Evaluation of the Strengthening Treatment Access and Retention (STAR) Program

PROTOTYPES
Pomona, California

Final Evaluation Report

PROTOTYPES:
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Introduction

About the PROTOTYPES Substance Abuse Treatment Program. PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services, provides a comprehensive continuum of substance abuse treatment for women, men, youth, and families in Southern California. The STAR Project was primarily implemented at PROTOTYPES Women's Center in Pomona, California, which offers residential and outpatient modalities for substance abuse treatment.

The residential treatment program at PROTOTYPES Women's Center in Pomona provides comprehensive services for women who are seeking to recover from substance abuse and for their children. It opened in 1988 and has become a national model for the exceptional quality of the services provided and for its high success rate among graduates. The Center integrates and coordinates services for women with multiple vulnerabilities, including those with mental health issues, trauma (physical and/or sexual abuse) in their past or present, and/or health problems such as HIV/AIDS. The program offers priority admission to pregnant women.

The Women's Center's residential treatment facility can house up to 110 women and 70 children at any given time. Having their children with them at the Women's Center during their recovery improves the recovery process and also allows clients to take advantage of the many resources available at the Center to improve their parenting skills. Services offered at the Women's Center include: Specialized Women's Groups; parenting training and "Mommy and Me" classes; HIV/AIDS counseling; individual and group therapy; survivors' groups; Seeking Safety groups; vocational training, including computer training using state-of-the-art equipment; 12-step meetings; family therapy; Head Start; literacy training; and medical services.

PROTOTYPES Outpatient Treatment Programs serve women and men with substance abuse problems. Treatment plans are individualized for each client, and treatment time can range from 3 months to more than a year. Outpatient programs include: Day Treatment, Day Rehab, and Outpatient. Day Treatment is an intensive program for clients requiring a significant amount of support. Services are offered six days a week from 9am until 3:30pm. The Day Rehab program is similar to the Day Treatment program, but focuses specifically and intensively on treating dual diagnosis, with clients coming for services three to five days a week. Outpatient Services are less intensive, designed for clients who have completed the residential or the Day Treatment or Day Rehab programs. A Parenting Center on-site provides day care for clients' children while they receive treatment. The Outpatient service also supports clients' housing needs, with two Satellite Houses for women and their children participating in the program.
Services offered at the Outpatient Treatment Programs include: structured day care; individual therapy; family therapy; substance abuse, mental health, HIV/AIDS, and domestic violence groups; HIV/AIDS testing, counseling, and prevention; vocational counseling and assistance; computer lab with classes and support; parenting groups and access to a therapeutic nursery; and referrals to community agencies for housing, vocational training, health care, and related services.

About the Network for the Improvement of Addiction Treatment (NIATx). For this project, PROTOTYPES was funded by the Center for Substance Abuse Treatment (CSAT) by a grant from the Strengthening Treatment Access and Retention (STAR) Program. The STAR Program was part of the Network for the Improvement of Addiction Treatment (NIATx), which also included the Robert Wood Johnson Foundation's Paths to Recovery program, the National Institute on Drug Abuse, and a number of independent addiction treatment organizations. The

purpose of NIATx was (and continues to be) introducing process improvement techniques to substance abuse treatment settings in order to improve treatment access and retention.[1]

Efforts within NIATx and the STAR Program were focused around four aims:

1. To reduce the wait time between a client's first request for service and the first treatment session

2. To reduce client no-shows

3. To increase addiction treatment centers' admissions

4. To increase the treatment continuation rate between the first and the fourth treatment sessions

Changes were made by PROTOTYPES in order to impact one or more of these four aims. Such "Change Projects" were intended to test a series of small, quick changes to organizational procedures that may have inadvertently been barriers to individuals having access to or staying in substance abuse treatment. PROTOTYPES focused on various "change projects" across the life of this grant in order to impact different issues as needs arose.

Data in Support of the Four Aims

PROTOTYPES collected data to monitor progress towards the four aims in its Residential and Outpatient programs in Pomona, California. A spreadsheet-based tracking system was designed to collect data required for the NIATx Initiative as well as monitoring the progress of individuals seeking treatment, from their initial contact with PROTOTYPES (by phone or as a walk-in), through intake eligibility and related assessments, to program intake and through the initial stages of continuation in substance abuse treatment. This section summarizes the major data obtained through this tracking. As individuals contacted PROTOTYPES seeking treatment, program intake staff logged such contacts in the tracking spreadsheet. Being a large program, documenting these contacts was accomplished on multiple copies of the tracking spreadsheet, which were then merged together and cleaned for duplication prior to submission to the project evaluation team at The Measurement Group as well as submission to the cross-cutting evaluation team at Oregon Health and Science University for the NIATx initiative.

The following figure shows the number of initial calls made to PROTOTYPES for inquiries about substance abuse treatment between January 2004[2] and December 2006 for residential and outpatient modalities. Data are presented by calendar quarter. The figure includes linear trendlines fitted to show the overall trends in inquiries to the PROTOTYPES residential and outpatient substance abuse treatment programs.

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[1] www.niatx.net.
[2] This project started in October 2003. The first three months were dedicated to project start-up; reporting of data not collected by the program prior to this grant began January 2004.

Number of Treatment Inquiries by Quarter
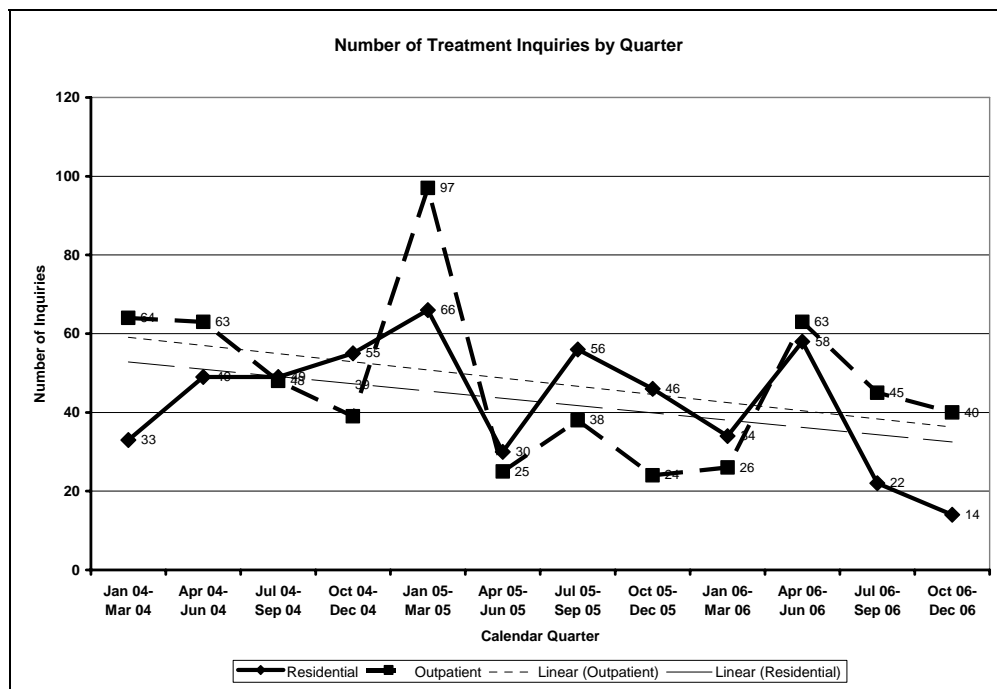
- Although there were fluctuations in the number of treatment inquiries throughout the project period, the overall linear trend showed a fairly consistent level of inquiries for residential and outpatient treatment.

Admissions. Another of the NIATx aims was to increase treatment admissions. The figure below shows the number of treatment admissions to PROTOTYPES residential and outpatient services by calendar quarter.

