County of Los Angeles
CHIEF EXECUTIVE OFFICE
713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

January 29, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

PUBLIC DEFENDER: APPROVAL OF AGREEMENT BETWEEN PROTOTYPES AND THE COUNTY OF LOS ANGELES TO ACCEPT FIVE YEAR FUNDING FROM PROTOTYPES FOR PROJECT STRIVING TOGETHER–ACHIEVING RECOVERY (ALL SUPERVISORIAL DISTRICTS AFFECTED) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Chair to sign the attached five (5) year agreement with PROTOTYPES, and accept funding in the amount of $80,000 per year ($400,000 total) to implement Project Striving Together-Achieving Recovery (STAR), to commence following Board approval through September 29, 2012.

2. Authorize the Public Defender, or his respective designee, to serve as Project Director for the County and to execute, on behalf of the County, the agreement and any required extensions, revisions, or amendments that do not increase the net County cost of the program.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration (SAMHSA), awarded PROTOTYPES (A Center for Innovation in Health, Mental, and Social Services) grant funds for a "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services" (TCE/HIV) in Los Angeles. The County, through the Los Angeles County Domestic Violence Council's (DVC) Incarcerated Domestic Violence Survivor Task Force and the Public Defender (as a

member of the task force), collaborated with PROTOTYPES in the development of the grant proposal entitled Project STAR. Implementation of the project involves participation by the Public Defender.

The purpose of the recommended action is to obtain approval of an agreement between PROTOTYPES and the County under which the Public Defender will implement Project STAR. The agreement provides the Public Defender with funding in the amount of $80,000 per year for five (5) years and one (1) Paralegal who will screen potential program participants and coordinate project referrals. In addition, the paralegal will serve as a liaison with PROTOTYPES to coordinate all cases, court dates, and progress reports for participants.

The Project STAR program will operate at PROTOTYPES's S.T.A.R. House, and will provide residential treatment and outpatient wraparound services in the community as a sentencing alternative for female domestic violence survivors who have been arrested on a non-violent/non-serious felony charge, and who have at least one conviction or arrest for a prostitution-related crime.

Project STAR will provide six (6) months of residential treatment and up to six (6) months outpatient wraparound services to 40 women each year for five (5) years. The program, for individual women and women with children, will provide a fully integrated, comprehensive, trauma-informed mental health and substance abuse treatment system that incorporates evidence-based practices, wraparound services such as substance abuse education and counseling, mental health treatment, HIV/AIDS testing, employment or training, and child care provisions. All services will be provided utilizing a highly structured case management strategy and will be gender specific, linguistically appropriate, and culturally relevant.

The goal of the program is to provide support and resources in the context of a safe, stable, and stimulating environment for the women to reduce their use of alcohol and drugs, bond with their children and strengthen the family unit, increase their parenting skills and emotional stability, and access and utilize rehabilitative and transitional services.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with Countywide Strategic Plan Goal 1: Service Excellence; Goal 5: Children and Family Services; Goal 6: Community Services; and Goal 7: Health and Mental Health. Implementation of these recommendations will provide services that will be beneficial to women probationers and their families by improving their well-being and promoting self-sufficiency.

FISCAL IMPACT/FINANCING

The Public Defender will receive $80,000 each year for five (5) years, to commence following Board approval through September 29, 2012. No additional net County cost will be required and no County match is required.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In May, 1991, the Los Angeles County Commission for Women (Commission) conducted a survey which revealed a correlation between the number of individuals engaged in prostitution who were also survivors of domestic abuse and/or child abuse. The study further found that the overwhelming number of these women had children, with most of those children either in foster care or supported by some other County program. Most of those women repeated their criminal behavior with low level felonies. In 2000, the Commission made several recommendations to address this issue, none of which was implemented because of the inability to secure funding.

In 2006, the DVC, under the leadership of its Executive Director Olivia Rodriguez, created a multi-disciplinary sub-committee/task force to design a model program to address the problem. The task force created Project STAR to enhance and strengthen existing treatment services for women offenders with co-occurring disorders and trauma, and their children. The project will primarily serve women who are domestic violence survivors with histories of substance abuse, mental illness, and/or HIV/AIDS (or at high risk of contracting HIV/AIDS), who are incarcerated on a current criminal case under the jurisdiction of the Superior Court of Los Angeles County in Compton, East Los Angeles, and the Downtown areas. The program is designed as an alternative to imprisonment for female domestic violence survivors who have been arrested on a new felony and have at least one (1) conviction or arrest for a prostitution-related crime. Initially, the program will target women who are facing a state prison sentence, who plead guilty to the charge, are placed on felony probation, and ordered to participate and complete the program.

The SAMHSA grant to PROTOTYPES requires an 80 percent success rate. Therefore, the coordination of women being referred to the project and those who become project participants are critical to the project's success. The Public Defender will screen potentially eligible incarcerated women, and if the court agrees, refer them to PROTOTYPES for Project STAR in lieu of sentencing under an established protocol.

Project STAR has a number of anticipated benefits. First, individuals engaged in criminal conduct will be held justly accountable for their actions. Second, the underlying issues which have contributed to the criminality of this population will be addressed with specificity

designed to reduce recidivism, including: participants will be given the tools to help them confront and receive treatment for the underlying trauma that may have contributed to their current life situations; participants will be given tools to gain employment; participants will be given tools to better care for their children and reduce incidents of child abuse and neglect; early pleas in these cases will minimize trials and alleviate the need for criminal trials on "low level" felonies; and viable alternatives to incarceration will be provided, thus freeing bed space in County jail and State prison for more violent offenders.

The Agreement has been reviewed and approved as to form by County Counsel.

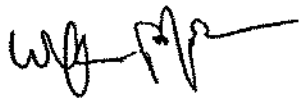
IMPACT ON CURRENT SERVICES (OR PROJECTS)

Pursuant to your Board motion of December 15, 1998, Probation, Alternate Public Defender, District Attorney and Sheriff were notified of this request and have determined that this request will have no impact on their services.

CONCLUSION

Following Board authorization to approve the agreement with PROTOTYPES, the Executive Officer-Clerk of the Board is requested to call Ms. Joanne Rotstein, at (213) 974-3036 to pick up two copies of the Board Letter and two signed copies of the Agreement with PROTOTYPES, with wet signatures. Any questions may be directed to Ms. Rotstein at the above number.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:RDC
MJ:JR:yjf

c: County Counsel

Attachments

PROTYPES.PD.bl

AGREEMENT BY AND BETWEEN PROTOTYPES AND THE COUNTY OF LOS ANGELES RELATING TO THE SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICES (Short Title: TCE/HIV)

This agreement is made and entered into by and between PROTOTYPES, A Center for Innovation in Health, Mental Health and Social Services, a non-profit 501(c)(3) with its principal office located at 5601 West Slauson Avenue, Suite 200, Culver City, California, 90230 (hereinafter referred to as PROTOTYPES), and Los Angeles County, acting through the Public Defender's Office (hereinafter referred to as COUNTY), with its administrative office located at 210 West Temple Street, 19th Floor, Los Angeles, CA 90012.

WHEREAS, PROTOTYPES, is a service provider that offers community outreach, prevention and education services, including health, mental health, substance abuse, domestic violence and trauma recovery; and

WHEREAS, COUNTY, through the Public Defender's Office provides legal representation in the Courts of Los Angeles County to indigent persons charged with criminal offenses, makes referrals and advocates at sentencing hearings for individualized treatment services for clients needing such services; and

WHEREAS, PROTOTYPES AND the COUNTY wish to collaborate and enhance and strengthen existing treatment services for women offenders with co-occurring disorders and trauma, and their children by implementing "Project STAR." The project will primarily serve women of color who are domestic violence survivors with histories of substance abuse, mental illness and/or HIV/AIDS (or at high risk of contracting HIV/AIDS), who are incarcerated on a current criminal case under the jurisdiction of the Superior Court of Los Angeles County in the Compton, East Los Angeles and Downtown areas. The program is designed as an alternative to imprisonment for women domestic violence survivors who have been arrested on a new felony and have at least one conviction or arrest for a prostitution-related crime; and

WHEREAS, PROTOTYPES has received a Substance Abuse Mental Health Services Administration (SAMHSA) grant to implement "Project STAR" under the TCE/HIV program to serve 40 participants each year for five years; and

WHEREAS, parties desire to implement this Agreement commencing upon Board approval through September 29, 2012; and

WHEREAS, PROTOTYPES desires to provide funding to the COUNTY for Public Defender staff (one paralegal) for the TCE/HIV program; and

NOW, THEREFORE, in consideration of the mutual covenants herein set forth and the mutual benefits to be derived there from, the **PARTIES** agree as follows:

I. PURPOSE

The purpose of this agreement is to implement the referral and coordination processes for the TCE/HIV grant funded program "Project STAR." The program was designed by the "Incarcerated Domestic Violence Survivor Task Force," a multi disciplinary sub-committee of the Los Angeles County Domestic Violence Council as an alternative to imprisonment for women arrested on a new felony who have previously been victims of domestic abuse and who have at least one conviction or arrest for a prostitution-related crime. This program provides a fully integrated comprehensive trauma-informed mental health and substance abuse treatment system that incorporates evidence based practices and provides wraparound services to improve client access and retention to those services.

The goal of the program is to provide support and resources in the context of a safe, stable, and stimulating environment for the women to reduce their use of alcohol and drugs, bond with her children and strengthen the family unit, increase their parenting skills and emotional stability, and access and utilize rehabilitative and transitional services. All of these outcomes will substantially benefit the participants, their children and families, and the communities in which they reside.

II. TERM

This Agreement shall commence following Board of Supervisors approval and shall continue for a five-year period through September 29, 2012, unless terminated earlier as provided for in this agreement.

III. FUNDING

The COUNTY shall receive funds from PROTOTYPES in an amount not to exceed a total of Eighty Thousand Dollars ($ 80, 000) for the TCE/HIV Program for each year of the five-year period, commencing upon Board approval through September 29, 2012.

IV. SCOPE OF WORK AND RESPONSIBILITIES

The COUNTY shall carry out the following activities in delivering services:

The Los Angeles County Public Defender's Office will screen incarcerated women who meet Project STAR program eligibility criteria, and if the court agrees, refer them to PROTOTYPES for Project STAR in lieu of sentencing under an established protocol.

Once the District Attorney's Office has determined that a defendant has a prostitution-related conviction or arrest on her criminal history report, the Deputy Public Defender (DPD) will inform the defendant about Project STAR.

The DPD will provide the client with basic information about the program. Later, a DPD and a Public Defender paralegal will visit the defendant in jail at the Century Regional Detention Facility and determine whether she has also had an instance of domestic violence in the last year before her current arrest. If so, the paralegal will notify PROTOTYPES to conduct further assessments.

If the client is determined to be suitable by PROTOTYPES for Project STAR, the paralegal will prepare an alternative sentencing report for the attorney of record to present to the Court to show why Project STAR is an appropriate sentencing alternative.

To this end the paralegal will obtain various records belonging to the client relating to her education, medical history, psychological conditions and treatment, birth, disabilities, juvenile difficulties, childhood dependency records, and any other records relevant to the client's background. In addition, the paralegal will summarize and analyze these records for identification of mitigation and evidentiary ramifications.

The paralegal will interview the client, the client's family members, teachers, friends, spouses, and other people who have knowledge of the client's background, education or medical/psychological history.

The paralegal will prepare written histories of the client's life and social circumstances for the use of the attorney and/or for presentation to the Court.

The paralegal will attend and prepare the client and witnesses for the Court Sentencing Hearing.

The paralegal will serve as the liaison with PROTOTYPES to coordinate all cases, court dates and progress reports.

