

**Siskiyou County Health and Human Services Agency
Proposition 47 Local Evaluation Plan
Siskiyou Revive**

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Project Background

The Siskiyou County Health and Human Services Agency (HHS), the lead service agency for the Proposition 47 program implementation in Siskiyou County, received \$875,897 to design and implement the Siskiyou Revive program. The Revive program will provide temporary supported housing for criminally-involved adults who are homeless and have a serious mental illness (SMI) and/or substance use disorder (SUD). Revive will use evidence-based and trauma-informed practices to provide housing, intensive case management, mental health and substance use treatment, diversion support, job readiness training, basic life skills development, and as appropriate, any other services to foster wellness and reduce recidivism. To ensure that participants are supported in their housing and recovery, the Revive team will integrate components of the Assertive Community Treatment (ACT) model into their services. This includes utilizing a team approach, personalized care, flexible and continuous care, comprehensive attention to services, and providing services where they are needed, such as in public areas or in the home.

The Siskiyou County Proposition 47 Local Advisory Committee (LAC) Membership Roster includes a broad range of stakeholders. The committee ensured that all stakeholders for the homeless community were involved, including representatives and leaders from Health and Human Services Agencies (HHS), Probation, Siskiyou County Sheriff’s Office, Planning Department, Adult Education providers, the Karuk Tribe, and community-based organizations (CBO) for mental health and homeless service providers. Many of the service-based stakeholders are members of existing committees in each of the disciplines addressed by Proposition 47, and the LAC would best serve as a platform to distribute program information and make joint decisions between the existing committees. These committees include the Siskiyou County Community Corrections Partnership, Siskiyou Against Rx Addiction, Siskiyou Homeless Coalition, and the Behavioral Health Quality Improvement Committee. A complete list and participant roles can be found in the tables below.

Table 1. Key Public Stakeholders and Their Roles

Agency	Role
Siskiyou County HHS Behavioral Health Division	Lead Agency
Siskiyou County Probation	Referral source, resources for group skills training and community-service supervision, completion of needs/risk assessments and data collection
Siskiyou County Sheriff	Referral source, data collection, social justice components
Yreka Police Department	Referral source, data collection
Shasta County Housing Authority	Housing vouchers and other housing leverage resources
Siskiyou County Public Defender’s Office	Referral source, data collection, will utilize the program for assistance with diversion programs
Siskiyou County District Attorney	Referral source, assistance determining eligibility
Siskiyou County Social Services	Registration for social service programs, advocacy for reversed child arears
Siskiyou County Superior Court	Referral source
Siskiyou County Substance Use Disorder Services	Referral source, provide 1 FTE SUD counselor, provide SUD recovery programs
Siskiyou County Public Health	Referral source

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Siskiyou County Community Development	Facilitation of social justice opportunities between impacted community members and Revive participants
Day Reporting Center	Provide 1 FTE clinician, provide hub where the team comes together, provide support for the Family Resource Center case manager

Table 2. Community-Based Partners

Organization	Role
Yreka Community Resource Center	Provide 1 FTE intensive case manager. Community engagement opportunities, clothing vouchers, computer lab access, linkage to other community resources
Beacon of Hope Gospel Rescue Mission	Assist in needs pertaining to moving participants out of winter shelter into program
Yreka High School Adult Education	Assist enrolling participants in adult education courses
Karuk Tribe	Provide culturally appropriate services for Native American participants, provide community-based social justice opportunities
Siskiyou Against RX Addiction	Guidance on RX addiction-related issues
Fairchild Medical Center	Coordinate primary care connections, data collection, referral source
Mercy Medical Center	Coordinate primary care connections, data collection, referral source

The following table details the goals and objectives developed for the Revive Program.

Table 3. Goals and Objectives of Prop 47 Revive Program

Goals	Process and Outcome Objectives
End the cycle of homelessness for Revive program participants.	<ul style="list-style-type: none"> • At least 70% of the criminally involved adults who are referred to the Revive Program enroll in the program. • 100% of those enrolled in the program are placed in supportive housing. • At least 80% of program participants who are placed in supportive housing, successfully remain in housing throughout their time in the program. • By the end of the grant period, 60% of program participants are in temporary/transitional or permanent supportive housing.
Provide individuals with the tools they need for successful rehabilitation from the criminal justice system.	<p>Overall:</p> <ul style="list-style-type: none"> • At least 70% of the criminally involved adults who are referred to the Revive Program enroll in the program. • At least 75% of program participants who are referred to services, enroll in those services. • At least 70% of those enrolled in services, complete at least 90% of the assigned services. • 100% of program participants are engaged in case management.

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	<p>Mental Health:</p> <ul style="list-style-type: none"> • At least 70% of Revive clients needing mental health services will successfully meet the program’s treatment completion criteria of a minimum of 90% attendance at assigned service components. • By program completion, at least 60% of program’s mental health clients will have met or made significant progress toward their primary mental health goals. <p>SUD:</p> <ul style="list-style-type: none"> • At least 50% of Revive clients with SUD will maintain engagement with the treatment throughout the treatment period. • By the end of the grant period, at least 30% of Revive clients will have reduced or eliminated substance use. <p>Job Readiness Training and Life Skills Development:</p> <ul style="list-style-type: none"> • At least 75% of program participants deemed in need of job readiness and/or life skills training, will have met or made progress toward their goals in these areas. • Within six months of program completion, at least 30% of program participants will be engaged in volunteer work, have employment, or will be receiving increased public benefits such as SSI/SSD. <p>Recidivism:</p> <ul style="list-style-type: none"> • At least 60% of people in program have not re-entered the criminal justice system during treatment period.
<p>Repair the harm caused by crime by transforming offenders through accountability and transformation.</p>	<ul style="list-style-type: none"> • At least 90% of program participants are referred to a community service opportunity. • At least 50% of those referred to community service are in placements that further job and/or life skills. • At least 70% of Revive participants complete at least 80% of the assigned community service hours.