Number of Treatment Admissions by Quarter
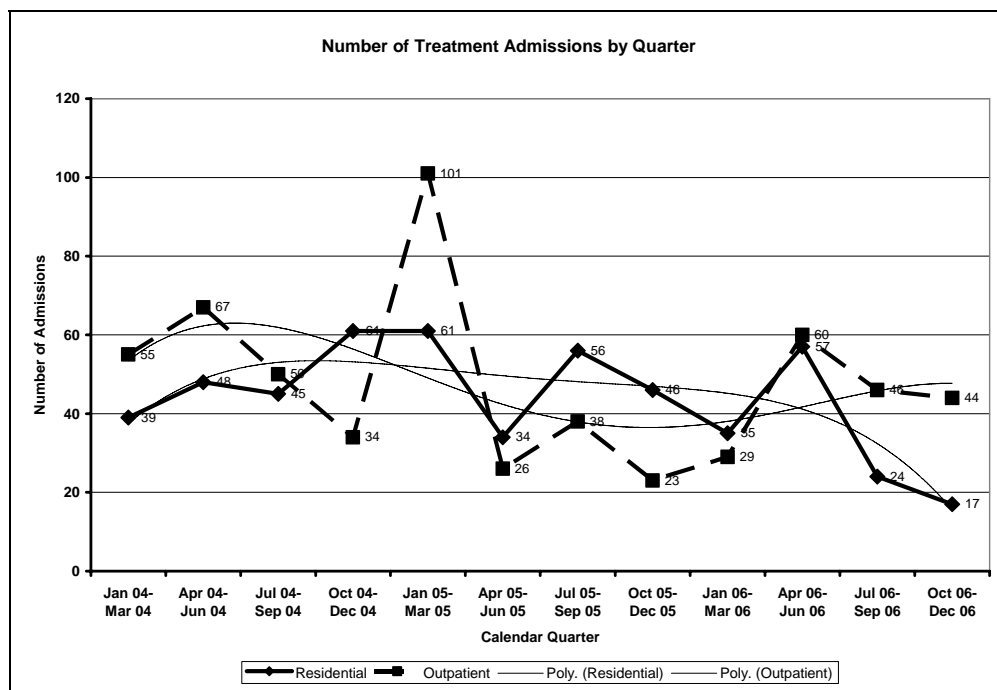
- Polynomial trendlines fitted to these data showed a fairly consistent level of inquiries for residential treatment for most of the period that admissions were tracked. It should be noted that residential treatment capacity is limited by definition and PROTOTYPES had (and continues to have) a waiting list for residential services, as do most publicly funded substance abuse treatment providers in the Los Angeles area. Outpatient admissions were somewhat more cyclical over this period, as illustrated by the dashed trendline.

- In addition, it is important to note that in residential treatment where there are a fixed number of slots, the longer clients are retained in treatment, unless additional "beds" become available, there is a limit on the number of new admissions that can occur. For PROTOTYPES, this balance was always a consideration to ensure that clients of the residential treatment program received the most comprehensive, enriched services possible consistent with client needs and that clients were retained in treatment for a sufficient length of time for them to meet each client's individualized treatment goals.

Wait time. Another of the NIATx major aims was to reduce the time from initial contact to treatment entry. The number of days from an individual's initial contact to her/his treatment admission was calculated. The figure below shows the mean (average) wait time by calendar quarter over the life of the project. Calendar quarter is indexed to the date of the first service inquiry, as well as linear trends fitted to these data for Residential and Outpatient treatment admissions.


Mean Days from First Contact to Admission
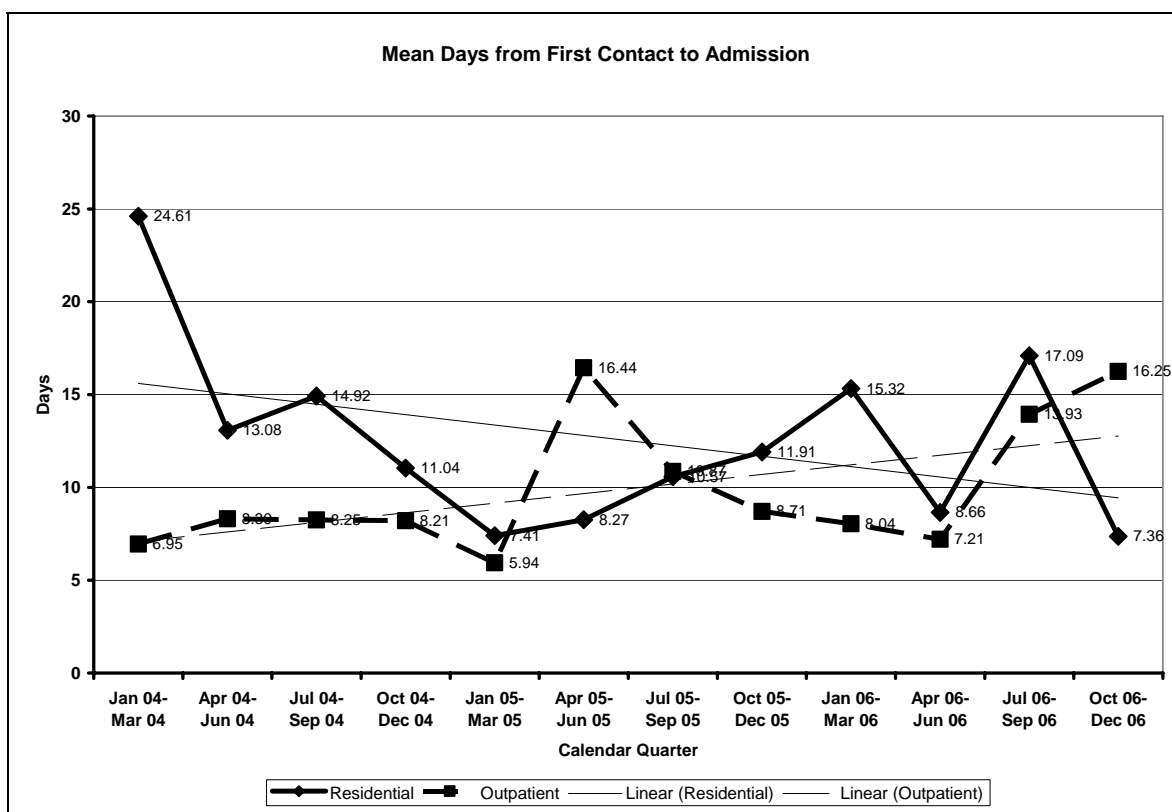
- *Waiting times for residential treatment decreased steadily over the project period.*

Retention: Short-Term Continuation Rates. The final aim under NIATx was to increase retention among clients in substance abuse treatment. Although one of four major aims for the initiative as a whole, this was the primary focus of the STAR project for PROTOTYPES.

NIATx defined continuation in services in a relatively short-term way: continuation to milestones within the first month of treatment. Early retention in substance abuse treatment is important, considering that a large percentage of drop-outs tend to happen in the early stages of treatment.

Shorter term continuation rates improved compared to levels identified prior to implementation of the STAR project. Looking at the first 30 days in treatment, 81.4% of the women who entered treatment between January 2003 and December 2003 stayed one week or more, 75.3% stayed at least two weeks, 68.8% stayed at least three weeks, and 63.1% stayed at least four weeks. Among the women who entered treatment during the program period (between January 2004 and December 2006), 88.3% stayed one week or more, 80.7% stayed at least two weeks, 75.1% stayed at least three weeks, and 70.5% stayed at least four weeks in the residential treatment program. Continuation rates at 1 week ($\chi^2(1) = 7.962$, $p = .005$), 2 weeks ($\chi^2(1) = 3.539$, $p = .060$), 3 weeks ($\chi^2(1) = 3.942$, $p = .047$), and 4 weeks ($\chi^2(1) = 4.981$, $p = .026$) all improved.