V. RECORDS AND DOCUMENTS

Parties to this agreement shall maintain such records and accounts, including property, personnel and financial records, as are deemed reasonably necessary by PROTOTYPES and/or its Funding Source to assure a proper accounting for projected funds, both State and non-State shares. These records shall be made available for audit purposes to PROTOTYPES, the Funding Source, or to any authorized representative. And thereof shall be retained for seven years or as outlined by state, or regulatory agencies, after expiration of this contract unless permission to destroy them is granted by both PROTOTYPES and the Funding Source.

VI. CONFIDENTIALITY

PROTOTYPES and COUNTY shall continue to maintain the confidentiality of all records and information relating to the women participants under this agreement. This shall be in accordance with all applicable federal, State and County laws, ordinances, regulations, and directives relating to confidentiality. PROTOTYPES and the COUNTY shall inform all their managers, supervisors, employees, and any and all of PROTOTYPES' subcontractors providing services hereunder, of the confidentiality provision of this agreement.

In no case shall records or information pertaining to participants be disclosed to any person except designated COUNTY/PROTOTYPES employees.

VII. CONFIDENTIALITY OF DATA

All information, records, and data collected and maintained in connection with this agreement, including information about COUNTY, PROTOTYPES, clients facilities, and association, will be protected from unauthorized disclosure in accordance with applicable laws and regulations. COUNTY shall release such information only to authorized individuals and in accordance with applicable Federal and State laws.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996: The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and it's implementing regulations ("HIPAA"). COUNTY understands and agrees that it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of clients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. COUNTY understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that PROTOTYPES has not undertaken any responsibility for compliance on COUNTY'S behalf. COUNTY has not relied, and will not in any way rely, on PROTOTYPES for legal advice or other representations with respect to COUNTY'S obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

COUNTY and PROTOTYPES understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary

and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code set, privacy, and security. COUNTY further agrees to indemnify and hold harmless PROTOTYPES (including their officers, employees, and agents), for the County's failure to comply with HIPAA.

VIII. PAYMENT PROVISIONS

PROTOTYPES agrees to pay COUNTY allowable costs according to the following schedule: $80,000 each year for five years for paralegal services, commencing upon Board approval through September 29, 2012. PROTOTYPES will not be obligated under this agreement to pay COUNTY more than the amount specified. COUNTY shall request payment for all funds due hereunder by timely submission of a monthly invoice. Invoices, with supporting documentation shall be submitted to PROTOTYPES by the 30th of the following service month. The final invoice for COUNTY services shall prominently designate that it is "FINAL" and such designation shall be conclusive and irrevocable, and must be submitted within 30 days after the termination of the agreement.

Within thirty (30) days following the receipt of an invoice from the Public Defender's Office, PROTOTYPES shall reimburse COUNTY for the billed amount.

Upon receipt and approval of COUNTY'S Final invoice by PROTOTYPES and upon a determination by PROTOTYPES that COUNTY has fully complied with all of the provisions and requirements of this Agreement, PROTOTYPES shall within 30 days of receipt, pay to COUNTY any balance of the amounts due COUNTY under this Agreement.

IX. TERMINATION

If COUNTY fails to fulfill in a timely and proper manner its obligations under this agreement, or if COUNTY violates any of the terms of this agreement, or if the grant from the Funding Source under which this agreement is made is terminated, by the Funding Source or Grantee, and the agreement by which such delegation is made is terminated, PROTOTYPES shall thereupon have the right to notify COUNTY of such termination, identifying the effective date thereof, which shall not be less than 30 days from date notice is received by COUNTY. If COUNTY is unable or unwilling to comply with such additional conditions as may be lawfully imposed by the Funding Source on the grant or agreement under which professional services are being rendered, COUNTY shall have the right to terminate the agreement by giving written notice to PROTOTYPES, identifying the effective date thereof, which shall not be less than 30 days from date notice is received by PROTOTYPES. Finished or unfinished documents, data, studies,

and reports shall, at the option of PROTOTYPES, become its property, and un-reimbursed expenses necessarily incurred in satisfactory performance of the agreement shall be reimbursed to COUNTY by PROTOTYPES.

Notwithstanding the above, either PROTOTYPES or COUNTY upon giving at least thirty (30) calendar days advance written notice from date of receipt of such notice to the other party may terminate this agreement at any time, with or without cause. Notwithstanding the above, COUNTY shall be entitled to compensation for any performance on the agreement. Notwithstanding the above, COUNTY and PROTOTYPES may withhold any reimbursements to COUNTY for the purpose of set-off until such time as the exact amount of damages due PROTOTYPES and/or COUNTY is agreed upon or otherwise determined.

X. INSURANCE REQUIREMENTS

During the term of this Agreement, COUNTY shall maintain at COUNTY'S expense the following insurance: General Liability insurance with limits of not less than $1 million per occurrence and $3 million aggregate, and Professional Liability insurance of not less than $1 million per occurrence and $3 million in the aggregate.

PROTOTYPES acknowledges that COUNTY can satisfy this requirement through self-insurance.

XI. INDEMNIFICATION

COUNTY agrees to indemnify and hold PROTOTYPES and the State of California harmless against any claims, demands and expenses of all kinds, which result in or arise out of malpractice or neglect caused by COUNTY or any of COUNTY'S agents, employees or representatives in the performance or omission of any act or responsibility assumed by COUNTY under this agreement.

PROTOTYPES agrees to indemnify and hold COUNTY and the State of California harmless against any and all actions, claims, demands, and expenses of all kinds which may result from or arise out of the acts or omission of PROTOTYPES or any of PROTOTYPES' partners, agents, employees or representatives in the performance of this Agreement.

XII. INCORPORATION OF PROTOTYPES' AGREEMENT WITH FUNDER

COUNTY hereby acknowledges and agrees to the terms and conditions of the Agreement between PROTOTYPES and SAMHSA as it relates to the County's stated obligations in the PROTOTYPES-SAMHSA agreement, incorporated herein by reference and attached hereto (Attachment 1). To the extent that there is any conflict between Attachment 1 and this Agreement, the terms set

forth in this Agreement shall govern.

XIII. ARBITRATION

Any controversy or claim arising out of or relating to the Agreement, or the breach thereof, shall be settled by arbitration, in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any Court having jurisdiction thereof. In no event shall either party hereto initiate such arbitration after the date when the institution of legal or equitable proceedings based on such claim, dispute, or other matter in question would be barred by the applicable statute of limitation.

The unsuccessful party under the arbitration shall reimburse the prevailing party for all reasonable fees, costs, and expenses incurred by reason of the arbitration.

XIV. DISCRIMINATION

COUNTY will not discriminate against any employee in the performance of the Agreement or against any applicant for employment in the performance of the Agreement because of race, creed, color, sex, national origin, or sexual orientation. COUNTY will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, creed, color, sex, national origin, or sexual orientation. This requirement shall apply to, but not be limited to, the following: employment, upgrading; demotion or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

Pursuant to the Equal Employment Opportunity Clause specified in Executive Order 11375, as amended, under which this Agreement is covered, no person in the United States shall, on the grounds of race, creed, color, sex, sexual preference, ability to pay or national origin, be excluded from participation in, be denied the delivery of services of, be denied the proceeds of, or be subject to discrimination in the performance of this Agreement. COUNTY will comply with the regulations promulgated by the Funding Source, with the approval of the President of the United States, pursuant to the Civil Rights Act of 1964, as amended.

XV. COPYRIGHTS AND PATENTS

If the Agreement results in a book or other copyrightable property, the author is free to copyright the work. The Funding Source and PROTOTYPES reserve a royalty-free, nonexclusive, irrevocable license to reproduce, publish or otherwise use, and to authorize others to use all copyrighted material, which can be copyrighted resulting from the Agreement.

Any discovery or invention arising out of or developed in the course of work aided by this Agreement shall be promptly and fully reported to PROTOTYPES and to the Funding Source for the determination as to whether patent protection on such invention or discovery shall be sought and how the rights in the invention or discovery, including rights under any patent issued thereon, shall be disposed of and administered, in order to protect the public interest.

XVI. SPECIAL CONDITIONS

In the performance of this Agreement, COUNTY is performing its Agreement responsibilities and duties independently and not as an agent, affiliate or associate of PROTOTYPES. COUNTY has no authority under this Agreement, directly or indirectly, to obligate or bind PROTOTYPES to third person or parties.

XVII. GENERAL TERMS AND CONDITIONS

For substantial and/or material changes imposed by SAMHSA, the grantor, PROTOTYPES and the COUNTY agree to evaluate, discuss and formulate a reasonable resolution which will be documented in writing.

IN WITNESS WHEREOF, PROTOYPES has executed this Contract, or caused it to be duly executed and the County of Los Angeles, by order of its Board of Supervisors has caused this Contract to be executed on its behalf by the Chair of said Board and attested by the Executive Officer-Clerk of the Board of Supervisors thereof, the day and year first above written.

COUNTY OF LOS ANGELES

By_____
Chair, Board of Supervisors

ATTEST:

SACHI A. HAMAI
Executive Officer and Clerk
Board of Supervisors

By_____
Deputy

COUNTY OF LOS ANGELES

LOS ANGELES COUNTY
PUBLIC DEFENDER

By: _____
Public Defender

Date: 12/20/07

APPROVED AS TO FORM:
RAYMOND G. FORTNER, JR.
County Counsel

By: _____
JENNIFER LEHMAN
Senior Deputy County Counsel

PROTOTYPES:

By: _____
VIVIAN B. BROWN
Date: 12/30/07

Notice of Grant Award

TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE

Issue Date: 08/30/2007

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Grant Number: 1H79TI018845-01

Program Director:
Debbie Murad

Project Title: Project STAR

Grantee Address	Business Address
PROTOTYPES Vivian Brown Chief Executive Officer 5601 W. Slauson Avenue, #200 Culver City, CA 90230	Vivian Brown Chief Executive Officer Prototypes 5601 W. Slauson Avenue, #200 Culver City, CA 90230

Budget Period: 09/30/2007 – 09/29/2008
Project Period: 09/30/2007 – 09/29/2012

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $500,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to PROTOTYPES in support of the above referenced project. This award is pursuant to the authority of Section 509 of the PHS Act as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, DHHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

PROJECT NARRATIVE

SECTION A: STATEMENT OF NEED

Target population/geographic area. PROTOTYPES proposes to serve women sex workers with histories of substance abuse, mental illness, domestic violence and/or HIV/AIDS (or at high risk of contracting HIV/AIDS), who are incarcerated on a current criminal case under the jurisdiction of the Superior Court of Los Angeles County. The majority of participants will be persons of color, primarily African American and Latina. "Project STAR" will target two high-risk substance abusing populations: 1) women, including women and their children; and 2) individuals (women) who have been released from prisons and jails within the past two years. Most of the women to be served will be facing non-violent, non-serious felony charges and incarcerated at the time of referral by the Los Angeles County Public Defender's Office, and motivated to accept treatment and services from PROTOTYPES as an alternative sentencing option. **Justification for selection.** PROTOTYPES selected the target population (women offenders who are sex workers) and the geographic area to be served (Los Angeles County) for several key reasons that include 1) the increasing representation of women among incarcerated populations in L.A. County; 2) the high risk of substance abuse and HIV/AIDS among sex workers; 3) the complex needs of women offenders, including sex workers, and the need for culturally appropriate interventions; 4) the extensive experience and expertise of PROTOTYPES in serving the target population in Los Angeles; and 5) the opportunity for a unique collaboration with the L.A. County Public Defender's Office and the potential for project replication in other communities.

Nature of Problem and Extent of Need/Women increasingly represented among incarcerated. Annual increases in the number of incarcerated women have been consistently larger than the increases in the number of incarcerated men for the past two decades (Harrison & Beck, 2003). By year-end 1999, women represented 22% of all probationers (up from 18% in 1990) and 12% of all parolees (up from 8% in 1990). The Bureau of Justice Statistics (BJS) estimates that an additional 285,000 women were added to community supervision caseloads between 1995 and 2003, bringing the total number of women on parole and probation to over one million (BJS, 2004). The increase in the number of women under criminal justice supervision is largely due to harsher policies surrounding drug-related crimes, as drug offenders were the largest source of total growth in the number of women offenders (38% compared with 17% for men) during that same period (BJS, 2000).