Evaluation Methods and Design

The Siskiyou County Health and Human Services Agency contracted with the California State University, Chico, School of Social Work (SSW) to evaluate the success of the Siskiyou Revive program in attaining its goals. The evaluation will assess the extent to which the Revive program activities are implemented as planned and the impact that these activities have on those participating in the program. As detailed below, SSW staff will work with HHSA and community partners to collect qualitative and quantitative data and will analyze that data to assess the implementation (fidelity to the proposed model) and outcomes of the program. In conjunction with Siskiyou County HHSA and community partners, SSW staff

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will identify and/or develop data sources and tools to collect the data necessary to evaluate Siskiyou Revive. The SSW evaluation team will also provide training and technical assistance to Revive Team staff to support the evaluation process.

Siskiyou Revive will utilize the wealth of knowledge and experience from a variety of public and private community partners with the ultimate aim of reducing recidivism in Siskiyou County. The program will be coordinated by the Siskiyou County Health and Human Services Agency. The Yreka Community Resource Center is the community-based organization providing housing and case management services to participants. SUD services will be provided by Siskiyou County Substance Use Disorder Services. Up to ten participants at a time will receive services in the program. If the program is full, referred participants will be placed on a waiting list until a participant graduates or is off-boarded from the program.

Definitions

LAC Referral Group – A subcommittee of the LAC team that will be responsible for reviewing referral applications, interviewing potential candidates and referral sources, determining potential placements, recommending needed services for each participant, approving off-boarding of participants, and determining the timeframe in which off-boarded participants must leave the program and vacate housing.

Revive Team – The program staff that has direct contact with the program participants including clinicians, the case manager and the SUD counselor.

Eligibility for the Program – To qualify for admittance to the Revive Program, participants must have had involvement in the criminal justice system (e.g., probation, parole, diversion), and be of a high to moderate risk for recidivism.

Program Off-Boarding – Participants who do not attend required service sessions, who behave inappropriately in supported housing, and/or who do not follow the proscribed treatment plan will be removed from the program. This process will be initiated by the Revive Team (clinician, case manager, SUD counselor) with approval by the LAC Referral Group.

Program Completion - The time from entry to program completion will range from three to nine months, depending on individual needs. Participants will have successfully completed the program when they have met the required number of program hours set for them and engaged in at least 90% of required services. The total number of service hours for each participant are based on their need and criminogenic risk factors. Each participant is required to complete a minimum of two hours of services per week while in the program.

Recidivism – Recidivism is defined as conviction of a new misdemeanor or felony committed within three years of release from custody or placement on supervision for a previous criminal conviction.

Research Design for the Process and Outcome Evaluations

The evaluation of the Revive Program will include a process assessment, examining whether the program was implemented as planned, and an outcome assessment, examining whether, and to what extent, the program had the desired impact on program participants. The following section provides a more in-depth overview of the Revive Program and a description of the planned process and outcome evaluation measures.

Program Description

1. Initial Referral

Participants will be referred to the Revive Program through multiple community partners. The referral source will complete an assessment prior to referral, ensuring that each potential participant meets the program criteria. This includes assessments for medical necessity and moderate to severe recidivism risk score. All referrals will be submitted through a central referral point of contact (POC). After assessing that initial referral information is complete, the POC will record the information in the Revive Access Log and distribute copies of the application to the LAC Referral Group. The LAC Referral Group will review applications, interview potential applicants and referral source, determine fit of program for participant, if approved for placement, recommend what services are appropriate for the participant, and inform POC of decisions. POC will deliver participant packets to the Revive Case Manager (CM). Applicants denied admission will be referred to other services.

2. On-Boarding Process

Administrative - In a first appointment the CM will ensure completion of the administrative packet including the Housing Agreement, Program Agreement, ROIs, Signed Goals Agreement, Program and Participation Expectations, share of cost information, and participant demographic information, and send packets to BH Health Information Department.

Orientation - The CM will provide a program orientation allowing the participants to meet the Revive team, identify needs for entering the program, define goals, expectations, graduation requirements, and problem resolution protocols, and exchange contact information.

Housing - Housing for participants will be identified in the referral process and during the on-boarding process the following housing-related activities will occur: 1) transitioning participants into housing; 2) future housing plan discussed; 3) identification of barriers to permanent housing; 4) identification and addressing barriers in previous housing; and 5) clear directions on what violates the housing rules and how participants can be supported if issues arise.

Program Services – The Service Determination Guide is used to set the type of services and number of hours per week for each participant. The Revive team will finalize the service types and frequencies for participants. The CM will assist with scheduling of services and supporting participants in overcoming barriers to attending services. The SUD Counselor will assist the CM in this as needed.

Individual Goal Setting – Each participant will set individual goals for their time in the program. Progress toward goals is monitored quarterly by the clinician, counselor, and/or case manager, and can be revised as needed. Goal progress will be part of the final graduation review.

3. Service Administration for Behavioral Health (BH) and CBO

The Revive Team will determine what services each participant needs. The CM will be responsible for ensuring access and linkage to services and will monitor the coordination of care including scheduling, making referrals, following up on referrals, and overcoming barriers to access. BH clients must meet medical necessity for BH. Participants who do not will be labeled Non-BH and not be in the Electric Health Record (EHR). The CM will ensure that participants have completed the fiscal intake with BH. Non-BH clients may do a fiscal intake with Beacon Health Options. Throughout the program there will be weekly Revive Team meetings (clinicians, SUD counselor, case manager), weekly program meetings with program administrators and staff (frequency may change after initial development and start-up), monthly LAC meetings shifting to quarterly after May 2020, and Referral Group meetings as needed.

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4. Off-Boarding Process

Initiation of Off-Boarding – The off-boarding process will be initiated by the Revive Team and approved by the Referral Group. The Referral Group will determine the time frame in which the participant must leave the program and vacate housing. The Referral Group will send the final determination to the POC. Decisions will be logged in the Revive Access Log and a Revive Team member will inform the participant of the decision.

Ending Services – Any outstanding legal issues will be discussed with the participant. The participant may receive referrals for other programs and the CM may assist in alternative housing programs.