Retention: Long-Term Residential Treatment Length of Stay. Although continuation through the first four weeks of treatment is critical to longer term retention, the PROTOTYPES residential treatment program is designed to last 6-12 months, and sometimes as long as 18 months, in order to address the numerous issues in the women's lives, including co-occurring health and mental disorders, parenting issues, and educational/vocational rehabilitation issues. The figure below summarizes longer term retention trends over the course of the STAR project in residential treatment at PROTOTYPES Women's Center. The chart shows two retention curves: one for clients admitted to residential treatment in the year prior to implementation of process improvement changes (January 2003 – December 2003) and another for residential treatment admissions during STAR project implementation.
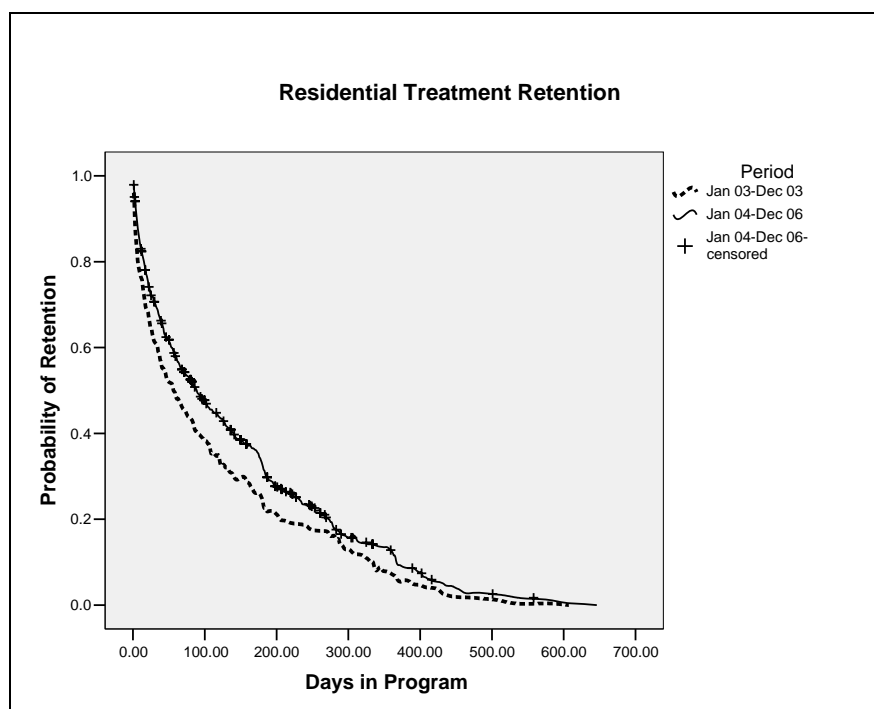
From January through December 2003, a total of 279 unduplicated women were admitted to the residential treatment program (21.5% African American, 37.6% Latina, 37.3% Caucasian, 0.7% Native Indian, 0.4% Asian, and 2.5% from an unspecified ethnic/racial background; mean age = 32.37 years, s.d. = 8.90 years). For this cohort, the mean retention was 115.51 days (standard error = 8.01 days). The median stay in treatment was 57 days (standard error = 9.22 days). In comparison, during the program period of January 2004 through December 2006 (after process improvement techniques had been implemented), a total of 674 unduplicated women were admitted to the residential treatment program (23.0% African American, 39.8% Latina, 32.8% Caucasian, 1.3% Native Indian, 0.4% Asian, 0.1% Pacific Islander, and 2.5% from an unspecified ethnic/racial background; mean age = 32.18 years, s.d. = 9.01 years). For this cohort, the mean retention was 144.05 days (standard error = 5.97 days) and the median stay in treatment was 89 days (standard error = 8.60 days). ***The difference in retention between the two groups was statistically significant*** using the Log Rank ($\chi^2(1)$ = 8.70, *p* = .003), Breslow ($\chi^2(1)$ = 10.70, *p* = .001), and Tarone-Ware ($\chi^2(1)$ = 10.05, *p* = .002) statistical tests.

No-Shows. The fourth NIATx aim was to reduce no-shows for treatment. No-shows were tracked during the initial months of the project for Residential treatment, and then in later months for Outpatient treatment. Although PROTOTYPES certainly worked to achieve progress on all four NIATx aims, reducing no-shows was less of a focus for this program.

Residential No-Shows for Intake: January 2004 through September 2005
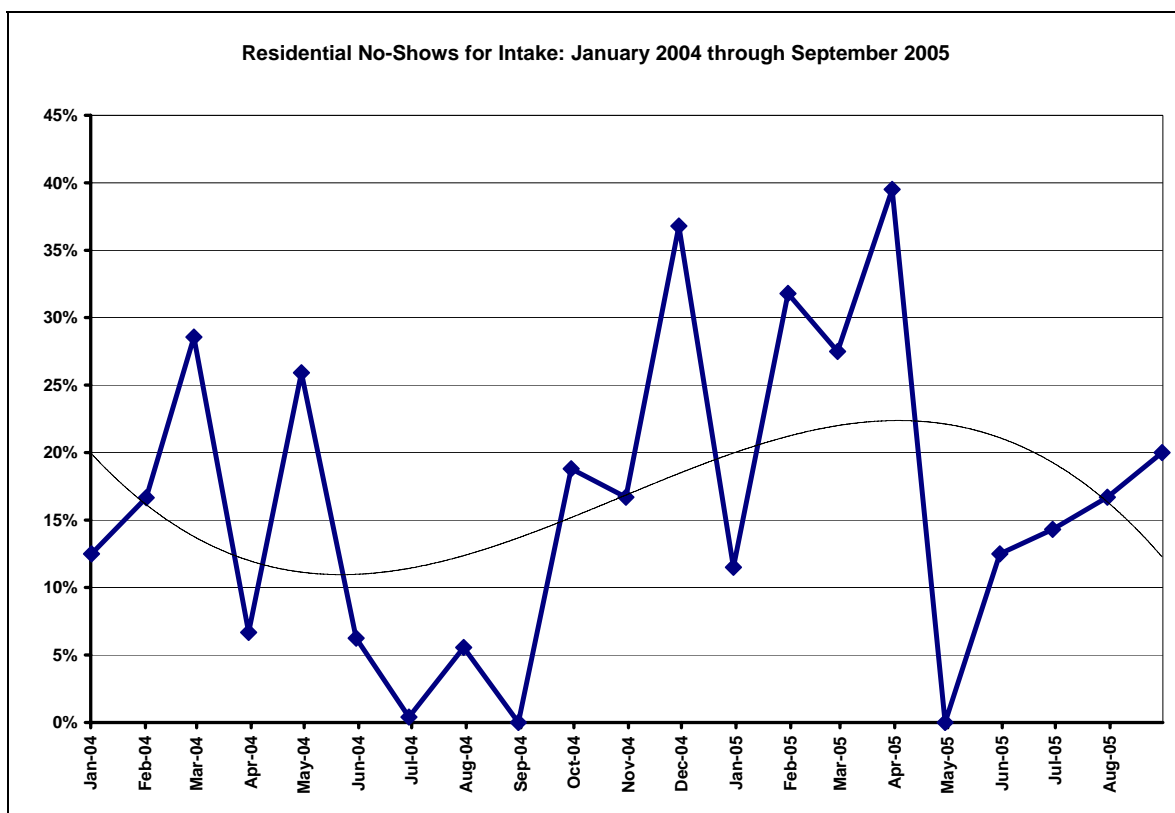
- No shows to appointments for admission to residential treatment varied over the time they were tracked. A polynomial trendline fitted to these data shows that no-shows slightly increased in the middle of this period, but in later months decreased.