Female inmates in L.A. A snapshot of female inmates incarcerated on 1/25/07 in the Los Angeles County Sheriff's Department's jail system shows there were 2,933 female inmates at that time. Of the female inmates, 41.5% had one or more drug-related charges. Although 19.2% were incarcerated for violent crimes such as murder, rape, robbery, aggravated assault, burglary, etc., the majority (80.8%) was incarcerated for non-violent crimes and represents the population from which Project STAR participants will be recruited.

Treatment needs for women in criminal justice system. Women in the criminal justice system typically have suffered sexual and physical abuse, severe trauma, and chronic addiction. Moreover, abuse and addiction are the most common pathways to criminal behavior for women. One key finding from this body of literature is that women offenders are more likely than men to report extensive histories of emotional, physical, and sexual abuse - between 77% and 90% (Langan & Pelissier, 2001; Messina, Burdon, Hagopian & Prendergast, 2006). Histories of childhood trauma and abuse among women in prison have been linked to an increased likelihood of continued domestic violence in adolescent and adult relationships, adolescent conduct

disorder, chronic addiction, criminal activity, homelessness, and adult physical and mental health problems (Grella, Stein & Greenwell, 2005; Messina, Grella, 2006; Reisig, Holtfreter & Morash, 2006). Research also shows it necessary to address the needs of women offenders to protect the health of the public at large: "Women's health issues are significant, especially experiences of trauma, domestic violence and abuse, and untreated gynecologic problems. In addition, increasing numbers of women are incarcerated for crimes related to drugs and the exchange of sex for drugs. Women's sentences are often more severe than men's for first offenses. Incarceration has a significant impact on women and their parenting relationships with their children. This incarcerated population moves rapidly in and out of corrections facilities, especially from jails. Effective care of incarcerated populations is both essential for public health and is an opportunity to affect the quality of life for individuals, their families, and their communities." *(Hepatitis C and HIV in Incarcerated Populations: Fights, Bites, Searches, and Syringes!*, Zalumas and Rose, 2003) Despite rising numbers of women sentenced to prison and progress in understanding their treatment needs, few initiatives have focused specifically on treatment and services for women offenders. In order to meet these complex needs and facilitate the successful reintegration of women offenders, it is of utmost importance to provide local multi-agency collaborative service delivery systems with a universal objective and mission.

Needs, Risks and Issues to be Addressed in the Target Population/HIV/AIDS, Hepatitis C. HIV/AIDS and tuberculosis are more prevalent among inmates than in the general population and, at the end of 2002, rates of HIV infection were higher (3%) for female inmates of State prisons than for males (1.9%) (Maruschak, 2004). There are numerous risk factors for transmitting Hepatitis C among inmates: "Risk factors for transmission of hepatitis viruses among incarcerated individuals include IV drug use, unprotected sex, and exposure to blood and body fluids through percutaneous exposures such as tattooing, biting, and scratching. Although studies do not report high rates of HCV transmission from other routes than IV drug use in incarcerated populations, there may be limitations in these findings due to instances of underreporting of drug use or a lack of studies on tattooing in high-risk, drug-using populations. *(Hepatitis C and HIV in Incarcerated Populations: Fights, Bites, Searches, and Syringes!*, Zalumas and Rose, 2003, citing Weinbaum et al., 2003).

Drug use and criminal involvement issues: Compared with men, women offenders more often report poly-drug use, earlier use of hard drugs (i.e., cocaine and heroin) and use by injection, and more frequent drug use prior to arrest or incarceration (Grella & Joshi, 1999; Langan & Pelissier, 2001). Although a large percentage of both men and women report being under the influence of drugs and or alcohol at the time of their arrest, women offenders are more likely to report illegal activities as their primary source of income prior to incarceration (Messina et al., 2003). Criminal histories for women nationwide are predominately non-violent and drug-related, including their involvement in prostitution (Bloom et al., 1994). In fact, a recent report from the California Department of Corrections and Rehabilitation (CDCR) states that 67% of incarcerated women in California are currently imprisoned for non-violent, non-serious offenses (CDCR, 2006). Women offenders' patterns of substance abuse and non-violent crime indicate a need for more comprehensive treatment plans specific to women's issues.

Physical health issues. Women offenders often suffer from a variety of chronic physical health problems including TB, Hepatitis, toxemia, anemia, hypertension, diabetes, and asthma (Pollock, 2002). Drug-dependant women offenders also cite dental problems and diabetes as recurring health problems. Women's more complex reproductive system also increases their risk of gynecological problems and other female-specific disorders (Grella, 1999). Pregnant and

postpartum women offenders also require additional specialized treatment such as instruction in medical, cognitive, and social needs of their alcohol/drug exposed babies (Welle, Falkin, Jainchill, 1998). Women offenders are also at greater risk than men of contracting sexually transmitted diseases and HIV/AIDS due to their increased participation in prostitution for money or drugs (Pollock 2002). Women's health problems are often compounded by the limited health care they receive in the community and the inability to access benefits. The particular health care service needs of women offenders are an important factor in considering their specific re-entry needs, and require ongoing collaborations to social service partners in the community.

Employment and educational issues. Women offenders are more likely than their male counterparts to be financially dependent on family members and in need of public assistance (Hser, Anglin, & Booth, 1987). Most have not completed high school and have inadequate vocational skills (Langan & Pelissier, 2001). Basic education, literacy skills, and marketable vocational training are particularly important components of re-entry programs for women.

Parenting issues. Exacerbating the need for appropriate education and vocational training is the fact that most women offenders have children under the age of 18 and are typically the primary childcare provider (Henderson, 1998). An important factor in terms of continuing societal impact is that the children of women offenders are at high risk to continue intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting (Sheridan, 1995). Greene and associates (2000) found that a number of criminogenic influences experienced by women offenders were replicated in the lives of their children, including sexual/physical abuse, poverty, and victims of violence. The nature of the relationship that women offenders in treatment have, or develop, with their children is an important factor in their rehabilitation and reintegration, especially as women are primary caregivers for their minor children. In fact, 64% of women imprisoned in California are mothers, nearly a third have children under the age of six, and half were living with their children in the month prior to their arrest (Petersilla, 2006). In fact, many of these women are faced with the loss or the threat of the loss of custody of their children and are in need of legal advice. Parenting programs and services for both mother and child a critical part of a re-entry program for women. Treatment needs of children: Children of substance abusing parents are more likely than other children to have poor physical, intellectual, social and emotional outcomes and are at greater risk than other children of developing substance abuse problems themselves; children of alcoholics are four times more likely than other children to develop alcoholism (Child Welfare League of America, 2001).

Relationship issues. Women's drug abuse patterns are more closely linked to relationships with their sexual partners than they are for men (Langan & Pelissier, 2001). Women tend to define themselves and their self-worth in terms of relationships, and relapse to drug use is often related to ongoing and/or failed relationships (Covington & Surrey, 1997). Partner opposition to recovery can include elements of intimidation, threats, and violence (Amaro & Hardy Fanta, 1995). Women need to develop strong interpersonal skills to help them assess their past and present relationships with their partners in the context of their addiction and criminal behavior, while also learning appropriate skills for successfully coping with future relationship issues.

Sexual and physical abuse issues. Women offenders often come from highly dysfunctional families, with histories of mental illness, suicide, violence, and drug abuse (Langan & Pelissier, 2001). Although reports vary, many women offenders report incest and molestation as children (19% to 55%) prior to their drug abuse (Langan & Pelissier, 2001). The trauma that results from such abuse is a key contributor to chronic drug abuse among women (Greene, Haney, & Hurtado, 2000), and early victimization and the severity of drug abuse are stronger predictors of

criminal activity for women than for men (Bloom et al., 1994). In addition, a high percentage of drug-dependant women report physical or sexual abuse by husbands or boyfriends (Travis, 1998). The association between sexual/physical abuse, drug abuse, and crime among women suggests a need to address past abuse and the mental health issues that often result from abuse.

Psychological issues. Women offenders are more often diagnosed with co-occurring psychiatric and drug abuse disorders than men, specifically depression, PTSD, panic disorders, and antisocial personality disorder (Bloom, 1999). Women offenders are also more likely than men to be taking and/or abusing prescribed medications for psychological disorders. In addition, co-occurring psychological and substance abuse disorders are primary predictors of recidivism (Messina et al., 2004). Women's severe drug-abusing histories, combined with their increased likelihood of psychological impairment and use of prescription drugs for psychological disorders, indicates the need for a comprehensive assessment of participants as a means of informing program and criminal justice staff of their diverse psychological needs.

In-prison substance abuse programs in California highly ineffective. Despite the state's significant investment ($143 million a year) in providing treatment to inmates and parolees, California's in-prison substance abuse treatment programs are highly ineffective and have "little or no impact on recidivism" (70% of inmates return to prison within several years of release). This is largely due to the difficulty in fostering a supportive therapeutic community in the prison environment. A report just released by the Office of the Inspector General (OIG), an independent state agency that oversees the state's corrections system, documents the substance abuse treatment needs of inmates (OIG, February 2007). The report states that 21% of the state's adult prison inmates are serving time for drug offenses, and an even higher percentage has underlying substance abuse problems; one recent study estimated that 42% of California inmates have a "high need" for alcohol treatment and 56% have a high need for drug treatment (Petersilia, 2006). The OIG found, however, that in-prison substance abuse treatment programs are currently ineffective for reasons that include the many operational and administrative barriers to delivering a *therapeutic community*, and the need to have fewer involuntary participants and increase the percentage of those who attend aftercare. Project STAR will address all three of these findings: Inmates will enter treatment on a voluntary basis (as a condition of their release and/or sentencing); aftercare is readily available upon program completion; and S.T.A.R. House offers a therapeutic community which, as described in the OIG report, relies on intensive group and individual counseling and the development of a supportive social environment of staff and peers to change negative behavior (see Section B under "Residential Program").

Baseline. The proposed project addresses the needs of women offenders engaging in sex work who abuse substances and/or experience mental illness, over the course of the five year grant term and referred by PD. The baseline is the present condition of the lives of these women. The project will promote retention of these women in treatment, and will allow the women to reduce alcohol and/or other drug (AOD) use, maintain sobriety, re-enter the community as self-sufficient and healthy adults, avoid recidivism, and obtain and maintain housing.

SECTION B: PROPOSED EVIDENCE-BASED SERVICE/PRACTICE

Purpose. The project purpose is to enhance and strengthen existing treatment services for women offenders with co-occurring disorders and trauma, and their children. "Project STAR" will enhance substance abuse assessments and residential drug treatment, in conjunction with HIV/AIDS services, for women sex workers in Los Angeles (mostly Latina and African American), a community highly affected by the parallel epidemics of substance abuse and

HIV/AIDS. The project will target two high-risk substance abusing populations identified by SAMHSA in TI-07-004: (1) women, including women and their children; and (2) individuals/women who have been released from prisons and jails within the past two years. Approach: The Los Angeles County Public Defender's Office will screen incarcerated women sex workers and, if the court agrees, refer them to PROTOTYPES for Project STAR in lieu of sentencing under an established protocol. Eligible women offenders will be admitted to the PROTOTYPES S.T.A.R. (Striving Together Achieving Recovery) House residential treatment facility in L.A. Some women will be accompanied by their children. PROTOTYPES, along with other governmental and social service agencies, will provide these services: (1) substance abuse assessments and enhanced residential substance abuse treatment, including referrals and facilitation of entry into substance abuse treatment; (2) domestic violence/trauma recovery treatment and services; and (3) HIV/AIDS services, including rapid confidential HIV testing and referrals for medical treatment. The project will provide a fully integrated comprehensive trauma-informed mental health and substance abuse treatment system that incorporates evidence-based practices and provides wrap-around services to improve client access and retention. All services will be gender specific, linguistically appropriate and culturally relevant.