5. Graduation Process

Last Quarter of the Program – In the last quarter, the Revive Team will focus on transitioning participants into other services, supports, and resources. The Referral Group will make the recommendation for graduation.

Graduation Review – Graduation review will include: 1) status of housing; 2) status of employment/school; 3) recreational activities; 4) plan to address future barriers; 5) a letter from the participant about how the program helped them; and 6) total number of hours met toward their goals and at least 90% attendance in program components.

Graduation – Participants will determine how they would like to celebrate the end of their participation in the program with the Revive Team. The Team will assist participants with moving into stable housing as well as other stabilization services that may be needed.

Post-Graduation – The Revive Team may stay in contact with graduates to provide any assistance, references, or service coordination.

Data Collection Procedures – Process Evaluation

The process evaluation will use the types of qualitative and quantitative measures listed in Table 4 to assess program fidelity.

Table 4. Process Evaluation Measures

Activity	Quantitative Data	Qualitative Data
Mental Health Services	<ul style="list-style-type: none"> • # of existing staff and new hires • Qualifications of staff appropriate to job including cultural competency • Appropriate staff training completed and level of competency achieved • Fiscal monitoring including staff-time, billable and non-billable services provided, and resource monitoring • Client fit with eligibility criteria • # of referrals to the program • # of individuals referred for MH services • # of individuals enrolled in MH services • # of MH services attended by each participant • # of MH service hours provided and number of clients served 	<ul style="list-style-type: none"> • Participant’s perception of engagement in MH services • Clinician’s perception of engagement in MH services • Case manager’s perception of engagement in MH services • Participant’s perception of steps taken toward meeting individual MH goals

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	<ul style="list-style-type: none"> • # and % of participants completing MH services • # of people on the waiting list • Demographic information for participants 	
SUD Services	<ul style="list-style-type: none"> • # of existing staff and new hires • Qualifications of staff appropriate to job including cultural competency • Appropriate staff training completed and level of competency achieved • Fiscal monitoring including staff-time, billable and non-billable services provided, and resource monitoring • Client fit with eligibility criteria • # of individuals referred for SUD services • # of individuals enrolled in SUD services • # of SUD services attended by each participant • # of SUD service hours provided and number of clients served • # and % of participants completing SUD services • # of people on the waiting list • Demographic information for participants 	<ul style="list-style-type: none"> • Participant’s perception of engagement in SUD services • Clinician’s perception of engagement in SUD services • Case manager’s perception of engagement in SUD services • Participant’s perception of steps taken toward meeting individual SUD goals
Housing Support	<ul style="list-style-type: none"> • # of participants referred to appropriate, supported housing • # of participants placed in appropriate, supported housing • # of service hours providing housing-related support • # of people on the waiting list 	<ul style="list-style-type: none"> • Participant’s perception of and satisfaction with housing provided • Case manager’s perception of engagement in housing support services
Community Engagement and Restorative Justice	<ul style="list-style-type: none"> • # of participants referred to community service activities • # of community service hours completed • # of participant hours spent in recreational and educational activities 	<ul style="list-style-type: none"> • Participant’s perception of engagement in community service activities • Case manager’s perception of engagement in community service activities

Documentation and Quality Assurance for Process Evaluation

Documentation

- For Behavioral Health standard services documentation will be stored in the EHR. Monthly reports will be added to the Revive Service Log for reporting purposes.
- For non-billable group services, a session rating tool will be used to document attendance and the level of participation.

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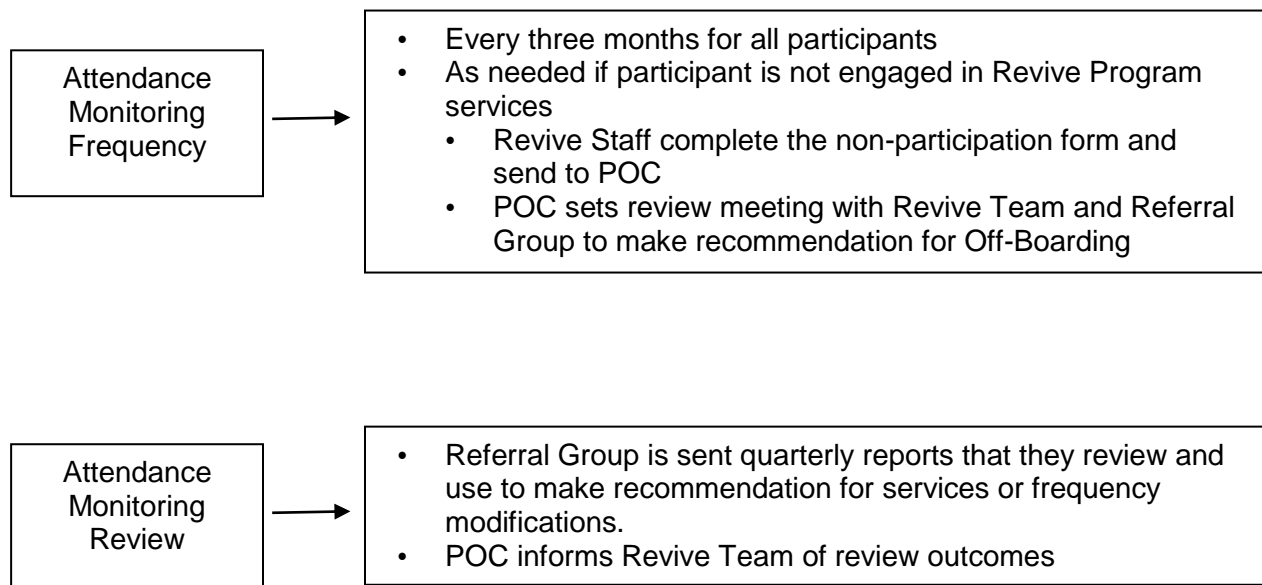
- For non-BH clients, the CM will monitor scheduled services and attendance. This information will be logged in the Revive Service Log. The Revive Service log will be updated and reviewed for quality monthly.
- The Day Reporting Center - Documentation is gathered from the weekly session rating tool
- BH/SUD- Documentation is gathered from the EHR
- CBO - Documentation is gathered from the shared service log
- and documentation for the LAC/ referral group is gathered from meeting minutes.

