

Proposition 47
Integrated Care Behavioral Health
Full Service Partnership Program
Evaluation Report
For the
Board of State and Community Corrections

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Executive Summary

RUHS-BH established an Integrated Care Full Service Partnership program for justice involved individuals with mental health diagnoses, substance use disorders or co-occurring disorders.

Implementing the establishment of a new program at two sites in the county of Riverside was a significant challenge. RUHS-BH after an initial ramp up period was able to contract with a well respected community based provider, Recovery International, to deliver integrated mental health and substance use disorder services in a new program called De Novo which means “New Beginnings.” The project is working as intended, while there had been setbacks in the initial opening of the two sites in the beginning, there was a rapid enrollment to near capacity census once the programs were fully open. By the end of the fiscal year, June of 2019, a total of 122 unduplicated clients were served in the program. One site had six months of operation while the other had three months of operation by the end of the fiscal year.

The program is serving the appropriate target population of criminal justice involved clients with mental health and/or substance use disorders. In total 71% of the clients with a mental health diagnosis had a Serious Mental Illness (SMI) and 48% had a co-occurring mental health and substance use disorder diagnosis. The SMI diagnoses included Schizophrenia, Bipolar, and Major Depression. The substance use disorder diagnoses were primarily methamphetamine and alcohol addiction disorders. The population was mostly middle-age to older middle aged males with significant chronicity in their behavioral health challenges. Key life domain areas also showed significant challenges with homelessness, housing instability and low to no financial resources. Jail days and arrests prior to participation in the program were high.

Despite a challenging high need population, the program was able to engage clients into substance use and mental health treatment services. A total of 1,532 hours of service was provided mostly in the last 3 months of the fiscal year. Substance use services accounted for 932 hours of service and mental health accounted for 569 hours of service. Clients in substance use services received mostly intensive outpatient substance use treatment. Mental health provided mostly rehabilitative mental health services. Clients also received psychiatric medications as appropriate and case management. Significant housing supports were provided as homeless clients were provided with emergency housing. A total of 1,061 bed days of emergency housing was provided to De Novo clients with 43% of the clients receiving housing support when they entered the program. Securing appropriate housing remains a significant challenge as supportive and more permanent supportive housing is relatively scarce in the County.

Outcomes evaluation is very limited given the period of time the program was in operation, the last six-months of fiscal year 2018-2019 (most clients enrolled in the last quarter of FY18/19). The following report is inclusive of data available through the end of fiscal year June 2019. Preliminary data from the first six-months showed clients had some improvements in living situation and a low number of clients with re-arrests or jail days. Qualitative data from focus groups with clients and staff revealed that clients had a very positive response to the program and believed the program was helping them. Client's also commented that staff and the program environment was very welcoming and recovery oriented. The full focus group qualitative data is provided in the focus group section of this report.

Consumer Interview Journey to Recovery

The Following Consumer Highlight is the result of a client phone interview conducted after the larger focus group series. The goal of the interview was to further elicit information from a client that had reported making progress in recovery. He noted the support he received from the De Nova program. The following is the consumer's perspective on his experience with the De Novo Proposition 47 program:

At the age of 11, he got high for the first time. By the time he was 17, he had already experimented with Cocaine, LSD, and Marijuana. He reflected, "I wish I hadn't used drugs, it made things worse." When he would argue with his mother constantly, he thought it was only an anger issue. During this time, he mentioned cycling through various mental health hospitals and jails. It culminated in a criminal charge. When he was arrested, he reported that he was still under the influence.

As a result of the most recent experience with the justice system, he began receiving proposition 47 program services at De Novo. There he reported getting the help that he needed. He knows that he has a diagnosis of bipolar disorder. "I feel more educated about it." He learned to identify the symptoms. When he feels that he is at the top of the world, that everyone wants to help him, that he is a supreme leader, he now recognizes it as his mania. "They taught me how to keep up my medication, and how to manage my thoughts. Take it day by day." He learned new coping skills and abilities and began to apply them. "Take steps back and evaluate. I was with my dad, he was getting mad at me. So instead of me getting angry, I walked away, and sat down and calmed down."

De Nova instilled in him simple goal setting to help him achieve his long term ambitions. He is held accountable. As part of the program, he entered a sober living facility. Down the line, he wants to get a Bachelor's degree in Business. He has already begun the process of applying to schools. He dreams of opening a Colombian and Puerto Rican Restaurant. In preparation, he spends time with his grandparents cooking with them, learning how to make the cuisines. After sober living, he'll stay with them. Eventually, he wants to return to his mother's home.

De Nova has impacted his life significantly. "I'm more careful, I think about stuff before I do them. I don't rush into things. I make smarter choices." De Nova has empowered him. "I have been meeting my goals." De Nova has supported him. "They're friendly. They're helpful. They're there for us." Now, he has a plan and direction. He sees a future for himself. As he continues in the program, he will only continue to learn and grow.

Project Description-Program Overview

Riverside County established an Integrated Care Behavioral Health Full Service Partnership (FSP) program designed to provide integrated behavioral health services that feature both specialty mental health (MH) services and substance use disorder (SUD) services. Service locations were established at two sites in high need areas of Riverside County, the Coachella Valley (Desert Region) and the area of Perris/Moreno Valley (Mid-county region). Recovery International a non-profit community based organization was contracted to provide the Integrated Care FSP program. The program sites were named De Novo which means “new beginnings” The program is designed to serve justice involved participants with serious mental health disorders, substance use disorders, or co-occurring disorders. Recovery International’s (RI) mission is “Empowering people to recover, succeed in accomplishing their goals, find meaning and purpose in life, and reconnect with themselves and others.”

The Integrated Health FSP model includes: psychiatric and medication support, evidence based interventions such as DBT, CBT, Seeking Safety, and Motivational Interviewing. Services include interventions that support skill building across the client’s life domains (e.g. anger management, family therapy), system navigation and access (e.g. housing, transportation, benefit assistance), household management (e.g. budgeting, household maintenance, retaining housing), health and wellness training and support (e.g. money management, importance of coordinated physical health care, nutrition and exercise, meal planning etc.), peer support, family counseling, and targeted case management. The Integrated Care FSP model also includes integration and close coordination with physical health care as a standard of service. Furthermore, the FSP programs provide after-hours support for participants in crisis. Consumers also have access to vocational services such as, computers to help search for and fill out applications for jobs as well as email access.

Additionally, these programs include Peer Support employees that have direct lived experiences with mental health challenges and/or substance use challenges as part of their own recovery journey. The Peer Support workforce is essential to the process of engagement (trust) and safety (empowerment, voice, choice). Peer Support staff teach self-management skills and mentor consumers as they move through the program and community re-integration. Peer Support staff will be trained in WRAP Wellness Action, Recovery Planning (WRAP) a peer-directed group that will be incorporated into the service array. RUHS-BH leverages the Homeless, Housing, Opportunities, Partnership and Education (HHOPE) housing program to provide emergency shelter and other housing options as they become available.

Each individual that is referred receives a full comprehensive assessment based on client need. Consumers referred for substance use receive an ASAM (American Society of Addiction Medicine) criteria screening tool to assess the level of SUD care needed. When Intensive Outpatient SUD treatment or Outpatient SUD treatment is indicated the consumer is enrolled in the program. Those needing a higher level of SUD care (Residential Rehabilitation, Detox) are referred into those services to return to the FSP when the level of care can be stepped down. A mental health clinical assessment is completed for those with any mental health disorders. Based on assessments, a recovery-based care plan is developed from a trauma-informed perspective.

After grant award significant ramp up time was necessary to hire staff, train staff and secure program sites to deliver services.

Project Description-Goals-Objectives-Data Methodology

This report examines data collected from both De Novo program sites from January 2018 to June 30th, 2019. This time frame is inclusive of when the program began operations to the end of the 2018-2019 fiscal year.

Project Goals:

- Divert individuals with Serious Mental Illness and/or Substance Abuse disorders seen in Veterans court, Homeless Court, or identified by probation into an Integrated Care FSP program and ensure program enrollees satisfy court requirements.
- Reduce recidivism of program enrollees by providing a comprehensive Integrated care FSP program with a “wrap-around” approach focused on recovery.
- Reduce the likelihood of recidivism by increasing program enrollees success in other life domains such as housing stability and behavioral health stability.

As described in the Local Evaluation Plan, evaluation questions to be addressed include; 1). Can collaboration with the courts and probation result in successful diversions of clients into the program through recruitment by outreach and engagement teams? 2). Will the Integrated FSP program reduce recidivism for enrolled clients? 3). Will clients maintain participation in the program? 4). Will clients mental health or substance abuse issues be stabilized with reductions in crisis or psychiatric hospitalizations? 5). Will clients housing stability be maintained or improve?

Methodology:

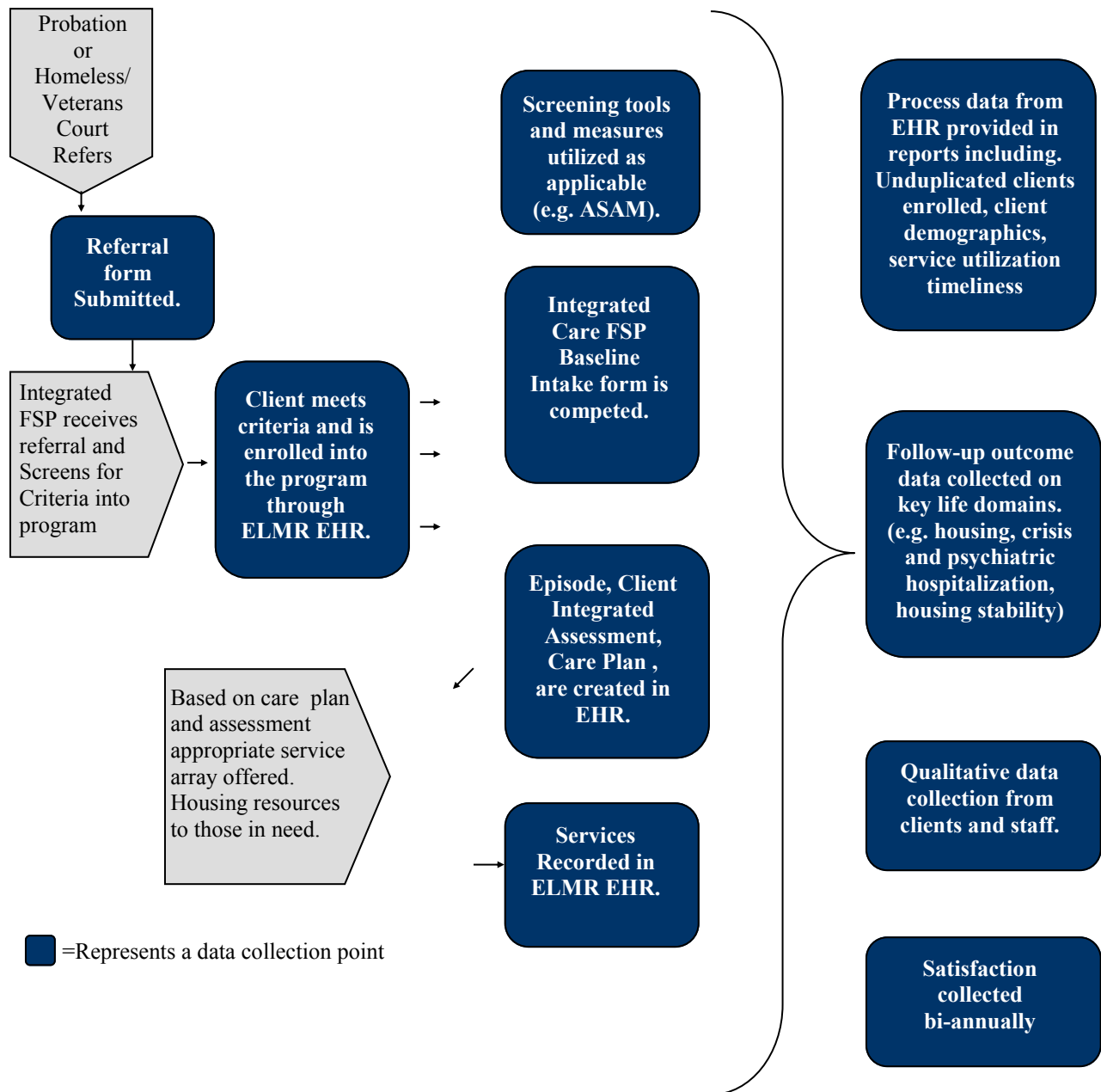
As a part of the local evaluation plan a protocol was established to collect the necessary data to answer key evaluation questions. A pre to post quasi-experimental design is being utilized to compare program enrollees improvements in key outcome domains. Baseline data is collected on multiple variables across these domains at intake into the program. Follow-up data is collected quarterly through-out the clients program participation. Data collection utilizes a baseline intake form and a quarterly follow-up form for each client. The baseline and follow-up measure are designed to collect the same information so that the data can be used as a pre to post measure on key outcomes. The baseline outcomes data collection form includes information on clients in the year prior to their enrollment in the program, and includes arrests/law enforcement contacts, jail days, probation legal status, housing status, sources of financial support, employment, health insurance and other benefits. Follow-up forms cover the same variables as the baseline and are used to track changes in the key domains. Client program closure forms are used to document the reason a client closed out or left the program (successful completion, new law violation, unable to locate etc...).