Objectives and outcomes. PROTOTYPES has established the following specific program objectives *for the five-year grant period* and desired client outcomes:

OBJECTIVE #1: Receive at least 400 referrals from the Public Defender's office following screening for a history of substance abuse, domestic violence, current or prior sex work activity and HIV/AIDS or high risk for contracting HIV/AIDS. If client appears to be eligible and suitable for Project STAR, the client is referred to PROTOTYPES for screening for program readiness and eligibility assessment for the five year period.
Outcomes:

- At least 50% of those interviewed for Project STAR will enroll in the program.
- At least 90% of those ineligible for the program will receive other referrals as needed.

OBJECTIVE #2: Provide a fully integrated comprehensive trauma-informed mental health and substance abuse treatment program that incorporates evidence-based practices and provides wrap-around services to improve client access and retention. The program will offer a holistic, client-driven model of care in conjunction with housing, primary health care, interpersonal socialization activities, and referrals for stable housing.
Outcome:
Over 5 years, 70% of the 200 enrollees will complete the program and demonstrate improvement by obtaining overall health and wellbeing by making a successful transition from jails to stable housing, self-sufficiency, and a better quality of life as defined by at least one of the following indicators:

1. No/reduced recidivism with the criminal justice system.
2. Obtaining/sustaining stable housing.
3. Obtaining/sustaining sober living.
4. Reunification with family/friends.
5. Job placement or development.
6. No/reduced sexual risk behavior.
7. Decreased/no intimate partner/domestic violence.
8. Improved mental health and wellbeing.

OBJECTIVE #3: By year 5 of the grant period, the 200 participants will have utilized some or all of the provisions offered by the specialized residential treatment program.
Outcomes:

- At least 100% of the enrollees will participate in substance abuse treatment
- At least 50% will utilize the necessary mental health services
- At least 90% will receive primary health care services
- At least 80% will obtain assistance in securing stable housing
- At least 90% will utilize interpersonal socialization activities
- At least 90% will use the wrap-around services

OBJECTIVE #4: Obtain follow up information on all 200-program enrollees throughout the five (5) year grant period.
Outcome:

- At least 80% of all enrollees will participate in follow-up for 6 months post-program completion.

OBJECTIVE #5: Provide individualized, age appropriate, supportive services to children of enrollees including social/emotional development services and, for youth, support services to avoid risk-taking behavior.
Outcomes:

- At least 80% of women served who are in need of these services will be provided these services and will experience improved family functioning
- 75% of children will exhibit progress in the area of emotional and mental health through either individual or group therapy

Summary of results: Women participants will substantially decrease or eliminate drug and alcohol use, sex worker activity, and reduce their risk of contracting HIV/AIDS, reducing recidivism and providing substantial cost savings in the areas of incarceration, health care (including substance abuse and HIV/AIDS treatment), and dependent children care. All of these outcomes will substantially benefit the participants, their children and families, and the communities in which they reside. The proposed project is a collaboration that is the first of its kind in a public defender's office in the state of California and, as such, will provide a model for replication.

Proposed Service/Practice, and Evidence Base: PROTOTYPES has long incorporated state-of-the-art, evidence-based practices in its programs for women, men and their children. Evidence-based interventions to be implemented under Project STAR will include Motivational Enhancement Therapy, Stages of Change Model, Cognitive Behavioral Therapy (i.e., Seeking Safety Group), Case Management, and Relapse Prevention. **Motivational Enhancement Therapy (MET)** is on the list of Effective Substance Abuse Treatment Practices (Treatment Improvement Protocol 35, 1999) and is published in the Cannabis Youth Treatment Series, Vols. 1 and 2. Motivational enhancement interventions, and the stages-of-change model embedded within it, have proven to be quite effective in preparing individuals for treatment, as well as improving retention. Research has shown that these interventions are associated with greater participation in treatment and positive treatment outcomes (Landry, 1996; Miller & Rollnick,

1991). The principles underlying motivational enhancement have been applied across cultures, to different types of problems, in various treatment settings, and with many different populations. The five principles of MET are: (1) express empathy through reflective listening; (2) develop discrepancy between clients' goals and values and their current behavior; (3) avoid argument and direct confrontation; (4) adjust to client resistance rather than opposing it directly; and (5) support self-efficacy and optimism. Motivational enhancing interventions should be consonant with clients' cultural and social principles and expectations. Cultural differences may be reflected in the value of health, the meaning of use of alcohol and other drugs, the meaning of time, and the meaning of obtaining help for problems.

An integral component of MET is the **Stages-of-Change Model (Transtheoretical Model)**. The special needs of women in the target population all suggest a complex model for change. PROTOTYPES will continue to incorporate Prochaska and DiClemente's (1986, 1992) Stages-of-Change Model (Transtheoretical Model, also identified in TIP 35, 1999) into its counseling plan. The model introduces the possibility of using different intervention strategies with clients at different stages of change. It is seen as an important strategy in raising the individual's level of motivation, assisting in the movement through the stages into treatment/harm reduction, and empowering the individual to make changes toward self-sufficiency. The Transtheoretical Model has proven invaluable in use with addictive behaviors such as alcohol, smoking and other substance use and has been effective with diverse populations, including inner city women at-risk for HIV, as adapted by PROTOTYPES (e.g. Brown, Melchior, Panter, Slaughter, & Huba, 2000; Melchior, Huba, Brown & Slaughter, 1999; Schnell, Galavotti, Fishbein & Chan, 1996). The Stages-of-Change Model implies strategies for interventions to obtain and reinforce behavior change that vary as a function of stage. For example, in the first stage of the PROTOTYPES model, an assessment is made of the Stage-of-Change in terms of violence, substance abuse, job readiness/employment, and emotional problems. Then, after establishing the woman's Stage-of-Change, appropriate interventions are offered based on her level of commitment to behavior change, and incorporated into the service plan. Prior work by PROTOTYPES and The Measurement Group has shown this to be a valuable tool in measuring the impact of other community-based interventions for women at risk (e.g., Brown, Melchior, Panter, Slaughter, & Huba, 2000).

Cognitive-Behavioral Therapy/Seeking Safety: Cognitive-behavioral groups are a well-established part of the substance abuse treatment field and are particularly appropriate in early recovery (TIP 41. Substance Abuse Treatment: Group Therapy): The term "cognitive-behavioral therapy group" covers a wide range of formats informed by a variety of theoretical frameworks, but the common thread is cognitive restructuring as the basic change methodology. Changing such cognitions and beliefs may lead to greater opportunities to maintain sobriety and live more productively. Group therapy is at the core of PROTOTYPES residential treatment. Recovery groups allow women to identify with peers, receive support and reassurance, learn about addiction and recovery, confront maladaptive attitudes and behaviors, and practice new behaviors. PROTOTYPES includes activities such as *Seeking Safety Group* (described below); *Relapse Prevention Group* (increases client's ability to identify high-risk situations for using drugs and self-efficacy in these situations); and *Domestic Violence Survivors Group* (a forum for talking about violence in their lives and removing themselves from isolation that so often characterizes domestic violence). Also available are groups for Communications Skills, Grief and Loss, Parenting Skills, Chemical Dependency Education, Recovery, and 12-Step Groups.

Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment was designed for flexible use and is a primary component of the PROTOTYPES program. It is designed for group or individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, residential); and for substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD. The Seeking Safety curriculum is one of the evidence-based interventions named in the TIP on Women and the TIP on Trauma and Substance Abuse. The practice has been evaluated in the peer-reviewed literature (Najavits et al., 2002, 1998, 1997) and is one of the four interventions utilized in the SAMHSA 5-year national study on women with co-occurring disorders and trauma. (PROTOTYPES Women's Center was one of the nine sites selected to participate in the study, which demonstrated positive outcomes for women who use/abuse substances and have experienced trauma/PTSD.)

Case Management: PROTOTYPES will utilize SAMHSA *Comprehensive Case Management for Substance Abuse Treatment,* TIP 27 (1998). *Case management* refers to interventions designed to help substance abusers access needed social services. Because addiction affects so many facets of the addicted person's life, a comprehensive continuum of services promotes recovery and enables the substance abuse client to fully integrate into society as a healthy, substance-free individual. This can happen for an individual when they receive case management that provides proper engagement and motivation enhancement, primary treatment services at the appropriate intensity and level, and support services that support long-term sobriety while managing life's circumstances. PROTOTYPES' case management will comprise a system of assessment, planning, linkage, monitoring, and advocacy that is always adjusted to meet the particular needs of each individual.

S.T.A.R. House will enhance current services to incorporate these evidence based practices upon implementation of Project STAR. The staff will receive ongoing training and supervision to effectively implement the Motivational Enhancement Techniques and related interventions.

Justification of Use for Target Population, Implementation Strategies, and Necessary Adaptations/Modifications: Project STAR will implement the evidence-based practices identified above to promote retention and to address the needs of women affected by substance abuse and trauma. **Motivational Enhancement Therapy** will promote involvement and retention in treatment for a target population (women offenders) that is often resistant to services. The comprehensive service approach utilized by PROTOTYPES will be enhanced to meet the unique needs of reentry women and their children. The model adapts George DeLeon's "Nine Essential Concepts of the Therapeutic Community" relative to the use of participant roles, membership feedback, membership as role models, collective formats for guiding individual change, shared norms and values, structure and systems, open communication, relationships, and language. **Seeking Safety** utilizes a cognitive-behavioral treatment approach to help women seek help from supportive people, utilize community resources, explore "recovery thinking," take good care of their bodies, practice honesty and compassion, and increase self-care and self-nurturing activities. The curriculum addresses stopping self-harming behaviors, including dangerous relationships and substance abuse, and HIV risk reduction. Seeking Safety is integral to PROTOTYPES' approach to delivering trauma-informed services (see discussion of trauma-informed services below). The services and practices described above (Motivational Enhancement Therapy, Stages of Change Model, Cognitive Behavioral Therapy/Seeking Safety Group, and Case Management) will be provided in conjunction with the following strategies, which have been found to be efficacious in assisting the population during and after recovery:

Residential program. PROTOTYPES is proposing a 6-month residential stay (with outpatient aftercare of up to six months) for the project. Retention in substance abuse treatment has been well documented to be associated with improved outcomes (e.g., Grella, Joshi, & Hser, 2000; Hser, Evans, Huang, & Anglin, 2004). While some research has indicated that at least 90 days in residential treatment is needed to produce some successful outcomes (e.g., Simpson, 1979), it has been also demonstrated that significantly longer treatment retention of 6-12 months is needed to sustain outcomes of reduced drug use, reduced criminal justice recidivism, increased employment, and maintaining stable housing (e.g., Condelli & Hubbard, 1994; Wright & Devine, 1995). S.T.A.R. House will foster a therapeutic community (TC) in which participants share meals, recreation, and other activities with peers; engage in open communication through intensive encounter groups; learn about self-help recovery and "right living"; and enjoy a continuum of care. PROTOTYPES has effectively used the TC treatment modality (De Leon, 1994) for many years. Beginning in 1971, Dr. Vivian Brown, President and CEO of PROTOTYPES, was part of a national group of "pioneers" in modifying the TC for women and for women and their children (Brown, Zweben, Sanchez, Aly, 1996).

Strengths-based perspective. PROTOTYPES staff will be trained to provide strengths-based client centered services in every intervention. Women with co-occurring disorders and a history of domestic violence tend to blame and distrust themselves as a result of their partner's negating, degrading and isolating behaviors. Professional practices that focus on identifying pathology and problems may contribute to this as well. A woman's strengths are often misinterpreted as weakness or pathology. PROTOTYPES staff, by contrast, is able to identify the qualities that enable clients to resist defeat and continue to survive and work towards personal growth. PROTOTYPES will incorporate principles from the strengths-based perspective of case management originally developed at the University of Kansas School of Social Welfare to help the target population achieve independent living (Rapp and Chamberlain, 1985). The foremost two principles on which the model rests are (1) providing clients support for asserting direct control over their search for resources, such as housing and employment, and (2) examining clients' own strengths and assets as the vehicle for resource acquisition.

