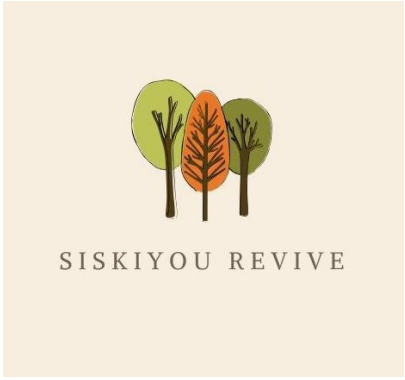
Siskiyou County Revive Program
Board of State and Community Corrections (BSCC)
Proposition 47 Grant Program

Final Evaluation Report

May 15, 2023



Tara Ames: Project Coordinator -

Siskiyou County Health and Human Services Agency, Behavioral Health Division

Sue Steiner: Evaluator -

School of Social Work, California State University, Chico

Table of Contents

Siskiyou County Prop 47 Grant Program
Final Evaluation Report

Executive Summary

Project Purpose

The Siskiyou Revive program is a supportive housing program for criminally involved adults who are homeless and have a serious mental illness (SMI) and/or a substance use disorder (SUD). This collaborative program aims to give each individual the opportunity, resources, and advocacy to improve their mental health and SUD outcomes, and to reduce or eliminate actions that cause recidivism through evidence-based practices. Specifically, the program assesses each individual's needs and offers temporary supportive housing, case management, SUD counseling, mental health counseling, job readiness training, basic life skills development, and other supportive services as needed to promote wellness and reduce recidivism. The services provided are strengths-based, trauma-informed, and culturally appropriate. Participants have access to services through a collaboration between the Siskiyou County Health and Human Services Agency Behavioral Health Division (SCBH), substance use disorder (SUD) Services, Siskiyou County Probation, and the Yreka Community Resource Center.

This report covers the period between March 1, 2020 and February 15, 2023.

Major Findings

Over the course of the program, the Revive program has had 102 unduplicated applicants and 47 people met the program criteria and were on-boarded. Sixteen people completed the program and graduated. One participant had not reached graduation status by the end of the program, one did not return from rehab, 14 participants removed themselves from the program and 15 participants were removed by program staff for violating program policies.

Participant time in the program ranged from five to 499 days, with an average of 190 days spent in the program. The average time in the program for those who graduated was 339 days and for those removed from the program was 93 days. As defined by Siskiyou County Probation based on the Offender Needs Assessment, of the participants accepted into the program, 50% were deemed high risk of recidivism, 31% were at moderate risk, 11% were low risk and the risk was unknown for 8%.

Only one program participant did not have a history of substance use. Participants have taken a total of 483 drug tests while in the program, with 93% (451) coming back negative. Data on recidivism has been extremely positive, but the final recidivism data was not available at the time of this report.

Of the 47 participants who entered the program, all were encouraged to volunteer within the community if they were not actively employed or attending school.

Program Accomplishments

As noted above, during the three years the program has been active, Siskiyou Revive has had 47 participants who met program criteria and were on-boarded into the program. Sixteen participants completed all requirements and graduated.

The program worked through several challenges. In addition to the challenges posed by the pandemic, the community had two years of devastating fires in the area that reduced an already thin housing stock and displaced many people. The program found ways to work within the reality of very limited affordable housing by adopting a shared housing model and establishing a master least for two houses in the county seat of Yreka. One house is for male participants and can accommodate seven participants, and a women's house can accommodate five participants; both houses have a dedicated staff office. After finding the first house, the program developed a strong relationship with a landlord who offered another house when it became available. A positive outcome of the shared housing model is that the more experienced participants can guide the less experienced people and act as role models.

The program maintained the staffing level, which might not be a notable accomplishment in some locations but is notable in Siskiyou County. There is a very small workforce in the county, particularly for licensed or certificated people. Every agency that provides case management or clinical services in the county has unfilled positions. People are particularly hesitant to work on grant-funded programs with an end date. Those who sign on to grant-funded programs often quit if something more stable comes along.

