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 (HHSA), 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 (HHSA), 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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siskiyou County HHSA Behavioral Health Division</td>
<td>Lead Agency</td>
</tr>
<tr>
<td>Siskiyou County Probation</td>
<td>Referral source, resources for group skills training and community-service supervision, completion of needs/risk assessments and data collection</td>
</tr>
<tr>
<td>Siskiyou County Sherriff</td>
<td>Referral source, data collection, social justice components</td>
</tr>
<tr>
<td>Yreka Police Department</td>
<td>Referral source, data collection</td>
</tr>
<tr>
<td>Shasta County Housing Authority</td>
<td>Housing vouchers and other housing leverage resources</td>
</tr>
<tr>
<td>Siskiyou County Public Defender’s Office</td>
<td>Referral source, data collection, will utilize the program for assistance with diversion programs</td>
</tr>
<tr>
<td>Siskiyou County District Attorney</td>
<td>Referral source, assistance determining eligibility</td>
</tr>
<tr>
<td>Siskiyou County Social Services</td>
<td>Registration for social service programs, advocacy for reversed child arears</td>
</tr>
<tr>
<td>Siskiyou County Superior Court</td>
<td>Referral source</td>
</tr>
<tr>
<td>Siskiyou County Substance Use Disorder Services</td>
<td>Referral source, provide 1 FTE SUD counselor, provide SUD recovery programs</td>
</tr>
<tr>
<td>Siskiyou County Public Health</td>
<td>Referral source</td>
</tr>
</tbody>
</table>
Table 2. Community-Based Partners

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

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

Table 3. Goals and Objectives of Prop 47 Revive Program

<table>
<thead>
<tr>
<th>Goals</th>
<th>Process and Outcome Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>End the cycle of homelessness for Revive program participants.</td>
<td>• At least 70% of the criminally involved adults who are referred to the Revive Program enroll in the program.</td>
</tr>
<tr>
<td></td>
<td>• 100% of those enrolled in the program are placed in supportive housing.</td>
</tr>
<tr>
<td></td>
<td>• At least 80% of program participants who are placed in supportive housing, successfully remain in housing throughout their time in the program.</td>
</tr>
<tr>
<td></td>
<td>• By the end of the grant period, 60% of program participants are in temporary/transitional or permanent supportive housing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide individuals with the tools they need for successful rehabilitation from the criminal justice system.</th>
<th>Overall:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• At least 70% of the criminally involved adults who are referred to the Revive Program enroll in the program.</td>
</tr>
<tr>
<td></td>
<td>• At least 75% of program participants who are referred to services, enroll in those services.</td>
</tr>
<tr>
<td></td>
<td>• At least 70% of those enrolled in services, complete at least 90% of the assigned services.</td>
</tr>
<tr>
<td></td>
<td>• 100% of program participants are engaged in case management.</td>
</tr>
</tbody>
</table>
Mental Health:
- 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.

SUD:
- 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.

Job Readiness Training and Life Skills Development:
- 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.

Recidivism:
- At least 60% of people in program have not re-entered the criminal justice system during treatment period.
- 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
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.
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quantitative Data</th>
<th>Qualitative Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>• # of existing staff and new hires</td>
<td>• Participant’s perception of engagement in MH services</td>
</tr>
<tr>
<td></td>
<td>• Qualifications of staff appropriate to job including cultural competency</td>
<td>• Clinician’s perception of engagement in MH services</td>
</tr>
<tr>
<td></td>
<td>• Appropriate staff training completed and level of competency achieved</td>
<td>• Case manager’s perception of engagement in MH services</td>
</tr>
<tr>
<td></td>
<td>• Fiscal monitoring including staff-time, billable and non-billable services</td>
<td>• Participant’s perception of steps taken toward meeting individual MH goals</td>
</tr>
<tr>
<td></td>
<td>provided, and resource monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Client fit with eligibility criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of referrals to the program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of individuals referred for MH services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of individuals enrolled in MH services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of MH services attended by each participant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of MH service hours provided and number of clients served</td>
<td></td>
</tr>
</tbody>
</table>
# Siskiyou Revive Program Evaluation Plan