Quality Assurance

- An MOU will be instituted with probation for risk assessment and BH/SUD assessment referrals.
- Program activities will be monitored for timeliness including the initial referral, referral review date, program acceptance date and the first program service date.
- BH time and distance standards will be applied to all BH clients, as well as timeliness standards for accessing services. All BH services are accountable to internal policies and procedures.

Program Attendance Monitoring

The following procedures are planned to monitor participant program attendance:



Data Collection Procedures – Outcome Evaluation

To evaluate Revive Program outcomes, a mixed methods approach will be employed, using a combination of quantitative data provided by program partners, collected by members of the Revive Team during baseline and subsequent assessments, and from standardized instruments. Qualitative data will be gathered from interviews and questionnaires completed by program participants and staff. Baseline data will be collected on all participants during the initial assessment of participants at the beginning of the program. Participants' mental health and SUD status and progress will be logged in the EHR. The outcome evaluation will use the types of qualitative and quantitative measures listed in Table 5.

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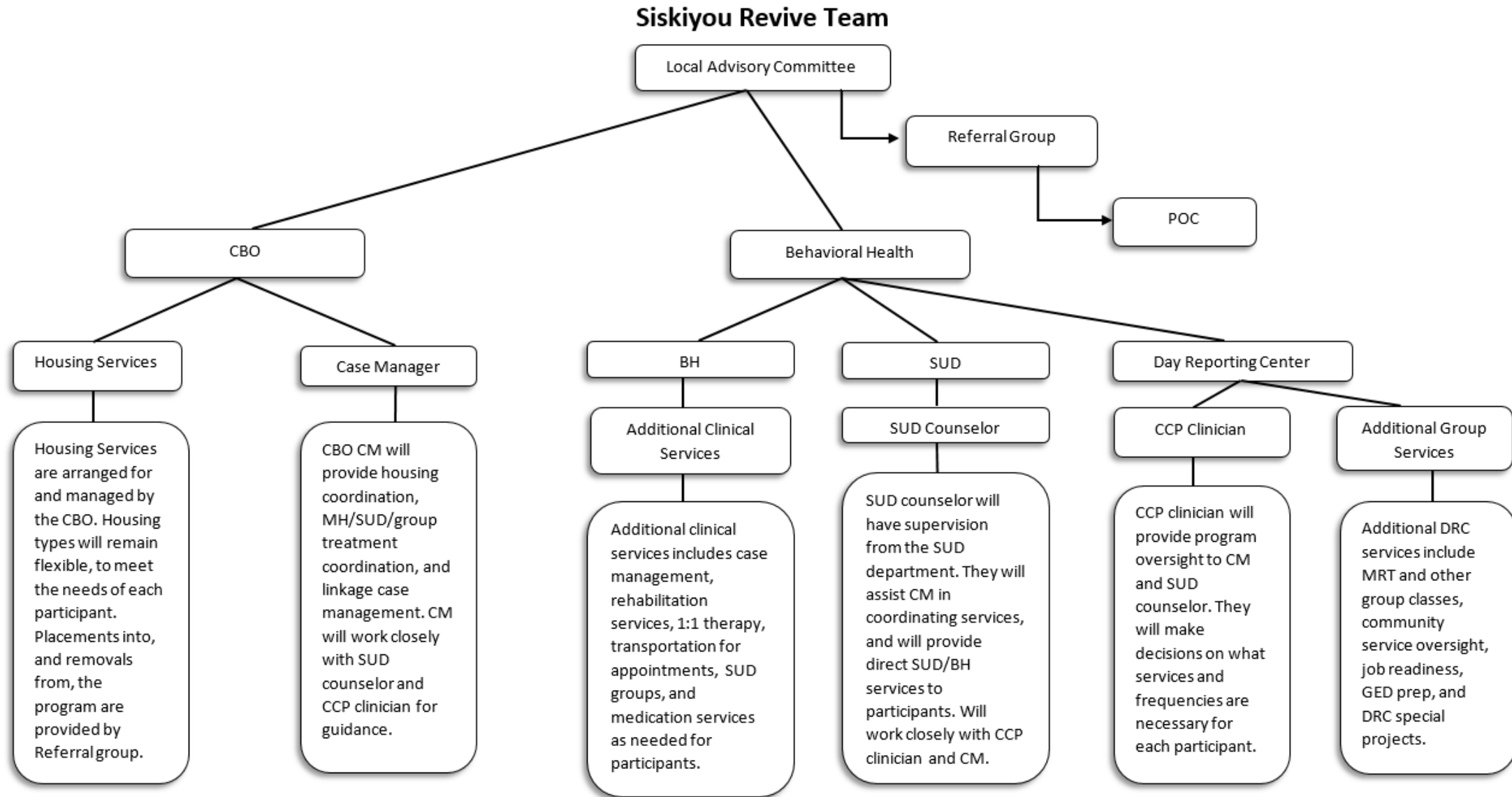
Table 5. Outcome Evaluation Measures