Revive has been able to provide rent-free housing for participants, which has helped increase the likelihood of program success. Siskiyou County is the third poorest county in the state (based on household median income), and almost all participants in the program came in with little or no income. Many of those entering the program were homeless, with large barriers, including a lack of access to transportation and other resources. Program participants, including those who did not complete the program, have experienced a reduction in the barriers to success, including completing DUI classes, acquiring licenses, buying cars, and more. Additionally, due to engagement in mental health and SUD services, many program participants who did not have contact with children and other family members increased family connections. This would not have been possible without Revive program support.

Additionally, the Revive program has strengthened collaborative relationships with service partners who have long operated in silos. Collaboration is at the core of the Revive program, and we have had good success partnering with Probation, the Yreka Community Resource Center, and other community programs. The Revive program has been a unique resource for a variety of other programs that are being mandated through the state. This has resulted in strong partnerships with the courts around diversion and assisted outpatient treatment.

Success in Meeting Intended Goals and Objectives

The following are Siskiyou Revive program's goals and objectives. Goal 1: End the cycle of homelessness for Revive program participants.

Process and Outcome Objectives:

- At least 50% 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

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

Process and Outcome Objectives:

Overall:

- 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 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/SSDI

Recidivism:

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

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

Process and Outcome Objectives:

- 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

The Revive program was successful in meeting its goals and objectives. How effectively we met each of our goals is discussed below.

Goal 1: End the cycle of homelessness for Revive program participants.

All 47 participants accepted into the program were placed in supportive housing, and all remained there during their time in the program. The program had 16 graduates. Fifteen of the 16 graduates went into housing upon leaving the program, and all but one of those have remained in stable housing. Of those who have left the program before completion, many have made changes that have the potential to reduce the likelihood of homelessness in the future, including reconnecting with family, reduction in substance use, completing DUI classes, acquiring licenses, and buying cars.

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

The evidence suggests that the program provided effective support to those in the program to develop the tools needed for successful rehabilitation from the criminal justice system. All participants received case management, and some combination of mental health services, SUD services, job readiness and life skills support. Participants attended the services to which they were referred, with those who completed the program averaging 88 service visits and having an average rate of attendance of 95%, surpassing our objective of a minimum of 90% attendance at assigned service components. Participants who did not complete the program were just shy of our objective, with an average rate of 88% attendance at service appointments. Of drug tests taken, 93% were negative over the course of the program. While in the program, there have only been two incidents of contact with the criminal justice system – one CPO violation and one flash incarceration.

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

This goal was met in a number of ways. All participants who were not working were referred to participate in some type of volunteer activity. Staff were not able to collect complete data on the number/percentage of participants who completed all the required service hours. However, the data we have suggests that the majority of participants were actively engaged in the community through volunteer or paid work. Program participants also demonstrated accountability and transformation by dramatically reducing substance use and by rebuilding relationships with family members. Remarkably, when half the town of Yreka was evacuated in the summer of 2022, the Public Health director informed Behavioral Health that the participants voluntarily helped to set up the emergency shelters and spent the night comforting other shelter residents.

Problems/Barriers

The program started just as the pandemic hit. We had to shift to online modes of program delivery, which were challenging given the complex and diverse needs of our population. The original program plan was to develop a broad range of programming and services to meet the needs of a diverse population spread across a large county. The shift to online program delivery limited the programming we were able to do, making the program more clinical in nature than we had wanted. As Covid restrictions were relaxed, the team was able to return to the original plan and do more diverse programming. Additionally, we had hoped to offer programming in various parts of the county, but rented houses were in Yreka, so people from other parts of the county have had to live and get services in Yreka.

As noted above, it is difficult to hire qualified staff in a “frontier county” such as ours. When our Case Manager left in March of the second year, it was very difficult to fill his position. We had three rounds of the application process until we found anyone with applicable experience. Working with our target population, people with mental health, SUD issues, and criminogenic thinking, takes a certain type of person, and it is rare to find that skill set in our limited applicants. Though we were able to hire staff over the course of the program, we were not able to hire as many staff as were listed in our original plan. Reduced staffing levels resulted in staff who were very busy and were not always able to collect all the data requested of them. An example of this is the data on volunteer hours mentioned above. We also found that the antiquated electronic health record system made collecting data about mental health progress time-consuming and challenging, which meant that staff did not do it consistently. We addressed issues of data collection with staff throughout the program and adjusted our methods whenever we could. In general, data collection improved during the latter years of the program; however, in some areas, it still fell short of what we would have liked.