<table>
<thead>
<tr>
<th>Siskiyou Revive Page 8 of 20</th>
</tr>
</thead>
</table>

- # and % of participants completing MH services
- # of people on the waiting list
- Demographic information for participants

## SUD Services

- # 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

## Housing Support

- # 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

## Community Engagement and Restorative Justice

- # of participants referred to community service activities
- # of community service hours completed
- # of participant hours spent in recreational and educational 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.
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:

<table>
<thead>
<tr>
<th>Attendance Monitoring Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Every three months for all participants</td>
</tr>
<tr>
<td>• As needed if participant is not engaged in Revive Program services</td>
</tr>
<tr>
<td>• Revive Staff complete the non-participation form and send to POC</td>
</tr>
<tr>
<td>• POC sets review meeting with Revive Team and Referral Group to make recommendation for Off-Boarding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendance Monitoring Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Referral Group is sent quarterly reports that they review and use to make recommendation for services or frequency modifications.</td>
</tr>
<tr>
<td>• POC informs Revive Team of review outcomes</td>
</tr>
</tbody>
</table>

### 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.
### Table 5. Outcome Evaluation Measures

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quantitative Data</th>
<th>Qualitative Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>• Data from Electronic Health Records on mental health symptoms</td>
<td>• Participant’s perception of progress toward individual MH goals</td>
</tr>
<tr>
<td></td>
<td>• Scores on standard mental health assessments</td>
<td>• Participant’s perception of symptom reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinician’s perception of progress toward MH goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinician’s perception of symptom reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Case manager’s perception of symptom reduction</td>
</tr>
<tr>
<td>SUD</td>
<td>• # of months participants remain relapse free</td>
<td>• Participant’s perception of progress toward individual SUD goals</td>
</tr>
<tr>
<td></td>
<td>• Data from Electronic Health Records from drug tests</td>
<td>• Participant’s perception of their ability to overcome their barriers to recovery</td>
</tr>
<tr>
<td></td>
<td>• Scores on standardized SUD measures</td>
<td>• Case manager’s perception of progress toward individual SUD goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SUD counselor’s perception of progress toward individual SUD goals</td>
</tr>
<tr>
<td>Housing</td>
<td>• # and % of participants successfully placed in transitional or permanent housing</td>
<td>• Participant’s perception of their ability to remain in housing</td>
</tr>
<tr>
<td></td>
<td>• # of months participants remain in housing</td>
<td>• Case manager’s perception of participant’s ability to remain in housing</td>
</tr>
<tr>
<td></td>
<td>• # and % or participants remaining in housing through program completion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # and % of participants remaining in housing six and 12 months post program graduation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of people removed from housing and the program</td>
<td></td>
</tr>
<tr>
<td>Community Engagement and Restorative Justice</td>
<td>• # and % of participants engaged in paid work or volunteer community service during and six and 12 months after the program</td>
<td>• Participant’s perception of job readiness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Case manager’s and clinician’s perception of job readiness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participant’s attitude toward work or community service</td>
</tr>
<tr>
<td>Recidivism</td>
<td>• # of contacts with law enforcement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of new court cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of days in jail</td>
<td></td>
</tr>
</tbody>
</table>
## Siskiyou Revive Program Evaluation Plan

### Logic Model

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

Siskiyou Revive Team

Local Advisory Committee

Referral Group

POC

CBO

Case Manager

Housing Services

CBO CM will provide housing coordination, MH/SUD/group treatment coordination, and linkage case management. CM will work closely with SUD counselor and CCP clinician for guidance.

Behavioral Health

Additional Clinical Services

Additional clinical services include case management, rehabilitation services, SI therapy, transportation for appointments, SUD groups, and medication services as needed for participants.

SUD

SUD Counselor

SUD counselor will have supervision from the SUD department. They will assist CM in coordinating services, and will provide direct SUD/BH services to participants. Will work closely with CCP clinician and CM.

Day Reporting Center

CCP Clinician

CCP clinician will provide program oversight to CM and SUD counselor. They will make decisions on what services and frequencies are necessary for each participant.

