidence-based practices for treatment, and navigate common barriers to accessing care. This module also introduces harm reduction principles and their applications in prevention, treatment, and recovery, and includes resources to support these strategies.

4. Cultivating the Mindset for Supporting People with Accessing Treatment

Overview: This module focuses on understanding and addressing the impacts of stigma and discrimination while exploring layers of oppression, internalized stigma, and implicit bias. You will learn strategies for challenging misconceptions and develop a mindset that enables you to support individuals with IDD and substance use disorder by applying core principles like cultural humility, trauma-informed care, strengths-based approaches, person-centered care, self-determination, and Motivational Interviewing.

5. Developing and Applying Motivational Interviewing Skills

Overview: This module introduces Motivational Interviewing and the R.U.L.E.S. approach for conducting Motivational Interviewing effectively. You will gain an understanding of how to use reflective listening, empathy, and open-ended questions to have effective conversations and support behavior change. This module includes a role-play scenario to help you practice and apply Motivational Interviewing skills in real-world situations.

The link to the program is available [here](#).

Step 3: E-Learning Module Design

Purpose: Transform approved curriculum scripts into interactive, accessible e-learning modules for delivery through the Learning Management System (LMS).

Activities:

- E-Learning design and development consultant, Yukon Learning conducted a Developer Kickoff Call to introduce the development team, confirm design standards, and outline production milestones.
- Converted approved scripts into fully developed e-learning modules using Articulate Storyline 360.
- Integrated multimedia components, including:
 - professional voice-over narration synchronized with on-screen animations
 - interactive activities (e.g., branching scenarios, reflections, image hovers, click-to-reveal elements)
 - embedded knowledge checks and assessments
- Incorporated project-developed downloadable resources into relevant modules.
- Ensured accessibility through 508-compliant features (e.g., closed captions, transcripts, color contrast, alt text, screen reader compatibility).
- Produced SCORM-compliant files for LMS upload and testing.

Deliverables:

- Complete set of SCORM-compliant modules
 - The final version of the program includes an Introduction module, five core modules, two assessment modules, and integrated learner resources.

Replicability Notes:

Maintain early and clear communication with instructional designers; ensure accessibility checks occur throughout development, not only at the end.

Step 4: Pilot Testing

Purpose: Validate the functionality, clarity, accessibility, and overall learner experience of the e-learning modules before program launch.

Activities:

- Conducted pilot testing with WRC and Lanterman RC staff and selected service providers.
- Tested module navigation, audio performance, interactive elements, and LMS functionality (enrollment, progress tracking, assessment scoring).
- Gathered feedback on:
 - clarity of content and learning objectives
 - pacing and readability
 - usability and ease of navigation
 - effectiveness of knowledge checks and interactive activities

- o accessibility features (captions, transcripts, font legibility, screen reader compatibility)
- Compiled pilot feedback and worked with Yukon Learning to revise modules accordingly.
- Re-tested revised modules to ensure consistent quality across browsers and devices.

Deliverables:

- Pilot testing notes and feedback
- Final module files with revisions applied, approved for LMS upload

Replicability Notes:

Plan for at least one full review cycle after pilot feedback; test LMS functionality early to avoid launch delays.

Step 5: Program Launch & Outreach

Purpose: Make the Certification Program accessible to service providers and ensure smooth enrollment, tracking, and communication.

Activities:

- Uploaded finalized SCORM-compliant modules (Introduction, five core modules, Initial + Final Assessments) to the LMS.
- Coordinated with LMS administrators to test:
 - o course enrollment
 - o progress tracking and assessment scoring
 - o certificate generation
- Verified successful functionality across devices and browsers.
- Launched the program first to WRC and Lanterman RC vendored providers, then statewide across all Regional Centers.
- Implemented a multi-channel outreach strategy, including:
 - o announcements via RC email listservs and provider bulletins
 - o direct email invitations to vendored providers
 - o informational flyers summarizing program purpose and CEU eligibility
 - o updates shared at stakeholder and advisory council meetings

Deliverables:

- LMS enrollment and learner progress reports
- Outreach materials (flyers, announcements, email templates)

Replicability Notes:

Engage LMS administrators early; plan staggered communications to maintain enrollment momentum.

4.3 Evaluation

Purpose: Assess program reach, knowledge gains, participant experience, and early application of learning among service providers.

Evaluation Plan

Measure four core components:

1. **Knowledge Gain** – Changes in learner understanding before vs. after training
2. **Program Completion** – Module and assessment completion rates
3. **Participant Satisfaction** – Learner perceptions of content quality, clarity, and usefulness
4. **Application of Learning** – How learners report using the skills in practice (via follow-up survey)

Evaluation Framework

The program used a mixed-methods approach combining:

- **Quantitative data** (LMS scores, completion metrics)
- **Qualitative feedback** (open-ended responses)
- **Short-term outcomes** (pre/post)
- **Intermediate outcomes** (3-month follow-up survey)

Data were reviewed quarterly by project staff and the Statistical Consultant.

Data Sources & Methods

LMS (Learning Management System):

- Initial + Final Assessment scores
- Module completion tracking
- Participant satisfaction surveys

Three-Month Follow-Up Survey (SurveyMonkey):

- Self-reported application of skills
- Continued relevance and usefulness of content
- Open-ended reflections on impact and remaining support needs

Qualitative Feedback:

- Embedded LMS survey comments
- Narrative responses in follow-up survey

Summary Matrix of Evaluation Components

Component	Metric	Data Source	Frequency	Success Criteria
Knowledge gain	Pre/post assessment scores	LMS	Ongoing	≥20% improvement
Completion	Modules completed	LMS	Quarterly	80% completion rate
Satisfaction	Participant feedback	LMS survey	Quarterly	≥80% satisfied
Application of learning	Use of skills in practice	3-mo survey	Quarterly	≥50% reporting applied learning

4.4 Outcome & Findings (as of June 2026)

Program Reach & Participation

- Launch date: March 7, 2025
- Launch audience: Initially available to WRC and Lanterman RC vendored providers
- Statewide distribution: Promoted across all Regional Centers; course link distributed to ~22,900 active service providers through LMS listserv
- Ongoing outreach: Targeted outreach to 274 organizations and agencies, along with two statewide LMS email campaigns (March and May 2026), supported continued enrollment and statewide participation.
- Enrollment metrics:
 - Total number of learners enrolled: 1066

Program Completion

- Number of learners who completed the program: 40% (436/1066)
- Number of learners in progress: 38% (403/1066)
- Number of learners not started: 26% (277/1066)
- Completion rates per module:

- Initial assessment: 90% (681/756)
- Introduction: 79% (841/1066)
- Module 1: 87% (600/685)
- Module 2: 89% (560/626)
- Module 3: 90% (515/572)
- Module 4: 85% (476/558)
- Module 5: 94% (452/478)
- Final Assessment: 88% (455/518)

Knowledge Gains (Initial and Final Assessment Results)

Among participants who completed both the Initial and Final Assessments (N=436), results indicate meaningful learning gains. Average scores increased from 61.27% on the Initial Assessment to 80.45% on the Final Assessment representing a 31.3% increase in knowledge over the course of the program.

The median change score was 20 points. In addition, the Final Assessment scores consistently approached 78% improvement, suggesting that learners achieved a solid understanding of key concepts related to substance use disorders, co-occurring mental health conditions, and strategies for supporting adults with I/DD by the conclusion of the training (14% learners showed no change, and 9.5% decreased their scores on the Final Assessment compared to the Initial one).

Qualitative Findings from Learner Reflections

As part of Module 4, Cultivating the Mindset for Supporting People with Accessing Treatment, learners completed an open-ended reflection through the Learning Management System (LMS). Learners were asked to respond to two questions:

1. Which mindset do you think will be the easiest for you to put into practice, and why?
2. Which mindset do you think will be the most challenging for you to put into practice, and why?

Responses were analyzed to better understand how learners perceived the ease and challenges of applying key mindsets emphasized in the training.

Across the qualitative responses, participants demonstrated strong alignment with the core mindsets emphasized in the training, including person-centered care, motivational interviewing, cultural humility, strengths-based approaches, and self-determination. Many described these mindsets as natural extensions of how they already work. Person-centered care, motivational interviewing, cultural humility, and strengths-based approaches were most frequently identified as easier to apply, often because they aligned with personal values such as respect, encouragement, and active listening.

At the same time, several of these same mindsets—particularly cultural humility, Motivational Interviewing, and trauma-informed care—were also described as challenging by other participants. These challenges were commonly associated with the need for awareness of existing bias, more advanced technical skills, heightened emotional sensitivity, or limited prior training. Responses reflected a wide range of interpretations and comfort levels, including occasional off-topic or placeholder entries, as well as identity-based reflections that highlighted how lived experience shaped perceptions of ease or difficulty.

Overall, the findings suggest strong alignment of values with these frameworks, alongside a clear need for continued support and skill-building—especially in cultural humility, Motivational Interviewing, and trauma-informed practice.

Application of Learning (3-Month Follow-Up Survey)

Results from the 3-Month Follow-Up Survey provide evidence of how providers applied knowledge and skills learned through the Supporting Adults with Developmental Disabilities and Substance Use Challenges E-Learning Certification Program in their work with adults with I/DD.

As of June 2026, 84 providers completed the 3-month follow-up survey (n = 84). While the findings reflect the experiences of providers who responded to the survey and may not represent all training participants, they provide valuable insight into the sustained application of learning and changes in professional practice following completion of the training.

Increased Confidence and Practice Change

Provider confidence increased following completion of the training. Average confidence ratings increased from 3.49 before the training to 4.40 at the 3-month follow-up on a 5-point scale (1 = Not at all confident; 5 = Extremely confident). At follow-up, 50.6% of respondents reported feeling very confident, while 44.6% reported feeling extremely confident, meaning that 95.2% of respondents reported high levels of confidence three months after completing the training.

Providers also reported meaningful changes in their professional practice following the training. 87.9% agreed or strongly agreed that they had changed the way they approach supporting individuals with I/DD who have, or may be at risk for, co-occurring mental health and/or substance use disorders. Similarly, 86.7% agreed or strongly agreed that they felt more confident communicating with individuals about these concerns. Confidence was also high in applying trauma-informed practices (81.5%) and making referrals to mental health or substance use treatment services (79.3%), suggesting that providers continued to apply key knowledge and skills gained through the training in their work.

Frequent Use of Core Strategies

Providers reported consistently applying a broad range of evidence-based concepts and recovery-oriented strategies introduced through the training. Across most domains, most respondents indicated using these approaches often or always in their work, demonstrating sustained integration of key training concepts into everyday practice.

The strategies most frequently applied included person-centered care (95.2%), self-advocacy support (90.5%), Motivational Interviewing principles (86.9%), coping strategies (86.9%), strengths-based approaches (88.1%), supporting change talk (85.7%), OARS communication strategies (84.5%), and cultural humility (79.8%), with respondents reporting using these approaches often or always following completion of the training. Mindfulness techniques were also commonly incorporated into practice (77.4%). While refusal skills were applied less frequently than the other strategies, a majority of providers (60.7%) still reported using these approaches often or always in their work.

Overall, these findings suggest that providers continued to integrate the person-centered, recovery-oriented, and trauma-informed principles emphasized throughout the training into their routine practice, supporting the sustained application of learning beyond program completion.

System Navigation and Referrals

Providers reported applying knowledge gained through the training to connect individuals with I/DD to a variety of mental health, substance use, and community support services. Since completing the training, the most frequently reported referral was to Regional Center services, with 76.4% of respondents indicating they had referred an individual for services such as case coordination or crisis response.

Providers also reported making referrals to Medi-Cal primary care providers (27.3%), private or residential substance use treatment programs (18.2%), crisis services such as the 988 Lifeline or Los Angeles County Department of Mental Health Help Line (16.4%), the LA County Substance Abuse Service Helpline (SASH) (12.7%), and both the Los Angeles County Department of Mental Health (LACDMH) ACCESS Line and the SAMHSA Treatment Locator or Helpline (10.9% each).

These findings suggest that the training increased providers' awareness of available behavioral health and community resources and supported their ability to navigate referral pathways to connect individuals with appropriate services.

Observed Outcomes

Providers reported observing a range of positive outcomes among the individuals they supported following completion of the training. The most frequently observed change was increased independence or self-advocacy, reported by 44.1% of respondents. Providers also reported observing increased willingness to seek help (33.3%), greater confidence or

self-efficacy in navigating care systems (27.4%), increased self-reported satisfaction or well-being (25.0%), and improved engagement with mental health or substance use treatment (23.8%).

While 20.2% of respondents indicated that the question was not applicable to their role and 13.1% reported no noticeable changes, the findings suggest that many providers observed meaningful improvements in self-advocacy, help-seeking behaviors, and engagement with services among the individuals they supported following implementation of the training.

Satisfaction and Sustainability

Overall satisfaction with the training was high, with an average satisfaction rating of 4.46 out of 5. Nearly all respondents reported positive experiences, with 64.3% indicating they were very satisfied and an additional 27.4% reporting they were satisfied with the training. Only 3.6% of respondents selected a neutral rating, and no respondents reported being dissatisfied.

Support for the training was further reflected in its strong recommendation rate. All respondents (100%; n = 84) indicated they would recommend the training to other direct service providers. These findings suggest the program was well received by participants and demonstrated strong support for its continued use as a workforce development resource. Combined with the sustained application of knowledge and skills reported throughout the 3-month follow-up survey, the results indicate the program strengthened provider capacity to support adults with intellectual and developmental disabilities (I/DD) and co-occurring substance use and mental health challenges.

Conclusions

Overall, the evaluation demonstrates that the E-Learning Certification Program successfully met the project's defined performance benchmarks. Participants demonstrated knowledge gains exceeding the target of at least 20%, reported high satisfaction with the program, and showed sustained improvements in confidence and professional practice three months after completion. The program also achieved broad statewide reach, enrolling more than 1,000 service providers and expanding access to evidence-informed training on supporting adults with I/DD and co-occurring substance use and mental health conditions.

Importantly, providers reported applying person-centered, trauma-informed, culturally responsive, and recovery-oriented approaches in their daily work and observed positive changes among the individuals they supported, including increased self-advocacy, help-seeking, and engagement with services. These findings suggest that the training not only increased knowledge but also translated into meaningful changes in professional practice that have the potential to improve the quality of services and outcomes for adults with I/DD and co-occurring substance use and mental health conditions.

4.5 Lessons Learned & Recommendations

- **Plain language and person-centered language are essential.** Participants responded positively to content that avoided jargon, used concrete examples, and incorporated visuals. Future programs should continue to prioritize plain-language principles, person-centered framing, and universal design to ensure accessibility and relevance for providers supporting individuals with I/DD.
- **Shorter, interactive modules support learner engagement.** Future iterations should continue emphasizing concise modules that incorporate scenarios, knowledge checks, and interactive learning activities.
- **Subject matter experts' (SME) involvement throughout the scripting phase is critical.** Cross-disciplinary review (including I/DD, SUD, MH, and MI specialists) reduced inaccuracies, strengthened examples, and ensured cultural relevance. Early and continuous SME involvement is recommended for similar initiatives.
- **Pilot testing is essential to identify usability and accessibility issues.** Pilot testing identified navigation, pacing, and accessibility issues that were not evident during development. Incorporating a structured pilot phase with dedicated time for revisions should remain a core component of future implementation.
- **Improving course completion requires more than outreach.** While statewide promotion successfully increased enrollment, overall completion rates remained lower than anticipated. Future implementation should include strategies that support learners throughout the course, such as organizational leadership support, protected training time during work hours, supervisor encouragement, milestone recognition, and periodic outreach to promote continued progress.
- **Training effectiveness should be paired with organizational implementation strategies.** Participants who completed the training demonstrated meaningful improvements in knowledge, confidence, application of evidence-based practices, and satisfaction, indicating that the curriculum was effective. Future efforts should focus not only on maintaining high-quality content but also on supporting organizations in integrating the training into workforce development plans and staff onboarding to maximize participation and impact.
- **Additional strategies are needed to increase follow-up evaluation participation.** Although respondents reported sustained improvements in practice and confidence three months after completing the training, participation in the follow-up survey remained lower than anticipated despite offering a \$25 gift card incentive. Future evaluations may benefit from shorter surveys, integrating follow-up into routine organizational workflows, supervisor reinforcement, or alternative approaches for collecting long-term outcome data.

5. Peer Mentoring Program (PMP)

5.1 Purpose & Target Population

The Peer Mentoring Program (PMP) was developed to provide recovery-oriented, peer-led support for adults with I/DD who are experiencing or are at risk for SUD and co-occurring mental health challenges. The program emphasizes peer connection, skill-building, self-efficacy, and access to community-based recovery resources through structured group activities and mentorship by individuals with lived experience.

The PMP primarily serves:

- Adults (18+) with I/DD receiving Regional Center services
 - Individuals seeking substance-free social connection and recovery support
 - Participants interested in progressing into peer mentor leadership roles
-

5.2 Development & Implementation

The PMP was developed and implemented by [Sober State, LLC](#), which led the program design, curriculum development, and service delivery. The program integrates evidence-based and recovery-oriented practices, including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), mindfulness, psychoeducation, and trauma-informed care.

Key design features included:

- Weekly structured peer support groups facilitated by trained mentors and supervised staff
- Clear role progression from mentee to mentor to alumni
- Incentive-based engagement model to reinforce participation and pro-social behavior
- Integration of substance-free community outings and recovery-oriented activities
- Ongoing staff supervision and mentor support

A detailed description of the PMP's structure, curriculum, group format, mentor training process, incentive system, policies, and evaluation tools is provided in the **Peer Mentoring Program Blueprint** (see Appendix C)

5.3 Replication Guidance

Agencies seeking to replicate the Peer Mentoring Program are strongly encouraged to reference the PMP Blueprint Manual, which provides step-by-step guidance on:

- Program setup and staffing
- Group facilitation structure and weekly meeting flow
- Mentor training and advancement criteria
- Participant eligibility, intake, and retention strategies
- Incentive models and supervision protocols
- Evaluation tools and outcome tracking

The Blueprint Manual is designed to function as a comprehensive implementation guide and may be adapted to meet local community needs while maintaining program fidelity.

5.4 Evaluation

The PMP evaluation was designed to assess participant progress across multiple outcome domains, including personal recovery goals, health and behavioral outcomes, social connection, and overall program engagement. Together, these measures provide a comprehensive view of participant experience and program impact over time.

The four components evaluated in the PMP include: program goals, health outcomes, connections to local resources, and program feedback.

Program goals include self-efficacy, social connectedness, self-confidence, and skill development from participants' self-reported baseline data and completion of the program. Skill development refers to at least three goals that participants have set for themselves at the beginning of the program. Some examples of goals include increasing physical activity, social engagement, and improvement in psychological health. Program staff fill out the pre-, post-, and post-service assessments derived from the Measuring Outcomes in Services and Supports (MOSS) questionnaire for participants. There are eight questions in the MOSS and each on a 5-point Likert scale.

Health outcomes are collected in KIPU, an electronic medical record system, and percent changes are calculated with aggregated reports in KIPU. Specifically, anxiety and depression are assessed with General Anxiety Disorder (GAD-7), and Patient Depression Questionnaire (PHQ-9). Drug use and other mental health outcomes are also collected. Project staff track changes in participant behavior observed through engagement in local recovery group meetings or events, attendance at peer group activities, demonstration of learned skills, and meeting personalized goals. Participants will also self-report any changes in their knowledge about substance use, harm reduction strategies, and access to recovery support services across the duration of their engagement in the program.

Project staff engage participants in monthly to quarterly interviews to attain qualitative data related to overall satisfaction with the peer mentoring program, satisfaction with their

mentor/mentee, factors that may impact their ability to continue in the program, and any themes related to belonging, self-efficacy, or self-confidence.

Summary Matrix of Evaluation Components

Component	Tools	Frequency	Success Criteria
Program goals	MOSS	Admission + semi-annual	≥20% improvement
Health outcomes	GAD-7, PHQ-9, KIPU data	Monthly	Improvement in symptoms
Engagement	Sign-in sheets	Weekly	≥50% attendance
Feedback	Focus groups/interviews	Semi-annual	Positive themes

5.5 Outcome & Findings

Out of the 18 total participants, 6 have achieved mentor status as of June 2026. MOSS data results show that participants' self-efficacy increased by 1.23 points, social connectedness increased by 2.17 points, self-confidence increased by 1.57 points, and skill development increased by 1.33 points. The increases in numbers showed that participants are positively impacted by the program. Furthermore, by analyzing statistics on KIPU, depression and anxiety on average decreased by 26% and 28.5% by the 12th PMP session respectively (See Figure 1 and Figure 2 for data on participants with six months or more data points). The participation rate of monthly outing is 72% on average.

During the entire grant period, PMP staff and participants engage in at least 2 community outreach efforts per month, and up to 5 social media posts per week. To further improve the program, PMP staff seek feedback via focus group interviews with participants, in which common themes such as connectedness to peers and increase in confidence are observed. Program retention rate is 90%. Most dropouts are due to lack of interest or relapses.

Qualitative post-program responses indicate meaningful progress across all targeted outcome areas. Participants consistently described increased knowledge of substance use, harm reduction strategies, and coping skills, including greater awareness of personal triggers and the use of practical techniques such as reaching out for support, engaging in healthy activities, and practicing honesty with themselves and others. Many respondents reported a reduction in or active efforts to eliminate substance use by the end of the program, citing boundary-setting behaviors such as avoiding high-risk environments and limiting contact with individuals associated with past use. These behavioral changes were often framed within a clear “before and after” narrative, suggesting applied learning rather than abstract understanding.

In addition, participants demonstrated increased self-efficacy and motivation to change their substance use behaviors, frequently noting an improved sense of control, confidence, and personal commitment to recovery. Responses also reflected increased knowledge of and access to local health and recovery support services, with several participants indicating new or strengthened connections to counselors, program staff, and other supports. Many respondents reported improvements in emotional well-being, including reduced feelings of unhappiness, stress, or emotional instability, while also acknowledging ongoing challenges. Taken together, the qualitative data suggest the program effectively supported behavioral change, strengthened internal motivation, expanded access to supportive services, and contributed to improvements in mental health outcomes, consistent with a harm-reduction and recovery-oriented approach.

Below are the overall participants outcomes:

1. Skill development (MOSS) (e.g. knowledge of harm reduction strategies and coping skills) increased by 49.7% and satisfaction increased by 43.3%.
2. Participants demonstrated the following reductions in substance use:
 1. Alcohol: 44.4% (4/9) of the participants decreased use
 2. Marijuana: 54.5% (6/11) of the participants decreased use
 3. Illicit drugs: 85.7% (6/7) of the participants decreased use
 4. Overall substance use: 28.6% (2/7) of participants decreased use.
3. Self-efficacy (MOSS) and motivation to change their substance use behaviors increased by 49.7% and satisfaction by 79.8%.
4. Participants demonstrated a 100% (18/18) increase in knowledge about and access to local health and recovery support services after participating in PMP.
4. Mental health symptoms like depression and anxiety decrease depending on the session. Due to small sample size, the averages fluctuate a lot depending on newly enrolled participants. By the 12th session, depression decreased by 26%; Figure 1 and Figure 2 show score distributions for participants with 6 months or more data points.

Figure 1. Depression score distribution of participants over sessions.

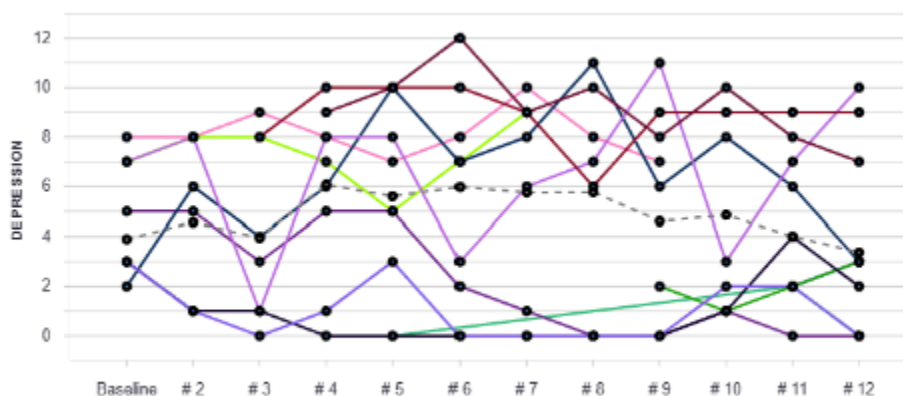
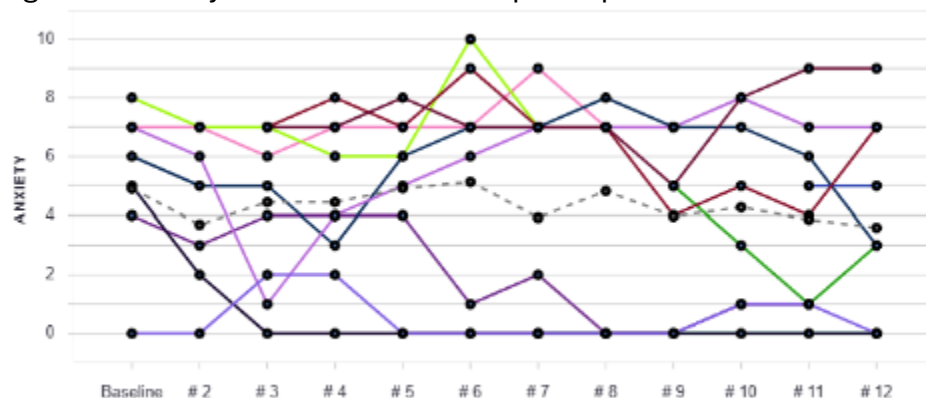


Figure 2. Anxiety score distribution of participants over sessions.



Participant Video Testimonials

To complement the evaluation findings, video testimonials were collected from PMP participants and mentors to capture their lived experiences and perspectives on the program's impact. The testimonials highlight personal recovery journeys, increased confidence, social connection, and the value of peer support.

View the video [here](#).

Conclusions

Overall, the evaluation demonstrates that the Peer Mentoring Program successfully met the project's definition of success. Participants actively engaged in the program, reported high satisfaction, and experienced meaningful personal gains. Findings demonstrated improvements in confidence, recovery skills, social connectedness, and knowledge of community resources, while participant feedback highlighted increased hope, motivation, supportive peer relationships, and positive changes in their recovery journeys.