During the first year of the program, Revive staff found that many referrals were not actually appropriate for the program. This meant denying admission to over half of those who were initially referred. We found that one referral source was particularly problematic, and we had to change who was allowed to refer to the program. This meant somewhat fewer referrals, but those who were referred were often a better fit.

Introduction and Project Background

The Siskiyou County Health and Human Services Agency Behavioral Health Division (SCBH) served as the agency that implemented the Proposition 47 Siskiyou Revive program in Siskiyou County. The Revive program provided temporary supported housing for criminally-involved adults who are homeless and have a serious mental illness (SMI) and/or a substance use disorder (SUD). Revive used 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 be eligible for the Revive program participants must have had involvement in the criminal justice system (e.g., probation, parole, diversion), be at high to moderate risk for recidivism, and meet medical necessity for mental illness and or substance use disorder. Participants were referred to the Revive Program through multiple community partners. The referral source completed an assessment prior to referral, ensuring that each potential participant met the program criteria. Potential participants completed an application, which the Local Advisory Committee reviewed to determine fit with the program and if approved, recommended appropriate services. Applicants that were denied admission were referred to other services.

Applicants who were accepted into the program went through an onboarding process where they complete paperwork (described in more detail below), went through an orientation, were placed in supportive housing, set individual goals for their time in the program, and were referred to appropriate services. Temporary supportive housing for program participants was accomplished by renting two houses, one for male (accommodating seven) and one for female (accommodating five) program participants.

The SUD and Mental Health services offered by the program were all evidence-based. To ensure that participants were supported in their housing and recovery, the Revive team integrated components of the Assertive Community Treatment (ACT) model into services. The components included utilizing a team approach, personalized care, flexible and continuous care, comprehensive attention to services, and providing services where they were needed (SAMHSA, 2008). For SUD interventions, service providers integrated multiple evidence-based practices into treatment through the Hazelden Curriculum and recovery models for relapses. The interventive approaches utilized included Living in Balance, The Matrix Model and Gorski's Relapse Prevention Model. Mental health services utilized Cognitive-Behavioral Therapy, the Feedback-Informed Treatment Model and Moral Reconation Therapy.

The original plan for successful program completion was that it would range from three to nine months, depending on individual needs. Participants would successfully complete the program when they had 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 were based on their need and criminogenic risk factors. Each participant would be required to complete a minimum of two hours of services per week while in the program. During the first year of the program, we realized that it takes people closer to a year to engage in treatment, address mental health and substance use issues, and find housing. Thus, our three-phase

model, discussed below, was expanded to 12 months. During the first year, we also found that participants who found paid employment early in the program did not remain in the program as their focus shifted away from their recovery. We began to discourage participants from accepting paid employment in the early phases of the program.

The Revive program planned for three phases that incorporated interventions tailored to the specific needs of individual participants.

Phase One - Intensive Treatment, usually lasting about three months. The focus of Phase One was to encourage participants to make the choice to work toward a healthy and substance-free life. Their progress was monitored by the Revive Team on a regular and consistent basis. Case plans were developed between participants, the supervising probation officer, and any substance use disorder (SUD) and/or mental health treatment providers.

Phase Two – Maintenance, lasted approximately six months. The aim of this phase was to stabilize the participant in treatment. Participants were challenged to confront underlying issues surrounding their diagnosis and its impact on their lives and the lives of others.

Phase Three - Self-Sufficiency, lasted approximately three months. The focus of Phase Three was to promote continued change and to move the participant toward self-sufficiency while reconnecting with the larger community. The participant worked toward remaining sober, preparing themselves to graduate from the Revive program, employment, living arrangements, and addressing any outstanding issues before leaving the program.

After these three phases were complete, participants graduated from the program. Participants determined how they wanted to celebrate the end of their participation in the program with the Revive Team. The Team assisted participants with moving into stable housing as well as other stabilization services that might have been needed.

