

Welcome!!

The STRP Program:

An Additional Resource
for CONREP Agencies

**CONREP STRP Forensic
Mental Health Programs**

***NorthStar &
Southpoint Programs***
NorthStar Program

"CONREP" = "Conditional"
"Release"
"Program"

CONREP is the Department of Mental Health's statewide system of community-based services for specified forensic patients.

The goal of CONREP is to ensure greater public protection in California communities via an effective and standardized community outpatient treatment system.

"Safely and effectively treated in the community"

Overview & Definition of Terms

*"STRP"=- "Statewide"
"Transitional"
"Residential"
"Program"*

A licensed non-medical Community Care Facility that provides a structured residential program to assist CONREP individuals' transition from the state hospital to the community.

As an alternative to re-hospitalization for those individuals experiencing difficulty adjusting or coping in the community.

Service duration is typically three to four months and should not exceed 120 days.

Overview & Definition of Terms (con't)

"FORENSIC"=- "fuh-ren-sik"

"pertaining to, connected with,.....courts of law..."



Overview & Definition of Terms (con't)

• The client population served:

- Typically Male, 18-44 years old
- Have Severe Mental Disorders
- Have Committed Violent Felonies
- Have a Moderate Arrest History
- Most Enter from the State Hospital System
(NSH, PSH, MSH, ASH, CSH)
- Most Have Long History in State Hospitals
- Must Meet the Criteria for COT
(Community Outpatient Treatment)

Who do we serve???

- Not Guilty by Reason of Insanity
 - (NGI) - PC 1026
- Mentally Disordered Offender (MDO)
 - Parolee - PC 2962
 - Civil Commitment - PC 2972 (Off Parole)



CONREP Population Served (con't)

NorthStar and Southpoint are integral parts of that outpatient treatment system

(There is also another STRP, Gateways in Los Angeles)

Transitioning the Forensic client
from the State Hospital System
back to the community

- "Safely and effectively"





- Opened 1993 in Stockton, CA
- Moved to Manteca in 2006
- 14 Bed Co-ed Facility
- Licensed by Department of Social Services-Community Care Licensing as a
 - Social Rehabilitation Program
- Certified by Department of Mental Health as a Transitional Residential Treatment Program
- Program is Unlocked and Voluntary


NorthStar Program Overview

- Anita Ydrago - Shift Lead 
- Kelly Foley - Shift Lead 
- Nicole Sexton 
- Serena Ramirez 
- Mary Ochoa 
- Dwayne Irving 
- Kevin Duncan 
- Steve Brody MFT - Part-time Clinician 








NorthStar Program Staff

- Dr. Hilary Silver - Staff Psychiatrist 
- Administrative Service Coordinator - Helen Kutil 
- Interim Program Administrator - Anita Ydrago 
- Clinical Director - Bill Freitas 
- Program Supervisor - Becky Dal Porto MFT






NorthStar Program Staff (con't)

- Southpoint opens 1998 in Hemet, CA 
- Moved to El Cajon in 2001
- 12-bed Co-ed facility
- Licensed by the Department of Social Services - Community Care Licensing as an
 - Adult Residential Facility
- Certified by the Department of Mental Health as a Transitional Residential Treatment Program
- Program is unlocked and voluntary

Southpoint Program Overview

- Shift Lead- Colette Dixon 
- Shift Lead- Cheryta Moss, MA 
- Joao Abrussezze, MHRS II 
- Veronica Aguilar, MHRS I 
- Megan English, BS, MHRS I 
- Kesia Sanchez, MHRS I 
- Robert Stark, MA, MHRS I 

Southpoint Staff

- Sherry Wilkins, LMFT Clinical Director 
- Wilma Villanueva, BA Program Administrator 
- Judy Elms, RN, LCSW Part-time Clinician 
- Takisha Gause, Administrative Asst. 
- Dr. Benjamin Bensoul M.D., Staff Psychiatrist 
- Cheryl Pfent PsyD, Program Supervisor

Administrative and Clinical Staff

- Just as the CONREPs have minimum CORE standards to meet
- So does the STRP
 - Forensic Individual Contact - (2 per month)
 - Group Contact - (*10 per month in combination)
 - In addition to 2 per month baseline for individual contacts, other individual and group contacts may be combined for a total of 10 per month (See 1340).
 - "Home Visits" (Quarterly)
 - Collateral Contact - (Twice per month)
 - Substance Abuse Screening - (Weekly)
 - "Annual Case Review " (Assessment)

CORE Services Chart (See Handout)

- In order to meet these requirements we must do certain things
 - Clinicians meet with the individual clients at least 2 times per month
 - Weekly Urine Drug Screens
 - Collateral Contacts with the individual CONREPs at least 2 times per month
 - CONREP CORE Group
 - Relapse Prevention Plan

CORE Services (cont)

- There are several areas that are the focus for the STRP
- The ultimate goal being to keep the "community safe"
- Have the client reintegrate appropriately back into the community



Focus of Treatment

- The STRP is a "Treatment Program"
- This is accomplished through:
 - Treatment Plan
 - Criminal Relapse Prevention Plan Groups
 - Treatment groups
 - Level System
 - House Rules
 - Personal Accountability
 - House chores
 - Meal preparation/cooking
 - Role-modeling for lower level peers via the "Level System"

Focus of Treatment (cont)