Activity	Quantitative Data	Qualitative Data
Mental Health	<ul style="list-style-type: none"> • Data from Electronic Health Records on mental health symptoms • Scores on standard mental health assessments 	<ul style="list-style-type: none"> • Participant’s perception of progress toward individual MH goals • Participant’s perception of symptom reduction • Clinician’s perception of progress toward MH goals • Clinician’s perception of symptom reduction • Case manager’s perception of symptom reduction
SUD	<ul style="list-style-type: none"> • # of months participants remain relapse free • Data from Electronic Health Records from drug tests • Scores on standardized SUD measures 	<ul style="list-style-type: none"> • Participant’s perception of progress toward individual SUD goals • Participant’s perception of their ability to overcome their barriers to recovery • Case manager’s perception of progress toward individual SUD goals • SUD counselor’s perception of progress toward individual SUD goals
Housing	<ul style="list-style-type: none"> • # and % of participants successfully placed in transitional or permanent housing • # of months participants remain in housing • # and % of participants remaining in housing through program completion • # and % of participants remaining in housing six and 12 months post program graduation • # of people removed from housing and the program 	<ul style="list-style-type: none"> • Participant’s perception of their ability to remain in housing • Case manager’s perception of participant’s ability to remain in housing
Community Engagement and Restorative Justice	<ul style="list-style-type: none"> • # and % of participants engaged in paid work or volunteer community service during and six and 12 months after the program 	<ul style="list-style-type: none"> • Participant’s perception of job readiness • Case manager’s and clinician’s perception of job readiness • Participant’s attitude toward work or community service
Recidivism	<ul style="list-style-type: none"> • # of contacts with law enforcement • # of new court cases • # of days in jail 	

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Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
Existing and New Staff	Case Management	# of clients receiving services	Improvement in mental health	A reduction in the number of people with untreated mental illness and SUD in Siskiyou County
CBOs/Local Government Agencies/Community Partners/LAC	Supportive Housing		Reduction in substance use	
	Mental Health Counseling	# of service hours completed	Increase in job readiness and life skills	A reduction in recidivism
Day Reporting Center and other facilities	SUD Counseling	# of participants placed in housing		Enhanced coordination of services throughout Siskiyou County
Leveraged Funding	Job Readiness Training	Completion of case plans	Increase in # of people living in safe and stable housing	
	Life Skills Development	# of community service hours	Reduction in recidivism rates	An ongoing collaboration of partners in Siskiyou County prepared to address local needs
	Restorative Justice Opportunities	# of program graduates		



Siskiyou Revive Program Goals/Objectives

Goal 1
End the cycle of homelessness for Revive Program participants

Objective
Increase the number of participants that are in transitional/temporary and permanent supportive housing.

- Activities**
- Attain temporary and permanent supportive housing opportunities for participants.
 - Provide intensive case management to support housing searches, placements, and housing-related conflict resolutions.
 - Provide supportive services the entire time participants are in the program.

Goal 2
Provide individuals with the tools they need for successful rehabilitation from the criminal justice system

Objective
Reduce rates of recidivism for Revive participants by providing intensive case management and mental health/ SUD treatment.

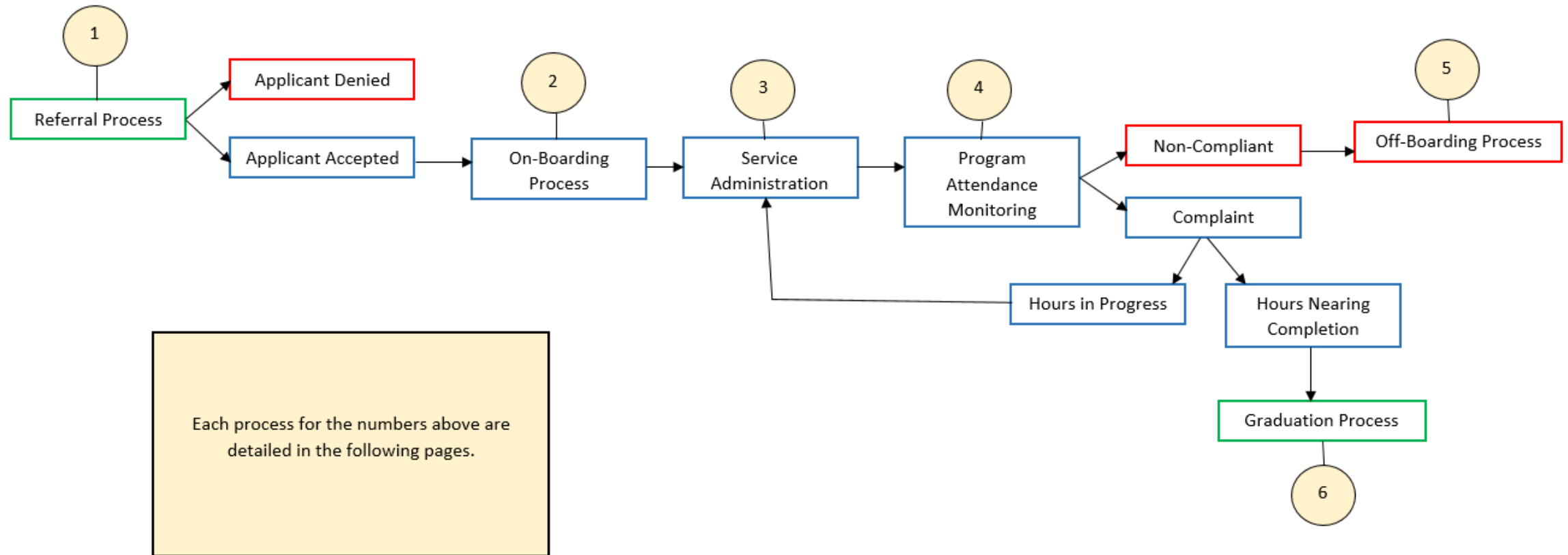
- Activities**
- Reduce all barriers to attending mental health and/or SUD treatment options through county or community-based systems.
 - Ensure intensive case management is flexible, trauma-informed, and client-centered to provide the most appropriate level of services for each participant.

