PROTOTYPES:
Centers for Innovation in Health, Mental Health, and Social Services

STAR Project

Los Angeles County, California

Description of the Organization

- PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services was founded in 1986 to serve women, children, and their family members
- 25 sites located throughout Southern California
- Project STAR located in Pomona, California (Los Angeles County)
- The STAR treatment center treats women and children in residential treatment; men, women, and adolescents in outpatient modality
- The STAR treatment center is an integrated program addressing substance abuse, mental illness, trauma, and HIV/AIDS
- Embedded in the treatment populations are specialized funded slots, including:
    - TANF (CalWORKs)
    - Proposition 36 (alternative to incarceration)
    - Community Prisoner Mother Program (inmates under the California Department of Corrections)
- The residential treatment program typically lasts 6 to 18 months; outpatient treatment is typically 6-12 months
- In the overall organization, in addition to the Substance Abuse Treatment division (under which Project STAR resides), there are six other divisions, including Mental Health, Outreach and HIV/AIDS Prevention, HIV/AIDS Psychosocial Interventions, Domestic Violence Services, PROTOTYPES Systems Change Center (changing systems of care locally and nationally through research and knowledge dissemination), and Training and Technical Assistance

PROTOTYPES STAR Team Members

- Vivian B. Brown, PhD [President & CEO/Executive Champion]
- Maryann Fraser, LCSW, MBA [Executive Vice President]
- Elke Rechberger, PhD [Director/Change Leader]
- April Wilson [Deputy Director, Residential Program]
- Lori Pendroff [Director, Outpatient Program]
- Eva Ramirez Fogg, MSW [Director, Community Assessment & Services Center]
- Lee Bertha Pickett-Allen [Director of Intake & Continuum of Care]
- Avis Muse [Deputy Director of Administration]
- Sharon Gassett [Assistant Director – Outpatient Program]
- Nancy Tamburo-Trevino, MFT [Mental Health Specialist]
- Halston Brown [Intake Coordinator, Residential Program]
- Retha Hodge [Intake Specialist, Residential Program]
- Dianne Arcadipane [Lead Counselor]
- Anita Dunlap [Data Coordinator, Residential Program]
- Lou Campbell [Vocational Rehabilitation Counselor]
- Shelly Baesler [Data Coordinator, Outpatient Program]
- Robin Corral [Intake Specialist, Outpatient Program]
- Local Evaluators: The Measurement Group LLC
    - [Lisa A. Melchior, PhD & G. J. Huba, PhD, co-lead evaluators]