Outpatient No-Shows for Intake: June 2005 through August 2006
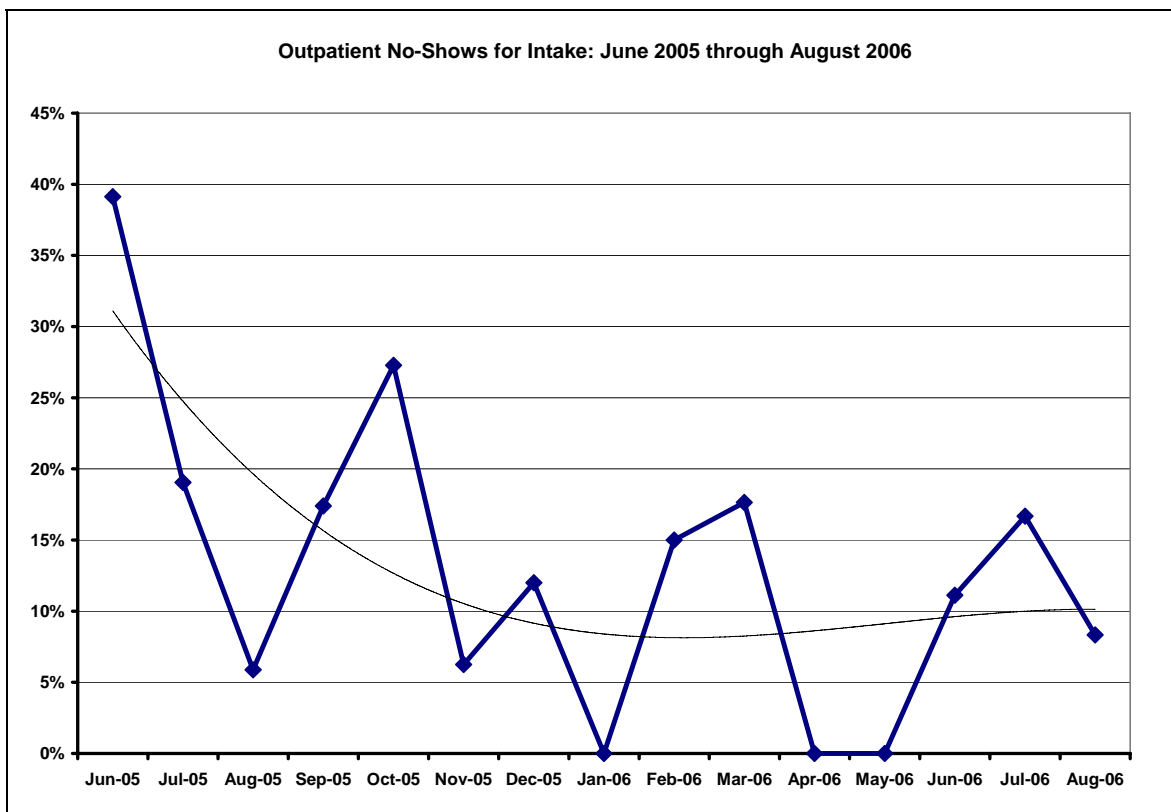
- No shows to appointments for admission to outpatient treatment varied over the time they were tracked. A polynomial trendline fitted to these data shows that outpatient no-show rates steadily declined over a six-month period, before stabilizing in later months.

Profile of individuals seeking treatment at PROTOTYPES

In addition to the information to track dates of initial program contact and subsequent milestones to measure progress towards the four aims, PROTOTYPES collected data to illustrate the characteristics of its target populations for residential and outpatient treatment.

Table 1. Type of Initial Contact

| | Treatment Modality | | | |
| | Residential | | Outpatient | |
	N	Percent	N	Percent
Telephone	481	89.6%	511	88.7%
Walk-Ins	20	3.7%	48	8.3%
Missing	36	6.7%	17	3.0%
Total	537	100.0%	576	100.0%

- For all treatment modalities tracked, the initial contact was most frequently made by telephone. However, the program also receives treatment inquiries on a walk-in basis.

Table 2. Primary Drug Problem

| | Treatment Modality | | | |
| | Residential | | Outpatient | |
	N	Percent	N	Percent
Heroin	28	5.2%	20	3.5%
Alcohol	55	10.2%	57	9.9%
Barbiturates	2	0.4%	1	0.2%
Methamphetamines	292	54.4%	336	58.3%
Other Amphetamines	1	0.2%	0	0.0%
Cocaine/Crack	116	21.6%	80	13.9%
Marijuana/Hashish	22	4.1%	54	9.4%
PCP	3	0.6%	3	0.5%
Other Hallucinogens	0	0.0%	0	0.0%
Tranquilizers (Benzodiazepine)	0	0.0%	1	0.2%
Other Tranquilizers	1	0.2%	0	0.0%
Other Opiates and Synthetics	3	0.6%	3	0.5%
OTC	1	0.2%	0	0.0%
Missing	15	2.8%	21	3.6%
Total	537	100.0%	576	100.0%

- In both treatment modalities, the most frequently reported presenting drug problem was methamphetamines. Cocaine was also a frequently reported primary drug problem.

- Alcohol by approximately one in ten individuals seeking treatment as their primary drug problem.

Table 3. Referral Source

| | Treatment Modality | | | |
| | Residential | | Outpatient | |
	N	Percent	N	Percent
Self/Family	225	41.9%	123	21.4%
A/D Program	38	7.1%	38	6.6%
Health Care Provider	4	0.7%	1	0.2%
Mental Health Agency	5	0.9%	3	0.5%
Court/Criminal Justice System	127	23.6%	5	0.9%
12-Step/Mututal Self-Help	0	0.0%	6	1.0%
Prototypes Outreach	15	2.8%	5	0.9%
Other Outreach	7	1.3%	5	0.9%
DPSS/Social Services	34	6.3%	10	1.7%
Religious	1	0.2%	0	0.0%
CASC	78	14.5%	369	64.1%
Residential to Outpatient Referral	3	0.6%	3	0.5%
Missing	0	0.0%	8	1.4%
Total	537	100.0%	576	100.0%

- Persons contacting PROTOTYPES for residential substance abuse treatment most frequently were referred by family members or were self-referrals.

- The majority of referrals to outpatient treatment were from the CASC, or Community Assessment Service Center, a centralized assessment resource for substance abuse and mental health treatment referrals funded by Los Angeles County. PROTOTYPES operates the CASC for Los Angeles County Service Planning Area (SPA) 3 covering the San Gabriel Valley, in which the PROTOTYPES residential and outpatient treatment programs are located. SPA 3 is the largest of the health service planning areas in Los Angeles County.

Table 4. Race/Ethnicity

	Treatment Modality			
	Residential		Outpatient	
	N	Percent	N	Percent
Caucasian	180	33.5%	187	32.5%
African American	134	25.0%	101	17.5%
Asian/Pacific Islander	5	0.9%	10	1.7%
Native American	8	1.5%	5	0.9%
Hispanic	202	37.6%	252	43.8%
Other	3	0.6%	8	1.4%
Missing	5	0.9%	13	2.3%
Total	537	100.0%	576	100.0%

- PROTOTYPES is by design a multi-racial treatment program. Prospective clients mirror the demographics of the Los Angeles County. Although PROTOTYPES is located in Service Planning Area 3, it draws clients from throughout Los Angeles County.

Table 5. Gender

	Treatment Modality			
	Residential		Outpatient	
	N	Percent	N	Percent
Male	0	0.0%	284	49.3%
Female	534	99.4%	279	48.4%
Missing	3	0.6%	13	2.3%
Total	537	100.0%	576	100.0%

- The residential treatment program at PROTOTYPES Women's Center is a specialized program for women and women with their children. Outpatient services are available for men and women.