Trauma-informed services. PROTOTYPES services will be trauma-informed, ensuring that all staff are knowledgeable about the impact of violence and are trained to behave in ways that are not re-traumatizing (Community Connections, 2006). Such a model takes into account the potential impact of past trauma for every client. This may consist of low self-esteem and depression, work and school difficulties, criminal justice involvement, relationship difficulties, substance abuse disorders, sexual problems, aggression and interpersonal violence, and high risk/high stimulation behaviors. Service delivery is provided within an environment that gives more control and decision making power to the client, ensuring a respectful and holistic approach to each individual.

Women's re-entry issues. Re-entry is a difficult process for women and men. Both must comply with conditions of supervised release, achieve financial stability, access health care, locate housing, and try to reunite with families (Bloom, Owen & Covington, 2003). However, specific services may be more effective for women offenders. Richie (2001) suggests that access to childcare and transportation, safety from abusive partners, and program staff availability beyond business hours can contribute to successful re-integration. Once released, women on parole may be excluded from the job market, and judged for their past criminal behavior, which complicates successful reintegration. In addition to the painful stigmatization, shame, guilt, and social alienation also hinder reintegration and reunification. Treatment will take into account the

extra difficulties faced by offenders and their vulnerability to re-arrest and re-incarceration. Additionally, PROTOTYPES will provide transportation for the women in residential treatment. S.T.A.R. House is located in a safe community with program staff available at all times.

Children and families. Probably the most significant event in a women's incarceration is her release from prison or jail. This event provokes feelings of deep emotion, stress, anxiety, fear, and uncertainty. Women entering the community upon release often have a range of personal networks in the community, including family members who they may rely on for emotional and financial support. Family members can be a powerful support system to these women during and after incarceration. Approximately 64% of women imprisoned in California are mothers of minors. PROTOTYPES makes services available and support for family members and children of program participants, and when appropriate, helps to establish, re-establish, expand, and strengthen relationships between women and their families.

Cultural competency: It is estimated that about 5 of 1,000 white women, 36 of 1,000 Black women, and 15 of 1,000 Hispanic women will be subjected to imprisonment during their lifetime (BJS, 2000). Moreover, education levels for the majority of these women are substantially lower the general population (Messina & Grella, 2006). PROTOTYPES has been providing services in the Los Angeles area for an extended period of time and has always employed Spanish-speaking staff, as well an awareness that the language used to communicate orally and in writing is geared to the background and comprehension level of each particular woman.

Motivation and incentives. Researchers have suggested that structured behavioral programs with motivational incentives for participation might produce the best results for repeat offenders. Motivational incentives often include vouchers or prizes (e.g., gift cards) exchangeable for goods and services given in response to appropriate behaviors, such as drug-free urine specimens, treatment attendance, and/or pro-social behaviors (e.g., continued education or employment). Spiritual support will also be made available through the faith based organizations that are members of the Community Advisory Board (see MOUs).

Additional Adaptations for Target Population to Meet Needs and Improve Effectiveness:

Addressing safety. PROTOTYPES has modified treatment models to respect the particular needs of women among the substance abusing population and to recognize that *safety* is of paramount value. Many issues that substance-abusing women need to confront have been severely threatening, and women may not be willing to self-disclose on these matters in, i.e., a therapy group of mixed-gender. As such, PROTOTYPES will use female staff whenever possible, with the workers as well sharing the background and cultures of the target population. PROTOTYPES will offer classes and groups where males will not be present. Participants may elect to bring in male partners when the women's safety with them is assured. PROTOTYPES will provide family members with referrals to substance abuse pretreatment and treatment (including within the PROTOTYPES umbrella) and other services as appropriate. **Relationship-oriented**. PROTOTYPES will modify treatment models and interventions to respect the ways in which women are relationship-oriented. Motivational enhancement assessments will pay particular attention to the strengths and weakness in the women's relationships to children and other family members, to intimate partners, and to peers. The assessments and subsequent services offered will also recognize how women are more likely than men to be economically disadvantaged, which produces challenges as women in the target population strive to get control over their lives. **Culturally competent and linguistically appropriate**. Treatment models will be modified to respect the distinctive circumstances and qualities of women of color and to meet client's linguistic needs (see "Addressing Diversity While Retaining Fidelity to Service/Practice"

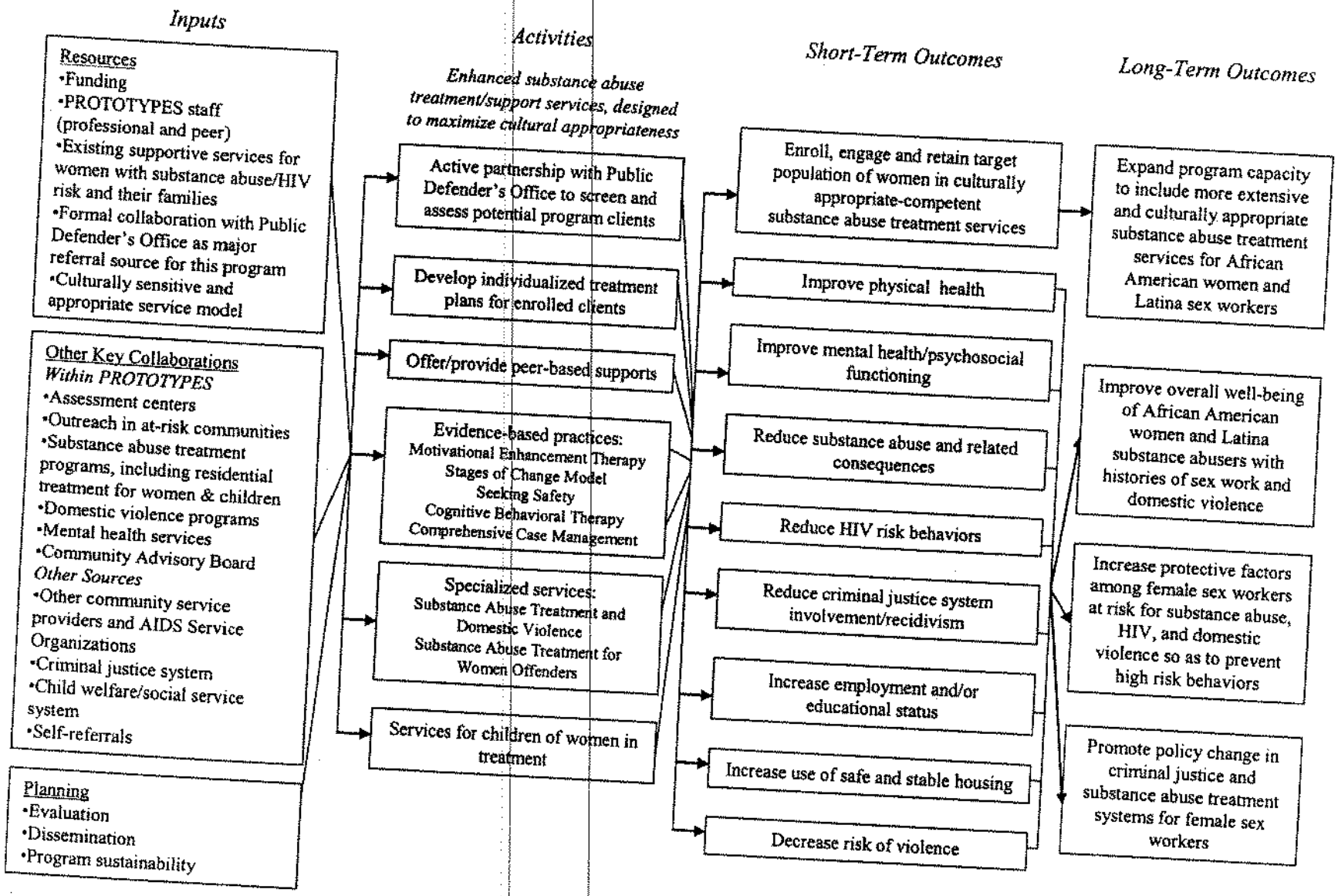
below). **Sub-populations**. The treatment model may be further adapted or customized for sets of clients to reflect particular sub-populations of which they may be a part, such as injection drug users, non-injection drug users (e.g., crack and methamphetamine users), sexual partners of injection and drug users. The modifications here might be seen in grouping women for classes or therapy by sub-population, and through changes in emphasis in curriculum.

Addressing Diversity While Retaining Fidelity to Service/Practice: PROTOTYPES will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to its treatment model, through a combination of cultural competence that exists throughout the agency, and experience with the model in diverse populations: PROTOTYPES delivers services that are culturally appropriate and competent. The agency has practical, experience-based knowledge about the beliefs, attitudes, behaviors, vocabulary, and environment of the target population; and agency staff understand how to talk about sensitive issues such as personal violence, sexuality, and drug use and otherwise motivate individuals to make healthier choices. Assessment and group therapy will be culturally sensitive and linguistically appropriate (e.g., held in Spanish for women whose first language is Spanish), and will explore experiences with racism.

Using the CDC Office of Minority Health's (OMH) *Standards for Cultural and Linguistic Competence* as a guideline, Project STAR will respect the culturally specific needs of different racial/ethnic groups of women and their family members. 1) Culturally competent care/cultural goals: PROTOTYPES provides programs that are compatible with the population's health beliefs and help seeking behaviors; staff hired for the program are from affected communities and are representative of the clients' race, ethnicity, gender, age, sexual orientation, and culture; and staff receive ongoing training on domestic violence and other trauma, substance abuse, mental health, HIV, homelessness and cultural issues in delivering care. 2) Language access care: Several language capacities are available through program staff to provide individual and group interventions. Materials are available in English and Spanish and, if a client speaks another language, staff will find resources to offer translation services or support. Consideration is given to persons with low reading skills (e.g., co-facilitators read hand-outs aloud so participants do not feel stigmatized if they cannot read the materials). 3) Organizational supports for cultural goals: PROTOTYPES maintains an organizational culture founded on respect for diversity; its staff reflects the diversity of the population it serves (see Section D). Since its inception, PROTOTYPES has valued cultural diversity in Los Angeles and developed programs incorporating best practices for the diverse communities. PROTOTYPES has an active Community Advisory Group comprised of gatekeepers, businesses, civic groups, and consumers. It is instrumental in program planning and development, resource development, and outreach. PROTOTYPES facilities are accessible to persons with physical disabilities. S.T.A.R. House meets all codes and laws relative to the disabled, including the ADA. The residence is wheelchair accessible with ramps, wide hallways on the first level and a handicapped bathroom on the first floor. Accommodation will be made for the hearing and/or sight impaired as needed.