Quantitative and qualitative findings further indicate that the program contributed to meaningful recovery-related outcomes, including reductions in anxiety, depression, and substance use among many participants. Participants also reported applying harm reduction strategies, strengthening healthy coping skills, and making positive behavioral changes that supported their long-term recovery.

Together, these findings demonstrate that the Peer Mentoring Program provided a valuable recovery-oriented support model that complements formal behavioral health services. By leveraging the shared lived experiences of peer mentors, the program fostered community inclusion, strengthened recovery supports, and empowered adults with I/DD and co-

occurring substance use challenges to build confidence, sustain recovery, and navigate community resources with greater independence.

5.6 Lessons Learned & Recommendations

- **Peer leadership develops through consistent practice and support.** Mentor confidence and leadership skills strengthened over time through repeated opportunities to facilitate meetings, model recovery, and receive ongoing coaching. Leadership development is a gradual process that benefits from structured roles, mentorship, and sustained investment.
- **Relationship-building is the strongest driver of engagement and retention.** While incentives encouraged initial participation, long-term engagement was driven primarily by the supportive peer environment, meaningful relationships, and opportunities for social connection. Participants often returned to the program even after periods of absence because of the sense of belonging fostered within the group. Future programs should prioritize community-building alongside structured activities.
- **A consistent and flexible program structure improves accessibility.** Predictable meeting routines helped participants feel comfortable and prepared while allowing flexibility to accommodate individual needs. Expanding to a hybrid meeting format could further improve accessibility by enabling participants who are ill, have transportation barriers, or live farther away to continue participating and remain connected to the group.
- **Multimodal teaching approaches increase participation and strengthen learning.** Participants benefited from combining visual supports, repetition, modeling, discussion, and hands-on activities. Programs serving adults with I/DD should incorporate multiple communication methods rather than relying primarily on verbal instruction.
- **Incentive structures should balance engagement with long-term sustainability.** The program demonstrated that meaningful peer relationships and engaging activities were stronger motivators than financial incentives alone. Future implementations may consider a more sustainable incentive structure by providing smaller incentives early in the program while reserving larger milestone incentives for sustained participation and achievement.
- **Staff continuity and community partnerships strengthen long-term program success.** Consistent staff support helped maintain trust and stability within mentoring relationships, while partnerships with recovery groups, mental health providers, and disability-serving organizations expanded community connections and support beyond PMP sessions. Continued outreach and collaboration will be important for sustaining the program beyond the MHSA funding period.

6. Project Timeline

Activity	Fiscal Year (FY) 23/24				FY 24/25				FY 25/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	7/1/23-9/30/23	10/1/23-12/31/23	1/1/24-3/31/24	4/1/24-6/30/24	7/1/24-9/30/24	10/1/24-12/31/24	1/1/25-3/31/25	4/1/25-6/30/25	7/1/25-9/30/25	10/1/25-12/31/25	1/1/26-3/31/26	4/1/26-6/30/26
Establish leading team (objective 1)	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Perform literature reviews, needs assessment (objective 2.1)	☐	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess the initial impact of the e-learning rollout (objective 2.2)	☐	☐	☐	☐	☒	☒	☐	☐	☐	☐	☐	☐
Assessment of the e-learning; data collection (objective 2.2)	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒
Conduct final program evaluation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☒
Perform literature reviews (objective 3.1)	☐	☒	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐
Create training curriculum (objective 3.2)	☐	☐	☒	☒	☒	☐	☐	☐	☐	☐	☐	☐
Upload training into LMS, recruit, track participation, evaluate (objective 3.3)	☐	☐	☐	☐	☒	☒	☐	☐	☐	☐	☐	☐
Develop and promote RFP for Peer Mentoring Program; interview and contract with selected provider (objective 4.1)	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Assist in development of program design and evaluation of PMP (objective 4.2)	☐	☐	☒	☒	☐	☐	☐	☐	☒	☒	☐	☐
Monitor implementation of PMP (objective 4.2)	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒
Assist in reviewing sustainability of PMP (objective 4.2)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☒	☒
Identify and invite Grant Advisory Council members (objective 5)	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hold Grant Advisory Council meetings (objective 5)	☐	☐	☐	☒	☐	☒	☐	☒	☐	☒	☐	☒

7. Project Impact & Sustainability

7.1 System-Level Impact

The Substance Use Delivery Expansion Project strengthened system-level capacity to support adults with I/DD and co-occurring substance use and mental health conditions across Los Angeles County.

Key impacts include:

- Increased workforce capacity:**
 Service providers gained foundational knowledge, shared language, and practical tools to identify substance use concerns, understand co-occurring conditions, and support treatment engagement among adults with I/DD.
- Stronger cross-system collaboration:**
 The project facilitated coordination among Regional Centers, service providers, subject matter experts, and community partners, supporting more aligned approaches to workforce development, peer support, and service delivery.

- **Broader community reach:**

Through statewide LMS distribution and community-based Peer Mentoring Program activities, the project extended beyond individual agencies to reach a wide network of service providers and adults with I/DD.

7.2 Sustainability Strategies

Several components of the project were designed to remain active beyond the grant period and support ongoing impact:

- **Sustained access to training:**

The E-Learning Certification Program remains available through the LMS, allowing continued access to training, onboarding of new staff, and refresher learning for existing providers.

- **Continuation of peer support services:**

The Peer Mentoring Program continues through contracted provider services, maintaining access to recovery-oriented support for adults with I/DD and SUD.

- **Planning for long-term sustainability:** As part of the project's sustainability efforts, internal planning and consultation were initiated to support exploration of vendorization for the Peer Mentoring Program. WRC connected Sober State with internal staff knowledgeable about the vendorization process to help inform next steps and evaluate long-term sustainability opportunities.

- **Ongoing advisory input:**

The Grant Advisory Council established during the project created a foundation for continued cross-system dialogue and may continue to inform future service improvements.

7.3 Future Directions

Building on the project's outcomes and lessons learned, future efforts may include:

- **Curriculum refinement and updates** to reflect emerging best practices, updated resources, and learner feedback.
- **Implementation of learner engagement strategies** (e.g., leadership support, protected training time, supervisor encouragement, and periodic reminders) to improve completion of the E-Learning Certification Program while maintaining broad statewide access.

- **Expansion of peer mentoring services** to reach additional participants or regions, informed by evaluation of findings, program capacity, and future sustainability planning.
 - **Structured collection of relapse data** to understand and minimize dropout rates and further improve substance use outcomes.
 - **Cross-Regional Center training opportunities** leveraging the LMS platform to support broader workforce development across California.
-

8. Appendices

Appendix A. Project Staffing Materials

A1. Position Postings

A2. Request for Proposals

A3. Interview Scoring Sheets

Appendix B. E-Learning Certification Program Materials

B1. WRC/FDLRC: Supporting People with Substance Use Concerns: Provider Survey

B2: Provider Survey Report

B3: Literature Review Guide

B4: Literature Review Summary

B5: Data Extraction Best Practices and Scope of IDD SUD

B6: 3-Month Follow-Up Survey

Appendix C. Peer Mentoring Program Materials

C1. Peer Mentoring Program Blueprint

8. Acknowledgement

Westside Regional Center and Frank D. Lanterman Regional Center extend sincere thanks to the members of the interdisciplinary Grant Advisory Council, whose expertise spanned multiple systems of care. Their cross-sector perspective strengthened program design, ensured disability- and culturally responsive approaches, and grounded the project in real-

word practice. We are grateful for their collaboration and commitment to improving recovery-oriented support for adults with intellectual and developmental disabilities.

PROJECT MANAGER CONSULTANT POSTING

Posting Date: July 25, 2023
Closing Date: August 25, 2023

Agency Description

Westside Regional Center (WRC) is a state-funded, private, non-profit agency dedicated to serving individuals with developmental disabilities in Western Los Angeles County. WRC offers service coordination, health education, and provision of resources and support to people with developmental disabilities (e.g., intellectual disability, autism, cerebral palsy, epilepsy).

Position Description

To lead implementation of a grant-funded project focusing on interventions to improve substance use disorder (SUD) services for individuals with intellectual/developmental disabilities (I/DD) and mental health concerns. The goals are to develop (1) e-learning Certification Program to increase capacity of providers working with individuals with I/DD dually diagnosed with SUD, and (2) Peer Mentoring Program for individuals with I/DD and SUD to support their immediate needs and facilitate social connections as well as links to local recovery groups.

Key Duties and Responsibilities:

- Lead coordination and administration of all project implementation activities, including literature reviews, needs assessments, development of curricula, evaluation tools, data collection and management,
- Identify local drug and alcohol programs and assist in referrals and linkage,
- Support development and implementation of culturally competent e-learning training curriculum and Peer Mentoring Program's design,
- Draft correspondence on project-related issues and prepare and update periodic reports, briefing notes, and other documentation,
- Monitor project outcomes and contribute to ongoing strategic planning to meet grant deliverables,
- Lead the quarterly Grant Advisory Council's meetings.

Qualifications:

- Certified Alcohol Drug Counselor (CADC) or other counselor certification in alcohol and other drugs, or equivalent work experience in public health, social work, psychology, or other related fields preferred. Candidates in the process of obtaining their Master's degrees are encouraged to apply.
- Excellent verbal, interpersonal, and written communication skills.
- Demonstrate compassion, competency, and professional accountability for interactions with individuals served by WRC, their circles of support and other stakeholders.
- Have background and/or experience in the fields of substance use prevention, treatment, and recovery, mental health and/or developmental disabilities.

This is a remote, hourly (\$35/hour; up to 20 hours per week) contracted position with flexible hours and secured funding from Mental Health Services Act grant in partnership with the California Department of Developmental Services.

Contact Information

For consideration, please email a cover letter and resume to Aga Spatzier, MPH, Wellness Manager at agas@westsiderc.org. Please call Aga at 310 258 4254, if you have any questions.

RESEARCH ASSISTANT CONSULTANT POSTING

Posting Date: July 25, 2023
Closing Date: August 25, 2023

Agency Description

Westside Regional Center (WRC) is a state-funded, private, non-profit agency dedicated to serving individuals with developmental disabilities in Western Los Angeles County. WRC offers service coordination, health education, and provision of resources and support to people with developmental disabilities (e.g., intellectual disability, autism, cerebral palsy, epilepsy).

Position Description

To support implementation of a grant-funded project focusing on interventions to improve substance use disorder (SUD) services for individuals with intellectual/developmental disabilities (I/DD) and mental health concerns. The goals are to develop (1) e-learning Certification Program to increase capacity of providers working with individuals with I/DD dually diagnosed with SUD, and (2) Peer Mentoring Program for individuals with I/DD and SUD to support their immediate needs and facilitate social connections as well as links to local recovery groups.

Key Duties and Responsibilities:

- Perform literature reviews on best practices in identification and supports in treatment of SUB among people with I/DD into curricula development,
- Assist in development and implementation of needs assessments of local service providers/vendors and lead focus groups/listening sessions with individuals served by WRC,
- Support development and implementation of culturally competent e-learning training and peer program curricula/program design, recruitment materials, and evaluation tools,
- Collect and analyze data to monitor process and outcome measures,
- Draft correspondence on project-related issues and prepare and update periodic reports, briefing notes, and other documentation (e.g., presentations and/or manuscripts),
- Assist in development of agendas for the quarterly Grant Advisory Council's meetings.

Qualifications:

- Bachelor's degree, or equivalent work experience, in public health, social work, psychology, or other related fields preferred. Candidates in the process of obtaining their Master's degrees are encouraged to apply.
- Excellent verbal, interpersonal, and written communication skills.
- Familiarity with Microsoft Office and data entry (STATA, SAS, or SPSS).
- Demonstrate compassion, competency, and professional accountability for interactions with individuals served by WRC, their circles of supports, and other stakeholders.
- Have background and/or experience in the fields of mental health, substance use prevention, treatment, and recovery, and/or developmental disabilities.

This is a remote, hourly (\$30/hour; up to 10 hours per week) contracted position with flexible hours and secured funding from Mental Health Services Act grant in partnership with the California Department of Developmental Services.

Contact Information

For consideration, please email a cover letter and resume to Aga Spatzier, MPH, Wellness Manager at agas@westsiderc.org. Please call Aga at 310 258 4254, if you have any questions.

Request for Proposals (RFP)

Westside Regional Center (WRC) is seeking Data Collection and Evaluation Consultant.

SUMMARY: In partnership with Frank D. Lanterman Regional Center, WRC aims to improve substance use disorder (SUD) services for individuals with intellectual/developmental disabilities (I/DD) and mental health concerns by developing: (1) e-learning Certification Program to increase capacity of providers working with individuals with I/DD dually diagnosed with SUD, and (2) Peer Mentoring Program for individuals with I/DD and SUD to support their immediate needs and facilitate social connections as well as links to local recovery groups. In order to accomplish those goals, WRC is looking for a well-qualified Evaluation Consultant to develop and implement needs assessments, perform consultations and program progress evaluations, including:

- development and implementation of surveys to identify the scope of substance use disorders among people with intellectual/developmental disabilities (I/DD) served by WRC and Lanterman Regional Center, number of providers supporting this population, as well as needs of both of those groups,
- development of standardized protocols for data collection as well as tools to monitor outcomes, and fidelity of implementation of the e-learning and peer mentor programs,
- assistance in development of tools to evaluate Peer Mentoring Program on access, delivery of services, program efficiency, as well as cost analysis for funding sustainability,
- final program evaluation with service providers and people served or supported under this project.

TARGET AUDIENCE: The primary target audience of this work will be individuals with I/DD served by WRC and Lanterman Regional Center, regional center staff and vendored service providers working with individuals with I/DD dually diagnosed with mental health and substance use disorders.

SERVICE DELIVERY: Successful proposal to be selected and contract to be finalized by September 25, 2023. This is a 3-year project with flexible consulting hours and quarterly deliverables.

DATE POSTED: July 25, 2023

RFP DUE DATE: August 25, 2023

HOW TO SUBMIT PROPOSALS: Interested subject matter experts should send a statement of interests, background and qualifications, including CV, and proposed scope of work to agas@westsiderc.org.

Request for Proposals (RFP)

Westside Regional Center (WRC) is seeking Subject Matter Experts in the fields of Mental Health and Intellectual/Developmental Disabilities (I/DD), Substance Use Prevention, as well as Motivational Interviewing (MI).

SUMMARY: WRC is looking for up to three (3) well-qualified subject matter experts in the fields of mental health and I/DD, substance use prevention, as well MI to develop training curricula for a series of e-learning courses (including instructional design/script writing). The subject matter experts must be experienced in:

- Working with individuals with I/DD and their circles of support,
- Developing and delivering culturally competent training curricula for service providers assisting individuals with I/DD,
- Utilizing evidence-based techniques to equip target audiences with skills in identification and understanding of substance abuse issues, trauma-informed care, Motivational Interviewing as well as provide tools to encourage and support population in treatment.

TARGET AUDIENCE: The primary target audience of this work will be regional center staff and vendored service providers working with individuals with intellectual/developmental disabilities dually diagnosed with mental health and substance use disorders.

SERVICE DELIVERY: Successful proposal to be selected and contract to be finalized by September 25, 2023. Training curricula to be completed on or before February 28, 2024.

DATE POSTED: July 25, 2023

RFP DUE DATE: August 25, 2023

HOW TO SUBMIT PROPOSALS: Interested subject matter experts should send a statement of interests, background and qualifications, including CV, and proposed scope of work to agas@westsiderc.org.



Summary of the Project

Posting Date: August 25, 2023

Service Type: E-learning Courses Design and Development

Specialization: E-Learning Instructional Design

Funds Available: \$100,000.00

E-learning Location: Learning Management System (LMS)

Timeline: Work to begin in December 2023 and be completed by May 1, 2024

Proposal Submission Deadline: September 25, 2023.

REQUEST FOR PROPOSALS

PURPOSE

Westside Regional Center, in partnership with Frank L. Lanterman Regional Center, is requesting proposals to design and develop a series of e-learning courses for service providers. This project is a multi-regional center project approved by the California Department of Developmental Services in partnership with Mental Health Services Act (MHSA) funding for fiscal years 23/24 through 25/26

SCOPE OF WORK

Westside Regional Center (WRC) and Frank L. Lanterman Regional Center (Lanterman RC) will work on initiatives to improve substance use disorder services for individuals with developmental disabilities receiving services from regional centers. The development of Certification Program to increase capacity of service providers, is a focus for this Request for Proposals (RFP) and will be achieved by contracting with consultant to develop and design a series of e-learning courses as well as a custom, branded template in Articulate Storyline 360.

WRC and Lanterman RC will be responsible for providing content and subject matter expertise for the courses. The consultant will be responsible for converting the content into an online format that will effectively deliver the instruction with a high level of quality, look and feel and interactivity. The consultant will design and develop e-learning courses, as part of the Certificate Program, including, but not limited to, a full course instructional design, storyboarding, scripting, audio/video editing, professional voice-over narration, AA 508-compliance, quality assurance/testing, and project management. The number of courses will be determined by the contractor based on the standard course length and 180 hours of instruction. We anticipate the minimum length of each course to be between 15 to 20 min. The contractor is to utilize best practices in Instructional Design to gauge learners' retention and knowledge. The consultant will also provide course integration and support for the hosting Learning Management System (LMS). The consultant will conduct testing of the courses prior to implementation to ensure that they will operate properly in the LMS environment and to make final adjustments to both content and technology. The consultant will also provide support to

Request for Proposals

Page 2 of 4

the regional centers' system administrator staff and assist them in their support of the end users.

At a minimum, the e-learning courses to be developed under this contract must meet the standards outlined in the Association of Regional Center Agencies Statewide Training and Information Group approved guidelines and the following specifications:

- Provide 15 to 30 minutes of online learning time per course.
- Offer ease of navigation, including clear screen layouts and the ability to move back and forth, exit and resume or complete as necessary through the course modules.
- Be interactive, incorporating such learning tools as quizzes and knowledge checks, and provide immediate feedback on them.
- Incorporate interactive case studies and problem-solving exercises.
- Be capable of supporting pre- and post-course assessments of user knowledge.
- Feature a mix of text, voice and graphics and/or still photos. If video clips are not available, consultant will specify the additional cost.
- Be easily modified to accommodate changing/evolving content.
- Be developed using software authoring tools available to WRC and Lanterman RC.
- Incorporate the ability to print a certificate of completion for learners completing the course. The ability to work with Thinking Cap to design custom for an additional cost associated with this feature in the LMS.
- All courses will be 1.2 or 2004 SCORM compliant.

PROPOSAL FORMAT

Please include the following information in your proposal:

General Information: The proposal should provide the name of the agency, address, phone number, email address, and website. The name and email address of any team members assisting with the project should also be included.

Work Plan: The proposal should include a brief description of all the proposed components of the design and development of the interactive courses using Articulate Storyline 360, including content scripting phase, professional voice-over narration, AA 508-compliance, quality assurance/testing, and any projected kickoff calls/meetings and their goals.

Assumptions: Based on the extensive experience, the proposal should include assumptions regarding proposed project including content/script, revisions, project management, narration, media use, and any updates to scope of work.

Timeline and Budget: The project timeline and budget should include tasks, responsible parties, estimated time for completion, corresponding fees/projected costs, and invoicing schedules.

References: Information regarding past projects (could be limited to the ones relevant to this RFP) including references. Please include the individual's name, address, phone number and email address.

SCORING

Proposals will be reviewed and evaluated on the following criteria:

1. Qualifications
2. Scope of Proposal
3. Work Plan
4. Budget

PROCESS FOR PROPOSAL SUBMISSION AND EVALUATION

Instructions for submission:

1. Closing Submission Date

Proposals are due by 5:00pm on Monday, September 25, 2023.

2. Inquiries

Inquiries concerning this RFP should be directed to: Aga Spatzier, MPH, Wellness Manager via email agas@westsiderc.org.

3. Conditions of Proposal

All costs incurred in the preparation of a response to this RFP are the responsibility of the bidder and will not be reimbursed by WRC and Lanterman RC.

4. Submission Instructions

All submissions must be submitted through email to: agas@westsiderc.org

- o FAX copies will NOT be accepted.
- o Submissions will NOT be returned.

An email acknowledgement of each submission received will be sent to the applicant.

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

5. Reservation of Rights

WRC and Lanterman RC reserve the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. WRC and Lanterman RC may, at their sole and absolute discretion, select no provider for these services if, in their determination, no applicant is sufficiently responsive to the need. WRC and Lanterman RC reserve the right to withdraw this Request for Proposals (RFP) and/or any item within the RFP at any time without notice. WRC and Lanterman RC reserve the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of WRC and Lanterman RC. It does not commit the regional centers to award any grant.

6. Confidentiality

Request for Proposals

Page 4 of 4

If the bidder deems any material submitted to be proprietary or confidential, the bidder must indicate this in the relevant sections of the response.

7. Ineligibility

Under the following conditions, an individual or entity is ineligible to be a regional center vendor, and therefore may not submit a proposal.

Conflict-of-Interest: Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including WRC and Lanterman RC employees and Board members, and their family members.

8. Notification of Selection and Timeline

WRC and Lanterman RC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating of each proposal, followed by committee discussion and ranking of proposals. After preliminary rating and ranking of proposals, interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References might be contacted for all finalists.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract. WRC and Lanterman RC reserve the right not to select an applicant for project implementation if, in their determination, no qualified applicant has applied or is sufficiently responsive to the service need.

If no proposal is selected, WRC and Lanterman RC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

Completed RFP submissions including all elements listed above are due to **Westside Regional Center by 5:00pm on Monday, September 25, 2023**. Please email submissions to: agas@westsiderc.org.



Announcement of Request for Proposal (RFP) Fiscal Year 2023-2024

Summary of Project: Westside Regional Center (WRC) is soliciting proposals for a substance use treatment peer mentoring contracted service.

Posting Date: October 16, 2023

Mental Health Services Act (MHSA) Funds Available: The MHSA, approved by voters in 2004, assists counties and state agencies in providing increased funding, personnel, and other resources to support county mental health programs. The Department of Developmental Services (DDS) has been receiving MHSA funding for regional centers to develop and oversee innovative projects. WRC, in collaboration with Frank D. Lanterman Regional Center, received MHSA funds to improve substance use disorder services for individuals with intellectual/developmental disabilities (I/DD) and mental health concerns. This project is called “Substance Use Delivery Expansion Project” and it aims to: (1) develop an E-learning Certification Program to increase the capacity of providers working with individuals with I/DD who are dually diagnosed with substance use disorders (SUD), and (2) develop a Peer Mentoring Program for individuals dually diagnosed with I/DD and SUD, or at risk for dual diagnosis, to support their immediate needs and facilitate substance recovery, social connections, as well as links to local recovery groups. The second goal, development of a Peer Mentoring Program, is the focus for this RFP and will be achieved by contracting with an individual, a group of individuals, or a not-for-profit agency (501-C3), or a proprietary, for-profit entity. Funds identified in this RFP are solely for activities integral to development and program delivery. For example, administrative component, personnel recruitment, program design development (including screening, intake, individual and program evaluations), staff training, mentor recruitment and training. Funds are not intended to cover 100% of the development costs.

Location: WRC and Frank D. Lanterman Regional Center’s catchment areas and other adjacent communities.

Development Timeline: The program should be ready to provide services no later than June 30, 2024, unless otherwise specified.

Service Description: WRC is soliciting proposals for a substance use treatment peer mentoring contracted service to train and support adult individuals with I/DD and SUD, and those who are at risk for dual diagnosis of substance use and mental health conditions, to serve as peer mentors for other clients in substance use recovery. Individuals participating in this program may need support in some or all the following areas: substance abuse prevention and treatment, mental health challenges, anger and aggression management, medication management, health care and access to mental

health/substance use services, and forensic concerns and/or risk of criminal involvement. The agency might offer or arrange comprehensive substance abuse prevention and/or treatment, mental health counseling, trauma-focused therapies, social skill development, competency training, and crisis intervention services. The agency will also develop a peer-delivered outreach program to individuals supported by the regional centers who are in substance use recovery and create linkages between those clients and mentors.

Potential providers must have prior experience/knowledge in the following:

- Supporting individuals with developmental disabilities, mental health, and forensic backgrounds.
- Working with substance abuse prevention and/or treatment.
- Working with the mental health care system.
- CA valid license (i.e., LMFT, LSW, PsyD, PhD, LPC) or at the very least, a certification as a Substance Use Counselor.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, courts, mental health systems, probation).

Goals should be individualized to program participants, and possible outcomes may include the following:

- Improved knowledge, attitudes, and coping skills surrounding substance use and harm reduction.
- Reductions or eliminations of substance use.
- Increases in self-efficacy and motivation to change.
- Increases in knowledge and access to local health and recovery support services.
- Development of positive mentee and peer mentor relationships (increased utilization of social/peer support).
- Active implementation of strategies to decrease mental health symptoms identified by the counselor (e.g., depression, anxiety).

Deadline for Submission: Proposals must be received at WRC by **December 15th, 2023**. This RFP does not commit WRC to procure or contract for services or support. WRC may elect to fund all, part, or none of the project, depending on funding availability as approved by DDS and the quality of the proposals received.

MHSA funding will be negotiated. MHSA funds have been approved by the DDS under WRC's "Substance Use Delivery Expansion Project" for the Peer Mentoring Program and are set as following:

Fiscal Year (FY): 2023-24: up to \$75,000

FY 2024-25: up to \$150,000

FY 2025-26: up to \$150,000

The applicant agency should propose to use funds to bring in consultation for development of the service, and for recruitment of staff and consultants to establish the service.

The applicant agency:

- Will be required to meet all Title 17 requirements, as applicable to this service model as prescribed by DDS.
- Will provide a plan for recruitment, thorough background check, i.e., Live-scan, pre-service and ongoing training, and provision of consultative support to supported living staff that will best assure that the outcomes of the service and life goals of individuals are met.
- Will provide a plan for security and response to emergencies.
- Will develop a plan for evaluation of service success and quality of life outcomes by an objective third party.
- Must adapt toward individual service recipients and a commitment to have a creative and flexible approach to service, and to modify support to ensure continued stability without requesting additional funding from the regional center.
- Must agree to a minimum of quarterly monitoring by WRC. Families will be evaluated by a separate process and on a more frequent schedule.
- Must keep financial data for 5 years from the date of contract. It is required to keep receipts and cancelled checks for 5 years from the date of contract.
- Must disclose any potential conflicts of interest (Title 17, §54500). Proposals will NOT be accepted from employees of the State of California, employees of the regional center system, or their immediate family members. Eligible applicants may be either a non-profit corporation (501-C3) or proprietary, for-profit entities.