RUHS-BH is using the RUHS-BH ELMR electronic health record (EHR) to collect and maintain information on a significant portion of the client level data. The EHR contains the treatment episodes, client demographics and service data necessary to describe the clients and the services provided. The contractor providing the program enters all the clients and service records into the ELMR EHR including the intake and follow-up outcome forms. Data were collected and entered by De Novo staff working within the programs. Evaluations staff have direct access to pull the necessary data electronically from the EHR for analysis done in SPSS.

Qualitative data collected in a series of focus groups are described in another section of this report.

Project Description-Goals-Objectives-Data Methodology

Figure 1 Project Data Plan



Project Performance-Challenges and Preliminary Success

Project Modifications

The only modification to the project involved the delay in program roll-out due to establishing site locations. The program services and goals have not undergone modifications.

Implementation Challenges

Procurement for a community-based contracted organization to provide the program took longer than anticipated. During the first year of implementation a request for proposals (RFP) was released, submissions were reviewed, and a contract was awarded. This RFP process took longer than anticipated due to the development of an RFP that incorporated integrated mental health and substance use disorder services. During year two, Recovery International, the awarded provider hired staff and worked to secure adequate program space and County certifications to deliver services. While administration staff worked to secure program space, newly hired staff received both Recovery International required trainings and Riverside County trainings, including evidence based models. Due to building location the Mid-County site was able to begin some services a few months earlier than the Desert location. For the Desert De Novo location, a building structural issue delayed the program start date until a new location was ready. Given significant program start-up time the County accepted the year extension offered to grantees that experienced implementation delays.

Establishing referral streams were also time intensive in the beginning. Referrals started with a slow stream and then flooded the program to near capacity census. Multiple justice related referral sources were established including the grant-funded Justice Outreach Teams, County Probation, and Whole Person Care. Enrollment into the program jumped to 122 unduplicated clients in a few months. This rapid influx of clients produced some challenges for the new program resulting in attrition of clients due to inappropriate referrals, or referrals of clients with a low motivation to attend programming. Client closures from the program in the first six-months totaled 19 clients 15 of which chose to discontinue. Closures represented a 13% attrition rate due to clients dropping from the program. One client successfully completed the new program and two clients were referred to other County programs to continue services in a more appropriate level of care.

Preliminary Outcomes

Both program sites were able to establish their referral streams and collaborations to receive clients for screening and intake into the program. Over two-hundred and fifty referrals were processed with about a 50% enrollment rate. Whole Person Care public health nurses began to work with both program sites to coordinate the referral of detention clients with behavioral health and physical health challenges. Since the program only recently began full implementation there is no recidivism measurement to report to date. Outcomes data collection is beginning and will take another year to report meaningful results. Preliminary results showed few clients have additional arrests while in the program and the number of clients reported to be homeless was less in the first follow-up data collection compared to the clients' status at intake. There has been a slight increase in the proportion of clients reporting employment.

Referral Process

Figure 2 shows the referral process of the Justice Outreach teams who screen clients to determine preliminary eligibility. These can include setting appointments and assisting clients with accessing the program, for example transportation to the intake. In addition to grant funded outreach teams, Whole Person Care detention screening teams are also facilitating the referral of clients into the program. Whole Person Care are public health nurses that assist with navigation for behavioral health services and physical health needs for justice involved individuals.

Figure 2 Referral Process

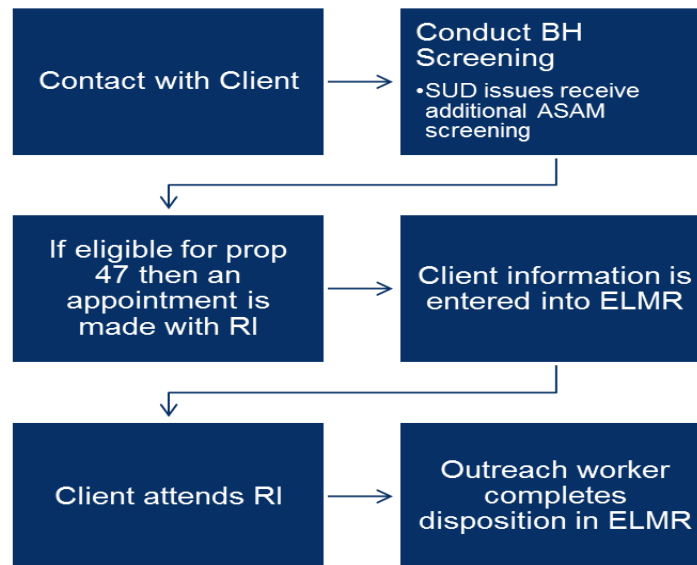
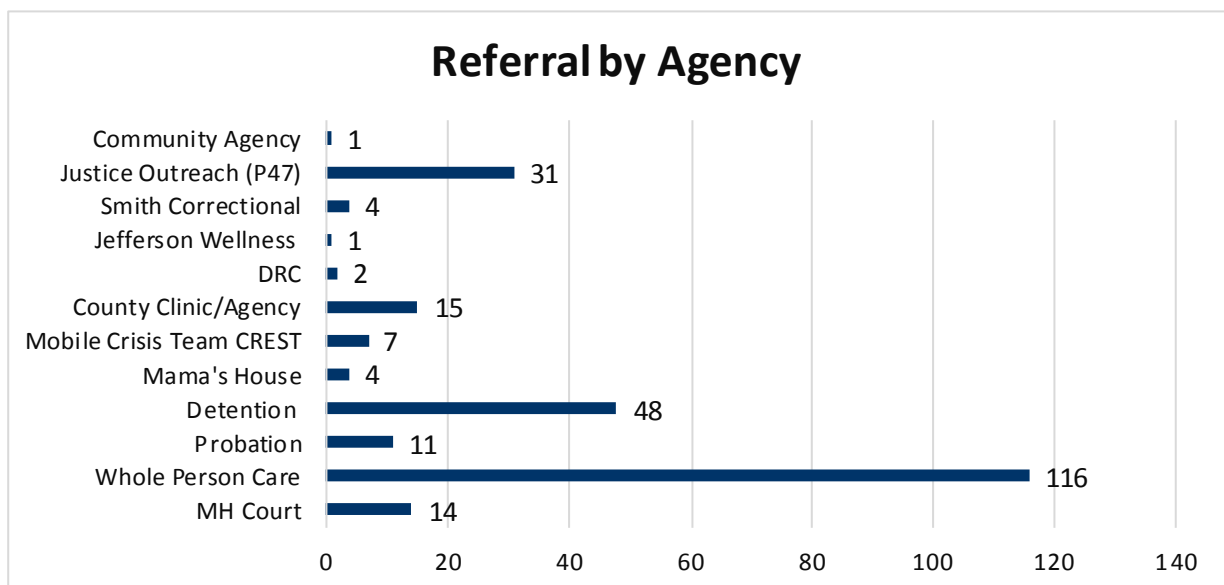


Figure 3 are the referral sources into the De Novo program sites. In total, there were 254 referrals with a 48% successful enrollment rate.

Figure 3 Referral Sources by Agency

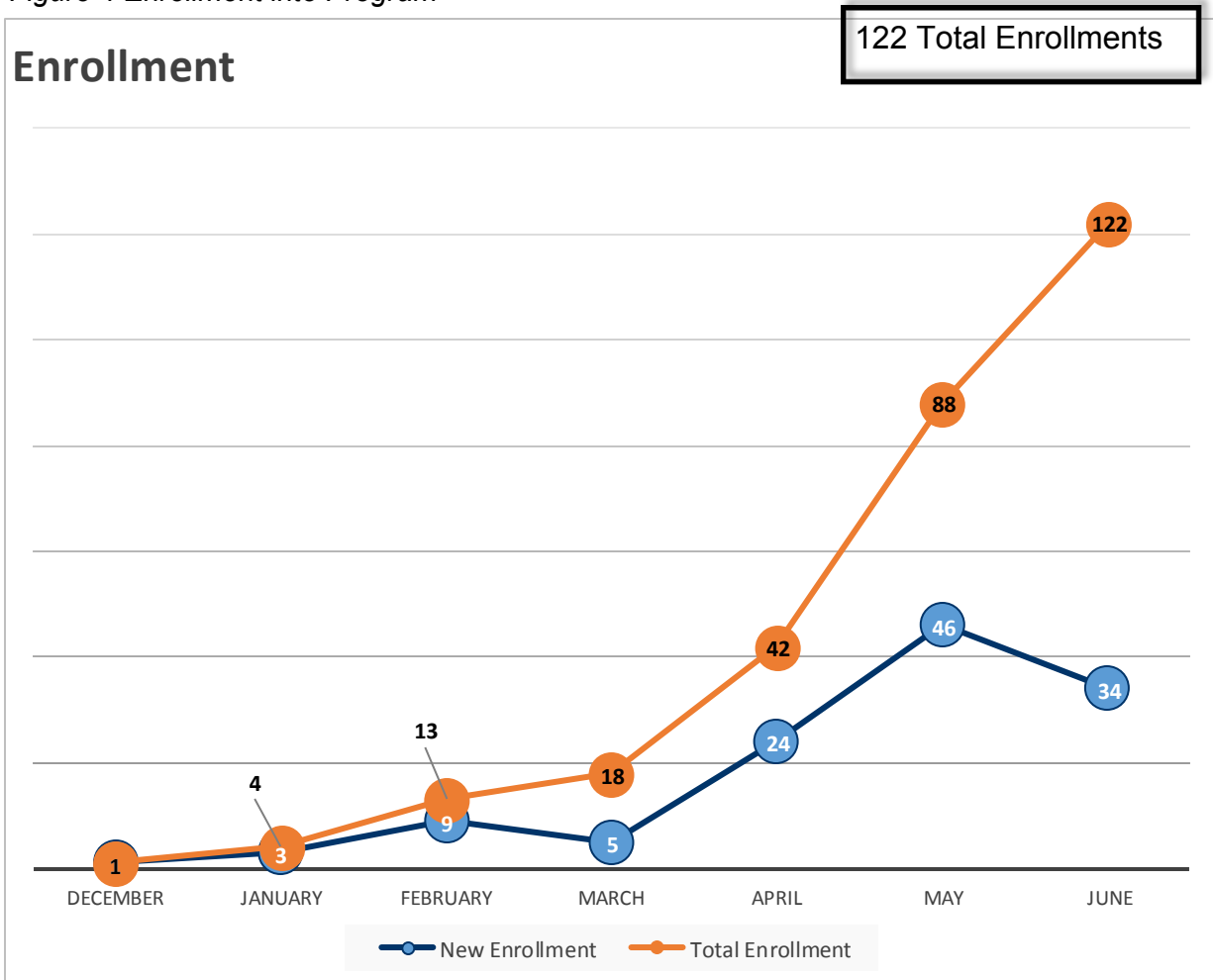


Enrollment – Diversion into the Program

Evaluation Question: Can collaboration with the courts and probation result in successful diversions of clients into the program through recruitment by outreach and engagement teams?