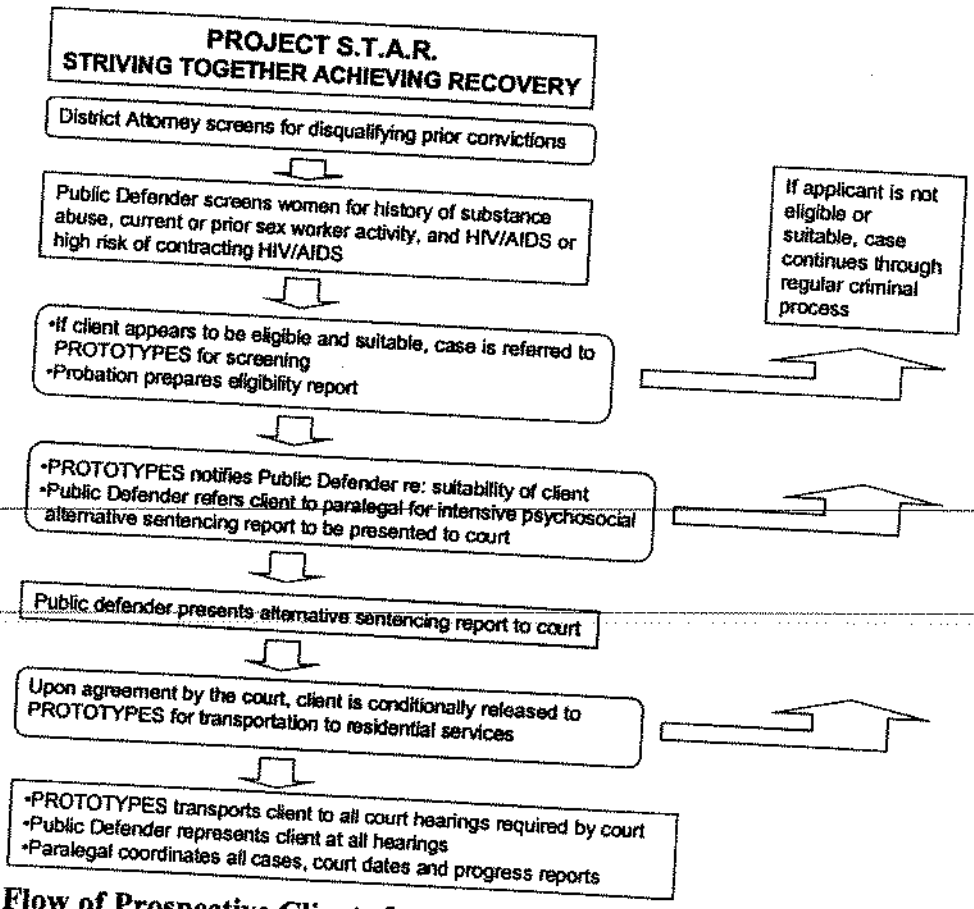
How Service/Practice will Address Goals and Objectives/Logic Model: The logic model on the next page shows the relationships between project elements and expected outcomes.

PROTOTYPES Project STAR: Logic Model



SECTION C: PROPOSED IMPLEMENTATION APPROACH

Services to be enhanced. PROTOTYPES S.T.A.R. House and the proposed enhancement, Project STAR – a unique collaboration with the Los Angeles County Public Defender's Office (PD) – will provide eligible women sex workers with early assessment of substance abuse and mental health disorders and appropriate residential treatment and wraparound services. The PD's office will pre-screen and refer women for conditional release to S.T.A.R. House. Women admitted to the program will reside, along with their children, at PROTOTYPES S.T.A.R. House for six months while participating in treatment for substance abuse, mental health and/or domestic violence issues. PROTOTYPES will transport clients to all court appointments and coordinate with the PD paralegal on the progress of all cases, in addition to providing residential drug/alcohol and mental health treatment and wrap-around services. The treatment will involve state-of-the-art evidence-based interventions practices as described in Section B.



Referral Flow of Prospective Clients from Criminal Justice System to PROTOTYPES

Proposed Implementation. Referrals from PD and Screening. The above figure illustrates the proposed referral process from the Los Angeles County Public Defender's Office (PD) to PROTOTYPES. Most of the women to be served will be incarcerated at time of referral. The PD will screen women for histories of substance abuse, current or prior sex worker or prostitution activities, domestic violence and HIV/AIDS or a high risk of contracting HIV/AIDS. PD will make (voluntary) referrals to PROTOTYPES for an assessment of their suitability for the

comprehensive array of social services offered under Project STAR. PROTOTYPES case managers, trained in the motivational enhancement techniques to be used, will pre-screen potential clients under an established protocol to determine their eligibility and appropriateness for the proposed project. In addition to the PD referral, criteria for admission will include the presence of co-occurring disorders, and willingness to participate in a structured case-managed residential program. The screening for residential services at S.T.A.R. House will evaluate substance use, mental health, domestic violence, trauma history, HIV/AIDS status and children related needs. Upon preliminary acceptance by PROTOTYPES, PD will refer the women to the PD project paralegal for intensive psycho-social alternative sentencing report to be presented to the Court at pre-trial hearings. PD and PROTOTYPES will together present an alternative sentencing report and recommendations to the Court and, if the Court agrees to the proposed release, the women will be referred to Project STAR in lieu of sentencing. Participants will be selected in conjunction with the PD, the District Attorney's Office and Probation Department and upon approval by the Superior Court.

Residential treatment at S.T.A.R. House. Women enrolled in Project STAR will be transported to and reside at PROTOTYPES S.T.A.R. House, a confidentially-located, specialized residential treatment program for women with co-occurring disorders (substance abuse, mental health, HIV/AIDS and domestic violence). Some women will be accompanied by their children. Each woman will receive a thorough needs assessment that is female-specific and culturally relevant for women sex workers. The assessment will be comprehensive, yet flexible, so that needs are matched to the intensity and length of care. Each woman will be tested for HIV/AIDS and be provided with pre- and post-test counseling. Medical care will be provided through formal arrangements with community-based health care facilities. Substance abuse education and counseling, psychological counseling (where appropriate), and other women-specific evidence based and culturally appropriate therapeutic activities will be provided throughout the continuum of enhanced care. Family planning counseling will include information on prenatal care, birth control options, adoption, and education on perinatal transmission of HIV. Families will be involved in parenting skills training and specialized services will be provided for the children of female offenders. The level and frequency of each client's participation in specific activities and services will be based on an individualized treatment plan, as modified in frequent meetings with her Case Manager. The length of stay will be approximately 6 months.

Intake, assessment, treatment planning: Each woman will receive a thorough needs assessment that is gender-specific and culturally relevant for women sex workers. Few instruments exist that are specific for women sex workers or even women-focused. Appropriate instruments, as woman-focused as possible, will be used to obtain a complete criminal history; medical history; history of substance abuse; physical, emotional, and sexual abuse history; psychological history; and education level. The assessment process will be conducted in a comprehensive, yet flexible, manner so that needs are matched to the intensity and length of care. Tools to assess client needs and strengths will include standardized assessment instruments such as the Addiction Severity Index (ASI) or the Behavioral Severity Assessment Program (BSAP). An individualized treatment plan in writing will be formulated by staff and the client to include the treatment goals of the client, specific objectives and activities related to these goals, and timeframes for achievement. The plan will be consistent with the client's capabilities and stage of recovery, and will reflect her cultural and linguistic needs.

Treatment and supportive services. Program activities and services will include substance abuse education and counseling, mental health treatment, domestic violence groups, Seeking Safety, HIV/AIDS testing and counseling, medical care through formal arrangements with community-based health care facilities, life skills classes (including health and nutrition education), self-sufficiency services (i.e., Life's Work Group), savings plan, resident council, assistance obtaining permanent housing, vocational counseling and support, vocational training/referral to employment, family planning counseling, parenting skills training, and specialized services for children. Staff will provide these services from a strengths-based approach utilizing cognitive-behavioral techniques. Services are described in more detail below under "Rapid HIV testing and follow-up" and "Types and numbers of services, and anticipated outcomes". Case-managed Services: PROTOTYPES will provide a highly structured case management strategy. The woman will meet with her case manager regularly (at least four times each week during the orientation period and at least weekly thereafter) to review her progress; and the progress notes of each woman will be reviewed at case conferences involving key staff. Appropriate changes will be made in the treatment plan based on the client's evolving needs. The treatment plan will be supplemented in the last few months of residential treatment by a written aftercare plan to include linkages to housing and follow-up supportive services.

Rapid HIV testing and follow-up. All clients, as well as their partners, will be offered HIV/AIDS education in groups and through individual counseling, and voluntary rapid HIV testing. A two-session educational program, presented in-kind by PROTOTYPES Women at Sexual Risk Program, will cover prevention, risk reduction practices, harm reduction, licit and illicit drug interactions, medical complications of substance use, hepatitis A, B, and C and STDs, and important health and self-care practices. John Wesley Community Hospital (JWCH) has committed to provide rapid HIV testing for the proposed project; mobile testing will occur at the PROTOTYPES Resource Center in Hollywood. The mobile unit will additionally offer hepatitis screening and testing, and immunizations for hepatitis A and B. If a client tests positive with the rapid HIV test and has a second confirmation test that is also positive, staff will refer the woman to PROTOTYPES WomensCare (in-kind) and/or other providers for medical and psychosocial services. The WomensCare Center in Hollywood is one of the organization's two one-stop service centers for women with HIV/AIDS, many with multiple vulnerabilities. The centers use a multidisciplinary team approach to providing social services in a medical setting. Each center is housed in or down the hall from an HIV/AIDS medical clinic that provides a full range of primary and HIV medical service for the PROTOTYPES WomensCare clients.

Timeline. PROTOTYPES will implement the project well before the schedule mandated by SAMHSA (no later than 4 months after award). Key implementation activities are as follows:

Milestones and Activities	**Completion** (From Award)	**Responsible Staff**
Recruit, hire staff to fill new positions	2 months	Division Director (DD) Program Director (PDir)
Train staff in Motivational Interviewing, Seeking Safety, Evaluation Forms, etc.	ongoing	DD & PDir to coordinate with The Measurement Group (TMG), Public Defender's (PD) paralegal and other key staff
Initial screening of eligibility of	3 months and	Case Managers

Milestones and Activities	Completion (From Award)	Responsible Staff
prospective participants	ongoing	
Identification of needs re: housing, substance abuse treatment, mental health services, domestic violence protection, health care services, and case management	3 months and ongoing	Case Managers
Implement weekly case conferences facilitated by mental health clinician	After first admission and ongoing	Mental Health Clinician
Implement weekly participant and case manager meetings (determine current stage of readiness, review/adjust service plan)	After first admission and ongoing	Case Managers
Initiate follow-up protocol	2 months and ongoing	DD, PDir, Case Managers, Data Coordinator, PD Office
Formalize MOU or MOA with established referral networks for clients needing appropriate counseling, treatment and support services.	3 months and ongoing	Case Managers, Data Coordinator
Formalize Protocols with Public Defender's Office	1 month and ongoing	DD Office, PDir, and PD Office
Administer evaluation forms to participants	3 months and ongoing	Case Managers, Data Coordinator
Overall program evaluation	ongoing (at client intake, 6 months and discharge)	DD, Public Defender's Office and TMG
Meet with the Advisory Board	every 3 months	DD, PDir, community agencies, re-entry population, PD Office

Unduplicated number to be served. PROTOTYPES will receive referrals from the PD and provide screening interviews to 80 women offenders per year, or 400 over the 5-year grant period. PD will pre-screen women offenders for a history of substance abuse, domestic violence, current or prior sex work activity and HIV/AIDS or high risk for contracting HIV/AIDS. If client appears to be eligible and suitable for Project STAR, the client is referred to PROTOTYPES for screening for program readiness and eligibility assessment. A minimum of 140 women will complete the program by obtaining overall health and wellbeing by making a successful transition from jails to permanent housing, self-sufficiency, and a better quality of life over the 5-year grant period. At least 200 enrollees will have utilized some or all of the provisions offered by the program including substance abuse treatment, mental health services, primary health care services, stable housing, interpersonal socialization activities, and wrap-around services.

Types and numbers of services, and anticipated outcomes. PROTOTYPES will provide a fully integrated, comprehensive, trauma-informed mental health and substance abuse treatment system for women offenders referred by PD. The treatment is linked to housing and primary health care. The program will incorporate both evidence-based practices and non-clinical (wrap-

around) supportive services. PROTOTYPES expects that 140 of the clients enrolling in the Project Star during the 5-year grant period will successfully complete the program and experience positive outcomes including reduced AOD use and improved health status, employment, reduced recidivism, and housing stability. Specific services and anticipated outcomes are described below and summarized here: Project STAR will provide support and resources in the context of a safe, stable, and stimulating environment for the woman to reduce her use of alcohol and drugs, bond with her children and strengthen the family unit, increase her parenting skills and emotional stability, and access and utilize rehabilitative and transitional services. An individualized treatment plan in writing will be formulated by staff and the client based on a comprehensive assessment to include the treatment goals of the client, specific objectives and activities related to these goals, and timeframes for achievement. Specific service activities will include intake/assessment and treatment planning, individual and group counseling, dependency education, 12-step groups, recovery groups, parenting and other life skills development, peer supports, health education, HIV/AIDS testing and counseling, discharge planning; and referral to rehabilitative, medical, and other needed services to be provided by PROTOTYPES and networking agencies. The total duration of the residential stay is flexible by design, but will generally average 6 months for this project.