Additional Requirements:

- Development of Program/Service Design: The selected applicant will be required to complete a service design within thirty (30) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

Costs for Proposal Submission: Applicants responding to the RFP shall bear all costs associated with the development and submission of a proposal.

SUBMISSION INSTRUCTIONS

Please submit a single PDF file with all information in the same order as listed below:

Application/Proposal Coversheet – Attachment A

Table of Contents

Professional Resumes and References – Attachment B

Statement of Obligation – Attachment C

Sample Financial Statement – Attachment D

Budget Summary – Attachment E

Mission, Vision, and Value Statements: Provide any agency MVV statements and how these were developed for your agency.

Background and Experience: Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

Development Experience: Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

Agency Outcomes: Describe anticipated outcomes of proposed service and how achievement of outcomes will be measured.

Assessment and Planning: Briefly describe the planning process. Discuss how individual goals and objectives will be determined and progress measured. Describe the outcomes for each target population involved (e.g., individuals working as mentors as well as those being mentored).

Administrative/Consultant Roles: Describe roles of Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

Methods and Procedures: Applicants will describe the substance use treatment peer mentoring service including how they will address:

- Substance use and mental health treatment needs of participants, as well as therapeutic approaches/modalities to be utilized.
- Education approaches for substance abuse treatment and prevention to prepare program participants to mentor their peers, tools to monitor competencies, and any proposed processes to reimburse mentors for working with mentees.
- Participant motivation issues using incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.
- Entrance/exit criteria for program participants.

Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:

- Desired characteristics for all staff positions.
- Health and criminal background screening procedures.
- Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
- Discuss what typical staff turnover is for your organization/agency.
- Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
- Attach an organization chart that includes this project and maps the supervisory hierarchy.
- Provide job descriptions and qualifications for the primary staff and consultant positions.

Staffing Schedule: Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.

Transportation: Describe how participants' transportation will be addressed for appointments and program activities.

Communication: Describe how participants' diverse communication styles will be addressed (including any translation, interpretation, ASL needs).

Financial Resources: Discuss what financial resources you bring to the project (e.g., line of credit, cash, or fluid capital reserves, etc.).

Continuous Quality Improvement (CQI): Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g., incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g., supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document:

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

Formatting Requirements: All submissions must be emailed to RFP@WestsideRC.org. Electronic submissions cannot exceed 15 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed, please note that **proposals should be no longer than 10 pages total**. All proposals must be complete, typewritten, collated, and page numbered. Please save and email the attachments/forms as a single PDF file.

The “Application/Proposal Coversheet” (see Attachment – A) must be the first page of the proposal.

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc. Those will not be counted towards the maximum 10-page submission.

Fax copies will NOT be accepted.

Submissions will NOT be returned.

Proposals will NOT be accepted after the deadline.

Inquiries/Requests for Assistance: Technical assistance is limited to the information on the requirements for preparing the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

Inquiries Contact: Westside Regional Center
Attn: Aga Spatzier, Wellness Manager
5901 Green Valley Circle, Ste. 320
Culver City, CA 90230
agas@westsiderc.org

Timeline requirements:

- October 16, 2023---Request for proposals release
- November 16, 2023---RFP Zoom orientation meeting (optional)
- **December 15, 2023**---RFP submission deadline
- January 8-12, 2024---Evaluation of proposals by selection committee
- January 22-26, 2024---Interviews with highest-ranking applicants, if applicable
- January 31, 2024---Notice of selection mailed to applicants
- February 2, 2024---Notification of Project Award posted on WRC website
- March 1, 2024---Contract signed

An RFP orientation meeting will be held on
Thursday, November 16th, 2023, at 11:00 a.m. via Zoom.
Please submit questions about the RFP to agas@westsiderc.org prior to the
orientation meeting.

[Register in advance for Peer Mentoring Program RFP Orientation.](#)

After registering, you will receive a confirmation email with information about joining the meeting.

Attachment – A

APPLICATION/PROPOSAL COVERSHEET

Name of Applicant or Organization Submitting Proposal			
Name of parent corporation, if applicable			
Applicant's mailing address			
Contact person for project			
Contact phone number	Contact fax number	Contact e-mail address	
Author of proposal or consultant assisting with proposal		Author/consultant phone number	
<u>List all Regional Centers with which you have vendored programs or services</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number
<u>List all Regional Centers with which you have programs/services in development</u>			
Reg. Center	Type of Program/Service in Development		Service Start Date

Application submitted by:

 Signature (person must be authorized to bind organization)

 Date

Attachment – B

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: _____

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be administrator, if known.

<u>List all staff and/or consultants for whom a resume is attached</u>	
Name	Job Title/Type of Consultant

List three references, including job title and agency affiliation, who can be contacted in regard to applicant's qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant's governing board and/or applicant's family members are excluded from consideration.

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Attachment – C

STATEMENT OF OBLIGATION

1. The applicant is presently providing social services to regional center consumers or other members of the community.
☐ No ☐ Yes
If yes, indicate name, location, type and capacity of service(s).
2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs.
☐ No ☐ Yes
If yes, indicate name, location, type and capacity of service(s).
3. The applicant is planning to expand existing services (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2023-2024 and/or fiscal year 2024/2025.
☐ No ☐ Yes
If yes, indicate funding source and scope of grant project.
4. The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual fiduciary, neglect).
☐ No ☐ Yes
If yes, explain in detail.
5. The applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), sanction, notice of immediate danger, or an "A" or "B" citation, or any other citation from a regional center or state licensing agency.
☐ No ☐ Yes
If yes, explain in detail.
6. Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation. Do not include services you propose to provide through this proposal.

Signature of Applicant or Authorized Representative

Date

SAMPLE FINANCIAL STATEMENT

1. CURRENT ASSETS:
 - Cash in banks
 - Accounts receivable
 - Notes receivable
 - Equipment/vehicles
 - Inventories
 - Deposits/prepaid expenses
 - Life insurance (cash value)
 - Investment securities (stocks and bonds)
2. FIXED ASSETS:
 - Buildings and/or structures
 - Real estate holdings
 - Long-term investments
 - Potential judgments and liens
3. CURRENT LIABILITIES:
 - Accounts payable
 - Notes payable (current portion)
 - Taxes payable
4. LONG-TERM LIABILITIES:
 - Notes/contracts
 - Real estate mortgages
5. OTHER INCOME
 - Wages/revenues or other sources
6. LINE OF CREDIT
 - Amount available (specify)

BUDGET SUMMARY

Name of Applicant/Organization: _____

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

	Care and Services	Start-up Expense	Ongoing Monthly
1.	Food		
2.	Household Supplies		
3.	Personal Supplies		
4.	Program Equip/Recreation		
5.	Total Board & Supply (add lines 1-4)		
	Physical Plant	Start-up Expense	Ongoing Monthly
6.	Lease/Insurance (3 months lease)		
7.	Utilities (gas, electric, water, phone/media)		
8.	Vehicle Lease		
9.	Vehicle Maintenance/Gas/Insurance		
10.	Furnishings/Maintenance		
11.	Total Physical Plant (add Lines 6-10)		
	General Administration	Start-up Expense	Ongoing Monthly
12.	Admin Overhead		
13.	Office Supplies/Equipment/phone		
14.	Insurance(s)		
15.	Other-CCL fees		
16.	Staff recruitment		
17.	Training & Staff Development		
18.	Total Gen. Administration (add lines 12-17)		
	Staffing	Start-up Expense	Ongoing Monthly
19.	Salary – Administrator		
20.	Direct Staffing		
21.	Program Consultants		
22.	Employee Benefits		
23.	Payroll Taxes		
24.	Worker's Compensation		
25.	Total Staffing Expenses (add lines 19-24)		
26.	Total Start-up Expenses (add lines 5, 11, 18 & 25)	\$	
27.	Total Mo. Rate Per Person (divide Line 26 by 4)		\$

MHSA's Substance Use Delivery Expansion Project: E-Learning Design and Development RFP
Scoring Criteria

Name of Agency Submitting RFP:
Date of Review:
Reviewer's Name:

Proposals will be reviewed and evaluated based on 4 sections: Qualifications, Scope of Proposal, Work Plan, and Budget. For each section, a point value of 1-10 should be entered in the Points column (in green) based on the following scale:

0: Failed to address any RFP section criteria (grossly negligent or misaligned)
1-2: Does not meet RFP section criteria
3-4: Meets some of the RFP section criteria
5-6: Meets many of the RFP section criteria
7-8: Meets almost all of the RFP section criteria
8-9: Meets all RFP section criteria
10: Notably exceeds minimum section criteria

After you enter the points, the score for each section will auto-calculate in the Score column (in blue). This is calculated by multiplying the number of points by the percent weight assigned to each section. The total score is out of 100%. The total point value is 40 (max 10 points per section). You may include notes for each criteria listed in sections 1-4 to help you determine the number of points per section.

Section 1: Qualifications (Weight 15%)	Points (max 10 pts)	Score (weight*points)	Notes
The developer has extensive experience in instructional design and development.		0	
The proposal includes contact information (the agency's name, address, phone number, email address, website, and name and address of assisting team members).			
The proposal includes references (reference's name, address, phone number, email address) and information regarding past projects.			
Section 2: Scope of Proposal (Weight: 35%)	Points (max 10 pts)	Score (w*p)	Notes
The proposal includes assumptions regarding the proposed project including the content/script, revisions, project management, narration, media use, and any updates to scope of work.		0	
The project timeline includes tasks, responsible parties, and estimated time for completion.			
Section 3: Work Plan (Weight: 35%)	Points (max 10 pts)	Score (w*p)	Notes
The proposal includes a brief description of the following components in the design and development of the interactive courses using Articulate Storyline 360: A full course instructional design Storyboarding Content scripting phase Professional voice-over narration Audio/video editing AA 508-compliance Quality assurance/testing Any projected kickoff calls/meetings and their goals		0	
The proposal includes a brief description of all the proposed components of the design and development of the interactive courses using Articulate Storyline 360.			
The proposal demonstrates plan to conduct testing of the courses prior to implementation to ensure proper operation of courses in LMS.			
Section 4: Budget (Weight: 15%)	Points (max 10 pts)	Score (w*p)	Notes
The proposal includes the corresponding fees/projected costs and invoicing schedules related work plan and scope of proposal.		0	
The proposal demonstrates how the budget will be met (funds available: \$100,000.00).			
Total:	0	0%	Comments:

Westside Regional Center

APPENDIX A

MHSA's Substance Use Delivery Expansion Project: Substance Use Treatment Peer Mentoring Contracted Services

PROPOSAL REVIEW/EVALUATION CRITERIA

Applicant /Agency _____ Reviewer _____ Date _____

Proposal Section	Scoring Criteria	Proposal Score
A. Qualifications (weight 29%)		
The applicant/agency has education/experience in providing services to the target population. Key personnel and their resumes, roles and qualifications are listed in the RFP, including any CA valid licenses (i.e., LMFT, LSW, PsyD, PhD, LPC) or at the very least, a certification as a Substance Use Counselor).	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency has prior experience in the successful development of services and programs, describes those experiences in the RFP, and highlights similarities between current/previous programs and proposed program for this RFP.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency is (or will be) able to work collaboratively with others in a multi-agency, interdisciplinary configuration. Examples of collaborative partners include substance use prevention/treatment systems, mental health systems, probation, courts, other regional centers.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
B. Implementation Plan (weight 51%)		
The applicant/agency proposes a feasible plan for the substance use treatment peer mentoring service including: (1) therapeutic modalities/approaches to address participants' substance use and mental health treatment, (2) education approaches to prepare participants to mentor their peers and tools to monitor competencies, (3) incentive systems to promote cooperation and participation in treatment services (4) any proposed reimbursement models for mentors, (5) entrance/exit criteria for program participants.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency successfully describes the assessment and planning processes including setting and measuring individuals' goals and objectives as well as the anticipated outcomes of the proposed services, and any outcome evaluation methods to be used.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency successfully describes continuous quality improvement methods including utilization of data to identify service problems and implementation of corrective changes.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency has an organizational structure that can provide adequate <u>staffing</u> to partner with WRC for successful project development and completion. <u>Staff</u> (administration, consultants, direct support professionals) recruitment and retention plan is well described including job descriptions,	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	

qualifications, screenings, trainings, compensation, organizational chart. A sample of a one-week staffing schedule is provided.		APPENDIX A
The applicant/agency includes feasible plans for recruitment and retention of <u>peer mentors</u> including qualifications, screenings, trainings, and any compensations.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
The applicant/agency includes information on participants' transportation and communication needs and how they will be addressed by this program.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
Overall, the proposal indicates thorough knowledge of the processes and procedures needed to complete the project. The proposal indicates demonstrates ability to follow directions and is an appropriate response to the RFP.	1 pt: Meets some of the RFP section criteria 2 pts: Meets many of the RFP section criteria 3 pts: Meets almost all of the section criteria 4 pts: Meets all RFP section criteria	
C. Budget and Finances (weight 20%)		
The project budget demonstrates candidates' knowledge of costs. The budget is reasonable and includes all costs required for start-up as well as ongoing operations. The applicant demonstrates an appropriate understanding of costs associated with the project.	1 pt: Little understanding of costs associated/budget is somewhat reasonable 2 pts: Some understanding of costs associated/budget is reasonable 3 pts: Good understanding of costs associated/budget is quite reasonable 4 pts: Clear understanding of costs associated/budget is very reasonable	
The applicant/agency financial statement(s) reflects sound fiscal practices. Assets are sufficient to undertake the proposed project and there are sufficient financial assets in reserves.	1 pt: Assets are not sufficient 2 pts: Assets are somewhat sufficient 3 pts: Assets are sufficient and there is some assets in reserves 4 pts: Assets are sufficient and there is sufficient assets in reserves	
Total Score		

Recommended to invite for an interview: ☐ yes ☐ no

Follow up questions to ask at the interview: (enter here any questions that you may have for this applicant/agency)

- 1.
- 2.
- 3.

Westside Regional Center FY 2023-2024 Peer Mentoring RFP Interview Scoring

Applicant/Agency:	Reviewer:	Date:
-------------------	-----------	-------

Likert Scale to be used while scoring the quality of answers provided: **5 – excellent, 4 – good, 3 – fair, 2 – poor, 1 – very poor**

Questions	Notes	Max Score	Interview Score
1. Tell us about your agency and its experience supporting individuals with developmental disabilities and describe your service approaches.		5	
2. Tell us about your experiences with development and implementation of programs supporting people with substance use disorders and mental health conditions.		5	
3. Describe your process for recruiting, training, and retaining <u>staff</u> to be working on this project.		5	
4. Describe your process for recruiting, training, and retaining <u>mentors</u> to be involved in this project.		5	
5. Could you elaborate on the organizational structure for this project? Have you identified the project lead? How many positions will need to be developed and hired? Would the project staff have needed certifications or licenses to work with people with mental health and substance use disorders?		5	
6. Describe the services you plan to provide, how you plan on including the individual's choice and the utilization of community resources specific to substance use.		5	
7. Describe how the agency develops a project budget for this program and this service.		5	
8. Would this project be fully funded by the grant funding or will you be able to match with revenues from other sources?		5	
Total		40	

Applicant:

Interview Date:

MHSA – Project Manager

Interview Scoring Criteria



WESTSIDE
REGIONAL CENTER

APPENDIX A

Section A: Work Experience	Skills/ Qualifications Expected	Max 9 pts
1. Tell us about yourself and walk us through your resume.	☐ Strong communication skills (clear, prepared, confident)	
2. Tell us about your experience in the fields of substance use prevention, treatment and recovery and/or mental health.	☐ Experience working with non-profits; social work/public health/related fields	
3. What do you know about the regional center system?	☐ Experience working in the field of SUD ☐ Experience working in the field of MH	
	☐ Knowledge of the regional center system (ex. what we do, who we serve) ☐ Able to identify and knowledge of other systems	
Section B: Project Management	Skills/ Qualifications Expected	Max 9 pts
4. Tell us about your project management experience. Have you led any projects on your own? What was your role and how did you manage the project?	☐ Ability to develop a project plan/ timeline/process to reach outcomes/goals ☐ Has led a project independently with large responsibilities	
5. Describe your experiences with research, data collection and monitoring of project's outcomes and any report writing.	☐ Experience with correspondence with grant funders / subcontractors ☐ Experience with quantitative/qualitative data, software for analyzing data (ex. SPSS, Excel), and the ability to translate data into graphs / narrative reports	
6. What presentations of project's findings or lessons learned have you done? Can you tell us more about the audience and your experiences?	☐ Experience and comfort presenting in front of diverse audiences	
Section C: Development	Skills/ Qualifications Expected	Max 9 pts
7. Describe your experiences of any multi-agency collaborative building. What was your role in this?	☐ Experience with development and implementation of multi-agency partnerships / collaborative / task force groups ☐ Strategies to engage agencies into sustainable collaborative	
8. Can you tell us about your experiences developing or supporting development of needs assessments, project's protocols, program designs, and any accountability or communication plans?	☐ Developed and implemented needs assessments (e.g. surveys, focus groups) ☐ Developed other materials: program designs, protocols, accountability or communication plans	
9. Have you ever worked on e-learning courses design and development? Or any other mode of professional development? Do you remember the software platform used?	☐ Worked on projects focused on professional development ☐ Worked on e-learning course design and development (e.g. Articulate 360 suite or others)	
Wrapping Up		No Score
10. This position will start off as telework but it might transition into office work. Will this be an issue for you if offered the position?	☐ Able to telework and work in the office (Culver City), if needed.	Yes/ No
11. If this position is offered to you, what is your availability?	☐ Able to start within 2 weeks	Yes/ No
12. Would you be able to email us a writing sample?	☐ Sample provided	Yes/ No
13. Do you have any questions for us?	☐ Thoughtful questions asked	
Final Score: _____ (out of 27 points max)		

Applicant:

Interview Date:

MHSA – Research Assistant

Interview Scoring Criteria



WESTSIDE
REGIONAL CENTER

APPENDIX A

Section A: Work Experience/Systems Knowledge	Skills/ Qualifications Expected	Max 9 pts
1. Tell us about yourself and walk us through your resume.	☐ Strong communication skills (clear, prepared, confident)	
2. Tell us about your experience in the fields of substance use prevention, treatment and recovery and/or mental health.	☐ Experience working with non-profits; social work/public health/related fields	
3. What do you know about the regional center system?	☐ Experience working in the field of SUD ☐ Experience working in the field of MH	
	☐ Knowledge of the regional center system (ex. what we do, who we serve) ☐ Able to identify and knowledge of other systems	
Section B: Research Experience	Skills/ Qualifications Expected	Max 9 pts
4. How would you conduct literature reviews on best practices in identification and supports in treatment for substance use disorders among people with I/DD?	☐ Ability to develop a plan including research questions, synthesis of results of what is known, areas of controversy in literature, gaps in knowledge/research ☐ Has led a project independently with large responsibilities	
5. Describe your experiences with data collection and setting up process and outcome evaluations. How did you analyze quantitative vs. qualitative data?	☐ Experience with evaluations (pre/post tests, process evaluations, monitoring) ☐ Experience with quantitative/qualitative data, software for analyzing data (ex. SPSS, Excel), and the ability to translate data into graphs / narrative reports	
6. How were the findings presented in the projects you worked on? Can you tell us more about the audience and your experiences?	☐ Experience and comfort presenting in front of diverse audiences ☐ Experience with report writing	
Section C: Development	Skills/ Qualifications Expected	Max 9 pts
7. Describe your experiences of any multi-agency collaborative building. What was your role in this?	☐ Experience with development and implementation of multi-agency partnerships / collaborative / task force groups ☐ Strategies to engage agencies into sustainable collaborative	
8. Can you tell us about your experiences developing or supporting development of needs assessments including survey development, recruitment materials and leading focus groups?	☐ Developed and implemented needs assessments (e.g. surveys, focus groups) ☐ Developed other materials: program designs, recruitment materials and evaluation tools	
9. Have you ever worked on e-learning courses design and development? Or any other mode of professional development? Do you remember the software platform used?	☐ Worked on projects focused on professional development ☐ Worked on e-learning course design and development (e.g. Articulate 360 suite or others)	
Wrapping Up		No Score
10. This position will start off as telework but it might transition into office work. Will this be an issue for you if offered the position?	☐ Able to telework and work in the office (Culver City), if needed.	Yes/ No
11. If this position is offered to you, what is your availability?	☐ Able to start within 2 weeks	Yes/ No
12. Would you be able to email us a writing sample?	☐ Sample provided	Yes/ No
13. Do you have any questions for us?	☐ Thoughtful questions asked	
Final Score: _____ (out of 27 points max)		

WRC/FDLRC: Supporting People with Substance Use Concerns: Provider Survey

Welcome!

Westside Regional Center and Frank D. Lanterman Regional Center received a grant to expand services for *people with developmental disabilities who are dually diagnosed (or at risk of dual diagnosis) with mental health and (or at risk of) substance use disorder(s)*.

This funding will also support the service provider community....and we would like to involve you in this process.

How many people do you support with substance use/misuse issues and how can we help you support them?

This survey will take approximately 10 minutes to complete and your input will better inform how we can support you, our provider community, and the people you serve who may have co-occurring mental health and substance use disorders..

Provider Background

1) Can you please tell us what services and supports you are contracted with to provide on behalf of WRC and/or FDLRC? *(please select all that apply)*

- ☐ ILS - Independent Living Services
- ☐ SLS - Supported Living Services
- ☐ Adult Day Program
- ☐ Employment Program
- ☐ Other - Write In _____

2) Can you please tell us which of the following best describes you?

- ☐ I am an owner or administrator of an agency (CEO, CFO, President, Manager)
- ☐ I am a program manager or case manager
- ☐ I am medical staff
- ☐ I am a direct support professional
- ☐ I am a parent provider
- ☐ Other - Write In: _____

3) Which zip codes do you provide the above regional center services to?

4) Which regional center(s) are you vendored with or provide supports to? *(please select all that apply)*

- ☐ Frank D. Lanterman Regional Center
- ☐ Westside Regional Center
- ☐ Other - Write In: _____

The People You Serve

For the purposes of this survey,

- Mental health disorders are conditions that affect a person's thinking, mood, and/or behavior, often referred to as mental illness. Examples include anxiety, depression, schizophrenia, Attention-Deficit/Hyperactivity disorder.

- Substance use disorders are characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. Examples of substances include legal or illegal drugs, alcohol, tobacco products, inhalants.

5) To the best of your ability, can you please enter the number of people you/your agency served in the past year in each category identified in the table below.

How many people...

	18 - 22	23 - 55	56+
Has your agency served in the following age ranges?			
Have, or you suspect of having, both developmental disability AND mental health disorder(s)?			
Have, or you suspect of having, both mental health disorder(s) AND substance use disorder?			
Could benefit from substance use disorder intervention (e.g. recovery support, peer mentoring)?			
Could benefit from substance use disorder prevention services? (e.g. education, screening, referrals)			

6) What type of mental health disorder(s) are the people you serve experiencing? *(please check all that apply)*

- ☐ Anxiety Disorders (e.g., Social Anxiety, Panic Disorder, Obsessive-Compulsive Disorder)
- ☐ Impulse Control Disorders (e.g., Impulsivity, Inattention, Explosive Behaviors)
- ☐ Mood Disorders (e.g., Depression, Bi-Polar)
- ☐ Thought Disorders (e.g., Schizophrenia, Psychosis, Paranoia, Delusions/Hallucinations)
- ☐ I don't know

[] Other - Write In: _____

7) What type of substances are being used or what type of addictions are the people you serve experiencing?

Supporting People with Developmental Disabilities, Mental Health and Substance Use Disorders.

8) Overall, how knowledgeable do you consider you/your staff to be about mental health disorders?

- ☐ Very knowledgeable
- ☐ Highly Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Not very knowledgeable
- ☐ Not at all knowledgeable

9) Overall, how knowledgeable do you consider you/your staff in general to be about substance use disorder?

- ☐ Very knowledgeable
- ☐ Highly Knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Not very knowledgeable
- ☐ Not at all knowledgeable

10) Do you/your staff have a mental health or substance use disorder/addiction treatment counselor you consult with when needed or appropriate?

- ☐ Yes, we have a mental health consultant we utilize
- ☐ Yes, we have a substance use expert we utilize
- ☐ Yes, we use both
- ☐ No, we don't have either of these resources
- ☐ We have not needed either of these resources

11) How do you/your staff identify if the people you serve have substance use disorder?

12) What is/are the source(s) of your / your staff's knowledge about supporting those with substance use disorder? *(please check all that apply)*

- ☐ Formal university or college education
- ☐ Certification Program
- ☐ Training (regional center or other)
- ☐ Personal experience
- ☐ Relationship with a person with mental illness
- ☐ Work- related experience
- ☐ Personal interest in learning about mental illness
- ☐ News and media (TV, books/audiobooks, podcasts, social media, and newspapers/magazine articles)
- ☐ Other - Write In: _____

13) What substance use disorder resources are you/your staff aware of and/or refer people to?

14) What challenges do you/your staff or organization encounter when supporting people with developmental disabilities, mental health disorder(s) AND substance use disorder?

15) What training or supports do you/your staff need to help people with developmental disabilities, mental health disorder(s) AND substance use disorder?