CSAT GPRA Performance Data

As a knowledge application program, PROTOTYPES collected performance data for CSAT using the CSAT GPRA Best Practice measures. Activities such as meetings, training, and technical assistance sessions were documented using the CSAT GPRA tools. These measures helped to summarize the activities conducted by PROTOTYPES under this Strengthening Treatment Access and Retention grant to help disseminate "best practices" to the field, in this case undertaking process improvement techniques to improve access to and retention in substance abuse treatment.

Meetings. PROTOTYPES documented a total of six major meetings with agency staff related to the STAR project. Although program staff met on a regular basis and there were many project meetings throughout the three-year project period, GPRA data were collected for "major milestone" meetings such as staff retreats, agency-wide presentations, and other meetings of similar scope. The data summarized in Table 1 include GPRA data collected in such meetings from a total of 106 participants initially and 78 participants at follow-up (74%).

Trainings. PROTOTYPES documented a total of eight major trainings related to strengthening substance abuse treatment access and retention over the course of the project. Training sessions at which CSAT GPRA data were collected and followed up one month later were as follows. Follow-up data were available for 123 of the 245 training participants (50%). It should be noted that a number of large trainings were included where it was not feasible to obtain follow-up data from training participants at major conferences. Trainings included those focused on content related to substance abuse treatment as well as those focused on process improvement techniques not specific to substance abuse treatment. All were included in order to increase competencies in substance abuse treatment programs to meet the needs of potential and current clients. The trainings also served to promote the adoption and implementation of best practices in substance abuse treatment both specifically at PROTOTYPES and more globally to other treatment providers.

- Access to Recovery Conference;
- Los Angeles County pilot project for introducing process improvement to substance abuse treatment providers;
- PROTOTYPES training on the modified therapeutic community model;
- PROTOTYPES training on motivational enhancement therapy;
- National Conference on Women, Addiction, and Recovery;
- PROTOTYPES training on Nurturing Parenting;
- PROTOTYPES training on Seeking Safety; and
- Training on Social Model Recovery.

Technical assistance. PROTOTYPES participated in a total of four technical assistance sessions that were documented by GPRA data at the time of the event as well as at 30-days follow-up. Data are available from 43 participants at the time of the event and from 37 participants at 30-day follow-up (86%). Technical assistance sessions with available GPRA data included two visits from the NIATx process improvement coach and two visits from the NIATx cross-site evaluation representative.

Summary of Quantitative Feedback
Table 1 summarizes the characteristics in PROTOTYPES meetings, training, and technical assistance events documented for the STAR project. Table 2 summarizes the major quantitative

indicators from the CSAT GPRA Best Practices measures collected for PROTOTYPES meetings, trainings, and technical assistance events. Overwhelmingly, event participants reported these activities to be highly relevant to their work and of high quality.

Table 6. Knowledge Transfer Events: Participant Characteristics

Variable	Meetings (*n* = 106)	Trainings (*n* = 245)	Technical Assistance (*n* = 43)
Job Description			
Medical Director	none	none	none
Physician	none	none	none
Nurse	5.7%	2.9%	2.3%
Physician's Assistant	none	none	none
Pharmacist	none	none	none
Manager/Director	36.8%	14.3%	34.9%
Clinical Administrator/Manager	8.5%	6.5%	4.7%
Clinical Supervisor	3.8%	2.0%	none
Psychologist	3.8%	3.3%	2.3%
Counselor	16.0%	28.6%	16.3%
Social Worker	3.8%	3.7%	none
Federal Government Official	none	0.4%	none
State Government Official	none	2.4%	none
County Government Official	none	1.2%	none
Researcher	none	1.2%	2.3%
Other	17.9%	29.0%	37.2%
Missing	3.8%	4.5	none
Gender			
Male	0.9%	18.0%	none
Female	96.2%	80.0%	100.0%
Missing	2.9%	2.0%	none
Hispanic/Latino			
Yes	17.9%	24.9%	11.6%
Race*			
Black/African American	27.4%	23.3%	23.3%
Asian	4.7%	1.2%	none
White	56.6%	50.2%	74.4%
Alaskan Native	none	none	none
American Indian	1.9%	3.7%	none
Native Hawaiian/Other Pacific Islander	none	none	none
Other/Missing	11.3%	23.3%	2.3%

* Totals for race may not add up to 100% because of multiple response option.

Table 7. Knowledge Transfer Events: Summary of Quantitative Evaluation Data

Variable	Indicator	Meetings During (*n* = 106)	Meetings Follow-Up (*n* = 78)	Trainings During (*n* = 245)	Trainings Follow-Up (*n* = 123)	Technical Assistance During (*n* = 43)	Technical Assistance Follow-Up (*n* = 37)
How satisfied are you with the overall quality of this event?	Very Satisfied or Satisfied	96.2%	97.4%	98.4%	95.1%	97.7%	78.4%
How satisfied are you with the quality of the information/instruction from this event?	Very Satisfied or Satisfied	95.3%	97.4%	98.0%	95.1%	95.3%	73.0%
How satisfied are you with the quality of the materials?	Very Satisfied or Satisfied	88.7%	94.9%	91.8%	87.8%	86.1%	62.1%
Overall, how satisfied are you with the experience of this event?	Very Satisfied or Satisfied	93.4%	96.1%	98.4%	95.9%	95.3%	70.3%
How satisfied are you that the event was relevant to substance abuse treatment?	Very Satisfied or Satisfied		93.6%		95.1%	93.0%	
The event was well organized.	Strongly Agree or Agree	93.4%		97.0%			
The material presented will be/was useful to me in dealing with substance abuse.	Strongly Agree or Agree	87.7%		96.7%	92.7%	74.4%	8.1%
The instructor was knowledgeable about the subject matter.	Strongly Agree or Agree			99.6%		97.7%	
The instructor was well prepared.	Strongly Agree or Agree			98.4%		95.3%	
The instructor was receptive to participant comments and questions.	Strongly Agree or Agree			97.1%		97.7%	
I am currently effective when working in this topic area.	Strongly Agree or Agree			74.3%		90.7%	
The event enhanced my skills in this topic area.	Strongly Agree or Agree			94.3%	91.1%	83.7%	64.9%
The event was relevant to my career	Strongly Agree or Agree		96.2%	96.8%	90.2%	90.7%	70.3%
I expect to use the information gained from this event.	Strongly Agree or Agree	97.2%		97.6%		93.1%	
I expect this event to benefit my clients.	Strongly Agree or Agree	88.7%		93.9%		88.4%	

Table 7 (continued). Knowledge Transfer Events: Summary of Quantitative Evaluation Data

Variable	Indicator	Meetings During (*n* = 106)	Meetings Follow-Up (*n* = 78)	Trainings During (*n* = 245)	Trainings Follow-Up (*n* = 123)	Technical Assistance During (*n* = 43)	Technical Assistance Follow-Up (*n* = 37)
The event has enabled me to serve my clients better.	Strongly Agree or Agree		88.5%		87.8%		62.2%
This event was relevant to substance abuse treatment.	Strongly Agree or Agree	94.4%	97.4%	98.3%	93.5%	88.4%	64.7%
I would recommend this event to a colleague.	Strongly Agree or Agree	89.6%	94.9%	91.0%	91.9%	90.7%	67.6%
How useful was the information you received?	Very Useful or Useful	90.6%	96.1%	92.6%	89.4%	90.7%	75.6%
The material presented will be useful to me in consensus building.	Strongly Agree or Agree		64.9%				
I would participate in additional events from CSAT.	Strongly Agree or Agree		89.7%		91.9%		72.9%
Did you share any of the information from this event with other?	Yes		93.6%		85.4%		59.5%
Did you share any of the materials from this event with others?	Yes		52.6%		54.5%		35.1%
Have you applied any of what you learned in the training to your work?	Yes		94.9%		88.6%		75.7%

Qualitative Feedback. In addition to the numeric data summarized above, the following comments were provided in response to an open-ended question, "What about the event was most useful in supporting your work responsibilities?" Answers to this question are presented for meetings, trainings, and technical assistance visits in Tables 8, 9, and 10 below.