Substance abuse treatment services will include chemical dependency education, relapse prevention groups, and individual group, family, and collateral counseling. Through chemical dependency education, clients will learn the effects of alcohol/drugs, basic principles of addictive disease and recovery, and an overview of the medical and psychosocial consequences of addiction. Relapse prevention groups will increase the woman's ability to identify high-risk situations for using drugs and self-efficacy in these situations. Topics include managing thoughts about drugs, relaxation training, anger management, and awareness of reframing negative thinking, and coping with persistent problems. Individual and group counseling will be provided in a safe and structured environment in order to explore, in a deeper way, topics such as substance abuse, family relationships, and involvement in criminal behavior. AA, NA and CA meetings will be offered on site and in the community as appropriate. Counselors will facilitate client participation in these 12-steps groups, as well as other peer support discussion groups used to help clients identify with peers, receive support and reassurance, confront maladaptive attitudes and behaviors, and practice new behaviors. *Anticipated outcome*: At least 140 (70%) of 200 women served over the 5 year grant period will complete substance abuse treatment through Project STAR. All of these women will reduce AOD use.

Mental health services will be coordinated on-site by the Clinical Director, a licensed Masters in Social Work (LCSW) supervised by the Program Director, an LCSW. A clinical therapist and social work interns will provide individual and family therapy, and mental health services will also be coordinated at community agencies such as Hollywood Mental Health (for psychiatric services) and Childrens Hospital Los Angeles (for children and family issues). Mental health services will include psychosocial evaluations, treatment planning, family therapy, individual therapy, crisis intervention and assistance in optimizing mental health interventions. Group support sessions will cover issues related to self-esteem, grief and loss, anger management, social skills, and stages of addiction. The Children's Program (*an enhancement*) will offer mental health services for children including individual child therapy, children's group therapy and conjoint family therapy. *Anticipated outcome:* At least *100 (50%)* of the enrolled women will utilize mental health services over the 5-year grant period.

Trauma-informed supportive groups. Histories of physical and sexual abuse and other trauma will be addressed through domestic violence support groups facilitated by a case manager with experience in dealing with domestic violence issues, and held on site each week. Guest speakers will be invited to attend the group, including outside professionals and domestic violence survivors. Groups will use the evidence-based curriculum Seeking Safety, a model created by Lisa Najavits for trauma (including domestic violence) survivors suffering from mental health and substance abuse. *Anticipated outcome:* At least 160 (80%) of participants will participate in trauma-informed supportive groups over the 5-year grant period.

Primary health care services. S.T.A.R. House will collaborate with Homeless Healthcare to provide primary health care services including information on personal hygiene and nutrition, education on HIV/AIDS and STDs, and access to HIV testing. The program will additionally have access to HIV testing and counseling. *Anticipated outcome:* At least 180 (90%) of women served will receive health care services over the 5-year grant period.

Case-managed supportive services/self-sufficiency services. The treatment plan will outline the level and frequency of participation in services and activities for achieving independence and permanent housing for the family such as life skills education, education and vocational training, and employment services. Available services will include these: Residents will be empowered to "manage" the S.T.A.R. House facility to learn and practice effective work habits and household skills. Supportive services will include life skills classes that cover budgeting, grocery shopping, and use of public transportation, cleaning, and preparing healthy meals; and vocational/personal image assessments to assess skills and interests. A weekly Life's Work Group will provide assistance with completing applications, preparing resumes, and searching for employment; education regarding interviewing, work-place etiquette, filling out W-2s, etc., and offer peer support during the search process and initial months of employment. PROTOTYPES will also provide or arrange through referral, access to educational and vocational training resources. The individualized nature of the services will allow case managers to nurture and support each woman in developing career goals that are of genuine interest to her. Women unable to work will be assisted with accessing public assistance for which they are eligible in order to increase their income level. *Anticipated outcome:* At least (90%) of women served will use above the case managed/wrap-around supportive services. A minimum of 50% of women who complete the program will secure employment.

Children's/family strengthening services. Project STAR will offer an *enhanced* children's program to consist of child-centered and developmentally appropriate supports. This includes a full time *clinical therapist* to provide child therapy and support as well as parental collateral support to increase child and mother attachment. Upon entry, each child will receive an individualized and multi-disciplinary assessment of his/her medical and emotional health and level of developmental functioning. Children will receive psychotherapy to address individual social/emotional issues, and participate in group counseling (i.e., art and play therapy) along with children of similar age and emotional development. School-aged children will attend local schools and enjoy structured play group activities, free creative periods, and time with their mothers and staff. Other services will include a weekly violence awareness education and prevention group and on-site tutoring through School on Wheels. Parenting: An extensive parenting skills program will include a weekly Parent Support Group for information related to child development and safety and child abuse/neglect and strengths-based interventions to enhance overall parenting skills; Mommy and Me activities and other one-on-one interactions; and parenting classes using an established curriculum designed to improve parenting and

decision-making skills. Anticipated outcome: At least 80% of women served who are in need of these services will be provided these services and will experience improved family functioning.

Services promoting stable housing. The program will offer a range of services to help women prepare for and obtain long-term transitional or permanent housing upon completion of the treatment program. Services will include a *savings plan* to ensure the family has funds to rent an apartment and buy furniture upon program exit; *life skills classes* (described above) to promote housing stability and independent living; and *assistance in identifying and securing permanent housing* in the community. PROTOTYPES will help women complete applications for subsidized housing and establish credit histories, encourage the concept of shared housing, and utilize relationships with landlords for market rate housing. Eligible families will have access to transitional and permanent housing units at PROTOTYPES Pomona Apartments, a 32-unit affordable housing development of new construction located on the 7-acre PROTOTYPES Women's Center (PWC) campus. Anticipated outcome: At least 160 (80%) of women served in the 5-year grant period will obtain and maintain stable housing.

Aftercare. Participants will plan with PROTOTYPES staff for life after discharge by finding appropriate continued community substance abuse treatment, living arrangements, employment or training plans, and child care provisions. Women may continue to receive individual and group counseling upon their departure from S.T.A.R. House (to be provided "in kind"). Anticipated outcome: At least 80% of women who complete the program will receive aftercare for at least a year after exiting the residential treatment associated with the present project.

Identification, recruitment, and retention of target population. Incarcerated sex workers in need of substance abuse treatment and HIV/AIDS services will be identified and recruited via a unique collaboration of PROTOTYPES and the Los Angeles County Public Defender's Office (described at beginning of C). Retention of women in treatment will be accomplished due to the nature of the program (residential treatment is offered as an alternate sentencing option) and these strategies: Motivational Enhancement Therapy will be used to mobilize the client's own desire and resources for change by resolving ambivalence and instigating a personal decision and commitment. Incentives for participation that are exchangeable for goods and services (e.g., gift cards) will be used to motivate behavioral change and to provide women with a sense of empowerment and control over their lives. Participant retention will be promoted by support groups, counseling, case management, regular assessments of client satisfaction (Resident Council), and the use of peer educators: Research at PROTOTYPES has shown that the development of one or more relationships with supportive and caring peers or staff members greatly improves the chance that a woman will stay in treatment. Conversely, the failure to make such relationships is highly correlated with the early departure from treatment. By concentrating staff and peer time and energy on building relationships with women who have newly entered the facility, PROTOTYPES has dramatically reduced the percentage of women who leave treatment prematurely. Additionally, several wrap-around services (vocational, educational, child care) will additionally promote retention in treatment. These services will be provided by PROTOTYPES or provided through linked referrals to other agencies (see Appendix 1).

Consideration of population's language, beliefs, norms, values and socioeconomic factors in service delivery approach. Project STAR will recognize that substance abuse is interwoven into the sex work lifestyle in multiple respects, as articulated in the Journal of Substance Abuse Treatment 27 (Nuttbrock, Rosenblum, Magura, Villano, Wallace, 2004): "The use of cocaine, in particular, may cause some women to drift into the sex trade (Inciardi & Surratt, 2001) and

involvement in the sex trade, in turn, may cause some sex workers to use substances (Kuhns, Heide, & Silverman, 1992). Sex work occurs in venues where alcohol and other drugs are readily available (Grella, Anglin & Wugalter, 1997) and where norms regarding the virtues of abstinence may be diminished (Inciardi & McElrath, 1998). Substance use may also be a coping mechanism for dealing with the everyday hazards of sex work on the streets (Marshall & Hendtlass, 1986)." In addition to addiction, women sex workers face challenges such as HIV/AIDS, low self-esteem and battering relationships, and histories of mental illness, incarceration, homelessness, health problems and/or poor parenting experiences in their families of origin. Many of these issues are emotionally difficult to confront and women are reluctant to disclose them in mixed groups of men and women; particularly those tied to the exchange of sex for money and/or drugs. In response, Project STAR will: 1) offer "women-specific" services - important because women addicts are subject to more negative stereotyping and social repercussions for their habits than men, and treatment for chemically dependent women requires attention to specific problems such as low self-esteem, poor coping skills, role conflict and family concerns; and 2) form groups and offer specialized services for female sex workers. PROTOTYPES' practice of using specialized groups brings together clients with shared life experiences, thus promoting a higher level of comfort and openness among participants and enabling the tailoring of sessions to maximize relevancy to the needs of the particular group.

Client input in project planning, implementation and evaluation. PROTOTYPES uses several strategies for eliciting community input in planning and operating treatment programs that address the needs of the target population and maximize available community resources: Evaluations and Focus Groups: Participants complete anonymous evaluations and take part in focus groups conducted on a regular basis to elicit responses and opinions as to their changing issues and needs. In addition, follow-ups will be conducted with Project STAR participants at the intervals required by SAMHSA/CSAT (six months post-intake and at program discharge). Follow-up interviews will include measures of client satisfaction with services and will solicit input from participants about services that were particularly helpful, those that could be improved, and ideas for additional services to meet client needs. In preparation for this proposal, PROTOTYPES conducted *a focus group on February 1, 2007 for Sex Workers in the Figueroa and Slauson Area of Los Angeles.* The focus group covered topics such as Drug Treatment, including prior history and quality of care, Job Preparedness, Services for Children, Arrest History and Post Incarceration Treatment. Four women attended, and candidly shared their thoughts, feelings and experiences in order to give PROTOTYPES staff a greater understanding of their needs. The accounts of participants were detailed in a written summary of the meeting and reviewed by staff responsible for designing and implementing Project STAR. Resident Council and Interaction with Staff: A Resident Council will meet weekly at S.T.A.R. House to provide input into program and facility operation, plan events, and prevent or resolve conflicts. A suggestion box will be provided for clients to provide input into the program on an anonymous basis. Clients are also encouraged to verbalize concerns they may have to staff on an as-needed basis. The information is processed by staff during weekly staff meetings. Suggestions and recommendations compatible with the mission of the agency, and in accord with policies and procedures, are often honored. Additionally, S.T.A.R. House is implementing a new component to the Resident Council that consists of an advisory group of long-term residents (3 months or longer) to give input into more specific matters such as client discharge issues and revised policies and procedures. Peer Education: Residents are encouraged and supported to assist in implementation of program activities as peer educators. This serves to increase their opportunity

for personal growth and empowerment while serving as role models and providing hope to other participants. Project STAR will implement a volunteer peer advocacy component in which longer-term clients are assigned to incoming residents. They assist in orienting new residents to the program, and escorting them to appointments and activities. Project STAR will institute a component whereby graduates may to return to the program as peer educators, both to mentor current residents and to run peer education groups. These components increase women's opportunity for personal growth and empowerment while serving as role models and providing hope to other participants. PROTOTYPES has an active Community Advisory Board that guides program development and evaluation activities via quarterly meetings and committees that meet more frequently. This 18-member volunteer body is comprised of representatives of community agencies, elected officials, physicians, and other professionals. The Board shares feedback received from shareholders in the community, including other service providers and consumers, and participates in decisions relative to program modifications and enhancements.