Goal 3
Repair the harm caused by crime by transforming offenders through accountability and transformation

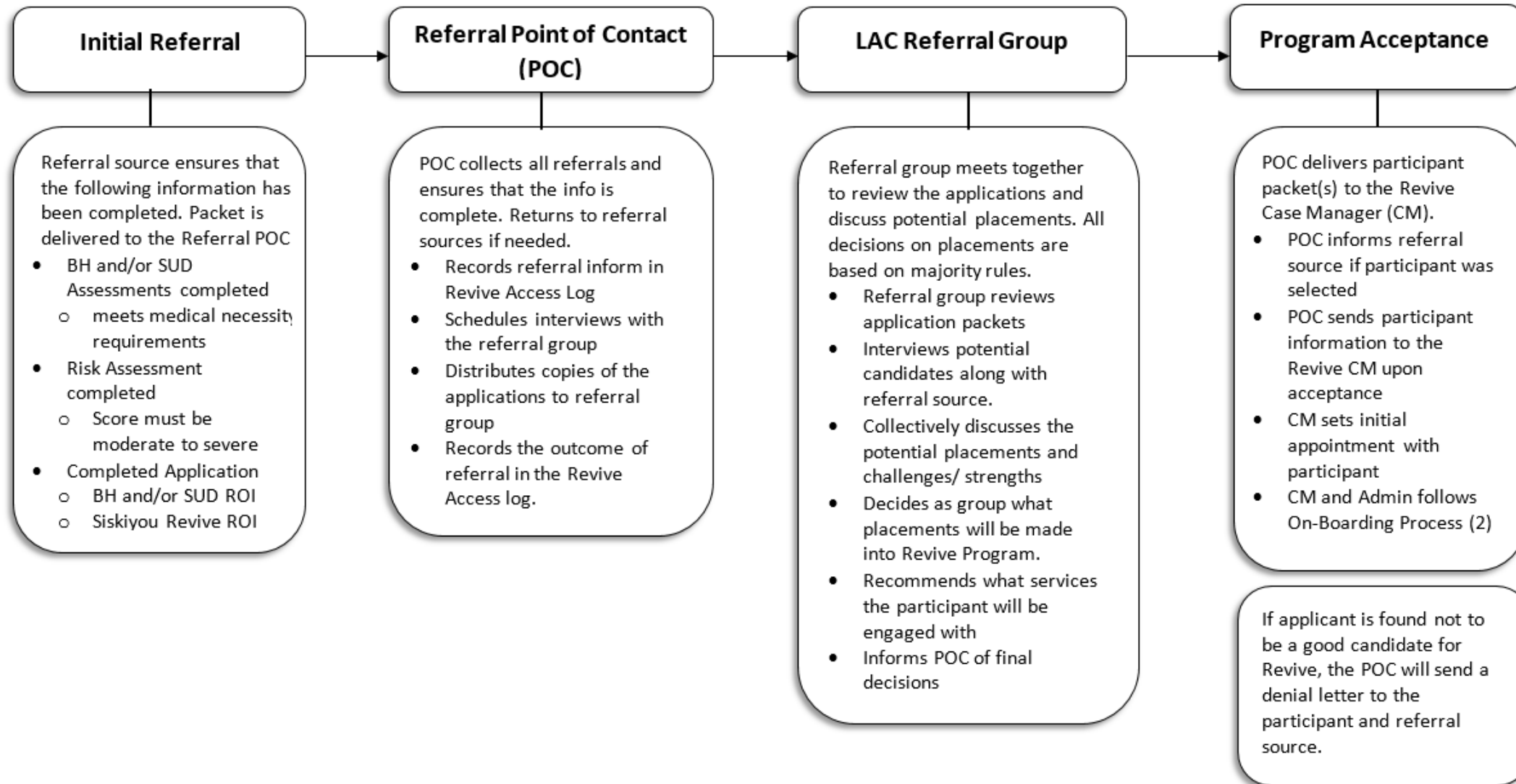
Objective
Increase the number of community service hours from Revive participants, and increase the hours that community members participate with Revive.

- Activities**
- Hold participants accountable for completing community services hours in a variety of locations and opportunities.
 - Encourage participants to engage in recreational and educational activities throughout the community.