16) What risk factors for substance use disorder(s) do see impacting the people you serve? (please check all that apply)

- ☐ Relationship stress (family support and dynamic, friendship, etc.)
- ☐ Medical condition (Vision loss, Hearing Loss, Chronic Pain)
- ☐ Social isolation
- ☐ Medication use/access to prescription pain medication
- ☐ Low socioeconomic status
- ☐ Limited education and awareness of risks of substance use
- ☐ Limited communication skills
- ☐ Family history of substance use disorder
- ☐ Trauma (adverse childhood experiences, PTSD, history of abuse/sexual abuse)
- ☐ Co-occurring mental health disorders
- ☐ Other - Write In: _____

17) To what degree do you believe you/your staff and organization is prepared/ capable of providing informed care related to:

	Very Prepared/ Capable	Highly Prepared/ Capable	Prepared/ Capable	Less Prepared/ Capable	Significantly Less Prepared/ Capable
Individual's Racial Ethnicity – (e.g., Asian, Black/African American, Caucasian, Hispanic, Middle Eastern)	[]	[]	[]	[]	[]
Religion (e.g., Buddhism, Catholic, Christian, Jewish, Muslim, Pagan, etc.)	[]	[]	[]	[]	[]
Sexual and/or gender identities (LQTBQIA+ or other)	[]	[]	[]	[]	[]
Economic Diversity (Income Level, Occupational Status, Education Level, etc.)	[]	[]	[]	[]	[]
Environmental Diversity (Living Conditions, Access to Resources, Cultural Capital, etc.)	[]	[]	[]	[]	[]

18) If you or your organization would like to receive additional information on substance use prevention and treatment services, please feel free to leave us a contact email.

Thank You!

Your feedback will help us improve resources and services for individuals with developmental disabilities, mental health and substance use disorders, including those who are at risk of for substance use disorders.



BACKGROUND

Within California's developmental disabilities services system, the need for substance abuse treatment programs, resources and supports has long been recognized, though little "official" data on the number of people impacted by co-occurring intellectual and or developmental disabilities and addiction issues has not been established.

Through a Mental Health Services Act (MHSA) 2023-26 Mental Health Services Act (MHSA) Grant: Co-Occurring Developmental Disabilities, Mental Health and Substance Abuse grant application, Westside Regional Center (WRC), with Frank D. Lanterman Regional Center (FDLRC), is taking a lead within Los Angeles County to:

1. Assess the number of people served/supported by the regional center(s) that are impacted by substance Use disorder (SUD) or substance abuse issues (SAI);
2. Design and Develop E-Learning Resources for the Service Provider Community
3. Work to create peer mentoring program(s)
4. Assess the impact of the e-learning program, peer mentoring program, and program supports on people served

OBJECTIVE

The *2023-24 Mental Health Services Act (MHSA) Grant: Co-Occurring Developmental Disabilities, Mental Health and Substance Abuse: Provider Survey (Provider Survey)* focuses on quantifying and better understanding people served with dual (DD/MH) service needs who are also dealing with substance use/abuse issues/disorder and the needs of the providers that support them.





2023-26 Mental Health Services Act (MHSA) Grant: Co-Occurring Developmental Disabilities, Mental Health and Substance Abuse:
Provider Survey: *Executive Summary*

METHODOLOGY

Questionnaire:
36 data points

Data Collection:
Fielded:
12/08/23-02/02/24

Completes: 149

**PROVIDER
BACKGROUND**

Population and Sample. The target population for the *Provider Survey* are providers that support adults with developmental disabilities, including Day/Employment Services, Independent and/or Supported Living Services. Given available data, *the potential respondents is likely to be ~398 service providers.*

Questionnaire. The questionnaire for the *Provider Survey* includes 36 data points addressing: Service Provider Background, People Served, and Supporting People with Developmental Disabilities, Mental Health and Substance Use Disorders.

Data Collection Methodology. Between December 8th, 2023 – February 2nd, 2024, WRC and FDLRC collected online data for the *Provider Survey*. Potential respondents were invited to participate via an email invitation from either WRC or FDLRC (or both), and were also sent 1-3 reminder emails. **In total, 149 respondents of an estimated 389 potential respondents participated, yielding a 38.3% response rate.**

In total 147 service providers participate in the *Provider Survey*. Respondents represented 194 service categories, as some providers offer multiple services:

Service Type	Count
Adult Day Program	47
Adult Residential	4
Employment Program	23
ILS - Independent Living Services	17
SLS - Supported Living Services	45
Other	58

Responding service providers are vendored with Westside Regional Center (73.7%), Frank D. Lanterman Regional Center (53.9%) and other California regional centers (38.2%).





**THE PEOPLE
YOU SERVE**

The *Provider Survey* focused on quantifying the number of people served by the regional center who have, or who provider suspect have developmental disability(ies), mental health *AND* substance abuse disorder(s). Utilizing the data provided by responding service providers and a multi-step data analysis, it is possible to project the occurrence and co-occurrence of people with developmental disabilities and mental health and substance abuse disorders. Using the top question, "Has your agency served in the following age ranges?" as a base number, the percent of the population impact for each category:

Support Need	18 - 22	23 - 55	56 +
1) Has your agency served in the following age ranges?	624	1949	555
2) Have, or you suspect of having, both developmental disabilities AND mental health disorder(s)?	66.3%	51.2%	41.1%
3) Have, or you suspect of having, both mental health disorder(s) AND substance use disorder?	6.3%	3.8%	8.1%
4) Could benefit from substance use disorder <u>intervention</u> (e.g. recovery support, peer mentoring)?	21.2%	19.0%	17.1%
5) Could benefit from substance use disorder <u>prevention</u> services (e.g. education, screening, referrals)?	3.7%	2.4%	3.6%

Overall, the percent of people experiencing mental health disorder(s) include:

- Mood Disorders (88%)
- Anxiety Disorders (85%)
- Impulse Control Disorders (79%)
- Thought Disorders (76%)
- Other (8%)

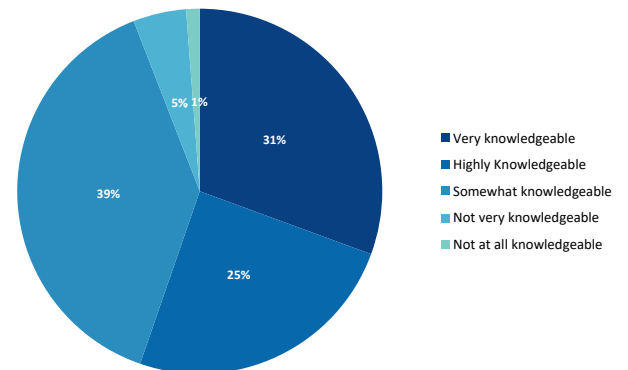




SUPPORTING
PEOPLE WITH
DEVELOPMENTAL
DISABILITIES,
MENTAL HEALTH
AND SUBSTANCE
USE DISORDERS

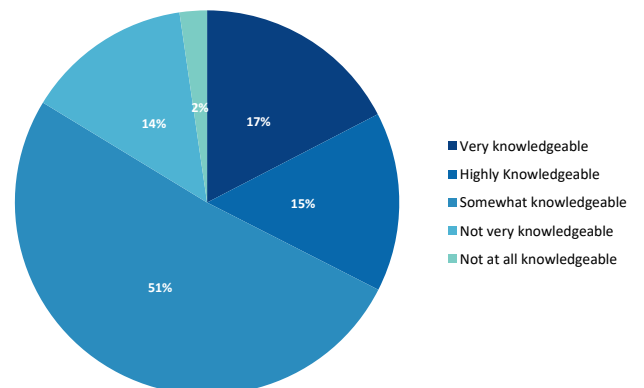
Overall, how knowledgeable do you consider you/your staff to be about mental health disorders?

Overall, responding providers rated their staff's knowledge a 3.77 on a 5-point balanced Likert-scale, with 55% of providers stating they/their staff are Very or Highly Knowledgeable. In total 6% of responding providers rated their staff Not Very or Not At All Knowledgeable.



Overall, how knowledgeable do you consider you/your staff in general to be about substance use disorder?

Overall, responding providers rated their staff's knowledge a 3.31 on a 5-point balanced Likert-scale, with 32% of providers stating they/their staff are Very or Highly Knowledgeable. In total 16% of responding providers rated their staff Not Very or Not At All Knowledgeable.



Primarily, staff knowledge comes from Work-Related Experience (67%), Training (61%), Personal Experience (52%), Relationships with a person with a mental illness (51%) and personal interest in learning about mental illness (41%).





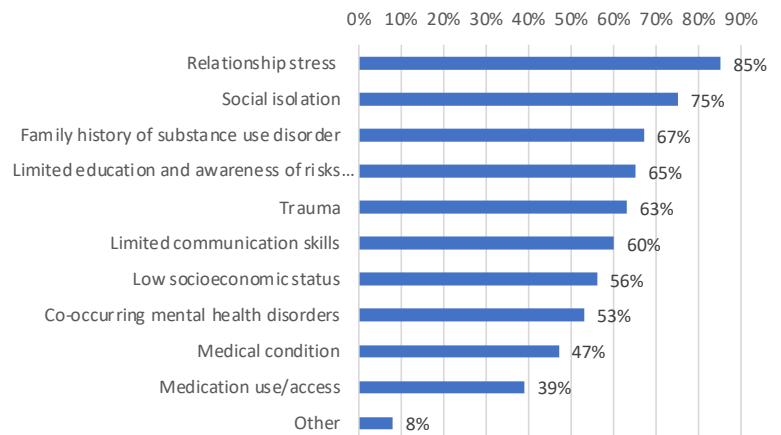
2023-26 Mental Health Services Act (MHSA) Grant: Co-Occurring Developmental Disabilities, Mental Health and Substance Abuse:
Provider Survey: *Executive Summary*

SUPPORTING
PEOPLE WITH
DEVELOPMENTAL
DISABILITIES,
MENTAL HEALTH
AND SUBSTANCE
USE DISORDERS

To what degree do you believe you/your staff and organization is prepared/ capable of providing informed care related to:

	Very Prepared/ Capable	Highly Prepared/ Capable	Prepared/ Capable	Less Prepared/ Capable	Significantly Less Prepared/ Capable
Individual's Racial Ethnicity – (e.g., Asian, Black/African American, Caucasian, Hispanic, Middle Eastern)	27.9%	27.9%	38.4%	5.8%	0.0%
Religion (e.g., Buddhism, Catholic, Christian, Jewish, Muslim, Pagan, etc.)	22.4%	23.5%	43.5%	7.1%	3.5%
Sexual and/or gender identities (LQTBQIA+ or other)	27.7%	24.1%	39.8%	6.0%	2.4%
Economic Diversity (Income Level, Occupational Status, Education Level, etc.)	28.9%	25.3%	38.6%	6.0%	1.2%
Environmental Diversity (Living Conditions, Access to Resources, Cultural Capital, etc.)	26.3%	26.3%	40.0%	7.5%	0.0%

As part of providing informed care, the risk factors providers see impacting people served often include:



Do you/your staff have a mental health or substance use disorder/addiction treatment counselor you consult with when needed or appropriate?

Thirty-eight percent (38%) of responding providers have access to some resources – a substance use expert or mental health consultant, though 46% do not have access to these resources.

Qualitative insights on resources, provider challenges and support needs can be found in the full report.



Literature Review Guide

1. Scope and Objectives:

Scope (What are we looking at?)

- To explore research on Intellectual/Developmental Disability (I/DD) populations with substance misuse and best practices in the identification and treatment of Substance Use Disorder (SUD) among individuals with I/DD.

Objectives (What do we want to achieve?)

- Identify research on **I/DD population with substance misuse**; identify questions for survey, pilot questions and develop recruitment strategy for data collection, collect and analyze data and present findings (activities fulfill objective 2.1)
 - Identify & synthesize empirical studies on the **prevalence** of substance misuse among individuals with I/DD
 - Examine existing research on **risk factors** associated with substance use in the I/DD population
 - Utilize literature review findings to help inform the development of the **needs assessment survey** for WRC and Lanterman RC service providers to help identify the scope of SUD among people with I/DD, and tools for service improvement.
- Identify research on **best practices in identification and treatment of SUD among people with I/DD** into curriculum development in combination with findings from local needs assessment; develop list of resources and evaluation tools of the training curriculum (activities fulfill objective 3.1)
 - Evaluate the effectiveness of **current interventions of treatment approaches** for individuals with co-occurring I/DD and SUD
 - Identify **gaps** in the literature and areas requiring further research in the field of I/DD and substance misuse

2. Protocol:

- **To Do's**
 - Begin literature review:
 - 1) Search articles/studies using relevant keywords/terms
 - 2) Screen abstracts and titles to identify potentially relevant articles per inclusion/exclusion criteria
 - 2) Check the Zotero library for any duplicate articles before adding to the library.
 - 3) Add relevant articles to the Zotero library.

- 4) Conduct full-text review of selected articles.
 - Extract relevant data from selected articles into the **data extraction sheet**.
- 5) Conduct quality assessment for the selected article per the checklist.
- 6) Consult with Subject Matter Experts (SMEs) on as-needed basis during lit review (**or** until data saturation is achieved with lit review search, then collectively gather findings for cross-validation of information)
 - Cross-validate information provide by SMEs with existing literature to ensure consistency and reliability
 - Highlight SME insights that complement or extend existing research findings
 - Document any information collected from SMEs
 - Include SMEs in the peer-review process to ensure the final version of literature review reflects the highest standards of expertise
- 7) Meet with team to report on summary of literature review findings and discuss synthesis of extracted data
- 8) Create an outline based on synthesis of findings.
 - Identify and take notes on patterns, trends, and gaps in the literature.
 - Incorporate findings from service provider needs assessment and synthesize with literature review findings.
- 9) Assign sections/topics to team members for writing.
- **Literature review deadlines**
 - Research on I/DD population with substance misuse
 - Research on best practices in identification and treatment of SUD among people with I/DD
 - Complete synthesis of data findings
 - Outline of literature review
 - First draft of literature review
 - Complete literature review edits
 - Complete final draft of lit review on I/DD population with substance misuse
 - Complete final draft of lit review on best practices

3. Literature Search:

- **Search criteria and keywords**
 - Intellectual/Developmental Disability
 - Developmental Disorders
 - Autism Spectrum Disorder (ASD)

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Cerebral Palsy
- Specific Learning Disorder (SLD)
- Communication Disorders (Speech Sound Disorder, Language Disorder, Childhood-Onset Fluency Disorder (Stuttering))
- Epilepsy
- Down Syndrome
- Motor Disorders (Developmental Coordination Disorder/DCD, Stereotypic Movement Disorder)
- Tic Disorders
- Dual diagnosis
- Comorbidity
- Disabilities
- Mental illness
- Mental health
- Peer support
- Service delivery
- Substance Use Disorder
- Opioid Use
- Treatment models
- Interventions
- Barriers to treatment
- Best practices
- **Databases and Journals**
 - Google Scholar: <https://scholar.google.com/>
 - PubMed: <https://pubmed.ncbi.nlm.nih.gov/>
 - APA PsycINFO: <https://psycinfo.apa.org/journal/browse-all>
 - *Frontiers in Psychiatry*
<https://psycinfo.apa.org/journal/explore/111635>
 - *Disability and Rehabilitation: Assistive Technology*
<https://psycinfo.apa.org/journal/explore/110620>
 - *Disability and Health Journal*
<https://psycinfo.apa.org/journal/explore/111060>
 - *Journal of Intellectual and Developmental Disability*
<https://psycinfo.apa.org/journal/explore/1094>
 - *Disability & Society* <https://psycinfo.apa.org/journal/explore/3083>
 - *Journal of Intellectual Disability Research*
<https://psycinfo.apa.org/journal/explore/1429>
 - *Disability and Rehabilitation: An International, Multidisciplinary Journal* <https://psycinfo.apa.org/journal/explore/3671>
 - Scopus: <https://www.scopus.com/>
 - Web of Science: <https://www.webofscience.com/wos/alldb/basic-search>

- List of relevant databases & resources:
<https://simmons.libguides.com/c.php?g=830722&p=5964570>
- **What to Look for**
 - **Identify research on I/DD population with substance misuse**
 - **Prevalence and Incidence Studies:** Search for studies that aim to understand prevalence and incidence of substance misuse among individuals with I/DD
 - **Risk Factors and Protective Factors:** Explore research that identifies and analyzes risk factors associated with substance use in the I/DD population. Search for studies that highlight protective factors that may mitigate the risk.
 - **Comorbidity Studies:** Examine studies that delve into the comorbidity of I/DD and SUD—aim to better understand the intersection of these conditions. What challenges exist in accurately diagnosing and assessing substance misuse among individuals with I/DD?
 - **Identify research on best practices in identification and treatment of SUD among people with I/DD into curriculum development**
 - **Treatment Outcomes and Effectiveness:** Evaluate studies that assess the outcomes and effectiveness of different treatments and interventions for SUD in individuals with I/DD (e.g., behavioral interventions, pharmacological treatments, counseling)
 - **Barriers to Treatment Access:** Investigate literature that discusses barriers to accessing treatment for individuals with I/DD and SUD.
 - **Quality of Life and Wellbeing:** Explore any research that examines the impact of substance use on the overall quality of life and well-being of individuals with I/DD. This may help inform holistic approaches to intervention.
 - **Cultural Considerations:** Explore studies that address cultural considerations in the identification and treatment of SUD among individuals with I/DD. Search for interventions addressing cultural competence.
 - **Family and Caregiver Perspectives:** How do family members and caregivers perceive and experience the challenges of addressing substance use among individuals with I/DD? What role do family and caregivers play in supporting interventions and treatment?
 - **Policy and Program Evaluations:** Explore literature that assesses the impact of policies and programs aimed at addressing SUD among individuals with I/DD. What gaps exist in current policies and programs, and how can they be improved?

- **Longitudinal Studies:** Search for longitudinal studies with I/DD over time to understand the long-term effects of substance use and the effectiveness of existing interventions.

5. Screening and Selection:

- **To Do:** Conduct an initial screening based on titles and abstracts.
- **Inclusion and Exclusion Criteria**
 - **Inclusion criteria:**
 - Studies focused on I/DD population with substance misuse or SUD
 - Research articles, systematic reviews, meta-analyses, and empirical studies.
 - Publications in English.
 - Studies published within 2013-2023.
 - **Exclusion criteria:**
 - Studies unrelated to I/DD or SUD.
 - Non-English publications.
 - Dissertations, conference abstracts, non-peer-reviewed sources.
 - Studies older than 2013.

6. Data Extraction:

- **Identify relevant data per article for synthesis of findings.**
 - Systematically extract relevant information from each source and input it into the data extraction sheet.
 - Ensure consistency in data extraction across team members.

7. Quality Assessment:

- **Evaluate the quality and credibility of each source.**
- Use the checklist below as a guideline to help you assess the quality of each article.

Study Design and Methodology:

Research Design:

- ☒ Is the study design appropriate for the research objectives (e.g., randomized controlled trials, cohort studies, systematic reviews)?

Sample Size and Representativeness:

- ☒ Is the sample size adequate for the study's objectives?
- ☒ Are participants representative of the broader I/DD population?

Sampling Methods:

- ☒ Are the sampling methods clearly described and appropriate for the study design?

Data Collection Methods:

- ☒ Are data collection methods well-defined and appropriate for the study's objectives?
- ☒ Is there transparency regarding how data were collected?

Measurement Tools:

- ☒ Are standardized and validated measurement tools used to assess variables of interest?

Quality of Reporting:

Clarity of Reporting:

- ☒ Is the study clearly and transparently reported?
- ☒ Are the methods, results, and conclusions clearly articulated?

Publication Source:

- ☒ Is the study published in a reputable, peer-reviewed journal?
- ☒ Consider the impact factor of the journal.

Author Credentials:

- ☒ Are the authors qualified and experienced in the field?
- ☒ Check for conflicts of interest.

Study Results and Analysis:

Statistical Analysis:

- ☒ Are appropriate statistical methods used in data analysis?
- ☒ Are statistical results adequately reported?

Discussion of Limitations:

- ☒ Does the study acknowledge and discuss its limitations?
- ☒ Is there a clear awareness of potential biases?

Generalizability of Findings:

- ☒ To what extent can the study findings be generalized to the broader I/DD population?

Relevance to Research Objectives:

Alignment with Research Objectives:

- ☒ Does the study directly address the research questions and objectives of your literature review?

Applicability to Intervention Strategies:

- ☒ For intervention studies, does the research explore practical and evidence-based strategies for addressing SUD among individuals with I/DD?

Consideration of Ethical Standards:

Ethical Considerations:

- ☒ Are ethical standards adhered to in the study's design and implementation?
- ☒ Is there evidence of informed consent and ethical review board approval?

Additional Criteria:**Temporal Relevance:**

- ☒ Is the study recent enough to be considered relevant, given the dynamic nature of research in the field?

Peer Review Status:

- ☒ Is the study peer-reviewed? Peer-reviewed studies are generally considered more reliable.

Biases:

- ☒ Be cautious about potential sources of [bias](#):
 - Consider the study design—E.g., RCTs are generally less prone to bias than observational studies.
 - Evaluate the methodology, sampling methods, data collection techniques, and statistical analysis—all methods used should be transparent and rigorous.
 - Conflict of interest—Do the authors declare any conflicts of interest? Financial or non-financial conflicts of interest may influence the study design, conduct, or reporting.
 - Examine funding sources—Research funded by entities with a vested interest may introduce bias.
 - Review acknowledgments—The acknowledgements for any affiliations, relationships, or support that could introduce bias.
 - External validation—Are the study findings consistent with other research in the field?
 - Selective Citation—Examine the references in the study. If the authors selectively cite studies that support their viewpoint, it may indicate bias.

8. Data Analysis & Synthesis:

- Refer to data extraction sheet to do the following:
 - Summarize key findings from each source.
 - Identify common themes, patterns, and gaps in the literature.
 - Analyze the literature—identify and discuss strengths, weaknesses, and limitation of studies.
 - Identify areas of consensus and disagreement among the literature
- Can consider creating diagrams and other mapping tools like concept mapping or thematic analysis to aid with data synthesis.

9. Report Writing:

- Develop a structured and well-organized literature review summary.
- Include an introduction, methodology, findings, discussion, and conclusion.
- Clearly articulate the implications of the literature for the research question/objectives.

10. Peer Review:

- Conduct peer reviews within the team, SMEs, etc. for quality assurance.
- Ask for constructive feedback and address any discrepancies.
- Ensure that the review is comprehensive and unbiased.

11. Revision and Finalization:

- Incorporate feedback from team members.
- Revise the literature review accordingly.
- Finalize the report and ensure consistency.

12. Documentation and Citation:

- Keep detailed records of the literature review process.
- Use a citation management tool to manage references.
- Ensure accurate and consistent citation throughout the report.

13. Communication and Meetings:

- Schedule regular team meetings for updates and discussions.
- Foster open communication and collaboration.
- Address any challenges or concerns promptly.

Literature Review Summary

Course module ideas:

1. Overview of content; knowledge of SUD/dual diagnoses/common co-occurring mental health conditions impacting our client population
 - a. Scope of developmental disabilities and understanding the different disabilities in this category and mental health concerns
2. Skills in identifying and understanding substance misuse/SUD in clients (e.g., screening/assessment/evaluation tools)
 - a. Recognizing signs of substance abuse, behavior, emotional regulation, adaptive skills
3. Knowledge of how to navigate systems of care/how to access interdisciplinary services in local communities for dually diagnosed individuals.
 - a. Include list of relevant/recent resources/treatment interventions
 - b. Providers need to understand how to collaborate with systems
4. Guiding principles Any tools/skills for service providers to use to help support their clients in initiation and treatment compliance
 - a. Stigma/discrimination
 - b. Trauma-informed care
 - c. Person-centered care
 - d. Motivational interviewing
5. Actual skills, implementation or putting into practice the skills
 - a. Motivational interviewing
 - b. Refusal skills
 - c. Coping skills
 - d. Mindfulness

Themes to keep in mind throughout the modules:

- Empowering the providers, understanding that they can't control the behaviors of clients

Literature Review Scope: To explore research on Intellectual/Developmental Disability (I/DD) populations with substance misuse and best practices in the identification and treatment of Substance Use Disorder (SUD) among individuals with I/DD.

Literature Review Keywords & Summary

**Keywords for important themes in the literature
(related to facilitators to/adaptations for treatment):**

- Person-centered care
- Trauma-informed care

- Support systems
- Medication treatment
- Navigational supports
- Coordinated care
- Integrated care
- Access to diverse treatment modalities
- Peer Support
- Accessible design: universal design principles
- Alcohol and drug refusal skills
- Coping strategies/skills
- SBIRT training - motivational interviewing
- Booster/refresher training

Summary:

The literature on the intersection of disability and substance use reveals key patterns and themes. Individuals with developmental disabilities, spanning autism spectrum disorder (ASD) and intellectual disabilities (ID), exhibit heightened susceptibility to substance use and addiction, with risks escalating based on factors like comorbid mental health conditions and ADHD. Barriers to treatment include stigma, discrimination, lack of information, and inaccessible settings, while facilitators involve peer support, tailored interventions, and person-centered approaches. Adaptations in treatment, such as simplified communication and individual therapy, are crucial for addressing diverse cognitive profiles. Furthermore, the literature underscores the need for coordinated care, navigational support, diverse treatment modalities, and the identification of Substance-Related and Addictive Disorders as markers for complex conditions. These findings highlight the need for targeted interventions that recognize the intersectionality of disability and substance use, addressing barriers and leveraging facilitators to enhance treatment efficacy.

General Disability and Substance Use (Prevalence):

- Substance use and addiction among people with disabilities is higher compared to people without disabilities (Reif et al., 2023).
- 26% of the U.S. population has some type of disability, and one in every six children in the U.S. ages 3-17 has an intellectual or developmental disability (Roux et al., 2022).
- Adults with any disability have increased odds of drug (aOR = 2.7) and alcohol use disorder (aOR = 1.8) compared to those without disabilities (Aram et al., 2023).

Autism Spectrum Disorder (ASD) and Substance Use:

- Varied rates of SUD in individuals with ASD, potentially influenced by limited social contacts and literal interpretation of social rules (Arnevik & Helverschou, 2016; Ressel, et al., 2020).
- Autistic traits, depression, anxiety, and social anxiety associated with hazardous alcohol consumption (Bowri, et al., 2021)
- Gender and the level of autistic traits are significant predictors of alcohol use in autistic adults (VanDerNagel, et al., 2017; Bowri et al., 2021)
- In a cohort study of 6599 individuals with ASD and 26,396 controls without ASD, a diagnosis of autism was associated with an increased risk of substance use disorder, and the risk was much higher in those who had behavioral comorbidities and those who did not receive psychotropic agents (Huang et al., 2021)... These findings suggest that patients with ASD are vulnerable to the development of SUD. Comorbid ASD and SUD were associated with an increase in mortality risk.
 - Autistic people are more likely to develop addiction compared to the general population—**twice as likely to develop alcohol addiction and three times as likely to develop drug addiction** (Huang et al., 2021).
- SUD prevalence increased yearly across disability groups (ASD group, ID group, and ASD & ID group) to 1-2.2%, increasing most quickly among those with ASD. (Roux et al., 2022)
- Alcohol abuse was the most common SUD among those with ID-only (57%) versus **cannabis abuse among the ASD-only group (41%)** (Roux et al., 2022)

Intellectual Disabilities and Substance Use:

Individuals with mild to borderline intellectual disabilities are at a higher risk of developing SUD.