Table 8. Major Project Meetings: Summary of Qualitative Evaluation Data

Question: What about the meeting was most useful in supporting your work responsibilities?

Meeting Feedback at Baseline

Process Improvement Model/Techniques
- Discussion about client engagement, staff training.
- Hearing how others have tried changes for client retention.
- Ideas in aligning reinforcements with incentives and strategies to recognize accomplishments leading to improved retention.
- Incentive ideas for clients.
- It inspires me to know that change is possible and can be effectively implemented despite limitations.
- It was a wonderful retreat to introduce the concept of rapid cycles and our work for project STAR.
- List/data collection - interesting PDSA model.
- Making one change at a time.
- Making only one change at a time
- Measuring your data!
- Reinforcing information about leadership styles and participatory management in quality improvement
- STAR.
- That change is good.
- What programs are providing for their clients. How they deal with their many obstacles to treatment and client help.

Process Issues
- Ability to hear process from multiple viewpoints.
- Analyzing group/team work and how it affects planning and implementation.
- Brainstorming in small groups about program improvement and measurement.
- Confirmation of the process of change.
- Exploring new ideas.
- Focusing on our success. Looking for ways to improve.
- Laying the groundwork for staff participation on the grant.
- Participant interaction (building the plane - observations).
- Reminded of the vision by the director of the program.
- Sharing experiences, advice from all programs.
- Support.
- Talking about the process.
- The feedback from the group.
- The team involved and the facilitator.

Networking/Team Building/Collaboration
- Having input from other programs.
- Having other staff members giving input, thoughts and ideas towards several of our concerns at our agency.
- Interaction with peers from other divisions.
- Learning how effective collaboration works even within agency links.
- Networking team building.
- Pulling the team together to review our successes and plan next year's goals.
- Reminding us of the niceties we can say about each other gave me ideas about our program staff and team building.
- Team decisions.
- Team effort/decision making.
- Understanding different roles of CASC and residential and how they pertain to ease of treatment and barriers occurring during process.

- Working and sharing collaboratively.
- Working as a team to improve communication.
- Working together without problem.

Information
- Information and tools to provide psychoeducational groups, empowerment of clients. Video presentation and role plays were very helpful in demonstrating skills.
- Information presented.
- Information re: safe coping skills, video presentations, seeking safety group format.
- Information, planning in the service of improving services for clients.
- Knowledge and insight.
- Listening to others' prior experience and accomplishments of the agency.
- Sharing resources/info.
- That trauma is usually the hallmark of PTSD.

Specific Programmatic Changes
- Small group discussion about cottages.
- Talking about interventions to improve treatment for clients.

Potential Impact
- Identifying ways to effect change.
- It was useful in that I can work to improve the problem areas with my contract.
- Knowing that the changes we made to make a difference.
- Overall training on helping my clients learn how to be safe.
- The changes to be expected.
- The meeting gave me hope, that I can use this information to develop my work group meeting.

Knowledge Transfer
- Giving back what we've learned.
- Staff training ideas.
- To see how useful what we accomplished can be for our sister program.

Clinical Issues/Techniques
- Role-play in a group setting.
- The grounding technique.

General Feedback
- All of it. Very strong managers and facilitator.
- All was useful (2)
- Everything this meeting was very informative from beginning to end.
- Everything was useful.
- Everything. (2)
- Great job. This will be so useful for the program. Thanks PWC.
- It provided wonderful tools to use for various clients. Loved the materials and group format outline.
- This was useful because for the last 2 years we've had successful experiences.
- Very organized. Great to see, as a whole, achievements that have been accomplished.

Other Issues
- Concrete suggestions.
- Intake info.
- Recognition.
- Responsibility of our program to get resistant inmate/mother to comply with the Therapeutic Community and what it has to offer before release of inmate/mother.

Meeting Feedback at Follow-up

Process Improvement Model/Techniques
- It provided me with a way to increase our recruitment of men and women by breaking apart the goal into relevant questions according to PDSA.
- Learning the PDSA was helpful.
- Making one change at a time in my office and charting it.
- New perspectives regarding client retention and relationship building.
- Overall focus on enhancing client centered services and how to go about it.

- Retention.
- Summary of airplanes!
- The idea of affecting change in smaller, more manageable ways.
- The making of airplanes.
- Understanding trial and error of every new step or added adjustment.

Process Issues
- Problem solving within a group setting. Learning more about group dynamics and how they affect problem solving strategies.
- Reminded me not to throw out ideas or procedures just because one part didn't work.

Networking/Team Building/Collaboration
- A model for team building and changing systems in programs.
- Enjoyed listening to other people's experiences in working with substance abuse and MH clients.
- Interactive group work and panel presentation from PWC staff.
- It brought the whole team together and had us all understand the process of rapid cycling for change (using the airplane exercise). The team really participated.
- It gave a direct visual of how we work as a team (the airplane exercise).
- Learning ways to continue to enhance communication.
- Meeting others. Knowing other challenges.
- Networking and sharing information with other service providers.
- Seeing what other providers do in their work. Able to use tools other providers implement in their program.
- Sharing resources.
- Sharing with the other agency's how well the changes work for us.
- Supports my beliefs about staff strengths and ability to create and share.
- The meeting helped me to organize my program and to utilize the other programs available at our agency.
- Working as a team.
- Working as group to meet goals at both residential and outpatient.

Information
- Building on info for STAR project.
- Information.
- Listening to other people's experiences.
- The sharing of information and ideas.

Specific Programmatic Changes
- *[none reported]*

Potential Impact
- How programs can be more client centered.
- The process will lead to improved client service and raise staff morale.

Knowledge Transfer
- Learning and applying the concepts.
- Learning how to survey clients.
- The information that I receive from our meetings help or give me the support that I need to meet the project goals.

Clinical Issues/Techniques
- Grounding techniques.
- How to redirect a client with mental health disorders.
- Information on how to identify with a client that has DV problems but fails to disclose DV between same sex relationships.
- It gave me the tools to better serve my clients' needs.
- Reaffirmation that what I am doing is right.
- Reinforced prior knowledge of PTSD.

General Feedback
- Acknowledgment of staff was great!
- Everything the response from other programs.
- Everything was useful.
- Everything.
- Facilitator did a great job.
- Materials.

Other Issues
- Intake info.
- Positive reinforcement provided for staff.
- Reaffirmed what I have been doing is right.
- Reinforced enhancement methods!
- This was extremely relevant.

Feedback for meetings held as part of the PROTOTYPES STAR project was very positive. In general, feedback obtained at the end of meetings covered a range of issues, while feedback provided a month afterwards tended to focus on process improvement issues for improving substance abuse treatment access and retention, as well as on more general issues related to teamwork and collaboration.

Table 9. Project Training Events: Summary of Qualitative Evaluation Data

Question: What about the meeting was most useful in supporting your work responsibilities?

Training Feedback at Baseline

Process Improvement Model/Techniques
- 30-day and less retention ideas.
- Able to understand and explore other styles of client engagement and process in recovery.
- Administrative presentation of what changes were needed and how to address. Data. Overview of process improvement 'process' and keys or steps.
- Being able to get ideas on the changes made through their program. (2)
- Clear, practical suggestions to increase engagement/retention.
- Coaching.
- Discussion of strategies to increase motivation to enter treatment. (2)
- Hearing real life experience of STAR grant and motivational interviewing.
- Hearing what others had to say regarding their changes.
- Helps me maintain service units.
- How to go about determining and implementing change to aid women.
- I learned about another way to improve substance abuse treatment that I can use with my client agencies for who I write grants. Very interesting and useful.
- Ideas and feedback to be use at my facility. Networking on other ideas to help program run smoother.
- Ideas for retention.
- Ideas presented to increase client engagement at the first contact.
- Implementing a roadmap for change. Explaining ways to make changes and to test them.
- Innovative ideas for retention - admissions and intakes. Very important information.
- It dealt with the practical aspect of quality improvement.
- It will be helpful to review the program and see where improvements can be made.
- Keeping retention.
- Method of change implementation.
- More ideas about change. (2)
- Motivational interviewing strategies; suggestion to do walk-throughs (ask patients or be a patient).
- Presented a new process for introducing new interventions.
- Retain more clients and have a more idea for change.
- Seeing agencies motivated to improve intake # and retention rates.
- Seeing what I would use to retain in my outpatient setting.
- The 7 lessons learned, data collection is good; multiple improvements in 6 months; seeing things from client view; simple changes, makes improvements.
- Training normalized the problems with retention. Gave me a broader view of the issue.
- Use of MI techniques to promote admission and increase retention.