Some of the plans for the program had to change due to the pandemic. The Day Reporting Center, which was providing some of the clinical services for the program, shut down from March through June of the first year. It opened up again from July to December, and then shut down in-person services and moved all services to the Zoom platform. This meant we offered less supportive programming than we had planned. As we were able to do more work with participants in person, we began to offer additional services. The Day Reporting Center changed direction during the second year of Revive and no longer offered relevant services. We moved group services, particularly life skills classes, to another program, the Six Stones Wellness Center.

Successful completion of the program occurred when participants moved through all three phases of the program, completing the tasks necessary for successful re-entry into the community. As noted above, there were estimates for how long each phase might take, but the timeframe was different for each participant, depending on their needs and skills. There were a variety of tasks, listed on the Program Phases Worksheet (see Appendix 1), to be completed before a participant could move to the next phase. Progress was measured by Revive staff members. Staff and the participants had to sign off that all tasks had been completed before participants could move on to the next phase.

Goals and Objectives

Table 1. Goals and Objectives of Prop 47 Siskiyou Revive Program

Goals	Process and Outcome Objectives
End the cycle of homelessness for Revive program participants	• At least 50% 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	Overall: • At least 50% 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 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/SSDI Recidivism: • At least 60% of people in program have not re-entered the criminal justice system during treatment period
Repair the harm caused by crime by transforming offenders through accountability and transformation	• 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

We found that our initial objective that 70% of those referred to the program would enroll was unrealistic. That actual number was lower. We did not know that many people would be referred that were not a good fit for the program. A more realistic number was under 50%.

Evaluation Method 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 assessed the extent to which the Revive program activities were implemented as planned and the impact that these activities had on those participating in the program. As detailed below, SSW staff worked with SCBJ and community partners to collect qualitative and quantitative data and analyze that data to assess the implementation (fidelity to the proposed model) and outcomes of the program. In conjunction with SCBH and community partners, SSW staff identified and/or developed data sources and tools to collect the data necessary to evaluate Siskiyou Revive.

The Siskiyou Revive program got a later start than was initially planned. We had difficulty hiring qualified staff due to a dearth of qualified employees in our "frontier county." This final report covers the period between March 1, 2020 and December 31, 2022. The following summarizes the original evaluation plan. Changes to that plan can be found after the summary.

Evaluation Questions

The evaluation process assessed the following broad evaluation questions:

1. Was the program implemented as planned? This included appropriate referrals of

participants to the program, hiring and training appropriate staff, completion of the onboarding process, referrals to appropriate services, acquiring needed housing, referrals to work and volunteer opportunities, and successful offboarding when the program was completed.

2. Did the program achieve its desired outcomes? This included reduced recidivism, reduced substance use, improved mental health, acquisition of stable housing, and increased community engagement.

Summary of Evaluation Design

The evaluation team utilized both qualitative and quantitative measures to collect evaluation data. Program staff and community partners were provided training about the evaluation process and their role in collecting data. The program developed surveys and interview questions for participants and staff, and utilized electronic health records, session rating tools, service logs, and LAC meeting minutes to collect evaluation data. Baseline data was collected when participants entered the program, and follow-up data was collected during participants' time in the program. Service attendance data and outcome data was reviewed quarterly by program staff and evaluators. Data was analyzed by the evaluation team and reviewed by program staff in discussion with the evaluation team. As will be discussed below, adjustments were made to the program based on the data that was collected.

Data Collection Procedures – Process Evaluation

The process evaluation used the qualitative and quantitative measures listed in Table 2 to assess program fidelity.