Additional Group Services

Additional DRC services include MRT and other group classes, community service oversight, job readiness, GED prep, and DRC special projects.
Appendix B—Revive Program Flow Charts

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.
Appendix B—Revive Program Flow Charts

Siskiyou Revive Program Flow Chart

Each process for the numbers above are detailed in the following pages.
1- Referral Process

**Initial Referral**
Referral source ensures that the following information has been delivered to the Referral POC
- BH and/or SUD Assessments completed
  - Meets medical necessity requirements
- Risk Assessment completed
  - Score must be moderate to severe
- Completed Application
  - BH and/or SUD ROI
  - Siskiyou Revive ROI

**Referral Point of Contact (POC)**
POC collects all referrals and ensures that the Info is complete. Returns to referral sources if needed.
- Records referral inform in Revive Access Log
- Schedules interviews with referral group
- Distributes copies of the applications to referral group
- Records the outcome of referral in the Revive Access Log.

**LAC Referral Group**
Referral group meets together to review the applications and discuss potential placements. All decisions on placements are based on majority rules.
- Referral group reviews application packets
- Interviews potential candidates along with referral source.
- Collectively discusses the potential placements and challenges/ strengths
- Decides as group what placements will be made into Revive Program.
- Recommends what services the participant will be engaged with
- Informs POC of final decisions

**Program Acceptance**
POC delivers participant packet(s) to the Revive Case Manager (CM).
- POC informs referral source if participant was selected
- POC sends participant information to the Revive CM upon acceptance
- CM sets initial appointment with participant
- CM and Admin follows On-Boarding Process (2)

If applicant is found not to be a good candidate for Revive, the POC will send a denial letter to the participant and referral source.
Appendix B—Revive Program Flow Charts

2- On-Boarding Process

Administrative

In first appointment, CM will ensure that the administrative packet is completed and sent to BH Health Information Department. Packet includes:
- Housing agreement
- Program agreement
- ROIs (BH/SUD/Revive, others as applicable)
- Signed goals agreement
- Program and participation expectations
- Any share of cost information
- Demographics

Orientation

CM will provide the program orientation, which will include:
- Meeting the Revive program team
- Identify immediate needs for entering the program
- Clearly define goals, expectations, graduation requirements, and problem resolution protocols
- Exchange of contact information

Housing

The housing for the participant should be identified in the referral process. On-boarding housing process includes:
- Transitioning participant into their housing for the program
- Future housing plan discussed
- Barriers to permanent housing identified
- Challenging with previous housing identified and addressed
- Clear directions on what violates the housing rules, and how participant can be supported if issues arise

Program Services

The service determination guide is used to set the type of services and the number of services hours per week.
- Revive team finalizes the service types and frequency for each participant
- CM assists with scheduling ongoing services and gives participant their weekly service schedule
- CM assists participant with overcoming barriers to attending services
- SUD Counselor will assist CM in these activities as needed

Individual Goal Setting

The participant will set an individual goal to achieve during their time in the Revive program.
- Progress towards the individual goal is monitored quarterly
- Individual goal may be revised as needed
- Progress toward individual goal is evaluated as part of the final graduation review
Appendix B—Revive Program Flow Charts

3- Service Administration for BH and CBO

The Revive Team will determine what services each participant needs to be engaged with:
- The Revive CM will be responsible for ensuring access and linkage to available services based on eligibility criteria and will monitor the coordination of care including:
  - Scheduling, rescheduling, making referrals, and following up on previous referrals
- For BH and non-BH clients, the CM will give participants their weekly service schedule, including the time and location of each service.
- CM will assist in overcoming barriers to accessing the services

BH clients must meet medical necessity for BH. All participants who do not meet the medical necessity are labeled Non-BH, and will not be in the EHR.
- CM will ensure that participants have completed the fiscal intake with BH. Any non-BH clients may need to do a fiscal intake with Beacon.
- Fiscal monitoring includes staff time, billable and non-billable services provided, and resource monitoring
- Staff time will be monitored by:
  - DRC, BH/SUD- EHR CSR time report
  - Admin and CBO- monthly time study report

For BH 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.
- For non-BH clients, the CM will monitor scheduled services and attendance. This information will be logged in the Revive Service Log.
- Overview of agency documentation:
  - DRC- Weekly session rating tool
  - BH/SUD- EHR
  - CBO- shared service log
  - LAC/ referral group minutes

MOU with probation for risk assessment and BH/SUD assessment referrals
- Monitor timeliness of program activities including:
  - Initial referral
  - Referral review date
  - Program acceptance date
  - 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.