SUD prevalence varies with intellectual disability severity.

Substance use problems may increase with cognitive function and community integration.

- A systematic review of research between January 2000 and June 2018 on the prevalence, assessment, and treatment of SU(D) among children, adolescents, and adults with mild to borderline intellectual disability (MBID) found that **individuals with MBID are likely to be at higher risk for developing SUD** compared to those without MBID (van Duijvenbode & VanDerNagel, 2019).
- **Alcohol abuse was the most common SUD among those with ID-only (57%)** versus cannabis abuse among the ASD-only group (41%) (Roux et al., 2022).
- Prevalence rates of SUD vary in people with intellectual disability. SUD are almost exclusively observed in individuals with moderate to MID or BIF (Didden et al., 2020).
 - MID = mild intellectual disability; BIF = borderline intellectual functioning

- Substance use problems among people with intellectual disability may increase with cognitive function and as they are more fully integrated into the community, perhaps linked to increased access to and opportunity to use substances (Reif et al, 2023).

Youth with Disabilities and Substance Use:

- Higher prevalence of tobacco and alcohol use and lower prevalence of cannabis use in adolescents with MBID (van Duijvenbode & VanDerNagel, 2019).
- The goal of minimizing the early onset alcohol consumption among [high school] students [with disabilities] remains essential for prevention specialists, as **early onset alcohol use has been linked to increased substance use disorder risk later in life** (Ryding et al., 2022).

Patterns (in types of substance use)

- Adults with disabilities were significantly more likely than adults without disabilities to experience **past year prescription opioid use** (52.3% for those with disabilities compared to 32.8% of those without), **misuse** (4.4% compared to 3.4%), and **use disorders** (1.5% compared to 0.5%). (Lauer et al., 2019).
 - People with disabilities were significantly more likely to **misuse opioids for pain** (Risk Ratio = 1.5, $p < 0.001$) and to receive opioids from a healthcare provider (Risk Ratio = 2.0, $p < 0.001$).
- People with disabilities who reported **multiple tobacco product use** were significantly more likely to show signs of nicotine dependence than those who reported only using one tobacco product. Multiple tobacco use was not uncommon in this sample: about one-sixth of the participants reported currently using multiple types of tobacco products. (Soule et al., 2015)

Risk Factors

Comorbid mental health concerns increase the risk of substance misuse/SUD.

ADHD is a significant predictor of substance misuse.

Co-occurring psychiatric disorders (e.g., depression) increase SUD risk.

- Many people reported that their **anxiety, depression, and trauma** were the core of why they used opioids and that it was critical that it was acknowledged and treated during SUD treatment (Ledingham et al, 2022).
- **ADHD** increased the risk of alcohol abuse, cannabis abuse, and other illicit substance abuse compared to individuals without ADHD (Ottosen et al, 2016)

- In the overall estimates, no gender differences were found—ADHD increased the risk of all SUD outcomes. Among individuals with ADHD without comorbidities, **females had a higher SUD risk than males**, as did females with ADHD and conduct disorder (CD). **Comorbid CD, depression, bipolar disorder, and schizophrenia** further increased the risk of SUD in ADHD, compared to non-ADHD (Ottosen et al, 2016).
- Risk of SUD was higher among those with [disabilities with] co-occurring psychiatric disorders—notably, **depression** (Roux et al, 2022).
- On average, individuals with **intellectual disability** have similar risk factors compared with their peers without intellectual disability but **are more vulnerable for the adverse effects of SUD** (Didden et al., 2020).
- Factors contributing to the increased risk of alcohol and other drug problems in **ID include cognitive and adaptive functioning limitations, including deficits in causal reasoning, insight and self-regulation**. Furthermore, ID-related social adaptive functioning deficits, including **susceptibility to peer pressure, amenability, credulity, poor risk awareness and difficulty reading social signs of untrustworthiness** increase their likelihood of being pressured or manipulated into using alcohol and other drugs (Copersino et al., 2022).
 - **Individuals with mild ID have compounded risks** associated with social adaptive functioning deficits, because their relatively higher level of functioning frequently accompanies greater independence in the community, which increases the chances of environmental exposure to substances and potentially exploitative social interactions (Copersino et al., 2022).
- Risk of substance use problems may also be **higher [among those with ID]**, as with the general population, when there are co-occurring psychiatric problems, trauma history, or severe behavioural problems (Reif et al., 2023).
- Various risk factors for substance use, such as low social support, late ASD diagnosis, psychological distress, lack of daytime activities, modeling, and executive functioning deficits (VanDerNagel et al., 2017).

Protective Factors

- The diagnosis of ASD can be a protective factor when comorbid with intellectual disability (Ressel, 2020).
- Protective factors such as low sensation-seeking traits and limited access to drugs in individuals with ASD (Ressel, 2020).

Barriers to Treatment

- Individuals with MBID face barriers to initiating, engaging in, and completing SUD treatment, leading to higher dropout rates (van Duijvenbode & VanDerNagel, 2019).

- Respondents reported numerous challenges with treatment, including **not having a sufficient number of programs accessible**, a **lack of specialized programs** for people with dual-diagnoses and diverse populations, **affordable/consistent transportation**, **lack of access to affordable quality care**, and **stigma/shame** (Ledingham et al., 2022).
 - Some mentioned that **having medical complexity** (e.g., disability, asthma, mental health) could be a barrier, with one respondent describing treatment centers being hesitant to take them on because of their physical health problems.
 - In spite of the evidence that medication treatments are effective for OUD in reducing deaths and relapse, **stigma and misunderstanding about medication treatments remain common even in SUD treatment programs and have resulted in its underuse**.
- Reif et al., 2023: Summary of barriers to accessing treatment for SUD (Note: **stigma** and **discrimination** due to disability are major concerns and may manifest across all barriers listed).
 - **Table of Barriers to Accessing Treatment for Substance Use Disorders:**

Barriers to accessing addiction treatment	Examples of these barriers
Not ready to seek help	Lack of motivation Do not recognize a problem
Don't know where to go	Lack of information regarding addiction treatment Lack of information regarding accessible treatment
Transportation	Cost, accessibility of transportation Access in rural areas
Financial resources	Income restrictions and higher poverty rates affect out-of-pocket payments and other costs
Health insurance	Providers who do not accept public insurance

Addiction treatment beliefs	People always relapse Stigma about addiction medications, by individuals and providers
Stigma related to disability	Ableism, focus only on disability Beliefs that disabled people don't use substances, will be noncompliant, make others uncomfortable Beliefs that disabled people don't belong due to differences in communication, learning styles, or adherence to social norms
Inflexible addiction treatment	Lack of accommodations Group therapy not ideal for some types of disability
Addiction treatment policies	Medications or personal care assistants not allowed Missed appointments seen as noncompliance regardless of reason (e.g., transportation)
Communications	Materials not available for visually, hearing, or cognitively impaired, lack of interpreters
Physical barriers	Inaccessible buildings (e.g., no elevators, narrow hallways, poor lighting, no braille signage)

Facilitators to Treatment

Having a strong support system with caring individuals facilitates engagement in treatment—a person-centered approach.

Various types of SUD treatment is necessary to serve people with I/DD and SUD, including medication treatment (e.g., buprenorphine).

There is a need for more welcoming, minority-led services/counselors/providers, including more explicit ways to increase visibility of providers who identify as, for example, LGBTQ+ friendly providers.

- Several respondents talked about the difficulty of seeking treatment and the need for support because it is a “scary” thing to go through. Having a **support system** and “**someone that really cared**” was described as a facilitator to treatment (Ledingham et al, 2022).
 - Several others discussed how **medication treatment (e.g., buprenorphine)** has been a central part of their recovery.
 - Respondents suggested a more **person-centered approach** to working with people with disabilities.
 - People with disabilities **need access to various types of SUD treatment**, including medication treatment, alternative modalities, and treatments that address co-occurring needs in a way that minimizes stigma.
 - The **need for a personal care attendant or other designated support staff** was also a common issue, particularly among those with a physical disability.
 - Respondents highlighted experiences related to belonging to a stigmatized group (e.g., gender, race, LGBTQ+) as impacting their OUD or broader SUD recovery journey.
 - Another respondent mentioned the **need for more minority-led recovery centers and counselors**.
 - Another respondent who self-identified as being part of the LGBTQ+ community said they have been in treatment settings that “aren’t welcoming to the LGBTQ+ community” and expressed the **need for better ways to identify LGBTQ+ friendly providers and centers such as “signage on the doors.”**

Adaptations for Treatment

- Recommendations for treatments focusing on time management, organization, problem-solving, and emotional regulation (Kronenberg, et al., 2014)
- Integrated cognitive-behavioral therapy, atomoxetine, and methylphenidate found effective for SUD + ADHD individuals (Kronenberg et al., 2014).
- Identification of Substance-Related and Addictive Disorders (SRAD) as a marker for complex conditions and the need for coordinated care (Lin et al., 2016).
- Navigational supports critical for coordinating across health, mental health, housing, and public health services for individuals with IDD and SRAD (Lin et al., 2016).
- Adaptations for ASD clients, including plain language, structured sessions, and involvement of family (Brosnan & Adams, 2022).
- Tailoring treatment to the characteristics and personality profile of the client (Gosens et al., 2021).

- A few respondents discussed how having access to a **variety of complementary and integrative health treatments** was useful for them (e.g., swimming, peer support), in addition to **diverse, trauma-informed care** (Ledingham et al., 2022).
 - **Peer support**, a mentoring and support service typically provided by people in recovery from SUD, was consistently mentioned as an integral part of OUD recovery journeys. Several respondents talked about how peer support provides value by providing “non-judgmental” support, feeling comradery that they are “in the same boat,” learning from “each other's past experiences,” offering “solidarity,” helping “navigate” services/treatment, and someone to “listen” when needed.
 - Several respondents mentioned that one of their first experiences with treatment was in prison, giving them access to therapists and treatment programs that they did not have access to before. Some mentioned how the opportunity to participate in drug treatment programs during their prison sentence was impactful because it “**has structure ... education**” and **helps people be around others who “want help and are willing to do the work.**
- People with **arthritis, a leading cause of disability**, may be prescribed long-term opioid therapy to manage chronic pain. Regular use of opioids can increase risk of overdose and opioid use disorder (OUD). The purpose of our research was to **validate an instrument to screen for harmful opioid use in people with disability and chronic pain due to arthritis (PWDA)** (Mallery Lankford et al., 2022)
 - The COMM 11-PWDA is a valid instrument for screening for and monitoring harmful opioid use in PWDA. (People With Disability due to Arthritis)
 - The COMM 11-PWDA is a shortened and validated version of the COMM that will be useful to primary care providers and other clinicians who treat adults living with chronic pain and arthritis-related disabilities.
- Reif et al., 2023: Summary of approaches that are promising for addressing substance use or addiction among people with intellectual disability, autism, and cognitive disabilities including brain injury.
 - **Table of Selected Adaptations in Addiction Treatment:**

Adaptation	Type of disability	Rationale	Examples

Simplified materials	Intellectual, cognitive	Limited knowledge or ability to abstract information More likely to respond yes when do not understand	Use simple sentences, pictures, graphics, colloquial terms (e.g., weed, not cannabis) Avoid negative phrases or confrontational items
Simplified communications	Autism	Concrete or inflexible thinking	Be direct and unambiguous Minimize nonverbal communication, metaphors
Reduced information shared at one time	Intellectual, autism, cognitive	Challenges in executive functioning	Provide less information at one time Use simpler language, repeat information Provide time for comprehension Take breaks, minimize distractions
Assess or enhance comprehension and retention	Intellectual, autism, cognitive	Cognitive functioning and processing speed variations	Use visual tools Have patient summarize or role-play Structured homework, routines Written summaries

Motivational interviewing	Intellectual, autism	Lack of knowledge or reasoning to participate in own behavior change	Educate around substance use and specific harms or negative outcomes Increase insight and engage around reasons for treatment
Problem-solving skills	Intellectual, autism, cognitive	Reduced insight or motivation to change	Build skills to refuse substance use, address cravings, anticipate impulses, practice alternatives Identify constructive and rewarding activities to replace substance use
Individual therapy (vs. group-based sessions)	Intellectual, autism, cognitive	Group sessions require greater attention span, social and communication skills	Use individual therapy to tailor treatment to individual needs and functioning Incorporate cognitive-behavioral approaches adapted to level of functioning
Supervised medication use	Intellectual	Addiction medications may not be taken correctly or regularly	Supervised administration by family, treatment providers, or others

Tailored & Effective Interventions

- Motivational interviewing techniques show effectiveness in increasing readiness for change in individuals with MBID (van Duijvenbode & VanDerNagel, 2019).

- Mindfulness-based and other cessation programs demonstrate efficacy in behavior change and reducing substance use (van Duijvenbode & VanDerNagel, 2019).
- Exploration of minor adaptations in communication to enhance the effectiveness of interventions (van Duijvenbode & VanDerNagel, 2019).
- Copersino et al. (2022) examined clinical utility of an **alcohol and other drugs refusal skills intervention for adults with intellectual disability (ID)**; intervention was appropriate for people with mild ID.
 - The Refusal Skills Group is developmentally appropriate for people with mild ID in that: (1) **they can learn and demonstrate refusal skills** and (2) **their skill acquisition is predicted more strongly by exposure to the intervention than by individual differences in learning characteristics**.
 - Delivering refusal skills in DDS settings familiar to clients increased their access to services and minimized disruption to their usual routines and schedules.
 - The intervention [10-session alcohol and other drug refusal skills group] is innovative because it **combines clinical elements of evidence-based CBT with principal objectives of DDS services provision by promoting greater independence and community inclusion** and brings delivery of these specialized services directly to DDS community residential and day habilitation settings.
 - Curriculum content was drawn from source material on general education about alcohol and other drugs, motivational strategies for SUD recovery in ID, assertiveness training for people with ID, and coping strategies of ID individuals for stressful social interactions.
 - The core alcohol and other drug refusal strategies (i.e., “NO-GO” and “NO-Suggest-GO”) were adapted from The James Stanfield Company Life Facts Series, Substance Abuse and Smart Trust volumes, and National Institute on Drug Abuse (NIDA) Therapy Manual 1: A Cognitive-Behavioral Approach to Treating Addiction.
 - The James Stanfield Company Life Facts Series is a seven-volume set of modifiable slide presentations designed to augment basic health education and social skills training with mentally disabled students.
 - Visual aids were adapted from the Life Facts Substance Abuse and Smart Trust materials, and from NIDA for Teens: Drug Facts: What Are They?
 - The refusal skills group is comprised of ten sessions of about 45 min in duration organized into modules of increasing complexity.
 - The introductory module is dedicated to identifying visual images of alcohol and other drugs, and learning and practicing assertiveness (i.e., body language, gaze, tone of voice).
 - The second module introduces the core refusal skills strategy (“NOGO”), which involves making an assertive refusal and removing oneself from the situation. The “NO-GO” strategy is the foundation on

which the remaining modules are added. Participants are taught that the “NO-GO” strategy is appropriate in all situations.

- For example, the subsequent module introduces the “NO-Suggest-GO” strategy, which is intended to be used with individuals the participant knows and trusts. In “NO-Suggest-GO,” participants are taught that it is okay to recommend an alternative activity with a trusted person but removing oneself from the situation without recommending an alternative activity is okay too.
 - The last module introduces the concepts of “checking ahead” to recognize and avoid risk in new social situations (e.g., asking who will be at a party before attending), but being prepared to use refusal skills if necessary.
- Collings et al. (2022) examined a **modified residential SUD treatment program for individuals with cognitive impairment**, including accessible design and person-centered care; found treatment completion rates for people with cognitive impairments.
 - Environmental adaptations, including a combination of conventional treatment modalities with accessible design and person-centred principles, removed barriers to treatment for residents with cognitive impairment. Creating a climate where respect, tolerance and peer support were normalised was likely to have been particularly beneficial for these residents.
 - **Treatment completion was up to five times higher for residents with cognitive impairment after the new program was implemented.** The pilot program provided **simplified written and visual materials and concrete examples and introduced a daily virtues program to embed new learning and support behaviour change.** Resources to allow staff to engage more intensively with residents and provision of ongoing staff training were viewed as essential for program success.
 - A key finding was that the implementation of **universal design principles** made the program materials inclusive of all rehabilitation residents, which extends knowledge about the use of these techniques to remove communication barriers for people with disability by applying them to learning within a treatment context.
 - **Modified psycho-educational materials were incorporated into the program.** A workbook developed in Canada for use with clients living with acquired brain injury and substance misuse issues as part of the SUBI Bridging Project (see <https://www.subi.ca>) was adapted by Author B in consultation with its author.
 - The workbooks were used to support a **staged change process** in which residents gained awareness of the impacts of substance misuse, knowledge of their own triggers and new skills to support mastery for relapse prevention.

Potential Outline for Lit Review:

1. Introduction:

- a. Overview of the prevalence of substance use in individuals with I/DD (e.g., MBID, ASD, ADHD, etc.)
- b. Identification of common barriers to SUD treatment in populations with intellectual and developmental disabilities.
- c. Importance of tailored interventions for individuals with I/DD.

2. Prevalence of Substance Use in Different Populations:

- a. Comparative analysis of substance use prevalence in adolescents, adults, and individuals receiving residential ID care.
- b. Exploration of factors influencing substance use initiation, including gender, age, and social modeling.
- c. Differences in caregiver burden and expressed emotion.
- d. Themes in personal recovery for individuals with SUD, ADHD, and ASD.
- e. Impact of hospitalization, medication, and family therapy on recovery

3. Risk Factors and Protective Factors:

- a. Examination of specific risk and protective factors for substance use in individuals with I/DD.
- b. Importance of cognitive impairment screening in individuals with SUD and IDD.

4. Screening and Assessment Challenges:

- a. Discussion on the lack of systematic screening and assessment for SUD in populations with IDD and MBID.
- b. Implications of undetected substance use due to insufficient screening practices.

5. Reduction in Substance Abuse:

- a. Case studies illustrating successful reduction in substance use following engagement in treatment.

6. Intervention Strategies and Personal Recovery:

- a. Effectiveness of interventions on different substances.
- b. Themes of personal recovery.
- c. Development and outcomes of the "Take it Personal!" treatment.
- d. Overview of e-learning and classroom-based prevention programs.
- e. Impact of modified CBT programs on substance use.
- f. Challenges and recommendations for individuals with dual diagnoses of SUD and ADHD or ASD.
- g. Effective treatments and interventions for executive functioning impairments.
- h. Effectiveness of motivational interviewing and mindfulness-based programs.

7. Adaptations in Treatment:

- a. Challenges in therapist-client communication and recommended adaptations.
- b. Tailoring treatment to the characteristics and personality profile of the client.

8. Peer Support:

- a. Role and significance of peer support in the recovery process.
- b. Recommendations for peer specialist training and matching.

9. Complex Conditions and Navigational Supports:

- a. The significance of SRAD as a marker for complex conditions.

- b. The need for navigational supports in coordinating care for individuals with IDD and SRAD.

10. Conclusion:

- a. Summary of key findings.
- b. Recommendations for future research and practice.

References

- Aram, J., Slopen, N., Arria, A. M., Liu, H., & Dallal, C. M. (2023). Drug and alcohol use disorders among adults with select disabilities: The national survey on drug use and health. *Disability and Health Journal*, 16(3), 101467. <https://doi.org/10.1016/j.dhjo.2023.101467>
- Arnevik, E. A., & Helverschou, S. B. (2016). Autism spectrum disorder and co-occurring substance use disorder – A systematic review. *Substance Abuse: Research and Treatment*, 10. <https://doi.org/10.4137/sart.s39921>
- Bowri, M., Hull, L., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.-C., & Mandy, W. (2021). Demographic and psychological predictors of alcohol use and misuse in autistic adults. *Autism*, 25(5), 1469–1480. <https://doi.org/10.1177/1362361321992668>
- Brosnan, M., & Adams, S. (2022). Adapting drug and alcohol therapies for autistic adults. *Autism in Adulthood*, 4(3), 214–223. <https://doi.org/10.1089/aut.2021.0047>
- Collings, S., Allan, J., & Munro, A. (2022). Improving treatment for people with cognitive impairment and substance misuse issues: Lessons from an inclusive residential treatment program pilot in Australia. *Disability and Health Journal*, 15(2, Supplement), 101295. <https://doi.org/10.1016/j.dhjo.2022.101295>
- Copersino, M. L., Slayter, E., McHugh, R. K., Shedlack, K. J., Lukas, S. E., & Weiss, R. D. (2022). Clinical utility of a hybrid secondary and relapse prevention program in adults with mild intellectual disability in community residential and day habilitation settings. *Disability and Health Journal*, 15(2, Supplement), 101293. <https://doi.org/10.1016/j.dhjo.2022.101293>
- Didden, R., VanDerNagel, J., Delforterie, M., & van Duijvenbode, N. (2020). Substance use disorders in people with intellectual disability. *Current Opinion in Psychiatry*, 33(2), 124. <https://doi.org/10.1097/YCO.0000000000000569>
- Gosens, L. C. F., Otten, R., Didden, R., & Poelen, E. A. P. (2020). Evaluating a personalized treatment for substance use disorder in people with mild intellectual disability or borderline intellectual functioning: A study protocol of a multiple baseline across individuals design. *Contemporary Clinical Trials Communications*, 19, 100616. <https://doi.org/10.1016/j.conctc.2020.100616>

- Gosens, L. C. F., Otten, R., de Jonge, J. M., Schellekens, A. F., VanDerNagel, J. E. L., Didden, R., & Poelen, E. A. (2021). Development of a personalised substance use disorder treatment for people with mild intellectual disabilities or borderline intellectual functioning: An intervention mapping approach. *Journal of Intellectual & Developmental Disability*, 47(2), 131–140. <https://doi.org/10.3109/13668250.2021.1925529>
- Huang, J.-S., Yang, F.-C., Chien, W.-C., Yeh, T.-C., Chung, C.-H., Tsai, C.-K., Tsai, S.-J., Yang, S.-S., Tzeng, N.-S., Chen, M.-H., & Liang, C.-S. (2021). Risk of Substance Use Disorder and Its Associations With Comorbidities and Psychotropic Agents in Patients With Autism. *JAMA Pediatrics*, 175(2), e205371. <https://doi.org/10.1001/jamapediatrics.2020.5371>
- Kronenberg, L. M., Goossens, P. J., van Etten, D. M., van Achterberg, T., & van den Brink, W. (2014). Need for care and life satisfaction in adult substance use disorder patients with and without attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD). *Perspectives in Psychiatric Care*, 51(1), 4–15. <https://doi.org/10.1111/ppc.12056>
- Lauer, E. A., Henly, M., & Brucker, D. L. (2019). Prescription opioid behaviors among adults with and without disabilities – United States, 2015–2016. *Disability and Health Journal*, 12(3), 519–522. <https://doi.org/10.1016/j.dhjo.2018.12.001>
- Ledingham, E., Adams, R. S., Heaphy, D., Duarte, A., & Reif, S. (2022). Perspectives of adults with disabilities and opioid misuse: Qualitative findings illuminating experiences with stigma and substance use treatment. *Disability and Health Journal*, 15(2, Supplement), 101292. <https://doi.org/10.1016/j.dhjo.2022.101292>
- Lin, E., Balogh, R., McGarry, C., Selick, A., Dobranowski, K., Wilton, A. S., & Lunskey, Y. (2016). Substance-related and addictive disorders among adults with intellectual and developmental disabilities (IDD): An ontario population cohort study. *BMJ Open*, 6(9). <https://doi.org/10.1136/bmjopen-2016-011638>
- Mallery Lankford, C., Paez, K., Yang, M., & Lin, A. (2022). Adapting the Current Opioid Misuse Measure (COMM) for people with chronic pain and disability due to arthritis: The development of the COMM 11-PWDA. *Disability and Health Journal*, 15(2, Supplement), 101296. <https://doi.org/10.1016/j.dhjo.2022.101296>
- Ottosen, C., Petersen, L., Larsen, J. T., & Dalsgaard, S. (2016). Gender Differences in Associations Between Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(3), 227–234.e4. <https://doi.org/10.1016/j.jaac.2015.12.010>
- Reif, S., Lee, M. T., & Ledingham, E. (2023). The Intersection of Disability With Substance Use and Addiction. In *Oxford Research Encyclopedia of Global Public Health*. <https://doi.org/10.1093/acrefore/9780190632366.013.491>
- Reif, S., Karriker-Jaffe, K. J., Valentine, A., Patterson, D., Mericle, A. A., Adams, R. S., & Greenfield, T. K. (2022). Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain. *Disability*

- and Health Journal, 15(2, Supplement), 101290.
<https://doi.org/10.1016/j.dhjo.2022.101290>
- Ressel, M., Thompson, B., Poulin, M.-H., Normand, C. L., Fisher, M. H., Couture, G., & Iarocci, G. (2020). Systematic review of risk and protective factors associated with substance use and abuse in individuals with autism spectrum disorders. *Autism*, 24(4), 899–918. <https://doi.org/10.1177/1362361320910963>
- Roux, A. M., Tao, S., Marcus, S., Lushin, V., & Shea, L. L. (2022). A national profile of substance use disorder among Medicaid enrollees on the autism spectrum or with intellectual disability. *Disability and Health Journal*, 15(2, Supplement), 101289. <https://doi.org/10.1016/j.dhjo.2022.101289>
- Ryding, R., Scales, M. J., Brittingham, R., & Holz, D. (2022). Are you listening? Parental protective factors and early onset drinking among students with disabilities in Delaware. *Disability and Health Journal*, 15(2, Supplement), 101287. <https://doi.org/10.1016/j.dhjo.2022.101287>
- Soule, E. K., Pomeranz, J. L., Moorhouse, M. D., & Barnett, T. E. (2015). Multiple tobacco use and increased nicotine dependence among people with disabilities. *Disability and Health Journal*, 8(2), 258–263. <https://doi.org/10.1016/j.dhjo.2014.09.004>
- VanDerNagel, J. E., Kiewik, M., Didden, R., Korzilius, H. P., van Dijk, M., van der Palen, J., Buitelaar, J. K., & de Jong, C. A. (2017). Substance use in individuals with mild to borderline intellectual disability: An exploration of rates and risks in the Netherlands. *Advances in Neurodevelopmental Disorders*, 1(4), 283–293. <https://doi.org/10.1007/s41252-017-0035-3>
- van Duijvenbode, N., & VanDerNagel, J. E. L. (2019). A Systematic Review of Substance Use (Disorder) in Individuals with Mild to Borderline Intellectual Disability. *European Addiction Research*, 25(6), 263–282. <https://doi.org/10.1159/000501679>