Table 2. Process Evaluation Measures

Activity	Quantitative Data	Qualitative Data
Mental Health and SUD Services	• # of qualified existing staff and new hires • 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 and enrolled in MH and/or SUD services • # of MH and SUD services attended by each participant • # of MH and SUD service hours provided and number of clients	• Participant's perception of engagement in MH and SUD services • Clinician's perception of engagement in MH and SUD services • Case manager's perception of engagement in MH and SUD services • Participant's perception of steps taken toward meeting individual MH and SUD goals

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

Housing and 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	• Participant's perception of and satisfaction with housing provided • Case manager's perception of engagement in housing support services
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	• Participant's perception of engagement in community service activities • Case manager's perception of engagement in community service activities

<u>Documentation and Quality Assurance for Process Evaluation</u>

Documentation

- For Behavioral Health standard services, documentation was stored in the Electronic Health Record. Monthly reports were added to the Revive Service Log for reporting purposes.
- For non-billable group services, a session rating tool was used to document attendance and the level of participation.
- For non-BH clients, the CM monitored scheduled services and attendance. This information was logged in the Revive Service Log. The Revive Service log was updated and reviewed for quality monthly.
- The Day Reporting Center gathered documentation from the weekly session rating tool.
- For BH/SUD, documentation was gathered from the EHR
- CBO- Documentation was gathered from the shared service log and documentation for the LAC/ referral group was gathered from meeting minutes.

Quality Assurance

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

Program Attendance Monitoring

The following procedures were implemented to monitor participant program attendance:

Attendance Monitoring Frequency →	• Every three months for all participants • As needed if participant was not engaged in Revive Program services • POC set review meeting with Revive Team and Referral Group to make recommendation for Off-Boarding
Attendance Monitoring Review →	• Referral Group was sent quarterly reports that they reviewed and used to make recommendation for services or frequency modifications. • POC informed Revive Team of review outcomes

Data Collection Procedures – Outcome Evaluation

To evaluate Revive program outcomes, a mixed methods approach was employed, using a combination of quantitative data provided by program partners, collected by members of the Revive Team during baseline and subsequent assessments. Qualitative data was gathered from interviews and questionnaires completed by program participants and staff. Baseline data was collected on all participants during the initial assessment of participants at the beginning of the program. Participants' mental health and SUD status and progress was logged in the Electronic Health Record. The outcome evaluation used the qualitative and quantitative measures listed in Table 3.

Table 3. Outcome Evaluation Measures

Activity	Quantitative Data	Qualitative Data
Mental Health	• Data from Electronic Health Records on mental health symptoms	• 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	• # of months participants remain relapse free • Data from Electronic Health Records	• Participant's perception of progress toward individual SUD goals • Participant's attitude toward substance use • Case manager's perception of progress toward individual SUD goals • SUD counselor's perception of progress toward individual SUD goals
Housing	• # and % of participants successfully placed in transitional or permanent housing • # of months participants remain in housing	• Participant's perception of their ability to remain in housing • Case manager's perception of participant's ability to remain in housing

	• # and % or 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	
Community Engagement and Restorative Justice	• # and % of participants engaged in paid work or volunteer community service during and six and 12 months after the program	• Participant's case manager's and clinician's perception of job readiness • Participant's attitude toward work or community service
Recidivism	• # of contacts with law enforcement • # of new court cases • # of days in jail	

For both the process and outcome qualitative measures, participant and staff perceptions were collected on questionnaires administered at the 30-day mark and then quarterly. Participants were either texted the survey link, or they completed it with revive staff if they did not have access to the technology needed. The survey link was emailed to clinicians and counselors.

For mental health assessment, we used a level of service tool as an outcome measure to show progress in moving clients to a lower level of care. To inform the appropriate level of services within the county behavioral health division, we included their traditional markers of stability and improved functioning. For assessment of SUD progress, we used drug tests and urinalysis.

Changes to the Original Evaluation Plan

It was our initial intent to utilize a standardized measure to assess SUD and mental health progress. We did not find a measure that was a good fit with the services we were providing and thus did not use standardized measures. In addition to the data collection processes described above, after eight months staff did a SWOT analysis using data from the program presented to the LAC to determine if any program changes were needed.

Data Analysis

Quantitative data was collected in multiple spreadsheets representing various components of the program. All participants were assigned a client identification number that was used across analyses, allowing for a high level of matching accuracy. Descriptive analytic techniques were used to summarize participant demographic characteristics, services received, services completed, and many aspects of the process analysis used to evaluate program fidelity. The number of participants representing various demographic groups was too small to utilize any means testing across groups.