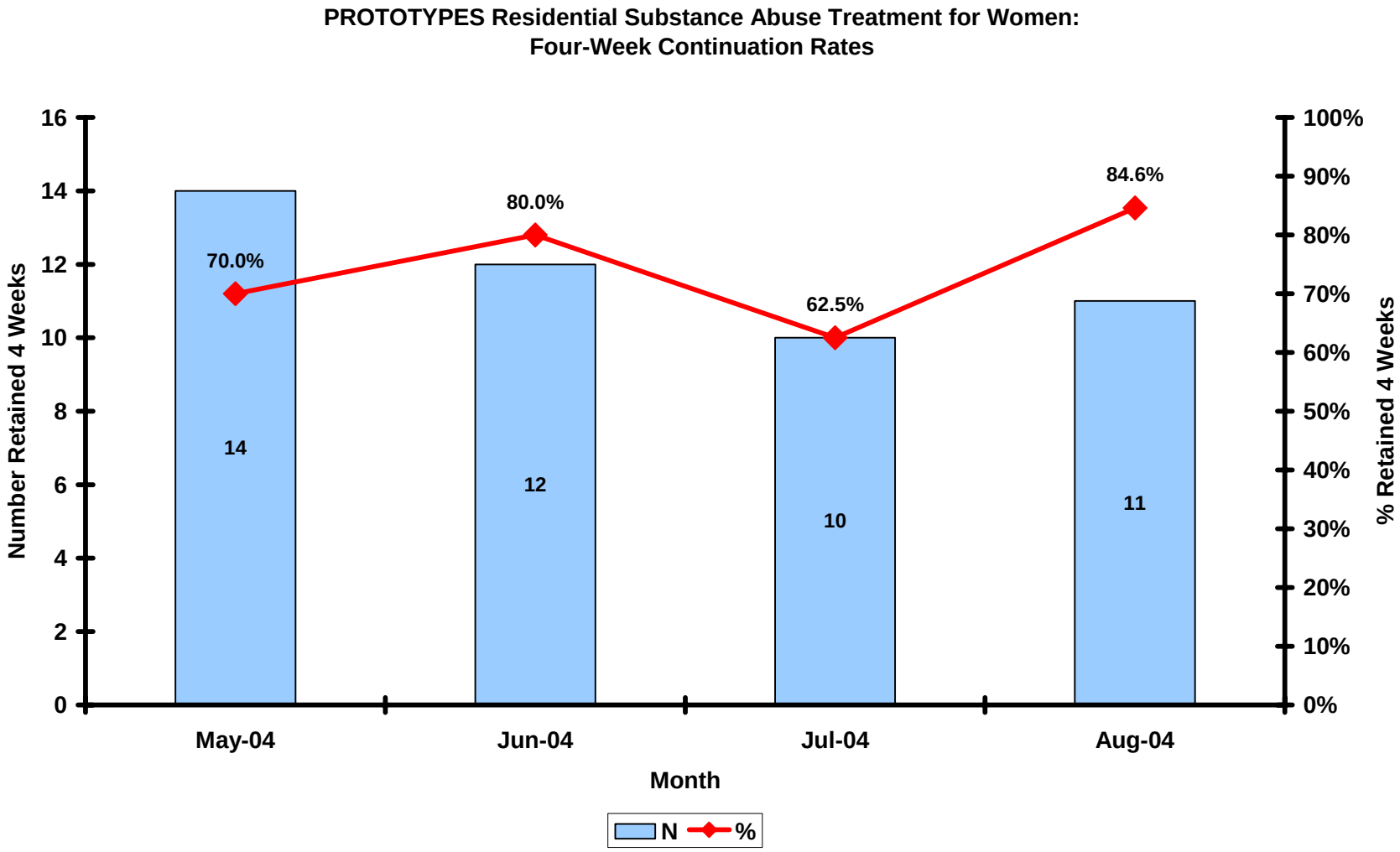
Aim: Increase continuation rate

Measures used:

- Staff notes
- Client feedback via Retention Questionnaire
- Percentage of clients remaining in residential treatment for at least four weeks

Changes made: The following describe some of the changes made during the first four months' work on this aim:

- Increasing the bonding between new clients and staff via implementing a weekly "getting to know you" / troubleshooting meeting with Intake Department Deputy Director
- Increasing the bonding between new clients and existing clients via "Big Sisters"
- Implementing incentives for clients (extended phone privileges, sleeping in late, no chores for a month) for caseloads that remained in treatment for the month
- Implementing incentives for staff (public affirmation, certificates, candy, free Starbucks, free lunch) for counselors and case managers whose entire caseload remained in treatment for the month


PROTOTYPES Residential Substance Abuse Treatment for Women:
Four-Week Continuation Rates
Number Retained 4 Weeks
% Retained 4 Weeks
16
14
12
10
8
6
4
2
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
70.0%
80.0%
62.5%
84.6%
14
12
10
11
May-04
Jun-04
Jul-04
Aug-04
Month
N
%

Unexpected challenges and/or unanticipated results:

- Increasing complexity of new client diagnoses
  - More clients being admitted with schizophrenia/bipolar/psychosis concerns
  - More clients who have significant medical problems (seizures, musculoskeletal disabilities, COPD) that interfere with treatment programming

- County/State Budget cuts
  - Programs/contracts eliminated
  - Supportive services for clients reduced
  - More complex client needs, but less funding for staff

- Staff absences
  - Vacations
  - Extended illness

- Increased timeliness for intakes may bring numerous new clients in on same day; staff resources tapped, and 1:1 interactions with new clients are diffused

Impact of project: 4-week continuation rates continue to rise! Client feedback reports that regular meetings with the Intake Department Deputy Director as being critical to retention successes.

Current Change Status:

- Retention efforts are now being pursued at our Outpatient program
- Retention efforts for Residential site will continue for next grant year

Future Change Projects	3. LOC	4. NIATx Aim	5. Path
10/04: **80% of clients will bond with at least one staff person** In addition to the newly implemented weekly meetings with Intake Dept. Deputy Director, counselors and/or case managers will structure more frequent/consistent meetings with new clients on their caseloads.	Residential & Outpatient	Continuation	Engagement; Social Support
11/04: **Reduce number of no-shows to intake appointment** Make reminder phone calls to clients if intake date is more than a day away; offer transportation when needed; utilize MI techniques during first contact with prospective clients (e.g., how will s/he know that coming for treatment will improve his/her life?)	Outpatient	No shows; Continuation	Outreach; First Contact; Engagement
12/04: **Implement MI techniques during clinical assessment** Intake staff to elicit client feedback during clinical assessment about what is the most important thing s/he wants to receive in treatment (e.g., access to counselor; mental health services, medication assistance, etc.) and work with the client to assure that request is being met the first day the new client is in treatment.	Residential & Outpatient	Continuation	Outreach; First Contact; Engagement
2/05: **Explore placement of key treatment groups** Elicit feedback from clients about which current treatment groups they felt were most helpful, and make those groups available in the early phase of treatment to aid client's engagement in treatment; Implement new curricula and groups based on client treatment needs and interests	Residential & Outpatient	Continuation	Engagement; Social Support; Scheduling
4/05: **Explore structural reorganization via "cottages" (smaller treatment units)** Clients may feel overwhelmed by a 7-acre campus; therefore, restructuring our dorms to house clients together who are at similar stages of treatment may help cultivate a sense of identity/family. Further, if they are participating in many of the same groups together, this may promote and provide additional cohesive engagement in treatment.	Residential	Continuation	Engagement; Social Support; Scheduling