APPENDIX B

Data Extraction for Research on I/DD Population with Substance Misuse[illegible]

APPENDIX B

Date	Study ID	Study Title	Year	Study Design	Study Population	Study Design	Study Design	Study Design	Study Design	Study Design
2020	1	Study 1: The impact of COVID-19 on mental health in the general population.	2020	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2021	2	Study 2: The impact of COVID-19 on mental health in the general population.	2021	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2022	3	Study 3: The impact of COVID-19 on mental health in the general population.	2022	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2023	4	Study 4: The impact of COVID-19 on mental health in the general population.	2023	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2024	5	Study 5: The impact of COVID-19 on mental health in the general population.	2024	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2025	6	Study 6: The impact of COVID-19 on mental health in the general population.	2025	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2026	7	Study 7: The impact of COVID-19 on mental health in the general population.	2026	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2027	8	Study 8: The impact of COVID-19 on mental health in the general population.	2027	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2028	9	Study 9: The impact of COVID-19 on mental health in the general population.	2028	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2029	10	Study 10: The impact of COVID-19 on mental health in the general population.	2029	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2030	11	Study 11: The impact of COVID-19 on mental health in the general population.	2030	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey
2031	12	Study 12: The impact of COVID-19 on mental health in the general population.	2031	Cross-sectional survey	General population, N=10,000	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey

DATE	REFERENCE & FORCE	PARTICIPANTS/STUDY DESIGN	DATA	SUBSTANCE MISUSE	IDENTIFICATION & DISCLOSURE	TREATMENT AND INTERVENTION	VALUES	MEASURES	RESULTS & FINDINGS	RELEVANCE	Overall Quality Rating (High, Moderate, Low)	QUALITY ASSESSMENT	COMMENTS							
Name of Reviewer / Date of Review	Citation Author(s), Title, Journal, COVADs, etc.	Publication Year	Research Objective(s)/Question(s)	Recruitment Methods & Sample Size	Participant Characteristics (Age Range, Gender, Type of Study)	Type of Study, Research Design, & Analysis Used	Year of Data Collection	Type of Substance Misused, Prevalence/Incidence of Substance Misuse, etc.	Methods used for Identifying Substance Misuse, Tools/Instruments used for Assessment, etc.	Treatment and Intervention: Type of Treatment, Interventions/Interventions, Adaptations for SUDs, etc.	Control	Intervention	Primary, Secondary, Long-term Outcome Measures (if available)	Main Findings Related to Substance Misuse and Health Outcomes	Relevance to Research Objectives: How Well Does this Study Address Research Qs & Objectives? Applicability to Best Practices for SUD or SUD Population?	Overall Quality Rating (High, Moderate, Low)	Strength of Study	Weaknesses & Limitations	Ethical Considerations	Any Additional Notes/Relevant Info
Liam, 05/20/2023	Barnes, J., & Barnes, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2023	The study aimed to measure the effectiveness of a prevention program aimed at reducing SUD among experimental to problematic substance users.	66 individuals (37 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals were frequent alcohol users reporting weekly or daily alcohol consumption on average, 45% and 55% of individuals were frequent cannabis users, and 10% of individuals were frequent illicit drug users. There was a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group. The intervention group showed a stronger decrease in SUD frequency in the intervention group compared to the control group.	Highlights intervention aimed at SUD reduction and abuse the most in individuals with high intellectual disability	Moderate-high safety	Used different questionnaires to collect information on substance use or affective regulation in SUD. Participants engaged in intervention and control conditions based on treatment center	Only those who intervention effects were investigated as to be the design to measure effects of the program	N/A	Addressed individual needs of participants instead of relying on a uniform approach
Liam, 05/27/2023	Cunningham, J., & Cunningham, J. (2023). The effects of substance misuse on mental health: A systematic review. Journal of Mental Health, 32(1), 1-10.	2022	Approximately half of the substance dependence treatment population is estimated to have a cognitive impairment, which reduces participation and the effectiveness of treatment. The study aimed to explore the impact of cognitive impairment on the effectiveness of treatment for substance dependence.	200 individuals (100 male) from 13 treatment centers in the Netherlands	Inclusion criteria: (1) two previous or alcohol, cannabis, or illicit drug use, longitudinal use of the four primary high-risk group (long-term smoking, regular drinking, anxiety disorders, and impulsivity), (2) individual diagnosis of borderline personality disorder	Quasi-experimental with two arms: Descriptive analysis was performed to examine baseline distributions of age, gender (45% female), and substance misuse. Most affect expression models were used to test the effectiveness of the prevention program on SUD frequency, severity, and relapse rates. Time conditions were used to assess the effectiveness of the program.	2020-2021	Substances included alcohol, cannabis, or illicit drugs	One item from the Substance Use and Misuse Questionnaire (SUDQ) was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse. The SUDQ was used to identify substance misuse.	Treatment centers were not standardized and participants were not randomized. The study was conducted in a non-randomized manner.	None	Intervention	1-6-month group sessions, 120-minute sessions, individual sessions, and group sessions. The intervention was delivered by a therapist.	24% of individuals						

APPENDIX B

Liu, 11/2/2021	2021	Explore and elaborate essential considerations for adapting peer programs for individuals at the intersection of disability and sport/music. Identify potential barriers and facilitators to implementing adaptations.	Using research approaches to reflect unique barriers and barriers	providing feedback to those with lived experience as a disabled person, advocate, family member or provider with personal or professional knowledge of the intersection of disability and sport/music. Participants who had personal or professional experience in these variables, in various positions, per specific, in various reports.	Exploring, development design and qualitative methods	2019	2020	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Participants indicated difficulty accessing current peer support programs to receive and/or provide support to take advantage of relevant resources. Participants indicated a need to be structured to provide support not only on the basis of functioning or diagnosis, but on an identity based on how they perceived and experienced themselves. Participants indicated importance of building trust in peer support relationships through shared experiences, offering the space that change is possible, and providing a safe space for participants to share their experiences. Peer support program participants indicated a need for ongoing support and a safe space to share their experiences. Participants indicated that certified peer support staff should be disability informed and accommodations different needs	highlight the relationship between peer support and disability and disability (SUD). It indicates the importance of peer support and its role in providing a safe space for individuals to share their experiences and to receive support. Participants indicated that peer support is a valuable resource for individuals with SUD and that it can be used to provide support and to receive support.	Participants described challenges and made recommendations for meeting the diverse needs of individuals at the intersection of disability and sport/music. Participants indicated that peer support is a valuable resource for individuals with SUD and that it can be used to provide support and to receive support. Participants indicated that peer support is a valuable resource for individuals with SUD and that it can be used to provide support and to receive support.	The study was exploratory and the data was qualitative. The data was collected through a series of focus groups and interviews. The data was analyzed using a thematic analysis approach. The data was presented in a series of tables and figures. The data was presented in a series of tables and figures.	N/A	Participants recommended the importance of materials and resources in diverse formats, addressing issues of cognitive, sensory, information processing, or attentional requirements, and language or health literacy challenges. A list of resources was provided to participants. Individuals with health literacy challenges were encouraged to use the resources. Individuals with health literacy challenges were encouraged to use the resources. Individuals with health literacy challenges were encouraged to use the resources.
Liu, 11/2/2021	2021	1) What is the relative burden of caregivers of adult SUD patients with or without co-occurring ADHD or ASD? 2) What is the relative burden of SUD caregivers of adult SUD patients with or without co-occurring ADHD or ASD according to caregiver characteristics and patients? 3) Does perceived caregiver burden differ by the patient's perspective versus the caregiver's perspective for the three groups of patients? 4) Does perceived caregiver burden differ by the caregiver's perspective for the three groups of patients?	Patients were recruited from mental health and addiction treatment services. Patients had previously participated in a study by the researchers. N/A	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	The co-occurrence of ADHD/ASD in addition to SUD was not significantly associated with greater caregiver burden or more expressed emotion when compared to SUD alone. The caregivers for patients with SUD+ADHD showed higher levels of caregiver burden, but also expressed emotion. The caregivers for patients with SUD+ASD showed higher levels of caregiver burden, but also expressed emotion. The caregivers for patients with SUD+ADHD/ASD showed higher levels of caregiver burden, but also expressed emotion.	Supports the impact of caregiver (SUD + SUD) on caregivers	High	First study to compare caregiver burden of SUD patients with or without co-occurring ADHD or ASD	Limited applicability Data was obtained using self-report questionnaires	Number of contact hours may be indicator of caregiver burden
Liu, 11/2/2021	2021	Introduce and evaluate manualized group intervention for drug use and alcohol use. Patients were recruited from mental health and addiction treatment services. Patients had previously participated in a study by the researchers. N/A	Patients were recruited from mental health and addiction treatment services. Patients had previously participated in a study by the researchers. N/A	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Participants reported lower levels of alcohol use and craving during the intervention. Participants reported lower levels of alcohol use and craving during the intervention. Participants reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	With funding from SAMHSA for a 3-year training grant, we sought to address the education training gap for professional psychology trainees by engineering and evaluating a new SUD training program for students, mental health counseling, clinical counseling, and school psychology graduate programs at one institution. Nine students, we evaluated students' satisfaction with the training and the impact of the training on students' knowledge of addiction treatment (SUD) and their self-efficacy to implement SUD. The results of the training were associated with increased knowledge of SUD and self-efficacy to implement SUD.	Students were recruited from mental health and addiction treatment services. Students had previously participated in a study by the researchers. N/A	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the perceptions and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Provide a short overview of the interventions that have been adapted to individuals with dual diagnosis of SUD and SUD. Developments regarding personalized treatments is also described and emerging, assessment, and evaluation interventions are indicated.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Summarize what is known about the prevalence of SUD and co-occurring SUD. Explore the impact of SUD on the development of certain disabilities and symptoms. Explore the impact of SUD on the development of certain disabilities and symptoms. Explore the impact of SUD on the development of certain disabilities and symptoms.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians, caregivers, and family members of SUD-treated SUD patients.	Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey. Respondents to the survey were invited to participate in an online survey.	Current diagnosis of SUD either with or without current SUD or diagnosis of ADHD or ASD	2021	2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention. Students reported lower levels of alcohol use and craving during the intervention.	Related to intervention programs that support individuals with ADHD/ASD. The study indicates that the intervention programs that support individuals with ADHD/ASD are effective in reducing alcohol use and craving.	High	The sample size was small and did not include a control group. The study population was not representative of the general population. The study population was not representative of the general population.	27 out of the 17 participants that were initially recruited dropped out of the study. The study population was not representative of the general population. The study population was not representative of the general population.	
Liu, 11/2/2021	2021	Examine the prevalence and emotions of clinicians																			

“Supporting Adults with Developmental Disabilities and Substance Use Challenges” – 3-month Follow-Up Provider Survey

Thank you for taking the time to complete this survey. The purpose of this survey is to assess the effectiveness of the training you recently completed on supporting individuals with intellectual and developmental disabilities (I/DD) who may also have co-occurring mental health and/or substance use disorders.

Your feedback is important and will help us improve future training programs to better support your work and the individuals you serve.

All responses are confidential. Your answers will be compiled and reported in a way that does not identify individual participants.

PROVIDER BACKGROUND

1) What services or supports are you contracted to provide on behalf of regional centers? (select all that apply)

- Independent Living Services (ILS)
- Supported Living Services (SLS)
- Adult Day Program
- Employment Program
- Other / Not contracted with regional centers (please specify): _____

2) Which cities do you provide services to? Write In: _____

3) Can you please tell us which of the following best describes you?

- I am an owner or administrator of an agency (CEO, CFO, President, Manager)
- I am a program manager or case manager
- I am medical staff

- I am a direct support provider
- I am a parent provider
- Other (please specify): _____

4) Which regional center(s) are you vendored with or provide support to? (select all that apply)

- Frank D. Lanterman Regional Center
- Westside Regional Center
- Other/Not vendored with regional centers (please specify): _____

Impact on Practice, Service Delivery, & Outcomes

5) Before taking the training, how confident were you in your ability to support individuals with I/DD who have (or at risk for) mental health and/or substance use disorders?

- Likert scale: 1 = Not at all confident, 2 = Not very confident, 3 = Neutral, 4 = Very Confident 5 = Extremely confident

6) Since completing the training, how confident are you in your ability to support individuals with I/DD who have (or are at risk for) mental health and/or substance use disorders?

- Likert scale: 1 = Not at all confident, 2 = Not very confident, 3 = Neutral, 4 = Very Confident 5 = Extremely confident

7) Please reflect on your experiences since completing the training. For each statement below, select the response that best represents your level of agreement.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
-----------	----------------------	----------	---------	-------	-------------------	-------------------

a. I have changed the way I approach supporting individuals with I/DD who have (or may be at risk for) co-occurring mental health and/or substance use disorders.	☐	☐	☐	☐	☐
b. I feel more confident communicating with individuals with I/DD who have (or may be at risk for) co-occurring mental health and/or substance use disorders.	☐	☐	☐	☐	☐
c. I feel more confident in making referrals to mental health or substance use treatment services since completing the training.	☐	☐	☐	☐	☐
d. I feel more confident applying trauma-informed and culturally responsive practices.	☐	☐	☐	☐	☐

8) Since completing the training, how often have you applied the following concepts or strategies in your work? Please indicate your response for each item below.

Statement	Never	Rarely	Sometimes	Often	Always
a. I have applied cultural humility (e.g., respecting language and cultural differences).	☐	☐	☐	☐	☐
b. I have used refusal skills (e.g., practicing saying no, role-playing).	☐	☐	☐	☐	☐
c. I have applied strengths-based approaches (e.g., treating people as resourceful and resilient)	☐	☐	☐	☐	☐

Statement	Never	Rarely	Sometimes	Often	Always
d. I have applied person-centered care (e.g., co-creating care plans, showing compassion, supporting independence and decision-making)					
e. I have used mindfulness techniques (e.g., breathing, 5-4-3-2-1 method, STOP strategy).	☐	☐	☐	☐	☐
f. I have applied coping strategies (e.g., crisis intervention planning, identifying triggers).	☐	☐	☐	☐	☐
g. I have supported self-advocacy (e.g., helping people understand their rights, communicate their needs).	☐	☐	☐	☐	☐
h. I have used Motivational Interviewing principles (e.g., expressing empathy, supporting autonomy, rolling with resistance).	☐	☐	☐	☐	☐
i. I have used OARS strategies (Open-ended questions, Affirmations, Reflective listening, Summarizing).	☐	☐	☐	☐	☐
j. I have helped people identify their own goals or ambivalence.	☐	☐	☐	☐	☐
k. I have supported people to explore change talk.	☐	☐	☐	☐	☐

9) Since completing the training, have you referred an individual with I/DD to any of the following services related to mental health and/or substance use treatment? (Select all that apply)

- ☐ Regional Center services (e.g., case coordination, crisis response)
- ☐ Medi-Cal primary care provider
- ☐ Los Angeles County Department of Mental Health (LACDMH) or ACCESS Line
- ☐ SASH: LA County Substance Abuse Service Helpline
- ☐ Private or residential substance use treatment centers

- ☐ SAMHSA Treatment Locator or Helpline
- ☐ Crisis services (e.g., 988 Lifeline, LACDMH Help Line)
- ☐ Other (please specify): _____
- ☐ None

10) Have you observed any of the following outcomes among individuals you support since completing the training? (Select all that apply)

- ☐ Increased willingness to seek help
- ☐ Improved engagement with mental health or substance use treatment
- ☐ Increased self-reported satisfaction or well-being
- ☐ Greater confidence or self-efficacy in navigating care systems
- ☐ Increased independence or self-advocacy
- ☐ Other (please specify): _____
- ☐ No noticeable changes
- ☐ Not applicable to my role

11) Please share any challenges and/or success stories you have faced when supporting this population since completing this training. (Open-ended)

12) We are considering adding a monthly community of practice around skill-building, resource sharing, and reflections around mental health and substance use. Would you be interested in attending those?

- Yes, in-person
- Yes, over Zoom
- Not at this time

Training Feedback

13) How satisfied are you with the training overall?

- Likert scale: 1 = Very dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied

14) Would you recommend this training to other direct services providers?

- o Yes/No (If no, please explain)

15) What additional support or resources would help you apply what you learned in this program more effectively?

- o Open-ended



BLUEPRINT

(December 2025)

By: Hilario Vazquez, MSW

Sober State, LLC

This Blueprint is funded by the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services. Westside Regional Center and Sober State, LLC are solely responsible for the content of this Blueprint. The Department of Developmental Services has not developed, reviewed, endorsed, or approved the contents of this Blueprint.

Table of Contents

1. Program Design	Pg. 3
2. Group Format	Pg. 11
3. Overview of Format Segments	Pg. 15
4. Goals of the Group Segments	Pg. 19
5. Sample Group Topic, Skills, & Lessons	Pg. 22
6. Mentor Training Process Overview	Pg. 26
7. Evaluation Tool Information	Pg. 28
8. Evaluation Tool (Pre and Post Tests)	Pg. 30
9. Participant Handbook	Pg. 40
10. PMP Flyer	Pg. 50

**MENTAL HEALTH SERVICES ACT (MHSA) “Substance Use Delivery Expansion Project”: Peer Mentoring Program Substance Use Contracted Services with Westside Regional Center
CYCLE VI - FISCAL YEARS 23-24 THROUGH 25/26**

MHSA: Peer Mentoring Program (PMP) Design

Program Goal: To provide recovery support through peer to peer mentorship by peers with lived experiences of intellectual and developmental disability (IDD) and substance use disorder (SUD) aimed at increasing self-efficacy, belonging and connection, self-confidence, and access to community resources.

1. Description of service (Peer Mentoring Program) emphasizing substance use and mental health treatment needs of participants.

The Peer Mentoring Program (PMP) at Sober State, LLC. is designed to meet the unique substance use and mental health needs of individuals with intellectual and developmental disabilities (IDD) who are experiencing, or are at risk for, substance use disorder (SUD). The program integrates evidence-based therapeutic practices to strengthen participants' self-efficacy, sense of belonging, and self-confidence. Through structured education on substance use treatment and prevention, participants gain the knowledge and skills necessary to effectively mentor their peers.

To support engagement and motivation, the PMP incorporates an incentive system that reinforces cooperation, pro-social behavior, and consistent participation. Both mentors and mentees complete pre- and post-program evaluations to measure progress, identify growth areas, and assess overall program impact. Program staff continuously monitor outcomes, maintain fidelity to the model, and ensure high-quality service delivery.

Clear, measurable objectives guide all interventions and are reviewed regularly by subject matter experts and the Grant Advisory Council to promote ongoing program refinement and improvement. The PMP is designed not only to address immediate recovery needs but also to enhance social connectedness and strengthen linkages to local recovery and community support resources. Through structured training, ongoing support, and supervised practice, participants have the opportunity to advance into peer mentor roles and engage in meaningful peer-delivered outreach as part of their recovery and community integration journey.

2. Summary of the training curriculum and therapeutic approaches/methodologies utilized (i.e., CBT/MI). Include description of how to incorporate trauma-informed approaches to emphasize safety, trustworthiness, choice, collaboration, empowerment, and cultural competence.

The training curriculum is a combination of group structures used in various evidenced based curricula: *Living in Balance*, *SAMHSA-Matrix*, *SAPC-Healthy Youth*, *Mindfulness for SUD*, and *DBT*. These curricula draw upon established practices, strategies, and research in behavioral risk-reduction interventions associated with health-promotion behavior change including cognitive behavioral therapy (CBT) and motivational interviewing (MI) techniques. Therapeutic approaches include psychoeducation and experiential learning. Incorporating trauma-informed approaches into substance abuse treatment involves using a bio-psycho-social screener form to identify past trauma as a risk factor to create a safe process for managing participant issues that may arise during their participation. Additionally, using trauma informed approaches promotes empowerment by validating experiences and supporting participants in their recovery journey. Cultural competence is also integral, ensuring sensitivity to diverse backgrounds and experiences, thus making the program more relevant and effective.

3. Education approaches for substance abuse treatment and prevention to prepare program participants to mentor their peers (e.g. Mentor vs. Mentee, step program, etc.)

Counselors assist participants to mentor their peers through pre-group consultation where they can discuss roles, group structure, guidelines, interests, potential barriers, accommodations, and general expectations. Education is also provided in group format through a structure recovery community format. Group facilitation and leadership is the primary function of mentors. Mentor's secondary function is to provide one-on-one support to their assigned mentee via telephone outside of group. Mentee's primary function is to manage assigned service commitments such as group set up, snack table preparation, whiteboard group preparation, and clean up. Commitments are voluntary and chosen by mentees while they work towards advancing to a Mentor role. For more information on the Mentor advancement requirements, group structure, format, and content. Please see the PMP Curriculum.

4. Length of service (frequency and length of meetings/sessions)

Individual participant length of service is open to the duration of the grant. Groups are held weekly for a one-hour duration and an outing once a month without time limit (typically 2-3hrs).

Individual commitments such as where Mentor status has been sustained can last one year, thereafter a PMP “Alumni” status will be assigned with continued program involvement.

5. Staff to client/individual ratio

PMP Staff are Sober State registered/certified drug and alcohol counselors with a ratio of 1 staff for up to 6 participants.

6. Location of service

11930 Hawthorne Blvd,
Hawthorne, CA 90250

7. Hours of operation

The hours of operation for PMP are Tuesday’s 6-7pm. Those participants whose role requires them to arrive early or stay after will be encouraged to do so 30 minutes prior/after commencement e.g., greeters, set up, clean up, snacks etc. Outing hours vary depending on the event.

8. Describe plans to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, courts, mental health systems, probation).

The PMP welcomes participants from surrounding Regional Centers and works with those coming in with drug diversion mandates to provide a space for recovery to take place. Counselors maintain an active role in assisting participants with their long-term obligations whether it be court ordered, probation suggested, or voluntary. Sober State is dedicated to advocating for our client’s full recovery efforts.

9. Description of individuals to be served and entrance and exit criteria. Incentive systems to be used to promote cooperation and participation in the treatment and educational aspects of the services (i.e. include means to personalize the incentives, preference assessments to be done).

PMP entrance criteria:

- 18 years or older
- Commitment to living a healthy, sober lifestyle
- Individuals receiving Regional Center services.

There is no full exit criteria, all participants are free to participate in the program for the duration of the grant. When client sustain “Mentor” status for a year, they will graduate to “Alumni” status and will remain leaders of the recovery community.

Participants can earn incentives through their active engagement in PMP activities. Below are the requirements for incentives but are not limited to the following due to flexible adherence considering each individual’s ability:

Mentee to Mentor: Stage 1

Attend twelve (12) PMP groups.

Attend three (3) PMP outings.

Attend (5) AA/NA meetings.

Achieve a minimum of 30-days of sobriety at the 3-month mark (12 PMP groups)

Incentive: \$100 gift card

Mentor maintenance: Stage 2

Attend twelve (24) PMP groups.

Attend three (6) PMP outings.

Attend five (10) AA/NA meetings.

Achieve a minimum of 90 days of sobriety at the 6-month mark (24 PMP groups)

Incentive: \$200 gift card

Mentor to Alumni: Stage 3

Attend twelve (48) PMP groups.

Attend three (12) PMP outings.

Attend five (20) AA/NA meetings.

Achieve a minimum of 6 months of sobriety at the 1-year mark (48 PMP groups)

Incentive: \$300 gift card

10. Define your referral and intake for PMP

Participants are referred by Regional Centers, community service providers, guardians, or self-referred and will need to provide PMP with a copy of their Regional Center Face Sheet to verify Regional Center eligibility pmp@sober-

state.com. The Face Sheet can be obtained from service coordinators or other direct service providers. PMP counselors verify eligibility and schedule an intake to enroll clients in PMP. During the intake process, PMP counselors go over the PMP Handbook which details program guidelines and expectations. Consent and photograph is obtained from participants and uploaded in HIPPA compliant electronic records system for safe guarding of client information, attendance, and evaluations.

11. Define roles of Peer Mentors

The following are average service commitments and its corresponding role:

Mentee: (1 - 3 months) The main goal for the Mentee is to learn about the coordination of the gatherings, including location, outreach, promotion, setup, preparation, format, and purpose. Additionally, Mentees will have the chance to serve in a role under the guidance of their Mentor. Certain service positions will be exclusively for Mentees, while others with more responsibility will be reserved for Mentors.

Mentor: (3-months to 1year) Mentors play a crucial role in leading PMP gatherings, ensuring the execution of meeting formats, assigning roles to mentees, and actively engaging all participants. During monthly staff-Mentor meetings, Mentors provide valuable input and ideas to enhance program effectiveness. Mentors play an essential role in guiding Mentees in their personal and professional growth within the program. Mentors will receive a complementary PMP shirt so that others can easily identify them.

Alumni: (1 year and beyond) Alumni are PMP graduates that like to be of service to the PMP group and remain part of the sober community.

12. Processes to reimburse mentors for working with mentees (e.g. stipends)

The plan is to incentivize participants based on consistent and active participation and role-modeling behavior towards their peers. Examples include books on personal development or recovery literature, journaling supplies to facilitate self-reflection, fitness equipment or gym memberships to promote physical well-being, art supplies for creative expression and therapy, and self-help resources such as meditation apps or relaxation tools. Additionally, participants can access items that foster a sense of belonging and connection, such as group activity materials, tickets to cultural events or outings, or memberships to community organizations. These items not only serve as tangible rewards but also empower participants to take ownership of their

recovery journey, strengthen their sense of community, and build confidence in their abilities. That can help increase self-efficacy, belonging, and improve self-confidence.