As previously described the two De Novo sites had significant ramp up activities that delayed entry of clients into the program. However, once building space was secured and occupancy clearances completed both sites received a rapid and steady influx of clients. Figure 3 shows this increase of clients during the last six-months of FY 18/19. By the conclusion of the fiscal year 122 total clients were enrolled across the two sites.

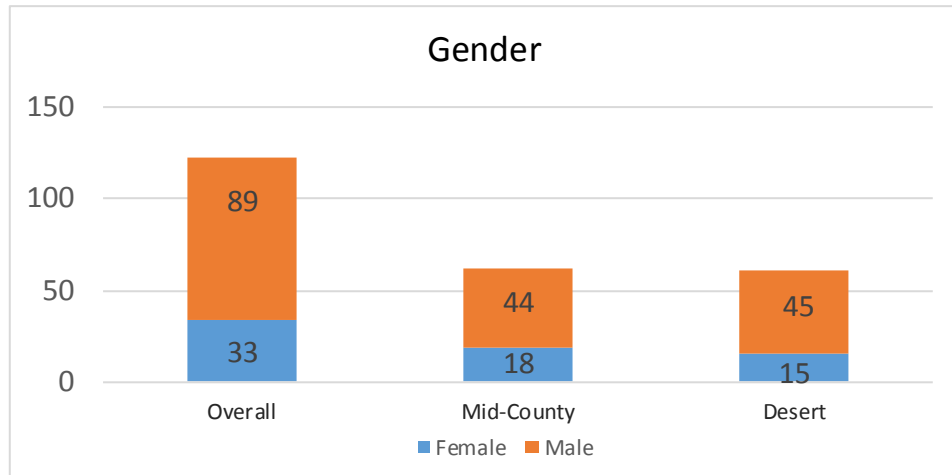
Figure 4 Enrollment into Program



Client Demographics-Gender and Age

The amount of males (89) enrolled in the program was significantly greater than females (33). This is true in both Mid-County and Desert Regions

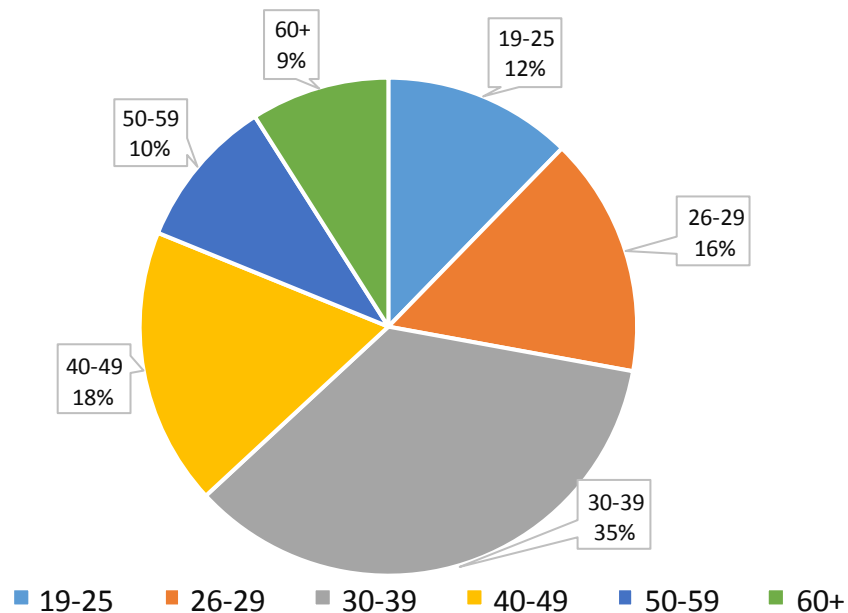
Figure 5 Clients Gender



The majority of clients were older than the age of 30. A larger proportion of clients were somewhat older 72% of the clients were middle age to older middle age. This population has different needs than a more youthful population given the length of time substance use disorders and mental health issues have been present in their lives.

Figure 6 Clients Age Groups

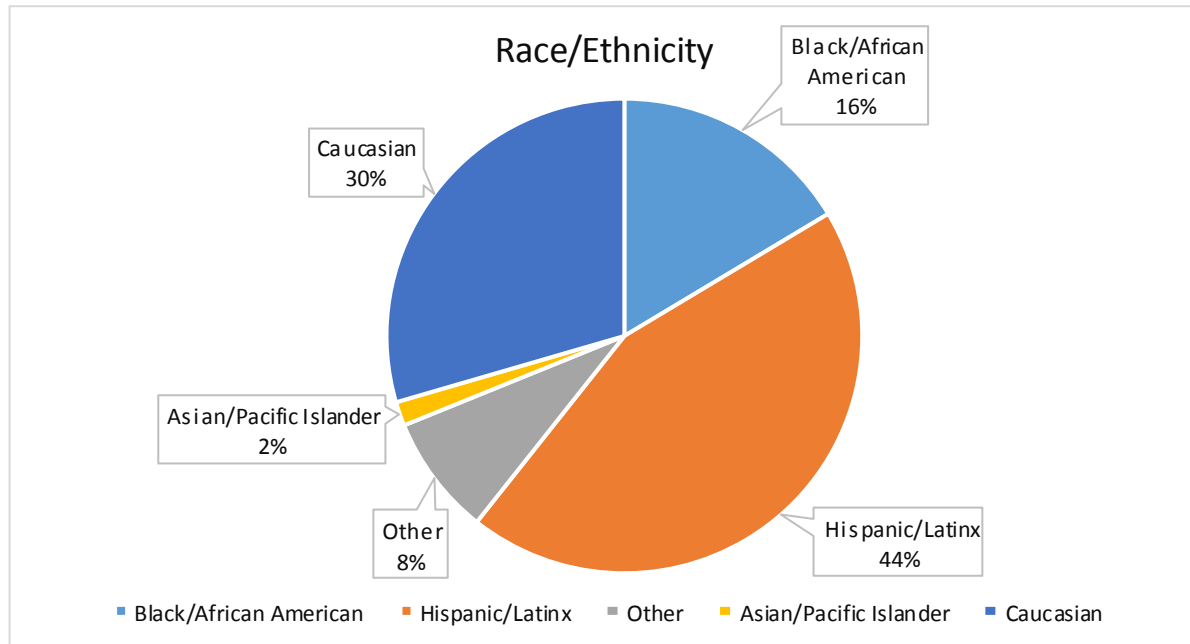
Age Groups



Client Demographics-Race/Ethnicity

The majority of clients served in the program were Hispanic/Latinx (44%) this is consistent with the overall Riverside County population. Caucasian was the next largest group (30%) followed by Black/African American (16%), other (8%) and finally, Asian/Pacific Islander (2%). The distribution of race/ethnicity indicates there are not significant disparities with regards to who is served in the program.