Process Issues
- Examples, role playing.

- Group exercises.
- Practical examples.
- The training was very well organized. Each topic was explained fully and these were great materials to follow.

Networking/Team Building/Collaboration
- Bringing staff together to define modified therapeutic community.
- Getting new ideas from multiple agencies.
- It brought everyone together to reinforce how to work as a team to assist our clients.
- Meeting other provider staff members previously known.
- Team work.
- The discussions with other treatment providers.
- The reports and stories from agencies.
- The training was useful in reiterating the importance of working together as a therapeutic community treatment team (no segregation) to serve our clients and children.
- Working as one community, not departments.

Information
- I believe I will benefit from all info received in trainings.
- I received much info that might be helpful in the program I am involved in.
- Practical information given, hands-on.
- The overall information from all the agencies was helpful.

Specific Programmatic Changes
- Learning about practical approaches to improve effectiveness of treatment programs.

Potential Impact
- I received much info that might be helpful in the program I am involved in.
- I was glad to learn the content of this group so that I can support facilitators and clients.
- Information I can take back and use in our system.
- It enhanced skills that I shall need in order to be able to assist clientele with their recovery.
- It will allow me to develop better rapport and assistance in working with my clients.
- It will help elicit positive reactions and follow through with our clients. Our staff will be more effective.

Knowledge Transfer
- I will be distributing the information to my provider network and follow up to see what changes may have happened as a result of it. Let staff know how much a smile can do, etc. Put themselves in the client's place!
- Opportunity for dissemination.
- Reinforcing the need for continued staff training.

Clinical Issues/Techniques
- As someone doing initial assessments for treatment referrals, the concept of being able to use open ended questions and responses is most valuable.
- Asking questions, listening.
- Boundaries
- Breaking down the different problems we deal with and not just substance abuse.
- Dancer steps.
- Understanding more in depth about PTSD and how it relates to substance abuse.
- Eliciting more information from clients with each question.
- Everything about motivational interviewing.
- Framing?
- Help in supporting my techniques with the ASI and treatment referrals
- How to make questions.
- How to pull answers from clients.
- I have been very supportive of this style of counseling for at least the last 3 years. I am glad that training was introduced so things I am saying match the experts.
- In interviewing clients at their intake appointment.
- Interventions.
- It helps me be aware of the skills I assume the clients have but actually don't have a handle on it.
- It reminded me that oftentimes clients have absolutely no working knowledge of parenting skills because of their upbringing and lack of education.
- Learn ways of getting better responses from clients.
- Learning how to be more effective and engaging the client.

- Learning the dance steps. Also learning by practicing. Open questions. Closed questions. Reflective-statements.
- Learning to allow client to make the choices.
- Learning to listen.
- Learning to want to avoid argument.
- Materials for helping the client realize and understand what they are suffering from.
- Mostly interacting with peers and working with difficult clients.
- Motivational interviewing.
- New ways in dealing with clients to get them thinking.
- Pros and cons/feedback/different case scenarios/expect the unexpected.
- Putting open ended questions and reflective listening into a therapeutic relationship.
- Reflecting
- Reflective listening/dancer the whole topic very interesting.
- Reinforced the importance of nurturing our clients and that how we present ourselves determines the outcome of the relationship with client.
- The interviewing techniques.
- The specific demonstration of changing question to reflective statement.
- The techniques and strategies are very useful in working with clients; I've already received training in this area so the information was not new to me.
- The training will help me steer the clients to problem resolutions without giving them the answers.
- There are many aspects to recovery which requires patience, insight, and perseverance.
- To use dancer.
- Just the overall different interaction with clients more listening.
- Especially enjoyed [presenter's] take on PTS.
- To work on self esteem issues.

Communication
- Communication with clients.
- Communication.
- Learning more useful ways in which to communicate.

Treatment Models
- Basic overview of model.
- Gained knowledge about the history of therapeutic communities.
- Great review of therapeutic community (modified). I appreciated it!
- How to implement the model.
- Info about how therapeutic community operates.
- Info on modified therapeutic community.
- It helped me to see more relationship with therapeutic community and mental health.
- More understanding of a therapeutic community.
- The approach of the modified treatment community and the thoughtfulness of integrating and modifying models.
- The explanation of integrated therapy.
- The history of therapeutic community and the present ideology of therapeutic community.
- The parent child stages of recovery.
- Therapeutic approaches to treatment.
- This is first time I've heard anything like this and have been here 2 years. Interesting to learn theory of therapeutic community.
- Understanding how modified therapeutic community works.
- Understanding the basis of what the agency does.

General Feedback
- Again, I am glad to have had the opportunity to review the curriculum.
- All info was useful; thank you.
- All of it was great.
- All of it. (2)
- All was very informative.
- All. (3)
- Entire subject matter was very well explained and presented.
- Everything (nothing specific).
- Everything was beneficial.
- Everything was good. (2)

- Everything was useful.
- Everything, great material.
- Everything. (3)
- I believe all training will enhance my job related responsibilities. I am grateful for the opportunity.
- I think that all parts of the training are very important
- In depth, well thought out and researched material. Some of the best material I've encountered regarding various topics.
- It is all useful.
- It really was not useful because I don't work with clients.
- The entire training is important.
- The training entirely was useful and very interesting.
- There was a lot of material that we went through very quickly. I know I could use this information with my clients but we couldn't keep the materials.
- Very interesting subject. Dancers especially.
- Very pertinent to population I work with.
- Was all useful but need the materials to really read since we just zipped through.
- All the information received is valuable to my responsibilities.
- Was not useful - already using MI - this was not discussed in explaining what this mini-plenary was about until last sentence.

Other Issues
- Breaking down strategies to use.
- Each one teaches one.
- Educate clients.
- Feedback.
- I will benefit with the training! Thank you.
- Integrated experience.
- It is too long.
- It reminded me of the tools I was given when I got certified.
- It seems like a great tool to use and look forward to using it. The material was great.
- Liked having the video as part of the training.
- Support what I am doing is the right way.
- The educational materials.
- The film about the horse trainer.
- The films/horse training.
- The handouts.
- Old ideas in a new way to apply them.
- The presenter's use of different media forms as well as his own method of breaking down steps to implement Motivational Interviewing.

Training Feedback at Follow-up

Process Improvement Model/Techniques
- Hearing alternatives to improving attendance and providing positive feedback and motivation toward change.
- I do not work with clients directly, but if I did I would be able to deal with clients in a more progressive way by using the skills I learned at this training.
- Learning how others are doing the changes at different positions in an organization.
- Remembering clients' needs are first.
- The tools and techniques pertaining to assisting resistant clients.
- The way I approach my clients.
- This training was great information on the retention of participants. Unfortunately, this program will not be addressed in the residential treatment community at this time.
- Working with client and using new techniques.

Process Issues
- It taught me that process is very important.

Networking/Team Building/Collaboration
- Meeting with another program working on similar goals.
- We are all one unit not different departments working separately but together.

Information
- I don't deal with clients directly; however the knowledge of information is good to have. It is informative and keeps all of us on the same page.
- I love all info that will assist in my job.