13. Program supervision (emphasize the peer mentoring supervision component)

Continual professional oversight is a priority within the program which means staff is always present during PMP gatherings. Staff members also participate in regular weekly case consultations for the identification of any issues or concerns regarding any participant, ensuring that the PMP maintains an appropriate standard of care. In addition, professional development training opportunities and requirements are already built into the job descriptions for each direct service staff for special incidents.

14. Ongoing training and support plan for Peer Mentors

A plan for support at the group level for Mentors will aid our efforts in providing ongoing support and training. This is a monthly meeting that consists of a discussion to address barriers and challenges allowing for peer input.

15. Invoicing procedure for the MHSA startup funds and updated budget

Invoicing is provided using an initial budget breakdown for the start-up funds through Sober State's fiscal department. Ongoing monthly updates ensure the responsible managing to support the PMP for its proposed duration and thereafter as well.

Program Outcomes

1. Self-Efficacy Improvement:

- **Objective:** Increase participants' belief in their ability to overcome challenges related to substance abuse.

- Measurable Outcome:

- Conduct pre-and post-program surveys using a validated self-efficacy scale to measure changes in participants' confidence in managing substance use issues.
 - o Percentage increase in self-efficacy scores measured through pre-and post-program assessments using a validated self-efficacy scale.
 - o Number of participants setting and achieving personalized, substance-use-related goals during the program.

2. Belonging and Connection:

- **Objective:** Enhance participants' sense of belonging and connection within the peer mentor program.

- Measurable Outcome:

- Administer pre-and post-program surveys to assess participants' feelings of social connectedness, utilizing a Likert scale or open-ended questions to capture qualitative data on perceived changes.
 - Increase in reported feelings of social connectedness among participants, measured through pre-and post-program surveys using a Likert scale.
 - Number of peer support group activities attended by participants, reflecting engagement and connection.

3. Self-Confidence Enhancement:

- **Objective:** Improve participants' self-confidence in maintaining a substance-free lifestyle.

- Measurable Outcome:

- Track participants' self-reported confidence levels through regular check-ins or surveys, focusing on their ability to resist substance use and utilize coping strategies when faced with challenges.
 - Percentage increase in self-confidence scores measured through pre-and post-program assessments focusing on coping with triggers and challenges.
 - Number of participants reporting increased confidence in making positive lifestyle choices related to their recovery.

4. Skill Development:

- **Objective:** Enhance participants' skills in coping with stress, managing triggers, and making positive lifestyle choices.

- Measurable Outcome:

- Use pre-and post-program assessments to evaluate participants' acquisition of specific coping skills, stress management techniques, and healthy decision-making abilities.
 - Percentage increase in participants' self-reported mastery of specific coping skills and stress management techniques.
 - Number of participants demonstrating the use of learned skills in real-life situations, such as avoiding relapse triggers.

5. Retention in the Program: (attendance)

- **Objective:** Ensure sustained engagement and participation in the peer mentor program.

- Measurable Outcome:

- Monitor the retention rate of participants throughout the program duration, identifying factors contributing to any dropouts and implementing strategies to address them
 - Retention rate of participants throughout the program duration, measured by the percentage of participants who complete the program
 - Identification and analysis of factors contributing to dropout or disengagement, with subsequent adjustments to the program based on feedback.

6. Qualitative Feedback:

- **Objective:** Gather qualitative insights on the overall impact of the program using part- 3 of the evaluation tool.

- Measurable Outcome:

- Conduct interviews or focus group sessions with participants to obtain in-depth feedback on the development of the program, their experiences, identifying specific aspects of the program that contributed to their self-efficacy, sense of belonging, and self-confidence.
 - Themes identified from participant interviews or focus group sessions highlighting perceived improvements in self-efficacy, belonging, and self-confidence.
 - Anecdotal evidence showcasing specific instances where participants successfully linked to local recovery groups and experienced positive outcomes.
 - Themes related to client satisfaction with program and mentor/mentee relationship.

7. Linkages to Local Resources: (facilitate/attend health fair/conference); (12-step attendance cards)

- **Objective:** Facilitate connections between participants and local recovery groups and resources.

- Measurable Outcome:

- Track the number of participants who attend local recovery group meetings or events and collect feedback on the relevance and effectiveness of these connections in supporting their recovery journey.

Participant Outcomes

- Participants will demonstrate a 60-70% increase in knowledge about substance use, harm reduction strategies, and coping skills.
- 60-70% of participants will report a reduction or elimination of substance use by the end of the program.
- Participants will demonstrate a 60-70% increase in self-efficacy and motivation to change their substance use behaviors.
- Participants will demonstrate a 60-70% increase in knowledge about and access to local health and recovery support services.
- Participants will demonstrate a 60-70% reduction in mental health symptoms identified by the counselor (e.g., depression, anxiety) through the implementation of coping strategies.

Group Format

1) Introduction (Leader)

Welcome to the Peer Mentoring Program weekly meeting where we gather to share our experience, strength, and hope with each other so that we may learn healthier ways of living.

My name is _____ and I am a PMP Mentor. For those who wish to join, let us begin with the **Serenity Prayer**:

“God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

To ensure a supportive environment, let's remember to **S.H.O.W. U. P.:**

- **S: Safety First** - No physical or verbal aggression.
- **H: Honor Privacy** - what's shared here stays here.
- **O: Only One Mic** - avoid speaking over each other.
- **W: Words Matter** - speak respectfully.
- **U: Use "I" Statements** - share from your own perspective.
- **P: Participate properly** - stay on topic and focus.

Thank you for respecting our **S.H.O.W. U. P.** policy.

Now, let's introduce ourselves stating your **first name and your role**, starting on my left:

(Participant/Staff introductions)

This meeting is dedicated to supporting the wellness and recovery of Regional Center clients. We aim to boost our own self-efficacy, foster a sense of belonging, and build up our self-confidence. We achieve this by discussing life topics, practicing social skills, and engaging in fun substance free activities together.

Now it's time for **Staff Announcements**

2) Staff Announcements (Staff)

Staff shares important information regarding outings, introduction of new members, any information that may be needed to inform the group.

Lesson of Week (Staff)

My name is _____ and I am a PMP Staff and I have today's lesson of the week.

(Psychoeducation section)

Thank you for letting me be of service. I will now turn it over to Mentors for the Word and Question of the Week.

3) Word & Question of the Week (Mentor)

My name is _____ and I am a PMP Mentor, and I have today's Word and Question of the Week.

The Word of the Week is: (Read word and the definition).

(See word of the day and definition)

Today's Question of the Week is _____

(See question of the week)

I will go first and then I will pick some people to share.

Is there anyone else who would like to answer the Question of the Week?

Thank you for letting me be of service. **I will now turn it over to Staff** for the Coping Skill of the Week.

4) **Coping Skill of the Week** (Staff)

My name is _____, PMP Staff. In this section, we will learn a new coping skill to help us deal with difficult situations in a healthy way. Does anyone remember last week's coping skill, and did you use it? (Pick some people to share).

(if no one remembers say: "Last week's coping skills was...")

Is there anyone else who would like to share how they handled a difficult situation with a different coping skill they learned?

Thank you to those who shared. **The new skill we will learn today is...**

(See coping skill of the week.)

Thank you for letting me be of service. Now, a Mentor will take us through Getting Honest.

5) **Getting Honest** (Mentor)

My name is _____ and I am a PMP Mentor. Getting Honest is a time to take accountability for relapses, risky behavior, or inappropriate conduct. In this section the audience does not clap, we only say *"Thank you for being honest"*. Who would like to Get Honest? **(We don't pick people in this section)**

Thank you to those who took accountability, now time for Shout-Outs!

6) **Shout-Outs!** (Mentor)

My name is _____ and I am a PMP Mentor. Shout-Outs! is our chance to show others our appreciation.

Would anyone else care to give a Shout-Out! to someone?

That all the time we have for Shout-Outs! now time for Meaningful Milestones!

7) Meaningful Milestones (Mentor)

Hello, my name is _____ and I am a PMP Mentor. We acknowledge meaningful milestones at this meeting starting with clean and sober time.

Does anyone want to share their clean and sober time?

Now would anyone like to share something else they are proud of?.

Congratulations to all the milestones, now time for the Quote of the week.

8) Quote of the Week

My name is _____ and I am a PMP Mentor, and I have today's Quote of the Week. (**read quote**) I will go first and then I will pick some people to share their thoughts on the quote?

(If time turn it over to staff for the activity) or (back to the leader)

9) Activity (optional if time)

10) Closing

That concludes are PMP group meeting for the week. I hope you have found it useful to hear from your peers and staff. Let's take a moment to thank everyone who shared.

Thank you again for attending today's PMP group meeting. Next week we will have new topics to help us grow and teach us how to live good lives. Can I see the hands of the cleanup crew (thank you) and can I see the hands of some people willing to help (thank you).

We will now close the meeting with the **Serenity Prayer**:

"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

Overview of Format Segments

The PMP group meeting format effectively integrates evidence-based practices, providing a structured and supportive environment for adults in recovery with disabilities. The incorporation of CBT, MI, Mindfulness, and psycho-education, along with elements from 12-step programs, offers a comprehensive approach to recovery and personal growth.

Therapeutic Techniques, Theories/EBP, and Similarities to 12-Step Programs:

1) Introduction (Leader)

- **Therapeutic Techniques:**
 - Serenity Prayer: Spiritual reflection.
 - Safety Guidelines (S.H.O.W. U. P.): Establishes structure and safety.
 - Introductions: Personal connection and community building.
- **Theories/EBP:**
 - CBT: Respectful communication and responsibility.
 - Person-Centered Therapy: Safe, non-judgmental space.
 - Mindfulness: Present-moment awareness.
- **Similarities to 12-Step Meetings:**
 - Serenity Prayer and confidentiality.
 - Emphasis on respect and safety.

2) Staff Announcements (Staff)

- **Therapeutic Techniques:**
 - Information Sharing: Keeps participants engaged and informed.
 - Psycho-education: Enhances understanding of substance abuse and refusal skills.
- **Theories/EBP:**
 - CBT: Understanding consequences and healthier coping.
 - MI: Encourages personal motivation.
 - Psycho-education: Knowledge empowerment.

- o Social Learning Theory: Learning through observation and interaction.
- **Similarities to 12-Step Meetings:**
 - o Educational components about addiction and recovery.
 - o Emphasis on making healthier choices.

3) Word & Question of the Week (Mentor)

- **Therapeutic Techniques:**
 - o Focused Sharing: Reflection and sharing experiences.
- **Theories/EBP:**
 - o Narrative Therapy: Processing experiences through stories.
 - o MI: Exploring motivations and challenges.
- **Similarities to 12-Step Meetings:**
 - o Guided sharing and personal reflections.

4) Coping Skill of the Week (Staff)

- **Therapeutic Techniques:**
 - o Skill-Building: Teaching and reinforcing coping strategies.
 - o Sharing Successes: Reflecting on and sharing coping skill use.
- **Theories/EBP:**
 - o CBT and DBT: Developing effective coping skills.
 - o Mindfulness: Stress reduction techniques.
- **Similarities to 12-Step Meetings:**
 - o Practical tools for managing challenges.

5) Getting Honest (Mentor)

- **Therapeutic Techniques:**
 - o Accountability: Taking responsibility for actions.
 - o Non-Judgmental Support: Encouraging honesty without repercussions.
- **Theories/EBP:**
 - o Behavioral Therapy: Accountability and behavior changes.
 - o Person-Centered Therapy: Supportive self-disclosure environment.

- **Similarities to 12-Step Meetings:**
 - Admitting mistakes and personal inventories.

6) Shout-Outs! (Mentor)

- **Therapeutic Techniques:**
 - Positive Reinforcement: Recognizing positive behaviors and achievements.
- **Theories/EBP:**
 - Positive Psychology: Building resilience through strengths.
 - Social Learning Theory: Reinforcement through social recognition.
- **Similarities to 12-Step Meetings:**
 - Acknowledgement of progress and achievements.

7) Meaningful Milestones (Mentor)

- **Therapeutic Techniques:**
 - Celebrating Achievements: Sharing and celebrating successes.
- **Theories/EBP:**
 - Positive Psychology: Recognizing progress.
 - Self-Determination Theory: Supporting intrinsic motivation.
- **Similarities to 12-Step Meetings:**
 - Milestone recognition and celebrations.

8) Quote of the Week (Mentor)

- **Therapeutic Techniques:**
 - Reflective Sharing: Discussing the meaning of the quote.
- **Theories/EBP:**
 - Narrative Therapy: Reflective prompts for personal stories.
 - Mindfulness: Promoting reflection and awareness.
- **Similarities to 12-Step Meetings:**
 - Inspirational readings for motivation and insight.

9) Activity (optional if time)

- **Therapeutic Techniques:**
 - Engagement: Interactive elements for learning.
- **Theories/EBP:**
 - Experiential Therapy: Learning through activities.
 - CBT: Practicing new skills and behaviors.
- **Similarities to 12-Step Meetings:**
 - Interactive elements (e.g., workshops).

10) Closing (Leader)

- **Therapeutic Techniques:**
 - Group Cohesion: Positive and inclusive ending.
 - Mindfulness and Reflection: Encouraging reflection through the Serenity Prayer.
- **Theories/EBP:**
 - Group Therapy Principles: Enhancing group cohesion.
 - Mindfulness: Reflection and acceptance.
- **Similarities to 12-Step Meetings:**
 - Closing prayer and reflection.

Goals of the Group Segments

1) Self-Efficacy Improvement

Objective: Increase participants' belief in their ability to overcome challenges related to substance abuse.

- **Staff Announcements:**
 - Refusal skills and interventions (No! Go! & No! Suggest Go!) empower participants to make healthier decisions, enhancing their belief in their ability to manage substance-related challenges.
- **Coping Skill of the Week:**
 - Learning and sharing new coping skills reinforces participants' belief in their ability to handle stress and triggers effectively.
- **Meaningful Milestones:**
 - Celebrating milestones (e.g., clean and sober time) reinforces participants' confidence in their ability to maintain progress.

2) Belonging and Connection

Objective: Enhance participants' sense of belonging and connection within the peer mentor program.

- **Introduction:**
 - Welcoming participants and establishing guidelines for respectful interaction helps create a safe and inclusive environment, fostering a sense of belonging.
- **Word & Question of the Week:**
 - Sharing personal experiences and reflections on the weekly word and question promotes connection and understanding among group members.
- **Shout-Outs!**
 - Recognizing and appreciating each other's contributions and achievements strengthens the sense of community and belonging.

3) Self-Confidence Enhancement

Objective: Improve participants' self-confidence in maintaining a substance-free lifestyle.

- **Coping Skill of the Week:**
 - Gaining new coping strategies and sharing successful use of these skills boosts participants' confidence in their ability to handle difficult situations without substances.
- **Getting Honest:**
 - Encouraging accountability in a supportive, non-judgmental setting fosters self-awareness and confidence in personal growth.
- **Meaningful Milestones:**
 - Acknowledging achievements (e.g., reaching sobriety milestones) boosts participants' confidence in their ability to sustain a substance-free lifestyle.

4) Skill Development

Objective: Enhance participants' skills in coping with stress, managing triggers, and making positive lifestyle choices.

- **Lesson of the Week:**
 - Lessons on refusal skills and interventions (No! Go! & No! Suggest Go!) directly contribute to skill development in making positive choices and managing substance-related triggers.
- **Coping Skill of the Week:**
 - Introducing and practicing new coping strategies enhances participants' skills in managing stress and triggers.
- **Activity (optional if time):**
 - Engaging in activities that promote skill-building can help participants practice and reinforce new coping and decision-making skills.

Summary

By aligning specific goals with the relevant group segments, the PMP group meeting format effectively addresses the objectives of improving self-efficacy, fostering

belonging and connection, enhancing self-confidence, and developing essential coping and decision-making skills among adults in recovery with disabilities. The structured approach ensures that each segment contributes to the overall purpose of the program, creating a comprehensive and supportive environment for participants.

Group Date _____

Sample PMP Topic

Word: (A recovery concept or principle)

Definition: (simplified for people with IDD)

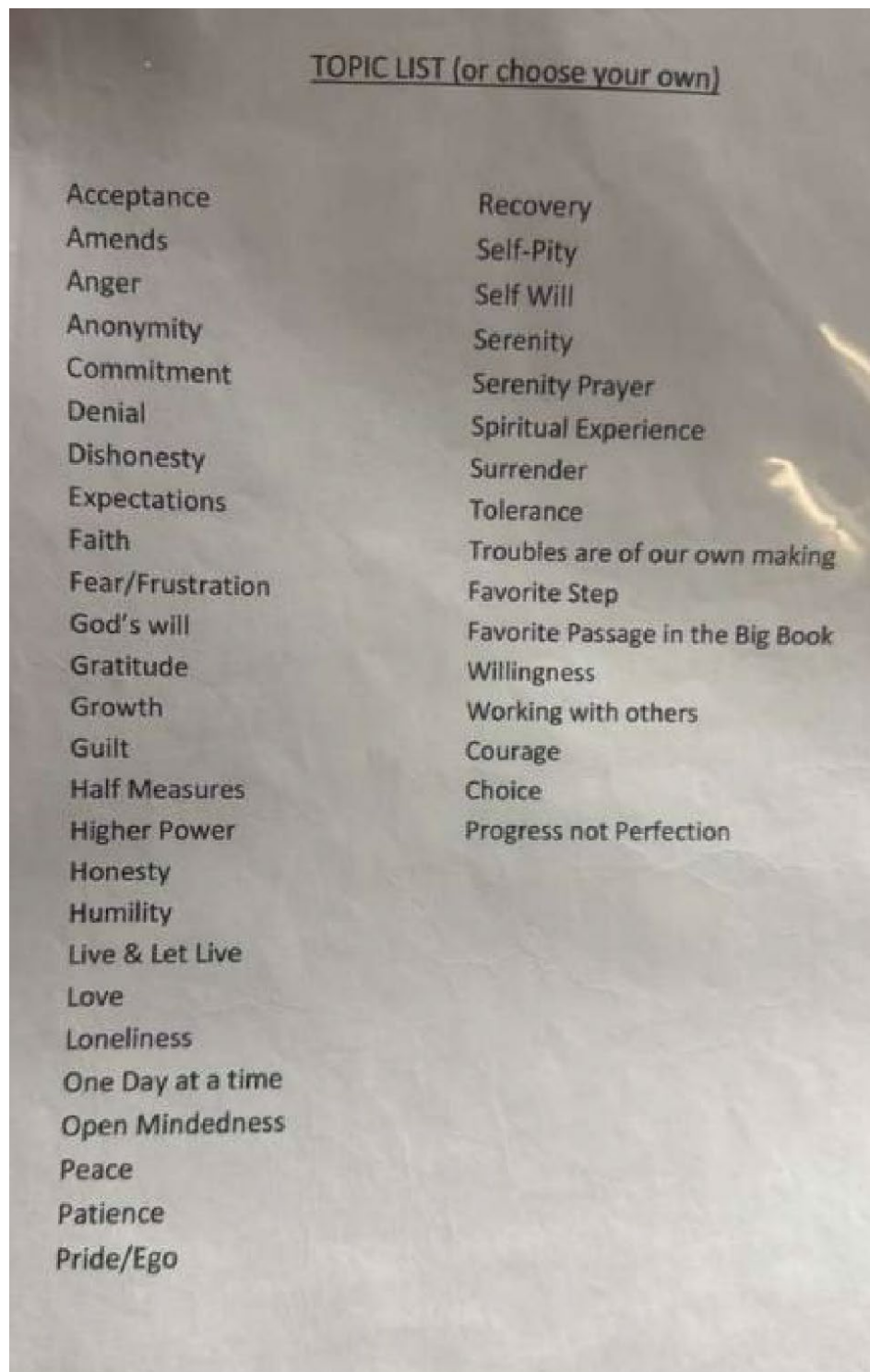
Question: (open-ended thought provoking)

Lesson: (various SUD-related psychoeducation 10-15min lesson)

Coping Skill: (Seeking safety/DBT/Grounding)

Quote of the week: (relates to the word of the day)

Activity: (group focused for group bonding)

Sample Recovery Concepts/Principles

Sample Coping Skills

DBT:

IMPROVE (Imagine, Meaning, Prayer, Relaxation, One Thing at a Time, Vacation, Encourage Yourself).

STOP (Stop, Take a Step Back, Observe, Improve Mindfully)

Grounding:

5,4,3,2,1 technique:

- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

Seeking Safety:

Safe Coping Skills (Part 1)

from "Seeking Safety: Cognitive-Behavioral Therapy for PTSD and Substance Abuse"
by Lisa M. Najavits, Ph.D.

- 1. Ask for help-** Reach out to someone safe
- 2. Inspire yourself-** Carry something positive (e.g., poem), or negative (photo of friend who overdosed)
- 3. Leave a bad scene-** When things go wrong, get out
- 4. Persist-** Never, never, never, never, never, never, never, never, never give up
- 5. Honesty-** Secrets and lying are at the core of PTSD and substance abuse; honesty heals them
- 6. Cry-** Let yourself cry, it will not last forever
- 7. Choose self-respect-** Choose whatever will make you like yourself tomorrow
- 8. Take good care of your body-** Eat right, exercise, sleep, safe sex
- 9. List your options-** In any situation, you have choices
- 10. Create meaning-** Remind yourself what you are living for: your children? Love? Truth? Justice? God?
- 11. Do the best you can with what you have-** Make the most of available opportunities
- 12. Set a boundary-** Say "no" to protect yourself
- 13. Compassion-** Listen to yourself with respect and care
- 14. When in doubt, do what's hardest-** The most difficult path is invariably the right one
- 15. Talk yourself through it-** Self-talk helps in difficult times
- 16. Imagine-** Create a mental picture that helps you feel different (e.g., remember a safe place)
- 17. Notice the choice point-** In slow motion, notice the exact moment when you chose a substance
- 18. Pace yourself-** If overwhelmed, go slower; if stagnant, go faster
- 19. Stay safe-** Do whatever you need to do to put your safety above all
- 20. Seek understanding, not blame-** Listen to your behavior; blame no one else

Sample Lesson Plans

Prescription medications vs over the counter Stimulants

Depressants

Hallucinogens

Inhalants Anger

Boredom

Negative peers

Special Events

Holidays

Internal triggers

External Triggers

Developing a support system

Step 1

Step 2

Step 3

Mentor Training Process Overview

1. Mentee Phase:

- o **Objective:** Participate in group meetings, develop group participation skills, and handle logistical commitments related to meeting setup.
- o Mentees assist with tasks such as preparing the room, organizing materials, and ensuring the meeting is ready to begin. They observe mentors during the facilitation of group segments, learning how meetings are led and structured.
- o **Key Focus:** Gaining familiarity with group dynamics, understanding mentor responsibilities, and developing an active presence in the group through participation.

2. Observation & Preparation Phase:

- o **Objective:** Learn from observing mentors as they facilitate group discussions and activities.
- o Mentees attend meetings regularly and observe the different facilitation styles of mentors. This gives them insight into effective leadership and group management skills.
- o **Key Focus:** Observing how mentors lead discussions, encourage participation, and manage group interactions.

3. Commitment to Meeting Set-Up:

- o **Objective:** Take responsibility for the practical aspects of group meetings.
- o Mentees are tasked with commitments such as setting up chairs, preparing meeting materials, and ensuring that the group environment is conducive to a productive session.
- o **Key Focus:** Building responsibility and ownership over essential group functions while learning about the structure and flow of meetings.

4. Graduation to Mentor:

- o **Objective:** Transition to a mentor role after mastering group participation and demonstrating reliability in handling commitments.
- o Once a mentee has completed the mentor requirements and has shown consistent participation and a strong understanding of group dynamics,

they may be considered for mentor training. At this stage, mentees begin to shadow current mentors, receive training on group facilitation, and prepare to co-facilitate group meetings.

- o **Key Focus:** Preparing to lead, co-facilitate meetings, and support group members as a mentor.

Mentor Responsibilities

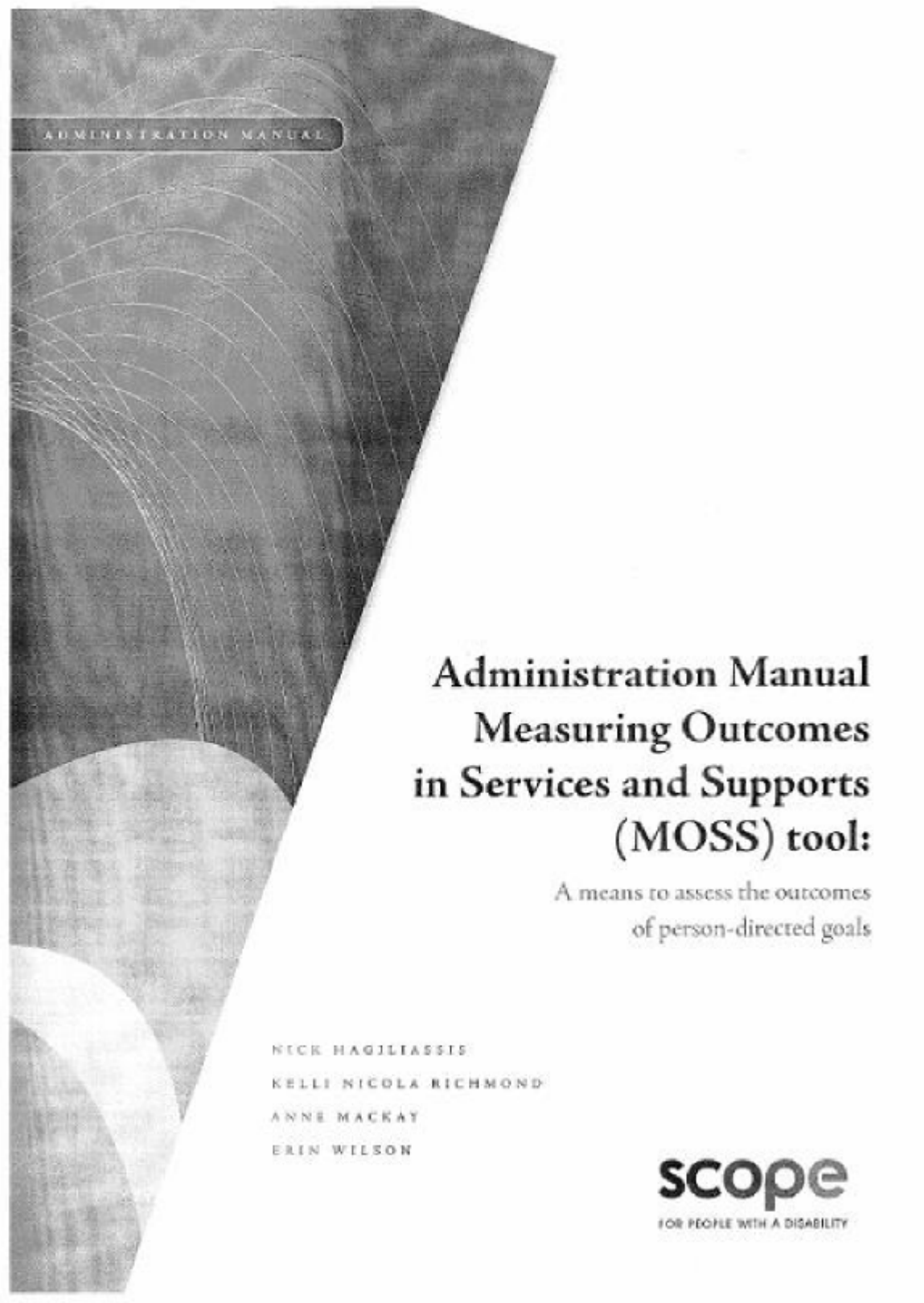
- **Co-Facilitation:** Mentors are responsible for co-leading group discussions and activities. This includes guiding all segments except the Staff Announcements, Lesson of the Week, and Coping Skill of the Week. Mentors also ensure that the meeting flows smoothly and that all participants have the opportunity to engage.
- **Supporting Participants:** Mentors serve as role models for group members, offering support and encouragement throughout the recovery journey.
- **Accountability:** Mentors help maintain the integrity of the group's principles, ensuring a respectful and productive environment for all participants.