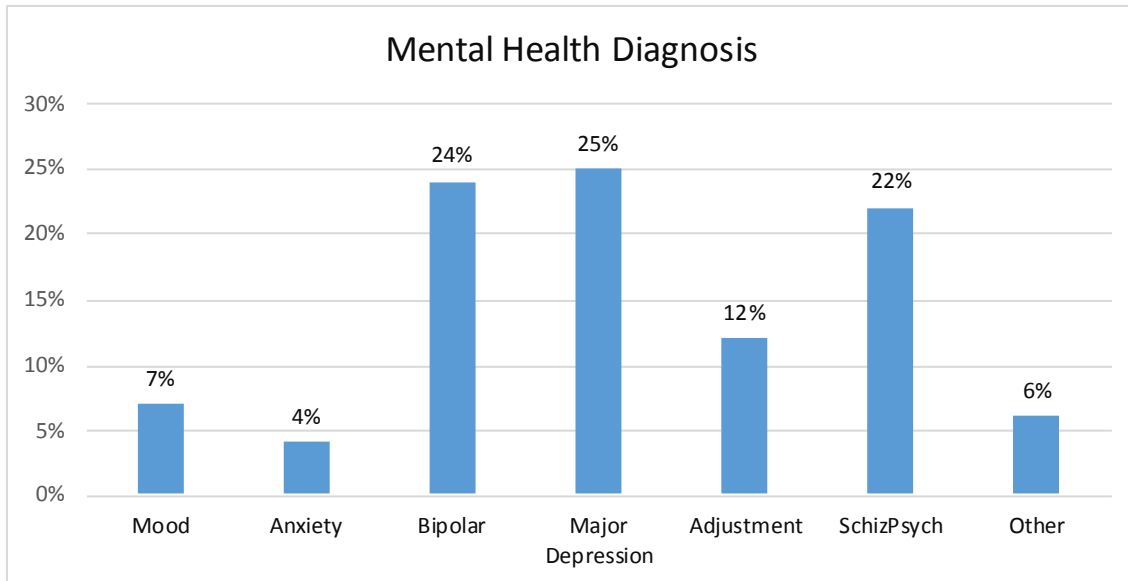
Figure 7 Clients Race/Ethnicity



Client Diagnosis

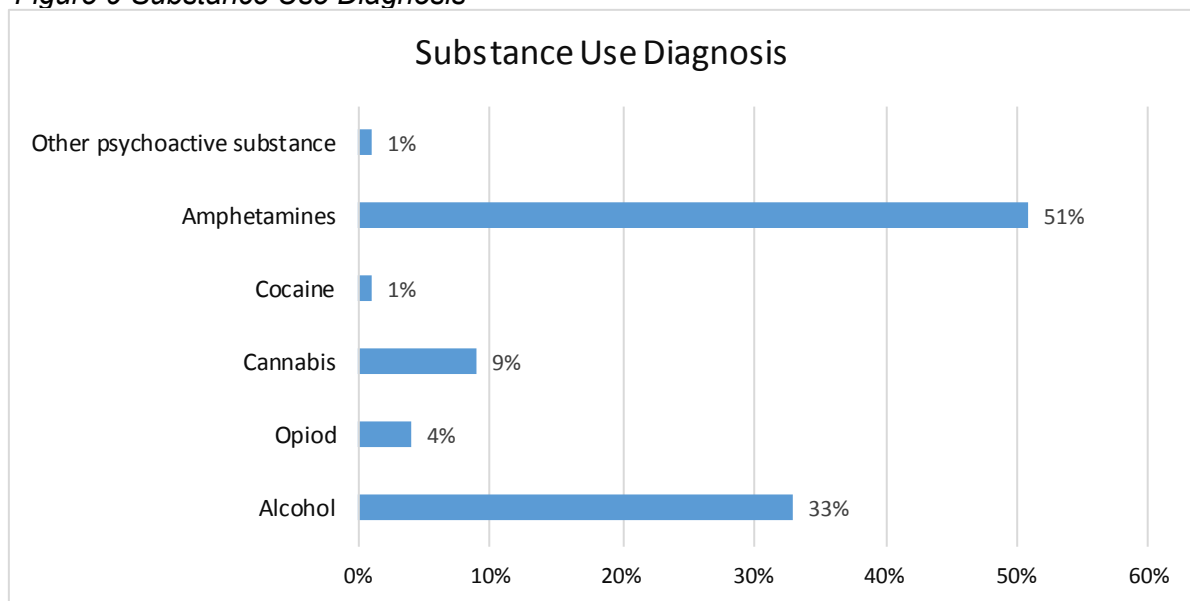
In total, 109 clients had a mental health diagnosis, and 75 clients had a substance use diagnosis. For mental health the majority were diagnosed with Major Depression, Bipolar, and Schizophrenia/Psychosis.

Figure 8 Mental Health Diagnosis



For the 75 individuals with a substance use diagnosis the majority were Amphetamines and Alcohol diagnoses.

Figure 9 Substance Use Diagnosis



Clients with Co-Occurring

Out of all clients served 48% were co-occurring, diagnosed with both a mental and a substance use disorder. The diagnoses for the co-occurring clients is shown in figures 10 and 11. Figure 10 shows the diagnosis of the co-occurring clients was similar to those with only a mental health challenge.

Figure 10 Mental Health Diagnosis Co-Occurring Clients

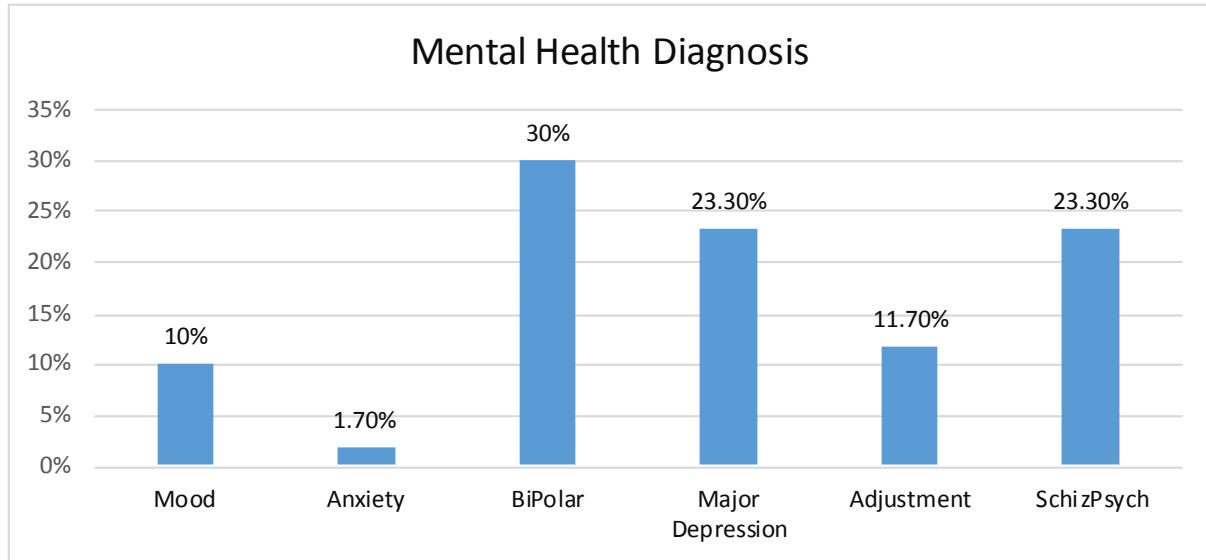
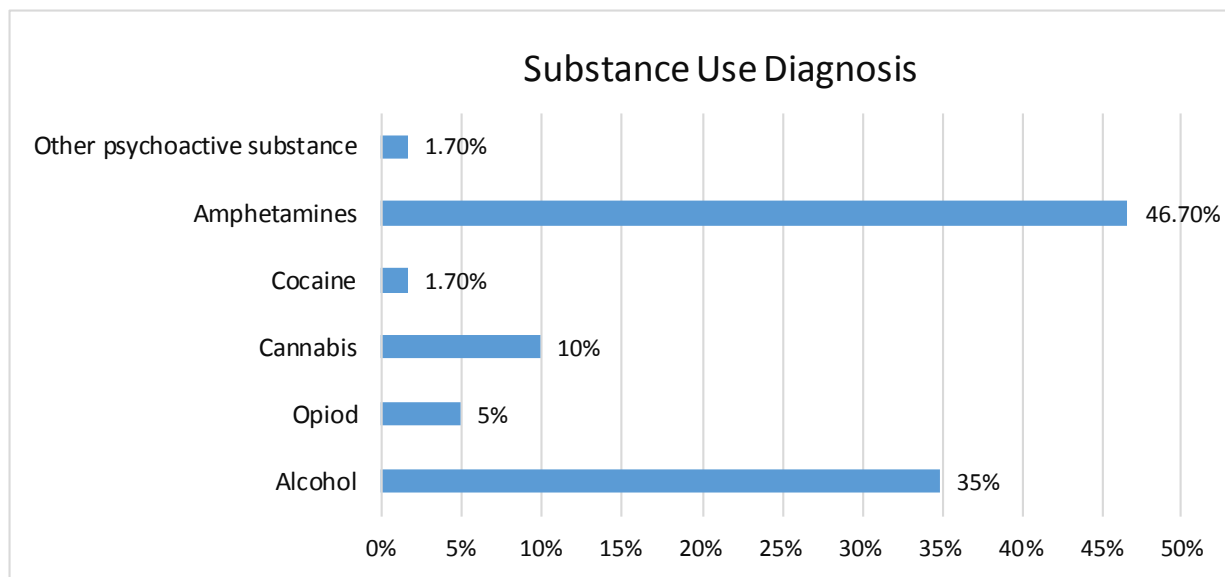


Figure 11 shows the substance use disorder clients. These two graphs show that the clients in these programs have addictions that are compounded by serious mental health issues.

Figure 11 Substance Use diagnosis Co-occurring Clients



Client Challenges-Living Situation (Housing Stability)

The population served in this program had significant challenges with regards to key life domains (living situation, financial, etc.). Evaluation in this area is preliminary given the time the program was operational. In the year prior to entering the program clients spent a total of 16,134 days homeless (on average 148 days homeless). A high percentage of clients 56% reported their housing situation was unstable or they were unsure of the their housing stability and, 71% of clients reported being homeless at some point in their lives. At intake many clients were homeless or living in temporary settings see Figure 12

Figure 12 Housing at Intake

Figure 12 shows enrolled consumer living situation at intake into the program. Only 19% of clients were living in their own place. Most were either homeless (26%) or living in someone else's place (25%).

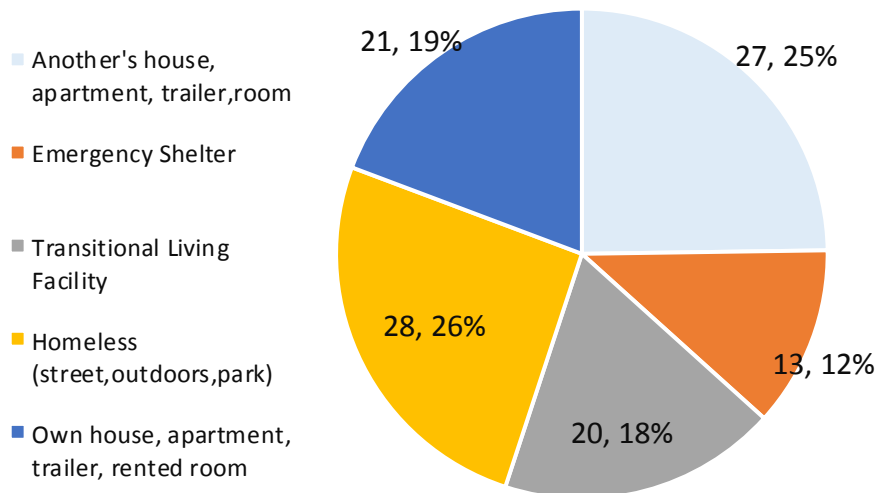
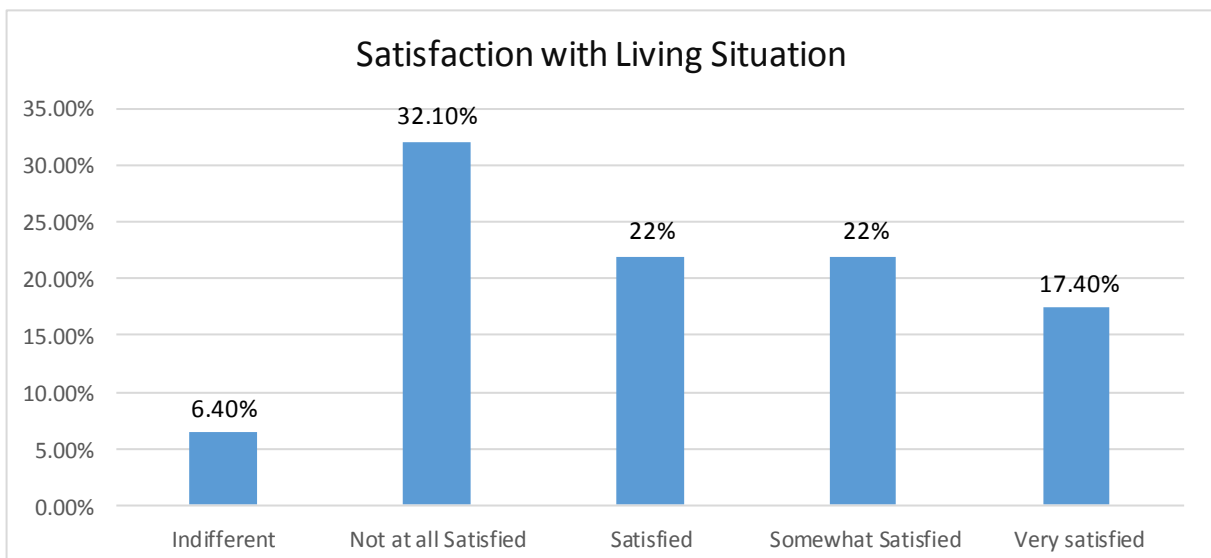


Figure 13 shows the satisfaction of clients with their housing situation. Nearly a third of clients (32%) report being unsatisfied with their housing situation, and 6% reported being indifferent. Nearly a quarter (22%) reported they were satisfied or somewhat satisfied. Only 17% of clients reported being very satisfied with their housing situation.