- Weekly Revive Team meetings
- Weekly program meetings, possibly changing frequency as program finishes development
- Monthly LAC meetings, moving to quarterly after May 2020
- Referral Group meetings as needed, or as determined by referral process
Appendix B—Revive Program Flow Charts

4- Program Attendance Monitoring

**Attendance Monitoring Frequency**
- Every three months for all participants
- As needed if participant is not engaged in Revive Program services
  - Revive staff complete the non-participation form and send to POC
  - POC sets review meeting with Revive Team and Referral Group to make recommendation for Off-boarding (5) or continued participation (3)

**Attendance Monitoring Review**
- Referral Group is sent quarterly reports. They review and make recommendations for services or frequency modifications.
- POC informs Revive team of review outcomes
- POC logs outcomes in Revive Access Log

**Program Attendance Outcomes**
**Compliant:**
1. Program hours not met. Continue to process 3.
2. Total program hours minus 1 quarter have been met. Proceed to process 6.

**Non-compliant:**
- Proceed to process 5 for off-boarding

**Quantitative Review**
- Total number of services scheduled
- Total number of services attended
- Number of contacts with law enforcement
- Number of new court cases
- Number of days in jail

**Qualitative Review**
- What steps has participant made toward meeting their individual goal
- What are the case manager’s perceptions of the participant’s involvement in the Revive Program?
- What are the SUD counselor’s perceptions of the participant’s involvement in the Revive Program?
- What are the clinician’s perceptions of the participant’s involvement in the Revive Program?
- What are the participant’s perceptions of their involvement in the Revive Program?
5- Off-Boarding Process

Initiation of Off-Boarding

- The off-boarding process must be initiated with the Revive Team and approved by the Referral Group.
- The Referral Group will determine the timeframe in which the participant must leave the program and vacate any program housing.
- Referral Group will send the final determination to the POC.

Notification Process

- The POC will send an official letter detailing the reason for removing the participant from the Revive Program and will inform the Revive Team.
- Decision dates and outcomes will be logged in the Revive Access Log.
- A Revive Team member will inform the participant of the decision.

Ending Services

- Any outstanding legal issues will be discussed with the participant.
- Participant may receive referrals for programs that may assist them in lieu of the Revive Program.
- As appropriate, the CM may assist in alternative housing programs.

Replacement Candidates

- During the off-boarding process, the POC may schedule a review with the Referral Group for potential replacement candidates.
- If no replacements are on a waitlist, continue steps in Process 1.
6- Graduation Process

**Graduation Status**
Graduation is defined as meeting the required number of program hours and maintaining engagement in the program services at least 90% of the time. The number of graduation hours are based upon the individual participant's need for intensive services and their criminogenic risk factors.

There is a minimum of 120 minutes required for the program per week, and the program is 3-9 months in length, depending on the individual needs.

**Last Quarter of Program**
- In the last quarter, the Revive team shall focus on transitioning the participant into other services, supports, and resources.
- The Referral Group will make the recommendation for graduation

**Graduation Review**
- Graduation review includes:
  - Status of housing
  - Status of employment/school
  - Recreational activities
  - Plan for future barriers
  - A letter from the participant on how the program helped them
  - Total number of hours met toward goal and at least 90% attained

**Graduation**
- The participant should discuss how they would like to celebrate the end of their program with the Revive Team.
- Revive team shall assist participant with moving into stable housing and any other stabilization services that may be needed.

**Post-Graduation**
- Revive Team may stay in contact with graduate to provide any assistance, references, or service coordination