How project components will be embedded within the existing service delivery system. Project's Place in Organization: S.T.A.R. House, an existing PROTOTYPES residential program opened in 1999, will provide *20 beds/year* under the proposed project. Project STAR will draw upon a wide array of resources to provide comprehensive services, both from within the PROTOTYPES umbrella and via involvement from outside agencies. Services from within PROTOTYPES (in addition to general services at PROTOTYPES S.T.A.R. House) will include these: *Women at Sexual Risk* - HIV/AIDS education to high risk women, with the goal of reducing the risk of infection through changes in attitudes and behaviors. *Black Infant Health Program* – culturally specific outreach, health education and case management services to improve the health status of African American families. *WomensCare* – HIV/AIDS services in a medical setting. Upon funding of Project STAR, *PROTOTYPES Women's Center* (PWC) will commit key personnel to train S.T.A.R. House staff on the identified evidence-based practices. This serves as a natural progression of enhancing the quality of care at S.T.A.R. House, a more recent program than PWC. Involvement of Other Providers: PROTOTYPES has agreements with several networking agencies to support the proposed project (see Appendix 1): *Homeless Health Care Los Angeles*: This program recently established a formal collaboration with S.T.A.R. House via a SAMHSA-funded project entitled Second Steps wherein Homeless Healthcare provides primary health care services, outpatient drug treatment, case management, and acupuncture services to clients receiving domestic violence services at S.T.A.R. House. Homeless Healthcare has provided a letter of commitment to provide primary health services for S.T.A.R. House clients. *The Salvation Army* Westwood Transitional Village provides subsidized apartments units and case management services for a period of two years to clients referred from S.T.A.R. House. They will continue to offer ongoing support services as residents seek educational and vocational training and eventually sustainable employment. *School on Wheels, Inc.*: This organization will provide one-to-one tutoring, books, and school supplies to children living at S.T.A.R. House.

Documentation of completion of necessary groundwork. PROTOTYPES has been successfully serving the target population for the past 20 years. The infrastructure is already established for serving women offenders with co-occurring disorders of substance abuse, mental health and domestic violence with an integrated, client-centered and trauma-informed model. Upon receipt of this award, S.T.A.R. House will schedule staff training for Seeking Safety (for untrained staff) and Motivational Interviewing in order to begin implementing these techniques immediately. S.T.A.R. House has an established relationship with Homeless Healthcare for

primary health services and use of their services for this proposal will be seamless. PROTOTYPES has a longstanding relationship with The Measurement Group, the evaluators of this project. They have contributed to this proposal and will begin preparations for this project upon approval of the application. Relevant MOUs are provided in Appendix 1.

Potential barriers to proposed project and how they will be overcome. The population to be served often has inherent barriers to accepting services due to the multi-tiered issues they face, including distrust of agencies and helping professionals. Women with co-occurring disorders and reentry must contend with many psychological, social and economic factors that make it challenging for them to seek and maintain services. PROTOTYPES created its programs for women who were traditionally underserved or unserved. PROTOTYPES has succeeded by initially providing shelter/housing services, understanding that other services are ineffective if clients are struggling with hunger, homelessness or incarceration. PROTOTYPES has been able to build trust and develop programs based on the premise of empowerment in which a woman's sense of self-efficacy is nurtured by creating an environment that supports her decision making abilities, building upon existing strengths, and taking into account histories of trauma, needs of the children and always respecting the woman's right to self-determination..

Plan to ensure project sustainability. PROTOTYPES will aggressively pursue public and private sector funding opportunities to sustain the project beyond the SAMHSA funding period. This effort is the responsibility of a team that includes the CEO, Vivian Brown, Ph.D.; the Executive Vice President, Maryann Fraser, LCSW, MBA; and the Divisional Director, Ruth Slaughter. These and other staff members are skilled grant writers, and consultants are hired for specialized proposals and fundraising projects. PROTOTYPES has a well-developed track record in securing grants from public agencies at all levels. Operating funds currently include government grants and contracts with the County of L.A. (i.e., Dept. of Health Services, Alcohol and Drug Program Admin., Office of AIDS Programs and Policies, Dept. of Public Social Services); State of CA Dept. of Corrections; U.S. Dept. of Housing and Urban Development through LAHSA; County of Ventura; City of Los Angeles; and the U.S. Dept. of HHS (including SAMHSA). PROTOTYPES also raises more than a million dollars each year in gifts from individuals and corporations and grants from foundations. All of these skills and resources are used by the organization to develop new projects and ensure the long-term sustainability of existing programs and services. Program continuity will be maintained should there be staff turnover and/or a change in leadership because of the integration of the project into the existing PROTOTYPES infrastructure and service delivery system and the longevity and capacity of the organization: The proposed activities will be an expansion and enhancement of a treatment program already in operation and, upon graduation from Project STAR, participants will have access to housing and outpatient services available through PROTOTYPES. The organization brings to the project a demonstrated ability to provide a defined continuum of care from one treatment or service modality to another. PROTOTYPES is one of the nation's leading multi-service non-profit agencies helping women and their children deal with multiple vulnerabilities.

Engaging the target population in substance abuse treatment. Project STAR will reach and engage women in substance abuse treatment via an innovative partnership with the Los Angeles County Public Defender's Office. This pioneering effort is the first of its kind in California. The proposed process is described in detail at the start of Section B, the start of Section C, and in a Memorandum of Agreement in Appendix 1. **Success in referring, engaging and retaining**

clients beyond substance abuse treatment. Project STAR will offer a continuity of care from the pre-sentencing period through continuing treatment and support during the months following program graduation, so women offenders have an opportunity to develop the skills and resources to survive and contribute to their communities. PROTOTYPES will help women receive the housing and other services that they need so desperately in the early post-release period, to help them avoid both relapse and recidivism. As demonstrated in Section D, PROTOTYPES has a proven record of reaching and serving hardcore, chronic drug abusers and their needle-sharing partner(s) and facilitating their entry into substance abuse treatment; and has been successful in referral, engagement and retention beyond substance abuse treatment.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE

Capacity and experience of applicant organization. PROTOTYPES, Centers for Innovation in Health, Mental Health and Social Services is a highly respected and innovative nonprofit organization founded in 1986 to promote the health and psychological well being of individuals and families. PROTOTYPES is one of the nation's leading multi-service non-profit agencies that helps women, men and their children deal with complex problems such as substance abuse, mental illness, HIV/AIDS, homelessness, domestic violence and other trauma, and lack of financial resources. More than 15,000 adults and their children are served each year by PROTOTYPES at 22 service locations in Southern California. PROTOTYPES provides services in five major areas: 1) alcohol and other drug treatment, including residential, day treatment, and outpatient services; 2) mental health services; 3) HIV/AIDS prevention and treatment; 4) residential and community-based domestic violence services, including a domestic violence shelter (S.T.A.R. House); and 5) training and technical assistance to other community based organizations. Relevant experience of PROTOTYPES includes the development and operation of these programs: PROTOTYPES Women's Center (PWC) in Pomona is a licensed comprehensive substance abuse treatment facility for women and their children that offers substance abuse and mental health residential, outpatient and day treatment programs with components for inmate mothers, pregnant women, women who are survivors of violence, and those with co-occurring disorders. Specialized services include Head Start, child mental health, child care and parenting programs, a medical clinic, and a vocational training center. In operation since 1988, PWC is viewed as a national model for serving drug-abusing women who are also at risk for other problems (i.e. mental illness, incarceration, homelessness, domestic violence) and serves more than 400 women and children at any one time. PROTOTYPES Resource Centers have operated in South Central Los Angeles and East L.A. since 1988 to provide supportive services for high risk women and their children. Services include street outreach, crisis intervention, HIV/AIDS testing, educational programs, 12 step meetings, domestic violence counseling, case management, and referrals to other agencies. PROTOTYPES S.T.A.R. House provides a safe and therapeutic shelter environment for women and their children who are affected by domestic violence and substance abuse. The residential program offers comprehensive services designed to move residents to recovery, self-sufficiency and permanent housing. Since 2000, PROTOTYPES has provided the Community Assessment Service Center (CASC) at sites in El Monte, Pomona and Pasadena. The CASC offers state-of-the-art assessments for substance abuse, mental illness and domestic violence and referrals for needed services for recipients of public assistance, the general public, and those eligible under California Proposition 36. The CASC serves an average of 6,000 clients annually. Outpatient and day treatment mental health services are provided at PROTOTYPES I-CAN Clinic in Pasadena and Pomona for chronically

mentally ill adults and for children and their families with funds from the L.A. County Dept. of Mental Health. PROTOTYPES programs serving women with HIV/AIDS and their families include multi-service centers operated since 1994 in East Los Angeles; each offers individual and group counseling, psychiatric evaluation, case management, support groups, and family strengthening services. A full range of medical services is provided in collaboration with AltaMed Health Care.

Linkages to population and culture/capability and experience with re-entry population. PROTOTYPES has ample experience operating programs specific to correctional populations. Since 1997, for example, PWC in Pomona has been continually funded by the California Department of Corrections Community Prisoner Mother Program to serve 24 inmate mothers and their children. Additionally, the PWC offers residential and outpatient programs funded by Proposition 36, a California initiative that allows first and second time non-violent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration. Admissions staff at PWC make regularly scheduled visits to prisons and jails for pre-lease orientations and/or subsequent pickup of women who are being released to the Women's Center for treatment in lieu of incarceration. Further, nearly half of those served at PROTOTYPES Community Assessment Service Centers access services there via Prop. 36. PROTOTYPES was awarded a *SAMHSA grant* in 2005 for a five year collaborative to provide leadership, coordination and services in the planning and implementation of a project to prevent and reduce the onset of substance abuse and the transmission of HIV and hepatitis among African American and Latino men and women re-entering their communities from incarceration. Other Relevant Experience: In the last 20 years, PROTOTYPES has earned national recognition for its effective interventions with women with multiple vulnerabilities, particularly domestic violence and trauma, substance abuse, mental illness and HIV/AIDS. The PROTOTYPES *Systems Change Center* completed a 5-year national collaboration/study (involving 9 sites) developing and evaluating evidence based practices for women with substance abuse, mental illness and trauma. Over 60 administrators and staff participated. An outgrowth of this collaboration is the National Trauma Consortium; PROTOTYPES serves as the administrative agency for this body. PROTOTYPES was one of the founding members of the National Trauma Consortium and The Center for Integrated Treatment for Women and Trauma. These national centers are disseminating the effective treatment models throughout the country. Dr. Vivian Brown, PROTOTYPES President and CEO, is the leader in those centers for the criminal justice domain. PROTOTYPES also has extensive experience in serving women sex workers, the proposed target population, including several AIDS prevention projects funded by SAMHSA and L.A. County. These projects provide education and interventions for substance abusers, sexual partners of IDUs, sex workers, and teens who engage in these and other high risk behaviors.

Prior Experience with CSAT GPRA Requirements. PROTOTYPES has been funded under the CSAT's Minority AIDS Initiative in prior TCE/HIV and HIV Outreach projects. Local protocols exist for CSAT GPRA data collection, client tracking/locating, data entry, statistical analysis, and reporting to CSAT. For women's programs, GPRA data are collected in face-to-face interviews by bilingual-bicultural (English-Spanish) female interviewers. Over more than ten years, PROTOTYPES has collected CSAT GPRA data from more than 1,000 women. Dr. Brown, Dr. Melchior and Ms. Slaughter are frequently invited to present at SAMHSA grantee meetings about strategies for data collection in community treatment programs for women at risk.