Figure 13 Satisfaction with Living Situation



Preliminary Outcomes—Living Situation and Primary Care

Living Situation

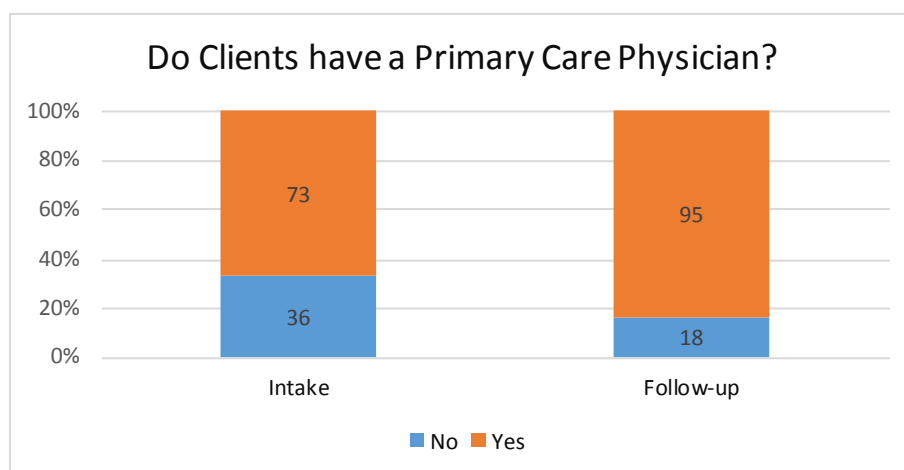
Outcomes data collection includes living situation. It is too early in program implementation to determine real improvements in this key domain. However, there is some progress to report with regards to assisting Proposition 47 clients with housing stability.

- Housing supports have been provided to 43%(n=52) of the clients served in the program.
- 1,202 days of housing was provided most of it in the last three months of the fiscal year as the program ramped up. Homeless clients entering the program were assisted right away with emergency housing for 1,172 days. In addition 30 days of rental assistance was provided to one client. There was a 130% increase in the clients housed in emergency shelter at follow-up compared to baseline.
- There was a 25% drop in the number of clients reported as homeless at end of fiscal year follow-up.
- The proportion of clients satisfied with their living situation had doubled by follow-up.

Primary Care

As an integrated care program, primary care and connection to health resources is part of the program activities. Data was collected at intake on the number of clients with health insurance and a primary care doctor. At intake despite 99% of clients having access to health insurance only 67% had a primary care physician. During the follow-up period, 84% had access to a primary care physician. The number of clients with a primary care physician increased by 30% at follow-up. Similar to what was found on diagnoses over half the clients reported a substance abuse problem.

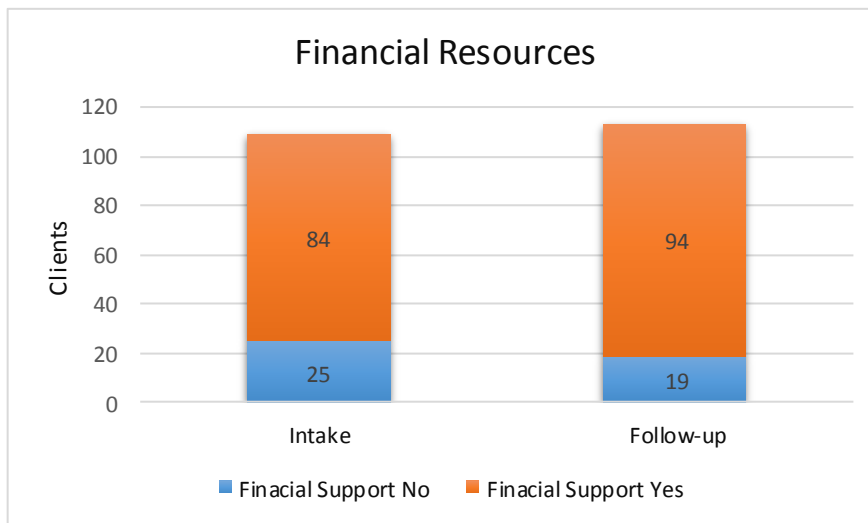
Figure 14 Primary Care Physician



Client Challenges and Preliminary Outcomes-Financial Resources

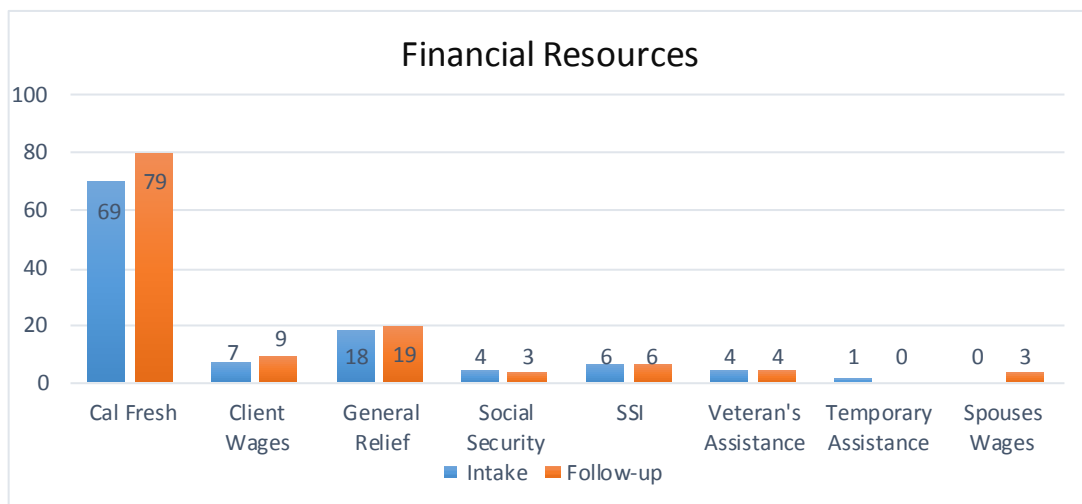
Program clients had significant challenges with financial resources. Part of the program activities are to support clients with building their connection to supports in the community. Upon intake only 3% of clients were employed. At follow-up employment increased to 8% of clients. Additionally, 22% of clients reported having no financial resources of any kind. For those reporting some financial resources most reported only CalFresh (food stamps). During the follow-up period those with no financial resources decreased 30%. At follow-up employment increased to 8% of clients. The program was able to provide some resources directly to clients such as transportation to services, hygiene supplies, and assistance with gaining identification.

Figure 15 Financial Resources



Of those who received financial resources follow-up data showed there was an increase in Cal Fresh Food Stamps. Clients that were employed increased from 3% to 8%. The program also utilized local food pantries and agencies with donated clothing.

Figure 16 Financial Resources Intake and Follow-Up



Client Challenges and Preliminary Outcomes-Legal Status

Evaluation Question: Will the Integrated FSP program reduce recidivism for enrolled clients?

Legal Status at Time of Intake

The population of clients served in the program fit the target population of those with criminal justice involvement. At intake into the program, data on client criminal justice system involvement was collected for the year prior to enrollment date.

At intake into the program:

- In total, clients spent 10,597 days in jail in the year prior to program (on average 883 jail days per month, an average of 97 days per client).
- Clients reported in total 175 arrests in the year prior to program.
- 43% were in jail 90 days prior to entering the program.
- 78% were on probation upon entering the program.

Preliminary Outcomes

Jail Days and Arrests

At the first follow-up period, data was collected on the number of arrests and the number of days clients spent in jail during participation in the program.

At the follow-up (6-months of data):

- Preliminarily days spent in jail and arrests dropped. In total, clients spent 210 days in jail, and average 70 jails days per month; an average of 2 days per client.
- Only two clients (1.6%) left the program due to an arrest and conviction. However, these clients did not complete program services and dropped out.

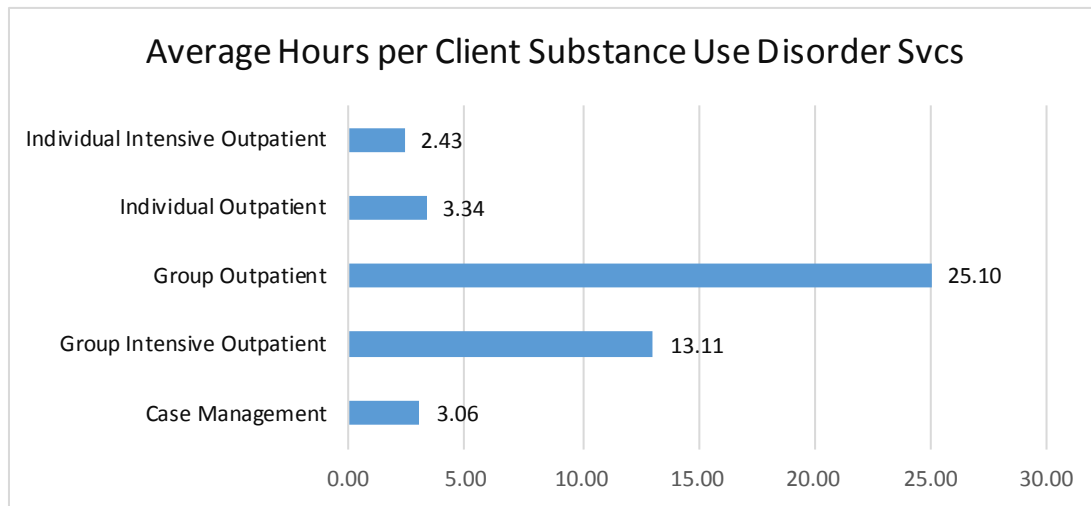
Recidivism

According to the BSCC definition of recidivism, from individuals that completed the program, the recidivism rate to date is zero. Since the program is early in implementation few clients have completed the program to calculate recidivism according to the criteria of recidivism among those completing the program. Further, the BSCC defines recidivism as a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (PC Sec. 6046.2(d)).

Program Services

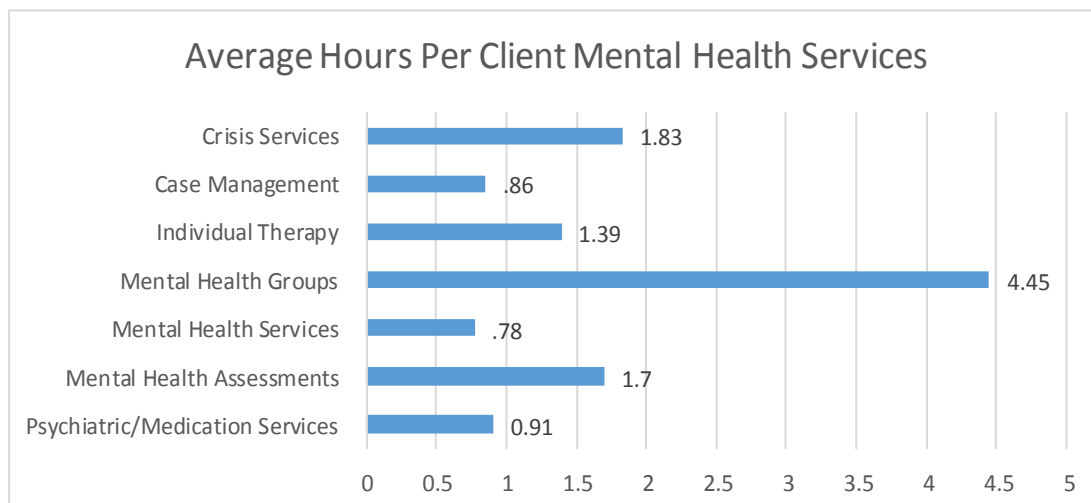
Clients participated in a total of 1,532 hours of service. 962 hours were in substance use disorder (SUD) services, and 569 hours were mental health services. Looking at the distribution of SUD services, the highest average hour service was group outpatient services at around 25 hours per client. This is followed by intensive group outpatient services at 13 hours per client.