- The Treatment Plan does not "prohibit" symptoms
- But works with the Treatment Team and the client to:
 - Access "internal resources"
 - Coping skills
 - Utilize "external resources"
 - Recognize their personal baseline

If and when symptoms should occur

Treatment Plan

- Meets twice per week for at least 90 minutes
- Focus is on 3 areas and they interact with each other:
 - Criminal History and Behavior
 - Substance Abuse History and Behavior
 - Mental illness History and Behavior

Criminal Behavior

Substance Use

Mental Illness

Relapse Prevention Plan (cont)

Criminal Behavior

Substance Use

Mental Illness

Substance Use

Criminal Behavior

Mental Illness

Mental Illness

Substance Use

Criminal Behavior

Relapse Prevention Plan (cont)

The Treatment Plan and the client's Relapse Prevention Plan work together to assist them in these 3 areas



Relapse Prevention Plan (cont)

- Preparing an individual plan and presenting it to their peers
- Sharing how these 3 areas have impacted each other
- As well as how they will prevent "relapses" in the future

This is accomplished through.....

- Three Level System
- Inter-Disciplinary Team
- Groups and Individual Sessions with Primary Counselor
- Individual Sessions with Clinician
- Recreation and Activities
- Substance Abuse Screening
- Random Room Searches
- SSI/SSDI Benefits Application
- Medication and Medical Support
 - PharMerica / Advanced Care Pharmacies
 - Patient Assistance Program (PAP)
 - Medical appointments in community for acute medical care and emergencies.
- Working closely with the Referring CONREP Agency

Program Components

- Daily Check-in
- Life Management Skills
- Anger Management
- Meal Planning
- Co-occurring Disorders
- Substance Abuse Group
- Big Book Study
- Off-site A.A./N.A. Meetings
- Health & Wellness
- Art Appreciation
- Relapse Prevention Group
- Evening Wrap-up
- Resident Council



Group Components

- All Referrals come from CONREP
 - Clients usually are located in:
 - The State Hospital
 - Community
- Referral Packet Sent and Reviewed
- Phone Interview with Client
- Decision on Acceptance/Denial
- CONREP Arranges Transport for Admission
- Program Admission/Intake
 - Assigned to Primary Counselor and Clinician

"How do you get to the STRP's?"

- Each piece that is requested is important and necessary
 - Criminal History
 - Social History
 - Medical Information
 - Physical Exam, TB Test are needed for when they exit the program
 - It is good to know any ongoing medical issues with the client
 - Hep B or C, Diabetes, HPTN, Migraines, COPD, allergies, etc



"Boring, but necessary"

The Referral Checklist

The STRP can be used in a couple of different ways by the CONREP Agency

As a bridge between the State Hospital and the Community



STRP - The Additional Resource

The STRP can work with those clients who:

- may have been hospitalized for a long period of time
- the CONREP has questions about their transition into the community
- have been TANGI'd

STRP - The Additional Resource (cont)

- The STRP may be used as a bridge between the State Hospital and reintegration back into the community
- But the STRP may also be an "alternative" to rehospitalization



STRP - The Additional Resource (cont)

As an alternative to rehospitalization

Sometimes the choice has to be made to rehospitalize a client

- New offense
- Decompensation
- Breaking their Terms & Conditions
 - Drug and alcohol relapse

But there are circumstances where the CONREP can utilize the STRP

STRP - The Additional Resource (cont)
An alternative to rehospitalization

- CONREPs can consult with the STRP to review the case
 - to see if additional structure and supervision can provide adequate, appropriate clinical interventions
 - The STRP provides 24-hour supervision

STRP - The Additional Resource (cont)
An alternative to rehospitalization

CONREPs can consult with the STRP to "brainstorm"

- Clinical issues
- Behavioral issues
- Physical/health issues



STRP - The Additional Resource (cont)
An alternative to rehospitalization

- Maybe the client is just starting to decompensate
- There is behavior that warrants close scrutiny
 - Dishonesty
 - Lies of "omission"
 - Rule-breaking behavior
 - Community/Life management deficits



STRP - The Additional Resource (cont)
An alternative to rehospitalization

There are cost savings as well
 Average cost of a state hospital stay is:
\$100,000 annually
 The cost for the STRP is approximately:
\$20,000 annually

STRP - The Additional Resource (cont)
An alternative to rehospitalization

- The STRP can be a bridge between the State Hospital and the community
 - Re-integrating the client into the community "safely and effectively"
- The STRP can be an alternative to rehospitalization:
 - Working with problem behavior
 - Getting the client "back on track"
 - And as a cost-effective measure



STRP - The Additional Resource (cont)
An alternative to rehospitalization

The ultimate decision is
of course
that of the individual
CONREP

STRP - The Additional Resource (cont)
An alternative to rehospitalization

- Client Successfully Completes Program Requirements
- Discharge Plan to CONREP Community of Commitment
- Graduation Party with Peers and Staff



- CONREP Transports back to Community

Graduation

- Generally a high success rate for admissions to completion of program (95%)
- Also includes:
 - Compliance with the Terms & Conditions of CONREP
 - Compliance with the regulations of their COT (Community Outpatient Treatment)
 - Compliance with rules and regulations of the program
 - Maintain safety in the community

STRP Program Goals

QUESTIONS???????

Thank you!!!!