Specific Programmatic Changes
- Knowing that we are building housing soon.

Potential Impact
- It has helped me become more patient with participants (meet them where they are at).

Clinical Issues/Techniques
- Allowing client to hear back what they stated to me.
- Grounding techniques.
- Grounding.
- Handouts of quotes. Relaxation techniques for clients and staff.
- Having a better understanding how PTSD can relate to substance abuse.
- How to interview more effectively.
- How to teach clients to stay grounded. PTSD showing clients they can take back their power. (If one way doesn't work, they can always try something else).
- I'm more able to help clients work towards their own goals.
- Interventions.
- It allowed me to gauge the quality and quantity of my interviewing with clients, to better assist.
- It built on the foundation of techniques I already try to use. It went into depth about how to improve and incorporate Motivational Interviewing in the workplace.
- Knowing about the curriculum allows me to relate language and usage with clients and supervise staff.
- Learning to allow the client to do most of the talking instead of coming up with answers for them. They are now finding their own.
- Listening, allowing the clients to speak and to be heard. Also when speaking with client keeping the same tone.
- Makes me appreciate the improvements that have been made in treatment.
- Many of our clients are working on parenting skills and/or re-parenting themselves. It also helps me to supervise members of my staff who are doing the group.
- Motivational interviewing allows another avenue of obtaining info from the client.
- Motivational interviewing is more useful in treatment and not very practical during an assessment meant to be brief, basic. The open/closed ended questions were helpful.
- Practical interactive exercises. Use of open ended questions during interview and assessments.
- Staying focused on clients' perceptions and goals; assuming an attitude of not knowing.
- The definition of motivational interviewing and the six change talk dimensions, listening for the dancer steps were the most useful in supporting my work responsibilities. Also the opportunity to practice creating reflections from questions during the training was most useful.
- The most useful part was learning how to ask questions correctly. This will enable me to gleam more from my clients.
- The training helped me explore other options to offer to clients when they are in distress.
- The training helped me incorporate more children issues into my responses to my clients.
- The training was helpful in supporting my work in the way I ask some questions, and the way I advise clients to attend treatment.
- The visuals and seeing actual clients and their experiences.
- This training gave me a better understanding of the programs' roots and core values, as well as the approach to serving our residential population.
- Understanding the therapeutic community and being able to understand and pass on the concept and how it is to work.
- Understanding the therapeutic community.
- Use of the open ended questions during the training became very useful to me in the line of work I do on a daily basis.
- Using motivational interviewing techniques with participants.
- De-escalation techniques and how to be empathetic towards all types of clients.
- Validating and reinforcing the effectiveness of certain techniques and strategies that I already use with clients.

Communication
- Learning how to talk and listen.
- Learning to get clients to open up.

- Taught me how to communicate with clients better. It has taught me better communication skills.
- Teaching me to talk in a way that will help my clients to open up and help themselves.
- The process of which I can get the clients to open up willingly.

Treatment Models
- I gained a better historical view of substance abuse treatment. It also helped reinforce that different disciplines need to work together to best serve the client.
- It was very helpful to hear the history of the therapeutic community. I also appreciated Dr. Brown's ideology on modified therapeutic community as everyone including staff as a therapeutic community. I always believed my work responsibilities extended far beyond my role as a mental health therapist.
- Learning the history of therapeutic communities and how it applies here.
- Reminder that community is the healing agent.

General Feedback
- All. (2)
- All I enjoy all trainings in which I can learn the curriculum.
- All of it was very useful.
- Went through it very fast and weren't able to keep the materials. Have since made a copy and look forward to reading it.
- The training put a name to the practice, so in all areas very useful.
- It all is very useful in all areas of responsibility.
- Sorry I didn't have this training earlier.
- Most of the information was very useful.
- The clear presentation.
- I really enjoyed and found information useful.
- I felt that the training was directly in line with things I am learning in school. Additionally, the treatment works when it is used appropriately, and the examples were excellent.
- I found all the information valuable.
- Everything. (2)
- The material was very good.
- His use of different media dimensions was excellent.
- Everything was good, thanks.
- The overall training was excellent. The visual with the horse whisper showed how people/animals are the same when it comes to protecting self.
- The training was excellent in content.

Other Issues
- Breaking down the bottom line issues.

Feedback from trainings held as part of the PROTOTYPES STAR project was also positive. Comments both during the training event and at follow-up a month later identified issues related to the NIATx/STAR process improvement model as well as those concerned with clinical and theoretical issues in substance abuse treatment for women.

Table 10. Technical Assistance Events: Summary of Qualitative Evaluation Data

Question: What about the meeting was most useful in supporting your work responsibilities?

Technical Assistance Feedback at Baseline

Process Improvement Model/Techniques
- Being able to discuss the successes we've had with the STAR project.
- Liked we had a timeframe allotted to discuss potential changes and begun talking about what would happen if change was implemented.

Process Issues
- Consultant/coach spent time hearing about the program and learning about what we do.
- Discussing and planning process.
- Discussing issues of concern and moving toward action/steps to be taken.

- Helping to facilitate large group training.
- It kept the focus on the issue.
- Listening to everyone's perspective.
- New strategies to focus on.
- Provided open forum for staff to talk about an issue they were interested in exploring.
- Remembering the goal.
- The discussion of ideas.
- Walking through the process.

Networking/Team Building/Collaboration
- I think hearing others' goals/dreams was interesting in determining what areas are important.
- Open discussion in team forum.
- Sharing info with colleagues.

General Feedback
- Everything.
- [The visitor] was quite knowledgeable about substance abuse treatment.

Other Issues
- N/A.
- The need to enhance the experience of substance abuse treatment.
- Time management.
- To continue to dream about possibilities.

Technical Assistance Feedback at Follow-up

Process Improvement Model/Techniques
- Focusing on one thing at a time. Not taking on too many tasks at once.

Process Issues
- Reviewing overall issues with the group and hearing their thoughts.

Information
- Being informed about the new changes.
- I was better able to understand the STAR project and its importance and in so doing perform my part at a higher level.
- That we were able to provide information useful for them. They also gave us information that was useful.
- The general information was good. We did get lost in areas.
- The staff and information discussed were helpful and knowledgeable.
- Understanding different techniques from other agencies and their difficulties.
- Understanding the grant better. Knowing what other programs are doing.

Specific Programmatic Changes
- Discussing staff goals.
- Talking about what we would like to see throughout PROTOTYPES.

General Feedback
- [The visitor] listened and asked excellent questions. He appeared to care about what was important to me and the staff. He also understood that he and our staff may have different perspectives, but that was what made the learning exciting.
- I did not think the meeting was useful. It did not meet any of my expectations.

Other Issues
- Can't say.
- Enhancement.
- I appreciated [his] perspective/resourceful of using what we have.
- I felt that it was useful in identifying needs for staff.
- We gave the visitor most of the information. She was interviewing staff at PWC.

For technical assistance events, baseline ratings completed at the end of the event focused mainly on process issues. At the follow-up one month afterwards, feedback primarily focused on information provided during the technical assistance sessions. This is consistent with the

purpose of these technical assistance visits – from the National Program Office and the cross-site evaluator for the NIATx initiative. The intended purpose of such events was to provide information about the overall initiative, the vision of the National Program Office, and to help local grantees such as PROTOTYPES better understand how to incorporate that vision into the implementation of their programs.

Evaluator Conclusions

Through the STAR project, PROTOTYPES staff members have changed the way they viewed the experience of clients seeking and entering substance abuse treatment. As is evidenced from these data, the program was successful in its primary goal of increasing retention – both short and long-term – in its treatment programs. Through its knowledge transfer activities, including staff meetings, specialized trainings, technical assistance events, PROTOTYPES demonstrated a number of impacts on system capacity to increase substance abuse access and retention.