Figure 17 Substance Use Treatment Services by Service Type



Looking at MH services, the largest category of service hours is mental health group therapy at 5 hours per person. The next highest is clinician group therapy at around 3 and a half hours.

Figure 18 Mental Health Services by Service Type



Program Services

The tables below show services received by clients by service type. It details the number and percent of clients who received each type of service as well as the total count and average number of services those clients received during the 6 month period (note: most clients started in the last three months of the fiscal year).

Table 1 Service Count by Type Mental Health Services

Type of Service	Number of Clients	% of Clients	Count of Svc	Avg # of Services
Psychiatric/Medication Services	16	13%	19	1.18
Mental Health Assessments	74	61%	86	1.16
Mental Health Services	21	18%	30	1.42
Mental Health Groups	58	48%	243	4.18
Individual Therapy	24	20%	54	2.25
Case Management	25	21%	33	1.32
Crisis Services	3	2%	7	2.33

For SUD the highest amount of service received was Group Intensive Outpatient services at 43%.

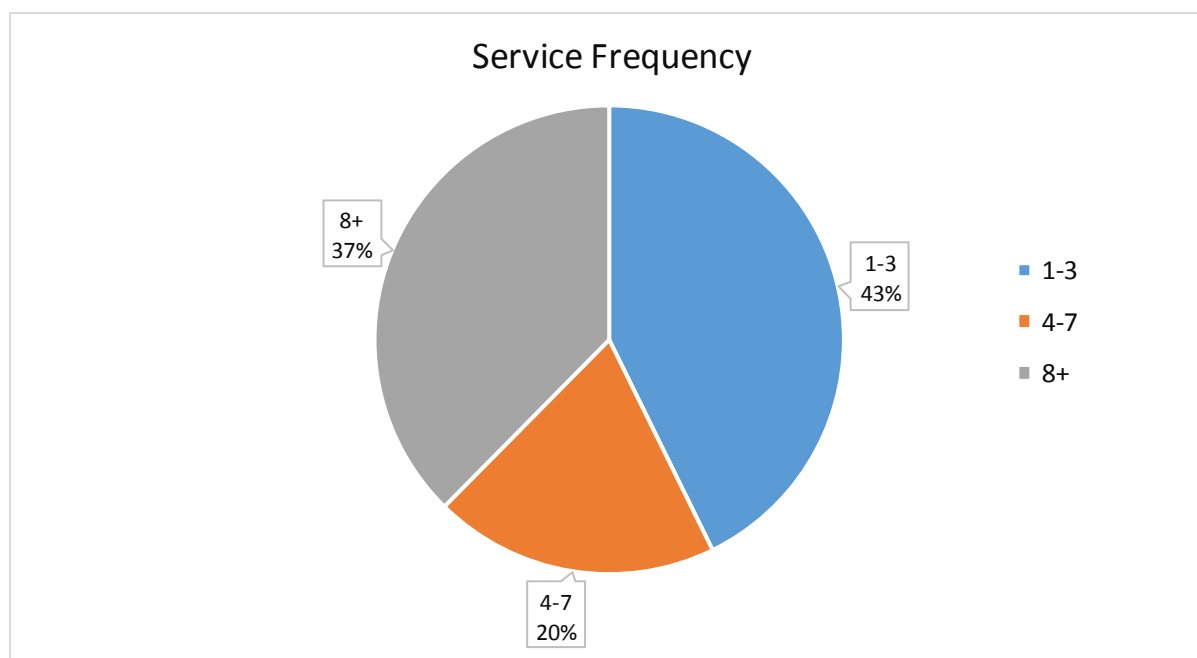
Table 2 Service Count by Type Mental Health Services

Type of Service	Number of Clients	% of Clients	Count of Svc	Avg # of Services
SUD Case Management	15	13%	40	2.67
SUD Group Intensive Outpatient	52	43%	456	8.77
SUD Group Outpatient	5	4%	83	16.6
SUD Individual Outpatient	9	8%	38	4.22
SUD Individual Intensive Outpatient	35	29%	98	2.8

Program Services





In total, clients received 1,187 services from December to June. The majority of clients received 4-7 or 8+ services. As shown in the figure below, 57% of clients received 4 or more services, and 43% of cases received 1-3 services. Since the program had many new enrollments in the later three months of the fiscal year, many clients with 1-3 services were new to program enrollment. Some of the clients with 1-3 services are those that left the program quickly which is not unexpected given the high need population referred to the program.

Figure 19 Service Frequency



Client closures from the program in the first six-months totaled 19 clients, 15 of which chose to discontinue. Closures represented a 13% attrition rate due to clients dropping from the program. One client successfully completed the new program and two clients were referred to other County programs to continue services in a more appropriate level of care.

C2RI De Novo FFSP Perris – Weekly Calendar

	MORNING	AFTERNOON	ALL DAY
	Living in Balance / Matrix (SU) 10:00 AM – 11:30 PM (IOT) – Chris 10:00 AM – 11:30 PM (ODF) – Rachael	Process Group (SU) (Seeking Safety, DBT Skills, CBT) 12:30 PM – 2:00 PM (IOT) – Katy 12:30 PM – 2:00 PM (ODF) – Rachael	<u>Admissions</u> Katy (AM) & Michelle <u>Transportation</u> Andrea (AM), Rachael R, Jesse, Camille
	Mental Health Education (MH) 10:30 AM – 12:00 PM Rachael R. & Jesse	Vocational & Aftercare Planning (MH) 12:30 PM – 2:00 PM Andrea	<u>Admissions</u> Chris, Rachael, Katy <u>Transportation</u> Andrea (AM), Camille (PM)
	Living in Balance / Matrix (SU) 10:00 AM – 11:30 PM Chris	Process Group (SU) (Seeking Safety, DBT Skills, CBT) 12:30 PM – 2:00 PM Katy	<u>Admissions</u> Michelle (AM), Rachael (PM) <u>Transportation</u> Andrea & Katy (AM), Rachael R, Jesse
	Mental Health Education (MH) 10:30 AM – 12:00 PM Marie	Process Group (MH) (Seeking Safety, DBT Skills, CBT) 12:30 PM – 2:00 PM Rachael	<u>Admissions</u> Rachael (AM), Michelle, Chris, Katy <u>Transportation</u> Andrea (AM), Chris, Rachael R, Jesse, Katy
	Living in Balance / Matrix (SU) 10:00 AM – 11:30 PM Michelle	Vocational & Aftercare Planning (SU) 12:30 PM – 2:00 PM Camille	<u>Admissions</u> Rachael, Chris, Katy <u>Transportation</u> Andrea (AM), Rachael R., Jesse

Proposition 47 De Novo
Integrated Full Service Partnership Programs
Client and Staff Focus Groups
June 2019

*"You can really get your life together in
this program."-Client Comment*

Proposition 47 De Novo Client and Staff Focus Groups

A series of focus groups were completed for the two Proposition 47 De Novo Integrated Full Service Partnership programs. Graduate student interns from Claremont Graduate University (CGU) facilitated a total of four focus groups, two with staff and two with clients. Each De Novo program had a client focus group and each program had a staff focus group. Twelve clients from one program and 13 from the other program.

Methodology

Each focus group was led by one CGU graduate student. An additional three staff, a CGU intern and two RUHS-BH evaluations staff, took notes on the participants responses throughout the focus group. Notes were summarized and reviewed for common themes which are described separately for client and staff focus groups in this report. The facilitator began by introducing the note takers and themselves. The following client and staff introductory scripts and warm-up questions were then used prior to asking the official focus group questions.

Introductory Client Script

Welcome! My name is [CGU Evaluation Intern gave their name]. I will be leading this discussion. This is [introduced the other staff] and they will be taking notes. We are part of an external evaluation team that's partnering with the managers here at the De Novo program. We really appreciate your time and participation in this focus group.

For the next hour or so, I will be asking you several questions about your opinions and experiences within De Novo. The point of this focus group is to collect information. We hope to use what you tell us today to help managers improve their services and relationships generally. We want your feedback and your perspectives. We encourage you to be as open and honest as possible. So please be respectful of each other and share the time between yourselves. In the interest of balance and of time, I may move forward the conversation a little or direct questions to others. Also, my role is to remain neutral and nonjudgmental. To be clear, we will keep the information that you share, today, confidential between us. We will not use this information to directly impact either your personal relationship with staff or how you will receive service. Further, we encourage you to not discuss anything from this focus group outside of this space. That being said, please do not share anything you feel uncomfortable with sharing in the group.

Warm-up Questions:

How was it that you first learned about the program?

Staff focus groups were held separately from clients and included all the staff at each site. Similar to the client focus group, a CGU evaluation intern facilitated the focus groups and three other staff took notes.

Introductory Staff Script:

Welcome! My name is [CGU Evaluation Intern gave their name] and I am part of an external evaluation team that is working with Riverside University Health System -Behavioral Health (RUHS-BH). I am really excited and happy that you are willing to participate in this focus group today. For the next hour, I will be asking you several questions about your opinions and experiences with DeNovo. It is very important that you provide honest and open feedback since the focus group aims at trying to get your perspective on how the program is being implemented. We hope to use what you tell us today to help aide in improving service delivery. We will be discussing this information as a group. That being said, please do not share anything you feel uncomfortable with sharing in the group. Do you have any questions before we begin?

Warm-up Questions:

Please tell us your name and please explain your job in De Novo.

Introduction Focus Groups

Client and staff focus group questions are shown below.

Client Focus Group Questions:

- Q1. How long have you been participating in the program?
- Q2. How was it that you first learned about the program? How has it been helpful?
- Q3. What are some activities or specific services in the program that you find helpful in caring for your mental health or substance use? Why are they not helpful?
- Q4. What can the program do better to help you with mental health or substance use?
- Q5. Do you feel the program is contributing to your sense of safety? If so, in what ways are they doing this? If not, how can things be improved?
- Q6. Do you feel the program is providing you with a support team/network? If so, how does your support team or network help you get access to additional services outside of De Novo (i.e. access to transportation, benefits, housing, medical care, or legal assistance to get felony reduced)?
- Q7. Overall, how has your experience been at De Novo?
- Q8. How do you feel about your future? How do you feel about your potential in getting a job or housing?
- Q9. Is there anything we haven't discussed that would improve your experience in this program that you would like to share with me?

Clients were thanked for their time at the conclusion of the focus groups, and were informed their response would be summarized.