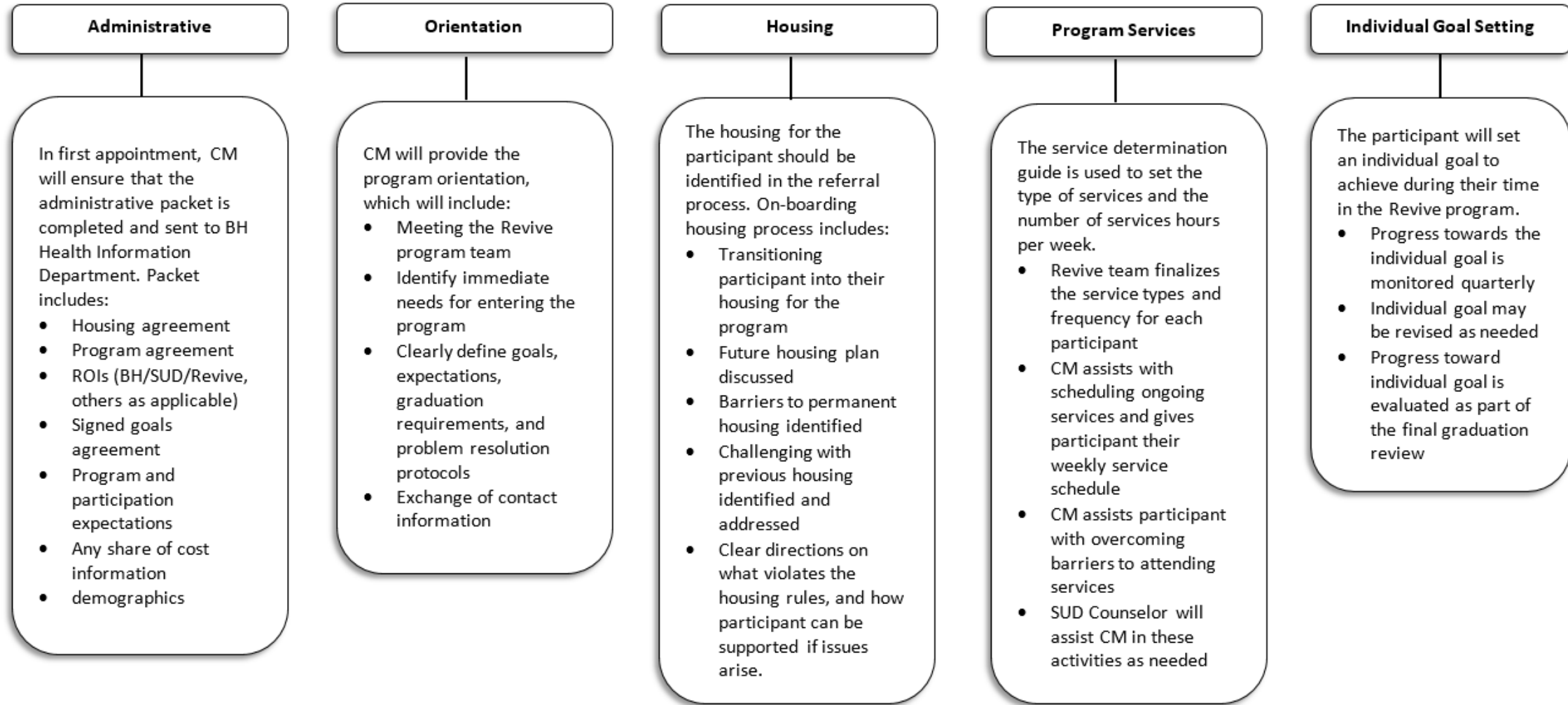
Siskiyou Revive Program Flow Chart



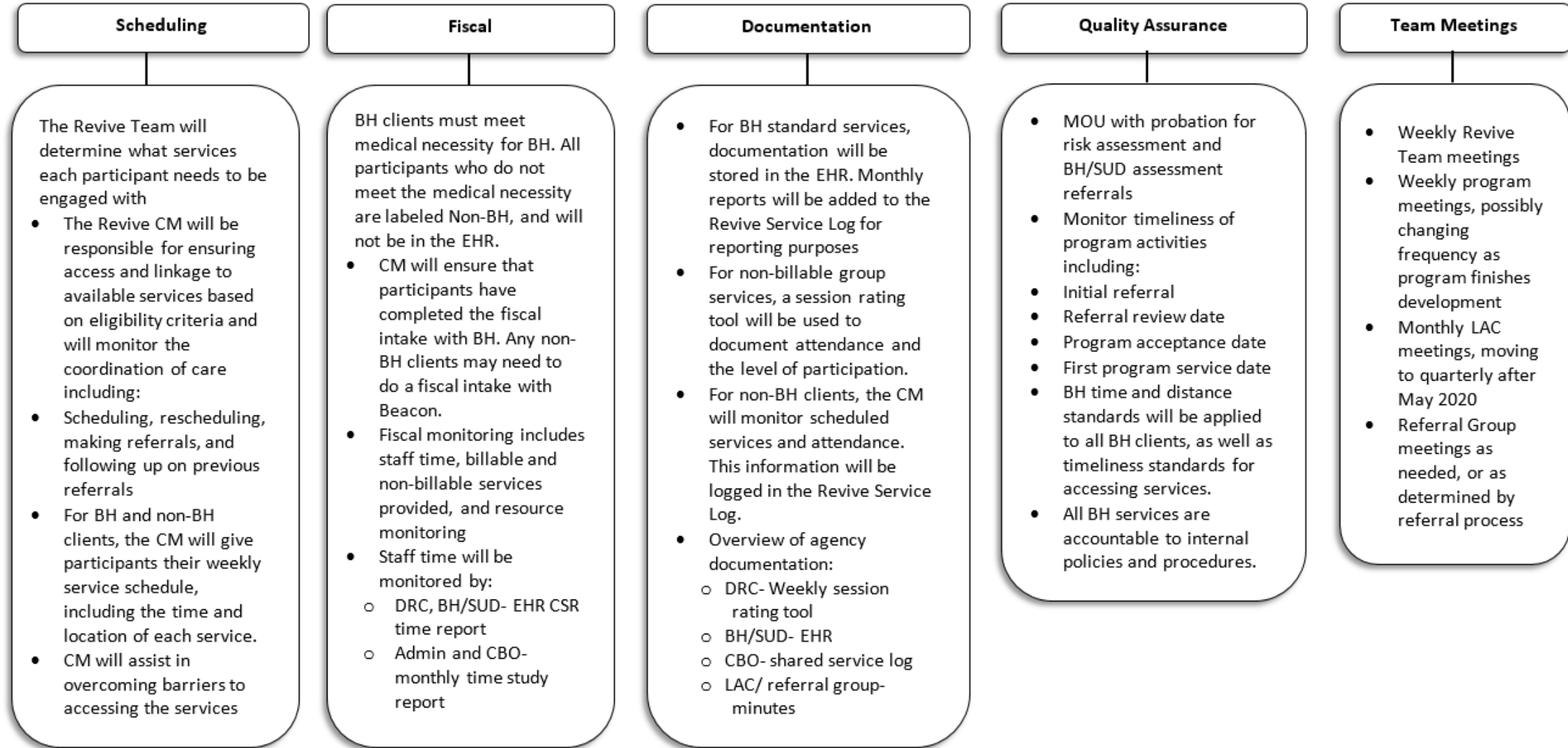
1- Referral Process



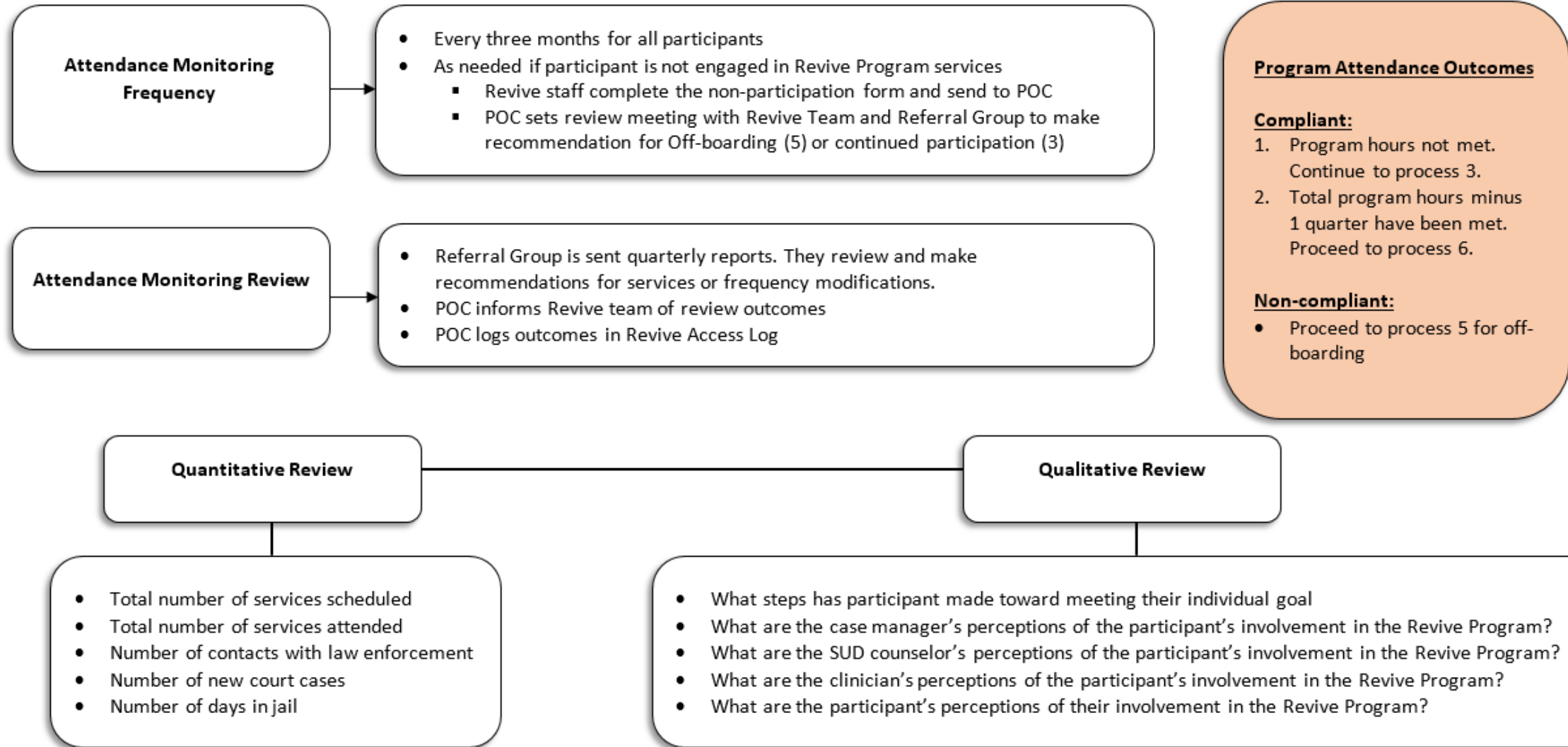