Key Skills Developed Throughout Mentor Training:

- **Leadership:** Mentors learn to effectively lead group discussions, manage group dynamics, and encourage participant involvement.
- **Communication:** By co-facilitating meetings, mentors develop strong communication skills, including active listening, clear articulation, and respectful guidance.
- **Accountability:** Mentors uphold group rules, encourage accountability among participants, and model healthy behaviors.

By following this pathway, mentees transition from supportive roles within the group to active mentors capable of leading and supporting their peers in recovery.

Evaluation Tool Information



INTRODUCTION

The Measuring Outcomes in Services and Supports (MOSS) tool is an instrument for setting person directed goals and evaluating the outcomes associated with services and supports. It measures self rated 1) performance and 2) satisfaction levels prior to the delivery of a service and then again following service delivery. In this way, the tool allows for tracking changes in association with a service or support. The MOSS was developed initially for use in the context of disability services, specifically at the level of therapy and psychology services. Through the course of its development it has become evident that the tool has application to a broader range of service environments and as such it has been reconfigured to have a much broader application. A key tenet of the tool is that it is person directed. That is, it allows for measurement of outcomes as identified by persons with a disability or service recipient, from their perspective. The tool has been developed primarily for use with adults with disability including people with communication and/or learning difficulties. It also has application for use when the 'client' is a group of people or an agency (e.g., when practitioners are providing services to a community organization). The background to the tool is described in Quilliam and Wilson (2011). This publication also provides a systematic review of selected measurement instruments against a set of criteria. These criteria relate to the type and level of outcome that is the focus, person-directedness, sensitivity, accessibility, ease of administration, and the extent to which tools allow for identification of enablers and barriers to goal attainment. This publication also sets out the set of criteria the MOSS tool was designed to meet.

Citation Hagiliassis, N., Nicola-Richmond, K., Mackay, A., & Wilson, E. (2011). Administration Manual- Measuring Outcomes in Services and Supports (MOSS) tool: a means to assess the outcomes of person-directed goals. Melbourne: Scope.

Copyright 2011, Scope (Vic) Ltd. Authors Hagiliassis, Nick¹ , Nicola-Richmond, Kelli¹ , Mackay, Anne¹ , and Wilson, Erin²

Evaluation Tool (Pre and Post Tests)

MEASURING OUTCOMES OF SERVICES & SUPPORTS (MOSS) TOOL

Client Name: _____

ID: _____

PRE-SERVICE GOAL-SETTING

Date: _____

People Present:

- **Who is making the request?**
 - ☐ Person with a disability
 - ☐ Paid support person
 - ☐ Unpaid support person
 - ☐ Community representative

- **Whose needs are we meeting/whose capacity are we building?**
 - ☐ Person with a disability
 - ☐ Paid support person
 - ☐ Unpaid support person
 - ☐ Community representative

- **What is the request?** To participate in a **Peer Mentoring Program**.
- **Does PWD approve of this request?** (circle one) Yes or No.
- **Are there any key issues (e.g., sensitivities) around this request?**
- If so, specify:

Goals:

1. **Self-Efficacy Improvement:** To overcome challenges related to drugs/alcohol.
2. **Belonging and Connection:** Sense of belonging and connection within PMP.
3. **Self-Confidence Enhancement:** Confidence in maintaining a substance-free lifestyle.
4. **Skill Development:** Skills in coping with stress, managing triggers, and making positive lifestyle choices.

Notes:

Discipline(s) providing support: **PT** **OT** **SP** **Psych** **Other**_____

Client Name: _____

ID: _____

PART 1: PRE-SERVICE RATING

Date: _____

Who is answering these questions?

- ☐ Person with a disability
- ☐ Paid support person
- ☐ Unpaid support person
- ☐ Community representative

1) Self-Efficacy Improvement (To overcome challenges related to drugs/alcohol.)

- **Question 1:** How good do you do it **now**?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it **now**?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

2) Belonging and Connection (Sense of belonging and connection to a group of peers).

- **Question 1:** How would you rate it **now**?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it **now**?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

3) Self-Confidence Enhancement (Confidence in maintaining a substance-free lifestyle.)

- **Question 1:** How would you rate it now?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it now?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

4) Skill Development (Coping with stress, managing triggers, and making positive lifestyle choices.)

- **Question 1:** How well do you do it now?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it now?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

Rating Tool Used (Circle One): Scale A: Scale B: Scale C:

Client Name: _____

ID: _____

PART 2: POST-SERVICE RATING

Date: _____

Who is answering these questions?

- ☐ Person with a disability
- ☐ Paid support person
- ☐ Unpaid support person
- ☐ Community representative

1) 1) Self-Efficacy Improvement (To overcome challenges related to drugs/alcohol.)

- **Question 1:** How good do you do it **now**?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it **now**?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

2) Belonging and Connection (Sense of belonging and connection to a group of peers).

- **Question 1:** How would you rate it **now**?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it **now**?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

3) Self-Confidence Enhancement (Confidence in maintaining a substance-free lifestyle.)

- **Question 1:** How would you rate it now?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it now?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

4) Skill Development (Coping with stress, managing triggers, and making positive lifestyle choices.)

- **Question 1:** How well do you do it now?
 - ☐ 5 Very Good
 - ☐ 4 Good
 - ☐ 3 Okay
 - ☐ 2 Bad
 - ☐ 1 Very Bad
- **Question 2:** How happy/satisfied are you with the way you do it now?
 - ☐ 5 Very Happy/Satisfied
 - ☐ 4 Happy/Satisfied
 - ☐ 3 Okay
 - ☐ 2 Unhappy/Unsatisfied
 - ☐ 1 Very Unhappy/Unsatisfied

Rating Tool Used (Circle One): Scale A: Scale B: Scale C:

Client Name: _____

ID: _____

PART 3: POST-SERVICE RATING

Date: _____

Who is answering these questions?

- ☐ Person with a disability
 - ☐ Paid support person
 - ☐ Unpaid support person
 - ☐ Community representative
-
- o **What is different about how you manage drug/alcohol problems compared to before PMP?**

What are you doing/thinking/feeling that you weren't before?

Have there been changes in the environment, resources, or other people connected to this goal?

Did you achieve what you expected?

- o **What is different about how you connect with others in recovery compared to before PMP?**

What are you doing/thinking/feeling that you weren't before?

Have there been changes in the environment, resources, or other people connected to this goal?

Did you achieve what you expected?

- o **What is different about your confidence to stay clean and sober compared to before PMP?**

What are you doing/thinking/feeling that you weren't before?

Have there been changes in the environment, resources, or other people connected to this goal?

Did you achieve what you expected?

- o **What is different about how you cope (manage) with life stressors and triggers to drink or use compared to before PMP?**

What are you doing/thinking/feeling that you weren't before?

Have there been changes in the environment, resources, or other people connected to this goal?

Did you achieve what you expected?

- o **What things worked for you? What helped you achieve the 4 goals?** (People, activities, equipment/aids/resources, finances, environment, policies, time.)

What else?

What was the biggest help?

- o **Did anything stop you from achieving the 4 goals? What made achieving the goals hard?** (People, activities, equipment/aids/resources, finances, environment, policies, time.)

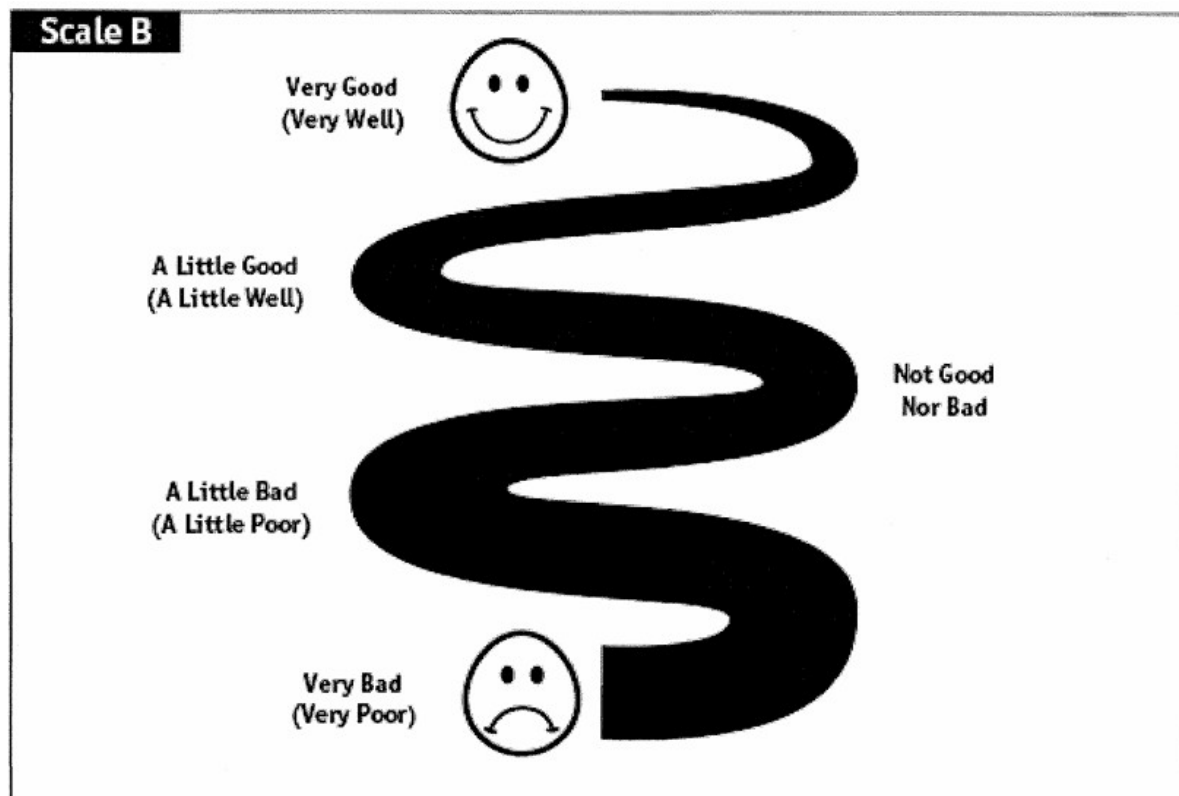
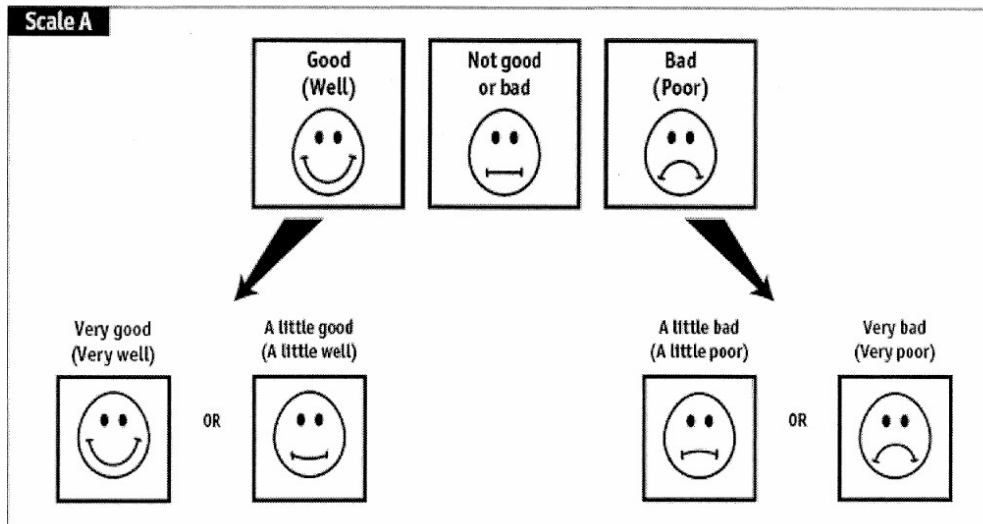
What else?

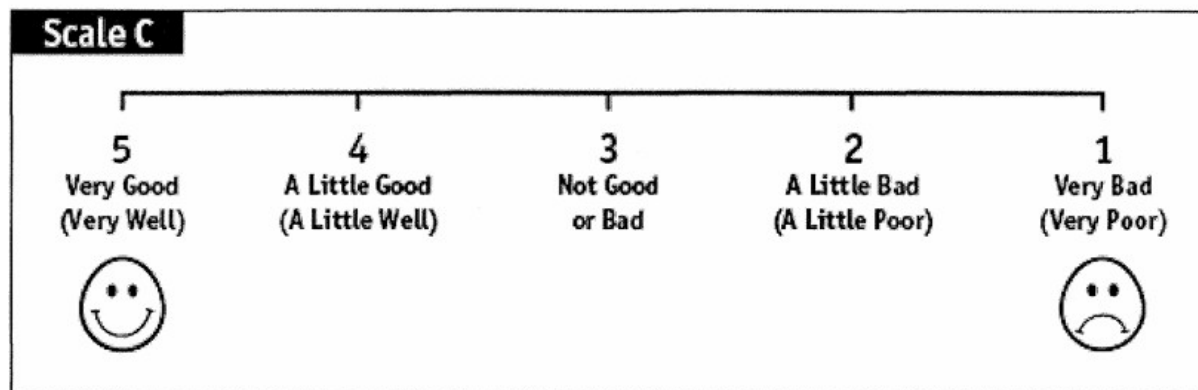
Which of these was the biggest challenge?

Comments from person with a disability:

Comments from others (please specify role, e.g. paid support worker, family):

Practitioner comments:







Participant Handbook 2024

This handbook is funded by the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services. Westside Regional Center is solely responsible for the content of this presentation. The Department of Developmental Services has not developed, reviewed, endorsed, or approved the contents of this handbook.

OVERVIEW

The Peer Mentoring Program (PMP) offered by Sober State, LLC. is committed to fostering self-efficacy, sense of belonging & connection, self-confidence, the development of leadership skills among adults with intellectual/developmental disabilities (IDD) through education on substance abuse and healthy living practices.

The program includes group meetings and sober leisure activities/outings designed to support recovery, encourage social connections, and provide access to additional local recovery groups and community resources.

PARTICIPANT ELIGIBILITY

To participate in PMP, participants must meet the following criteria:

- 18 years or older
- Commitment to living healthy, sober lifestyle.
- Current Regional Center clients
 - Participants will need to provide PMP with a copy of their Face Sheet (ask your service coordinator to email it to pmp@sober-state.com)

PROGRAM DETAILS

Weekly Meetings: Weekly group meetings are the foundation of the PMP program. During this time, participants are given the opportunity to Weekly Meetings foster safety and trust by creating a structured process for disclosure and handling of sensitive information. Additionally, this approach promotes empowerment by validating experiences and supporting participants in their recovery journey. Cultural competence is integral, ensuring sensitivity to diverse backgrounds and experiences, thus making the program more relevant and effective.

Weekly Meeting Location & Time:

Tuesday's 6-7pm

11930 Hawthorne Blvd

Hawthorne, CA 90250

Participants with commitments are encouraged to plan for approximately 30 minutes extra before or at the end of the meeting. Examples of such commitments include greeters, setup and cleanup crew, etc.

Monthly Group Outings: PMP organizes monthly group outings to enhance participants' social bonds, nurture their social skills, and bolster their confidence. Activities range from baseball games and museum visits to concerts and more. Eligibility to join these outings is determined by active participation in the program and/or the accumulation of Incentive Rewards points.

INCENTIVE GUIDELINES

Rewards Program: Participants can earn points through their active engagement in PMP activities. These points are redeemable for tangible rewards like gift cards, sports equipment, clothing, and more. It's important to note that rewards are not guaranteed without active involvement. Points can be earned through various means such as attendance, fulfilling service commitments, providing feedback, and more.

Mentee to Mentor: Stage 1

Attend twelve (12) PMP groups.

Attend three (3) PMP outings.

Attend (5) AA/NA meetings.

Achieve a minimum of 30-days of sobriety at the 3-month mark (12 PMP groups)

Incentive: \$100 gift card

Mentor maintenance: Stage 2

Attend twelve (24) PMP groups.

Attend three (6) PMP outings.

Attend five (10) AA/NA meetings.

Achieve a minimum of 90 days of sobriety at the 6-month mark (24 PMP groups)

Incentive: \$200 gift card

Mentor to Alumni: Stage 3

Attend twelve (48) PMP groups.

Attend three (12) PMP outings.

Attend five (20) AA/NA meetings.

Achieve a minimum of 6 months of sobriety at the 1-year mark (48 PMP groups)

Incentive: \$300 gift card

SERVICE ROLES

Participants' duration of involvement will be determined by their level of active engagement in the PMP program. The following are average service commitments and its corresponding role:

Mentee: (1 - 3 months) The main goal for the Mentee is to learn about the coordination of the gatherings, including location, outreach, promotion, setup, preparation, format, and purpose. Additionally, Mentees will have the chance to serve in a role under the

guidance of their Mentor. Certain service positions will be exclusively for Mentees, while others with more responsibility will be reserved for Mentors.

Mentor: (3-months to 1year) Mentors play a crucial role in leading PMP gatherings, ensuring the execution of meeting formats, assigning roles to mentees, and actively engaging all participants. During monthly staff-Mentor meetings, Mentors provide valuable input and ideas to enhance program effectiveness. Mentors play an essential role in guiding Mentees in their personal and professional growth within the program. Mentors will receive a complementary PMP shirt so that others can easily identify them.

Alumni: (1 year and beyond) Alumni are PMP graduates that like to be of service to the PMP group and remain part of the sober community.

Role of Staff

Sober State staff will help Mentors prepare for weekly meetings, group outings and support the placement of service commitment that best utilizes each person's strengths.

Staff support includes being present at all PMP gatherings, hosting meetings/training for service role participants and addressing the progress of the PMP program.

PROGRAM RULES AND MEETING GUIDELINES

The following rules and guidelines are designed to promote a safe community in which to begin the recovery process. When one individual fails to comply with these rules, the entire community can be affected. Breaking rules will result in consequences ranging from incentive points deductions to possible discharged from the program.

THE BIG TEN

1. All Participants are to treat each other and Peer Mentoring Program (PMP) staff with dignity and respect.
2. No verbal or physical violence against participants or PMP staff.
3. Physical violence includes pushing, shoving, or hitting others. Verbal violence includes making threats, yelling, using profanity and name-calling.
4. A threat of violence is just as serious as an act of violence. Damaging any participant's property or PMP's property is not tolerated.
5. No sexual interaction with other participants.
6. Participants are expected to participate in all program activities.
7. No use of alcohol or drugs.
8. Social, romantic/sexual, financial and sponsorship relationships between participants and staff are strictly prohibited.
9. Any collusion with any other participant(s) (e.g., bringing drugs on the premises, or using drugs/alcohol in the program, or other rules violation) is prohibited.
10. Acts of self-harm (e.g., cutting) or suicidal ideation, homicidal ideation/threats will be taken very seriously and the appropriate course of action will be imposed (e.g., referral for psychiatric evaluation, higher level of care, or law enforcement).

CONFIDENTIALITY

1. You have a responsibility to protect the privacy of other participants receiving services at PMP.
2. You are not allowed to talk outside the program about who is here or about what is said in group.
3. Staff are allowed to discuss you (what you do and say) with other employees only. This is sometimes necessary so they can provide more effective help. Staff will not acknowledge your presence here or discuss you with anyone other than PMP staff without your written authorization.

GENERAL COMMUNITY RULES

1. No sexually explicit items (video, DVD, magazines, toys of any kind, internet, etc.) are allowed at PMP activities. Any items of this nature will be confiscated and returned upon discharge.
2. Drug/alcohol addictive behavior (e.g., gambling, binging/purging, sexual acting out, etc.) is not permitted and will be addressed by staff.
3. No alcoholic beverages or drugs including cannabis are allowed in the participant's possession or on PMP site. All paraphernalia will be confiscated and disposed of.
4. No medications are allowed in the possession of participants at the facility, including non- prescription and herbal preparations unless special arrangement is made with staff for clinical reasons.
5. Smoking, vaping, eating, or drinking at the facility is only allowed in designated areas. Absolutely no vaping/smoking during PMP meetings.
6. No smoking/vaping, eating, or open beverages in the PMP transportation vehicles.
7. No cameras or recorders of any kind are allowed during the meeting.
8. No weapons of any kind are allowed.
9. Appropriate attire is required at all times, as specified under Dress Code.
10. Participants are liable for any damage caused to floors, walls, furniture, etc. If caught defacing private or public property

REGARDING VISITORS

Visitors are not allowed without PMP staff approval.

REGARDING MONEY

1. No participant is to lend another participant money at any time for any purpose.
2. There is to be no buying, trading, or business transactions with other participants.

REGARDING GROUPS AND OUTINGS

1. Participants are expected to be on time.
2. Participants should follow dress code (below) and wear closed-toe shoes in case of an emergency.
3. Participants are expected to remain in the group/outing for the duration of the group/outing.
4. No cell phone or other electronic device may be used during group time.
5. Transportation will only be provided to Participants with the expressed understanding that Participant hereby releases liability for any harm or injury incurred during transportation.

DRESS CODE

1. Appropriate dress is required at all times.
2. Any article of clothing displaying vulgar/offensive language, drug/alcohol paraphernalia/ gang implications not allowed.
3. Shoes and shirt are required at all times.
4. See-through clothing and low-cut tops are not allowed.
5. It is at the staff's discretion if they choose to redirect your attire.

EXCLUSIVE RELATIONSHIPS

1. Being in a relationship, especially a romantic or physical one, can mess up your progress in the program.
2. After quitting drugs or alcohol, feeling empty and confused is normal, and seeking comfort in romance can be risky because it might stop you from asking for help.
3. Instead of focusing all your time and energy on just one relationship, it's better to spend time with all your friends.

PARTICIPANT GRIEVANCE PROCEDURE

It is the policy of Sober State, LLC to resolve any grievance matter in an expeditious and efficient manner the following steps outline the process used to resolve grievances:

Step One:

The aggrieved Participant shall present the grievance verbally to their counselor. If the counselor is the focus of the grievance, the procedure will move to the next step. Participant shall state that the grievance is official and formal. The program supervisor will attempt to resolve the problem. In any event, she or he shall record the grievance statement and respond in writing within five working days from the date of verbal grievance.

Step Two:

If the grievance is not settled in step two, the CEO shall offer to convene a meeting with the aggrieved participant and the program supervisor within ten working days to see if they can reach an acceptable solution.

Step Three:

In the event that the Participant is not satisfied by the proposed resolution by the CEO, the Participant can exercise the right to notify the **WESTSIDE REGIONAL CENTER** of the unresolved grievance at the following:

Westside Regional Center
777 S. Aviation Boulevard
Suite 105, El Segundo, CA 90245
(310) 258-4000 FAX: (310) 649-1024
www.westsiderc.org

Step four:

In the event that the Participant is not satisfied by the proposed resolution by the Westside Regional Center, the Participant can exercise the right to notify the **California Department of Developmental Services** of the unresolved grievance at the following:

Department of Developmental Services

Department of Developmental Services telephone number: (916) 654-1987

<https://www.dds.ca.gov/general/appeals-complaints-comments/early-start-complaint-process/>

I have read the PMP Program Rules and Meeting Guidelines and understand that any violation may result in the termination of my ability to participate in the program. ____

I understand I have no financial, legal, or moral obligations to participate in PMP. ____

I understand that I can leave the program at any time and after an absence from activities of 30 consecutive days or more my participation in the group will be considered a voluntary termination. ____

PMP Flyer



11930 Hawthorne Blvd,
Hawthorne, CA 90250

Experience our Peer Mentoring Program (PMP) for adults with disabilities in recovery! Join a supportive community focused on sober & substance-free living. Gain support from a mentor and journey together towards becoming a mentor yourself!

Eligibility

- Adult 18+ in recovery
- Client of a local Regional Center
- Desire to live clean and sober!



sober-state.com

This flyer is funded by the Mental Health Services Act (MHSA) in partnership with the Department of Developmental Services. Westside Regional Center is solely responsible for the content of this flyer. The Department of Developmental Services has not developed, reviewed, endorsed, or approved the contents of this flyer.

FREE TO JOIN

PEER MENTORING PROGRAM



What You'll Get

- Leadership Training ✓
- Weekly Group Meetings ✓
- Monthly Sober Outings ✓
- Community Resources ✓
- And much more! ✓

SIGN UP

For More Information email or call us!

pmp@sober-state.com



424-269-0076