Staff Focus Group Questions

- Q1. What are the overall goals of De Novo?
- Q2. How is your flow of clients into the program going? How are clients coming to you?
- Q3. What do you think about the current client referral process? How is that working for you? What is your understanding of the outreach and referral process?
- Q4. How do you engage clients when they first enter into the program? Do you feel like you have the right clients to work with? Do you feel like you can help the clients referred to you given the population mixture?
- Q5. Do you feel you have sufficient resources to carry out the De Novo's goals?
- Q6. What training has your staff received to achieve De Novo's goals of using a trauma-informed approach?
- Q7. How is your collaboration process with potential partners or community agencies?
- Q8. How can collaborations with justice outreach teams benefit the individuals you are serving?
- Q9. Overall, how do you feel about the strategies you and De Novo, as whole, use to share a message of hope or recovery?
- Q10. Is there anything we haven't discussed that would improve the implementation of this program that you would like to share with me?

Staff were thanked for their time at the conclusion of the focus groups, and were informed they would receive a summary.

Client Focus Groups

Client responses to warm-up questions provided in-sights into program and client similarities and differences.

Warm-up questions:

How long have you been in the program?; How did you learn about the program?

In the Mid-County Perris site at least one client had been in the program 6 months, others had been in several months. At the Desert site which had been open for less time, clients varied between two weeks, six-seven weeks, to as much as two months.

In the Mid-County program clients indicated they heard about the program from a variety of justice related sources. Several clients indicated their probation officer referred them or the court. One client indicated their attorney informed them in the jail and they were able to come to the program straight from the jail. Another client reported they were presented with information at the county correctional facility and asked if they wanted to participate. In the Desert region program clients similarly reported justice related sources that referred them such as, probation, and parole.

Client responses to all the focus group questions clustered in several areas. Client responses to questions regarding what they found helpful in caring for their mental health or substance use are as follows according to the main themes of characteristics of staff, program content and services available, social connections, and program impacts on their recovery.

Characteristics of Staff—The right staff can make all the difference. Clients focus group responses provided quite a bit of information that could be categorized as staff characteristics. Such comments centered around a sense of genuineness and caring from staff. They also described staff as friendly and non-judgmental. The array of staff available including those with lived experience were also noted by clients as helpful to them.

The following are responses from clients across both program that reflect this theme of staff characteristics.

- ✓ “The people leading the groups have had experience with substance use disorders, and had experience themselves with what we are going through. They have made it and it gives you a sense of hope that we can make it too. I love this place.”
- ✓ “The peer staff they have the experience I have had and it encourages me that I can have a life too.”
- ✓ “It is easier to relate to someone that understands our pain. The peers here have experience and they are more relatable.”
- ✓ “Here they are “genuine people.”
- ✓ “They are not treating you like a criminal.”

Characteristics of Staff—Continued

- ✓“They do not look at you like you are less. It is like you are the same.”
- ✓“They are honest and straight forward they tell you if you are messing up.”
- ✓“This is more helpful they are more attentive.”
- ✓“The way they treat you. You want to listen to what they have to say about the strategies.”
- ✓“Counselors really care, always open to talk to you if you are having a bad day then they are there.”
- ✓“They provided encouragement and support.”
- ✓“Even though it is court-ordered I feel real comfortable here”, I like it here. It is not like they are just going through the motions.”
- ✓“The staff talk to you with genuine concern and is not just a revolving door.”
- ✓“They really care for us it not like a book, and is not scripted.”
- ✓“They have enthusiasm helping us, and you can see their caring.”
- ✓“I feel welcome they introduce themselves and approach us and ask our story.”
- ✓“They make you feel like you are part of a family.”
- ✓“I feel comfortable and I do not have to worry about them judging us.”
- ✓“You can be totally honest, they are not judgmental.”
- ✓“They understand the needs, the staff do not feel resentful or annoyed when we ask for assistance.”

Program Structure/content– Client responses to what activities have helped clustered around; the types of services offered; staff practices in how they interact; and staff holding clients accountable while offering a wide variety of assistance. Peer support was reported by several clients to be helpful. Below are client comments about programming that has helped them.

- ✓“For me the groups we talk about stuff all the time. Being able to talk with someone that has the knowledge to help.”
- ✓“Keeps me out of trouble keeps me busy gives me a place to go and someone to talk to. Keeps me focused. This helps to come to groups in the morning get out of bed and have a structure put a good foot forward for the rest of the day.”
- ✓“They teach you coping skills.”
- ✓“They keep discussions away from glorifying drugs and alcohol.”
- ✓“Really good at the environment. They have the tools and the perspective they do a good job.”

Program Structure/Content– Continued-

- ✓ “They do not miss anything there are not gaps for us to take liberty, very focused and structured to keep us on a path.”
- ✓ “They help me set up little goals and reach them. Wake up knowing I am going to have a goal.”
- ✓ “We set goals every week and then they check in with us with small attainable goals. They are good nosy they keep checking in with us. The goals keep you on track because they check in.”
- ✓ “They remember our goals and hold us accountable. They ask us questions to keep us accountable. They care to listen and they bring up the goals.”
- ✓ “Been helpful dividing the groups, when the MH/SA groups were integrated it was hard, now they have split up the groups to MH and drug treatment and that has been better.”
- ✓ “Help with mental health they helped get me on medication helped me to make sure I did not run out, without my meds it is bad.”
- ✓ “I might try to deny but they help point it out and ask how did you contribute to this, it helps and holds me accountable. It is not like the cops they have respect for us.”
- ✓ “If we do not achieve a goal they do not make us feel bad.”
- ✓ “The transportation and the structure helps you, you have to get up and be ready, gives us the help with responsibility to be here and is very engaging in that manner. This gives us the responsibility to step forward and is helping to gain responsibility, but from the beginning they tell us the consequences.”
- ✓ “Transportation and getting up for program gives me a responsibility. They are putting their foot forward, I have to put my foot forward.”
- ✓ “Coming here is therapeutic this is the most beneficial program. This group has done more for me. I have been at the VA and it is like a racket. Instead of pushing you through a course here it is genuine.”
- ✓ “The program and their attitude toward us helps us open up.”
- ✓ “*Staff Name* tells us her story and is outgoing.”
- ✓ “They are there for us. You can talk to anyone. They do not worry about you can only talk to your assigned person. They are willing to talk to you no matter what.”
- ✓ “I feel I get quality time and they help me see my part.”

Client Focus Groups

Program Structure/Content Continued-Variety of Assistance Offered

Clients reported that staff in addition to treatment services assisted them with auxiliary services such as, case management linkage to benefits assistance, housing, transportation, education on interviewing for jobs, or assistance with resumes. Below are client comments that reflect the variety of additional service offered.

- ✓ “24/7 crisis line is really helpful they answer. We all know it is there if we need it. It is a number I would want to call if I needed it I know they are caring.”
- ✓ “I have been helped with housing, they got me into a motel, and give me leads and take me to look at housing, but they also hold me accountable, if I am not looking then why are they helping, but it is a good thing holding me accountable.”
- ✓ “Benefits assistance need a ride they will help, if you do not understand the forms they will help you fill them out.”
- ✓ “They help us with filling out forms some of us cannot read and write and it can be overwhelming.”
- ✓ “Helped me get Medi-Cal.”
- ✓ “They referred us to the medical clinic down the road, I was able to get a physical and now I go to there and get medical care from a doctor.” “They helped me set-up transportation through the local health insurance plan for medical transport.”
- ✓ “We role play job interviews.”
- ✓ “They network with you to talk to sober living and help you with connecting to programs.”
- ✓ “Job interviewing -They ask everyone and do not let you slide out. Builds your confidence.”
- ✓ “They have helped get food and clothing using Narrow door (*a local community resource*). Help with laundry and hygiene.”
- ✓ “Helped me get a prayer rug for my spiritual need, they have helped more than other programs.”
- ✓ “Basically any essential thing you need help with food, clothes, meds for survival helpful to have hygiene help when we start.”
- ✓ “They got me an ID, birth certificate and social security card the documents came right here to the program really helped.”
- ✓ “They take us to our court dates.”
- ✓ “They have helped me to go and see my probation officer.”
- ✓ “They were willing to work around my work schedule when I get a job, I am still able to stay in the program.”

Client Focus Groups

Clients reported positive comments in response to being asked about how the program is contributing to their sense of safety, and how the program is assisting with a support network. In addition clients were helping each other connect to other resources in the community. Notably within the focus groups clients said positive things to each other directly in the focus group, offering each other suggestions.

Building a Support Network

- ✓ “We benefit from each other as well as the case manager. It helps with some networking within the group.” (*One participant commented they got some odd jobs they learned about from another participant*).
- ✓ “Being in here with people with similar problems but are trying to get better it helps.”
- ✓ “I fell positive here, she got me in to going to NA (*referring to another client*). We are building relationships out of here and starting to go to NA meeting together.”
- ✓ “Having friends here makes me want to come back.”
- ✓ “The others have helped me to open my eyes and not be judgmental myself.”
- ✓ “I enjoy coming her I was having a bad day others sensed it and asked me how I was doing. We notice each other and are not as stand offish with each other.”
- ✓ “Being in here with people with similar problems but are trying to get better it helps.”

Clients also reported a strong sense of safety in the program which is part of being a trauma informed program. Below are some representative client comments with regards to safety.

Sense of Safety

- ✓ “We know this is a safe place no triggers here. I do feel safe.”
- ✓ “I feel safe here.”
- ✓ “I know for me when I tried to hurt myself they got the help I needed even though it was the week-end.”
- ✓ “Really positive environment.”
- ✓ “I had a crisis and they really helped me. I was suicidal and they helped me to get the hospital help I needed.”
- ✓ “I had a bad episode for a month and a half but they still worked with me through my crisis. Still available and did not give up on me. They did not have an attitude and were not resentful even though I said some hurtful things. They were still willing to work with me let me start over and start fresh. Being consistent with me every week a real positive came out of a crisis.”

Client Focus Groups

In response to questions about their feelings about their future and their general overall experience at De Novo, clients expressed hope and reported very positive comments about the program overall.

Clients Expression of Optimism and Hope:

- ✓ “This program makes me want to strive and do better, it does not feel mandatory I enjoy coming here. “Being here things are finally starting to open up and I am on the right path, and good things are around the corner.”
- ✓ “Goals and days clean are encouraging me.”
- ✓ “It gives you hope you can still change your life and there is a happy ending.”
- ✓ “This program makes me want to strive and do better, it does not feel mandatory I enjoy coming here.”
- ✓ “They keep us on track with sobriety.”
- ✓ “Counselors told us they will hold the hope for us.”
- ✓ “The program helps me feel hopeful, if I feel I want to use I can call I feel they have my back.”
- ✓ “Someone I can count on if you need them they are there.”
- ✓ “You can really get your life together in this program.”
- ✓ “I feel better than where I was.”

Overall Experience in the Program.

Clients noted that their desire for being communal came from the staff modeling the behavior to them.

- ✓ “Positive.”
- ✓ “I feel good.”
- ✓ “I wouldn’t come if I did not like it.”
- ✓ “Extremely happy.”
- ✓ “It’s a cool program and does not seem like a racket.”
- ✓ “They are genuinely trying to help.”
- ✓ “Make it easier to come in.”
- ✓ “They are on the right track in this program. This is a nice environment and it feels main-stream.”
- ✓ “Here you are not programmed. It is a community atmosphere rather than a revolving door. Engaging us to get back in society.”