2- On-Boarding Process



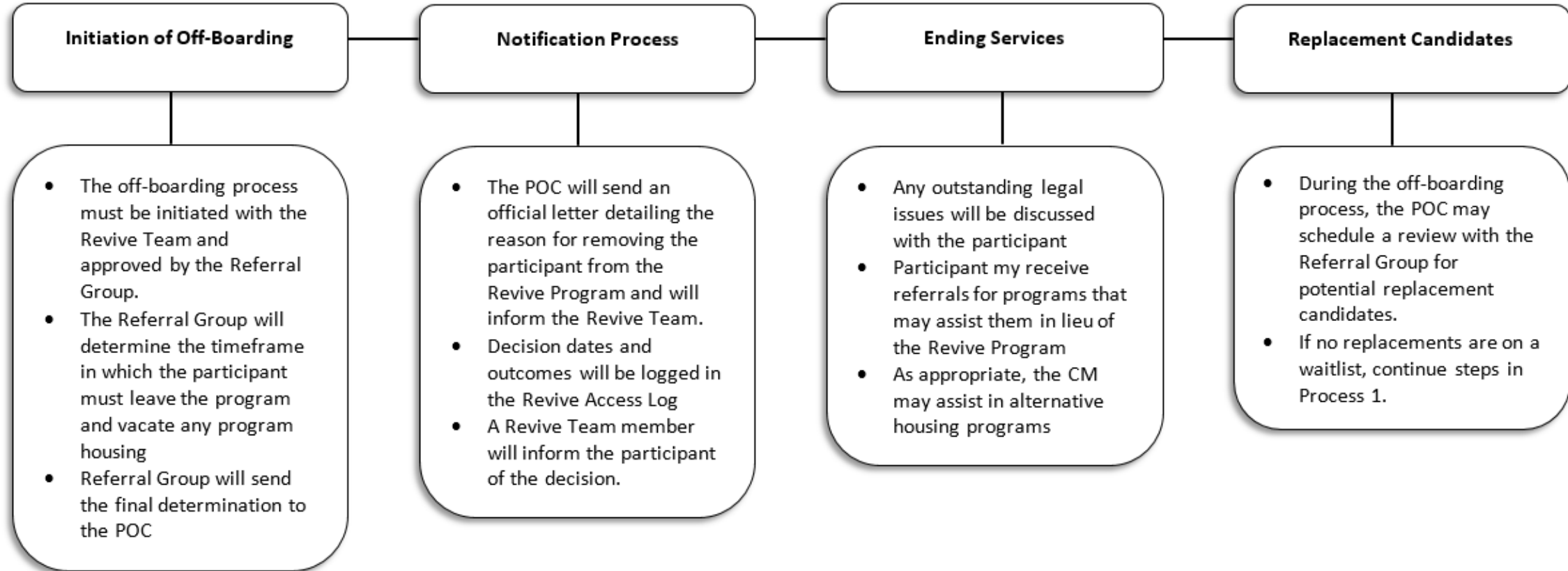
3- Service Administration for BH and CBO



4- Program Attendance Monitoring



5- Off-Boarding Process



6- Graduation Process