Challenges Clients Noted

In response to questions around what the program could do better; many clients reported that the program is great and did not feel there was anything lacking, particularly in the Mid-County program. In the Desert program clients indicated the program and curriculum was good and they liked the program, however some of the Desert program clients indicated the stressors of available housing were a challenge. Although indicating staff put ...“a lot of effort into putting a roof over our heads”, there were concerns about how to transition to more permanent housing. Some of the challenges noted included; transitional housing once emergency housing ran out; emergency housing situation could be better with the motels since they can be triggering; working without stable housing is difficult. Some client comments included:

- ✓“Everything else is good the curriculum is good the housing stress is the most pressing.”
- ✓“Still I think I need more housing it is very good but what will I do when that is done. I need more information on how I am going to get more permanent housing.”

Additional comments clients made about the program revolved around having AA/NA or SMART Recovery directly available at the De Novo program site. Evening hours for those working was another suggestion. One participant shared he gets up at 4:00 am to catch a bus to work and then do program as well. Desert clients were not as aware of all the resources available, some wanted help with legal aid, some wanted more of a plan for housing beyond emergency housing.

Staff Focus Groups

De Novo staff participated in focus groups at both the Desert and Mid-County program. The Mid-County included 12 staff and the Desert site included 9 staff. All the staff participated except for one of the case managers in the Desert who was busy off site with clients.

In response to a question on understanding the goals of the program, staff were in alignment with the grant goals of reducing recidivism, assisting clients with gaining independence and skills to remain clean and sober, and to gain the coping skills to manage mental health issues. The following staff comments represent their understanding.

- ✓ “To help people with SUD/MH and criminal involvement so they do not go back to jail. Gain the skills so they can stay clean and get the coping skills for MH.”
- ✓ “We are showing people a different life . The goal is to reduce recidivism to jail and the hospital. We teaching them a different way of living. We model wellness to them so they can use that in their own life when they are not here.”

In addition staff demonstrated an understanding of the concept of Full Service Partnership programming; and expressed how the program had to approach treating the whole person. Staff reported several ways they approach this whole person strategy. Below are some comments representing Full Service Partnership and addressing the whole person.

- ✓ “In Full service Partnership there is mental health and substance abuse, legal and housing. So Each team member has an integral part without any one person having to able to address all of those concerns, since that would be hard to treat. Each facet needs to be addressed. The FSP array gives them (*clients*) that sense of stability and meeting them where they need to be, and makes them feel more secure and safe to be here.”
- ✓ “Sometimes we are addressing some very basic needs, no family and just being incarcerated it is important to help with those basic needs. Helping with showing them community resources.”
- ✓ “Making sure the clients health needs are met, which fits with what the team is trying to do. Working on health needs is integral.”

Referral Process Flow of Clients

Staff were asked about their flow of clients into the program and the referral process. Both programs indicated they were receiving referrals from the Justice Outreach Teams and Probation, also through Whole Person Care (WPC). In Mid-County the WPC staff are co-located at the Perris site. Below are staff comments regarding the referral process.

- ✓ “Definitely have not had a problem getting referrals. Currently doing 2 intakes a day.” (*The Dessert program ramped up quickly with 56 clients enrolled in 60 days.*)
- ✓ “We have had a good flow of clients. We have been able to get them linked with emergency housing right away. The clients seem to be happy and benefitting.”
- ✓ “At first, they were just sending some that needed housing. We had to educate our referral sources to ensure that we were getting referrals for individuals that had substance use disorders and mental health needs that were moderate to severe.”
- ✓ “Now have weekly implementation phone calls with detention to ensure appropriate referrals.” (*Both programs indicated they have weekly calls with detention staff at the jails to facilitate referrals into the program.*)

Client Engagement

In response to questions regarding how they engage clients when they first enter the program, staff indicated they use a variety of strategies to help clients feel welcome when they first come to the program. Staff noted that the first contact with clients is often with a peer who has lived experience and achieved some level of recovery. Peer staff also indicated they engage with clients during transportation so they feel more comfortable. Staff indicated they begin by being friendly, orienting clients to the facility and knowing peoples names and offering their name. This environment of welcoming incudes the clients as well. Staff reported that when clients see new people they welcome them and share. The established clients were reported as showing hospitality to new clients.

- ✓ “I know the name of all of the clients. We give them our names. If someone knows your name it makes you feel important.”
- ✓ “We just say, hi pleased to meet you”; and “Ask if they have any questions and try to get a better understanding of what they are looking for.”
- ✓ “Hospitality with a non-judgmental attitude.”
- ✓ “Hospitality it is like welcoming someone to your home.”
- ✓ “Helping them feel welcome when they first come they can get food right away we chat for a minute before we dive into a bunch of questions.”
- ✓ “Offering food or water a smoke break first calms the mood.”
- ✓ “Peers really help and engage right away. As clinicians we see the guarded part come down.”
- ✓ The peer support indicated that “... I pick up guys from jail, and I tell them we are not a probation run program we are here to help them and support them. I share a little about me with them. I have been through detention before and it makes them feel at ease.”
- ✓ “As a peer when I pick them up sometimes they feel a little embarrassed. I share that I have been there I was sitting where you are and I am not there anymore.”
- ✓ “I tell them my story then they share theirs, I tell them there is a way to get out of their situation, being an inspiration of hope and that recovery is possible.”
- ✓ “We learned to follow the assessment order a little differently. Really important you do not start off with the most difficult questions. Need to establish rapport and trust first. We ask the assessment items out of order to build trust.”
- ✓ “The interaction and the comradery is really valued in the groups.”
- ✓ “Each layer from peers to case manager are welcoming and supportive. The whole person is wrapped with everyone.”

Messages of Hope and Recovery

Staff were asked to share the strategies they use to share a message of hope and recovery. The staff responses to the question included: communicating a message of hope, building skills that empower the clients for change that brings hope, and sharing their experiences of recovery. A peer support reported he shared his experience in a presentation and had multiple people come up to him after the presentation, asking him “how did you do it”, they also commented “if you can do it they can too”.

- ✓ “In groups we use check in, check out method. Start with a check-in and something that is a challenge and have our group content and tie the group information into an identifiable skills and then have group check out discussion on how they are it is an embodiment of hope.”
- ✓ “We are trying to help identify ways they are using skills and empower them, that instills hope.”
- ✓ “Letting clients know there is a light at the end of the tunnel, but constantly telling them there is hope, just change a little and it will get better.”
- ✓ “Sharing with them years of sobriety and that it can happen. When they see it on the outside or in us they get hope.”
- ✓ “What impresses me is the nurturing personalities of the people I work with. The temperaments makes the clients feel comfortable and wanted.”
- ✓ “It is a work in progress we continue to work day in and day out and keep the lines of communication open giving them the ability to choose, we give them the ideas but it is their choice this time.”
- ✓ “We lay down contingencies. What is it you want to do. It is a game changer, these are the rules but ultimately it is your choice and that is a game changer.”
- ✓ “Before I start the intake is the client clear what the services are and what are the expectations. I stress it is a two way street, there is accountability that progress and growth is integral and are contingencies.”
- ✓ “In this program, they overcome pre-existing idea about a program. We offer them a choice, don’t treat them like a kid. They see the respect and they like having structured freedom.”

Even though the program is early in implementation each program indicated they are seeing positive changes in the clients as the program has rolled out over time. Each regional program had a positive story of client change. Below are several examples.

One client that hardly spoke at the beginning of the program really showed changes over time and was able to open up and begin communicating and speaking to staff and other clients. This client was also able to initiate getting to the program by bus when transportation missed picking her up.

Another client reported that he had used the resources in the program for searching for a job, he was able to get a job and was up very early every morning to ride the bus to work, and has still managed to come to program a minimum number of days. The program helped obtaining needed medication and emergency housing.

Staff Focus Group Themes

Collaborations with community Partners

Part of the program implementation includes collaborating with other community partners. Both program indicated that they collaborate with the detention centers to receive appropriate referrals using conference calls, probation meetings, justice outreach teams and Whole Person Care. Additionally each regional program has collaborated with other community resources in their areas to assist clients with basic necessities such as, food, clothing and medical care.

- ✓ “Collaboration with other agencies and Whole Person Care (WPC). The WPC nurses conference call with us and detention. (WPC utilizes public health nurses who refer and link individuals in the jails with post-release community services.”
- ✓ “The Justice Outreach Teams (JOT) are a huge partner, they check in with us on the clients and make sure they are showing up” (*Mid-County*).
- ✓ “We sit in staff meetings with probation.”
- ✓ “Community resources all have been really helpful- The narrow door community non-profit has assisted with food , My best friends closet has provided outfits for jobs. Martha’s Village they have been very helpful. It will be an option for our clients to volunteer.”
- ✓ “St. Margret’s church has been helpful go as a group together, they will open an extra day and do services.”
- ✓ “Case manager has been able to get resource right way.”
- ✓ “Shelter for change gives us food. Comes out once a week.” “Clients get excited when they see the boxes of food.”
- ✓ Staff shared they were able to obtain an unusual resources for unique needs such as pregnancy. They were able to obtain a volunteer Doula, who helps pregnant women at birth particularly for those that may be alone.

Staff Training

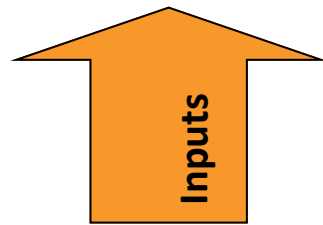
Both the Perris and Desert programs indicated they received good training as a part of program implementation. Staff noted they appreciated the training in evidence-based practices including Living in Balance and ASAM. The staff reported that 5150 training and training in the County electronic health record were also helpful. Recovery Innovations, the contractor responsible for administering the De Novo programs, also provided training to staff. Peer staff indicated they would like to have training in Wellness Action Recovery Plan (WRAP). One staff reported that before coming to work in the program she was not very computer savvy, but has since figured it out as doing many of the ELMR admissions.

Staff Focus Group Themes-Challenges

Staff challenges in the Desert varied somewhat from Mid-County. In the Desert challenges with transportation and housing were more difficult, due to distance and available housing resources.

- ✓ “The biggest challenges is emergency housing. The clients expectations are kind of set-up, there just is not a lot of emergency or housing resources available. The housing available may not line up to what the clients expectations might be.” (*Desert Program*)
- ✓ “We put people in housing for 21 days and if there is no other housing available then we have to try and transition. We need time to do SSI paperwork and get housing.”
- ✓ “Is frustrated with 21 day time period for transition. We built a rapport with clients but then we lose that when housing runs out. We have to try to get clients to be patient with housing.”
- ✓ “Try to have a heart to hear talk with them and let them know that we understand that it is hard to stay clean but the situation is temporary and this is just a safe place to shower with lock and a roof over head.”
- ✓ “From a staffing perspective with a cap of 12 clients per group at our current caseload of 56 plus clients. We want to provide the highest level of care. Individual one on ones are harder to accomplish and meet the number of groups and the number of people with a max of 90 open at one time.”
- ✓ “Transport is a huge issue service providing staff have to do transport. Many of the clients are in emergency housing and the Desert region and the distance from emergency housing to program makes it a staffing challenge.”
- ✓ “Transportation is tricky clients are spread out. We try to link to IEHP transportation, and bus passes help.”
- ✓ “It would be helpful to have videos of ELMR training instead of new staff having to wait for the next training.”
- ✓ “Having another car would help.”
- ✓ “Having a position for just a driver.”

Collaborative Partnerships and Strategic Coordinated Local Advisory Commit-



Collaborations with
Probation, Veterans and
Homeless Courts

Establishment of two
regional Integrated Full
Service Partnership

Training on
Evidenced-based Practice &
Trauma Informed Care
Leveraging Resources