Qualitative data collected through interviews with participants and staff were transcribed, read by two evaluators, and organized around emergent themes.

Difficulties in Data Collection

We had planned on surveying individual participants at certain intervals during their time in the program. This meant a different survey timeline for each participant. We found that the surveys were not always being completed. We shifted to a point in time survey process where all participants in the program are given a survey regardless of where they were in the program.

As noted above, it has been difficult to hire appropriate staff for this program, and many other social service programs, in our county. Having fewer staff than was proposed in our original plan has meant that program staff have had higher than expected workloads. This has resulted in uneven data collection at times. On some occasions, application packets were not completely filled out. This was a problem early in the program due to Covid, but remained difficult due to staffing challenges. Applicants were filling them out on their own and we were not able to ask questions to complete the packet. For those we were not able to interview, we missed some data.

We had challenges getting staff to record information about the consistency of Revive participants' attendance at required volunteer work. We also found that the antiquated electronic health record system made collecting data about mental health progress time-consuming and challenging, which meant that staff did not complete the process consistently. All of this has meant that we do not have complete or always useful data for volunteer work completed and we have some missing data in other areas as well.

Limitations

As noted above, hiring issues resulted in a smaller than planned for staff, which resulted in some data collection not happening consistently. Additionally, while analyzing data for the preliminary evaluation, we found that the surveys that we created to measure progress on substance use and mental health challenges weren't measuring things as we had hoped. The surveys were completed by the clinicians, participants, and other program staff. We found that the clinicians were overestimating how well clients were doing, the clients underestimated how much they were engaging in the program, and the program staff did not accurately

capture what was happening with participants. The data from the three sources was disparate and did not add to our understanding of what was happening in the program. Gathering this data from these three sources took a tremendous amount of staff time and given that it did not seem to accurately reflect the progress participants were making, we decided to stop using the surveys. We replaced the surveys with a Level of Service assessment that was more accurate.

Evaluation Results and Discussion

Revive Participants

During this review period, the Revive program has had 102 unduplicated applicants and 47 people met the program criteria and were on-boarded. Sixteen participants completed the program and graduated. We have demographic data for 92 applicants, thus missing data for 10 applicants due either to staff or participants not completing demographic information forms.

Demographic information for applicants and program participants can be found in Table 4.

Table 4. Applicant and Participant Demographic Data

	Program Applicants		Program Participants	
	#	%	#	%
Gender				
Male	59	63%	31	66%
Female	34	37%	16	34%
Race				
Asian	1	1%	1	2%
Black/African American	4	4%	1	2%
Native American	8	9%	5	10%
White	63	68%	36	71%
Other Person of Color	3	5%	0	0%
Multiracial	12	13%	7	14%
Unknown	1	1%	1	2%
Ethnicity				
Hispanic/Latino	10	11%	6	13%
Not Hispanic/Latino	78	85%	39	83%
Unknown	4	4%	2	4%
Age				
Mean	36		36	
Range	20 - 71		23 - 67	
Income				
Range	$0 - $2,000 per month		$0 - $1,800 per month	
No Income	63 applicants		23 participants	
Employed				
Yes	8	9%	8	17%
No	84	91%	39	83%
Homeless				
Yes	90	90%	39	84%
No	12	10%	8	16%

Process Evaluation Results

The quantitative and qualitative data we collected suggest that the Siskiyou Revive program was implemented as intended and that overall, the program met its goals and objectives. Several changes, discussed below, were made due to challenges posed by the pandemic and what program staff learned from preliminary evaluation results.

As noted above, the program began later than planned due to staffing challenges. Over time we were able to hire and train appropriate staff for each program component, though total staff remained below our original plan. Due to extreme shortages of licensed and certified staff available in our county, we could not hire the three full-time staff members that were in the original plan. We hired two full-time staff members and found that with a maximum of 12 participants at any time, two full-time staff was appropriate.

In general, our referral process worked as planned. There were 102 people referred to the program, which is more than we had expected. The program was near capacity most of the time. The excess capacity issue was primarily centered around the women's house. Program staff realized that the Probation risk ratings were not always accurate for women applicants. We decided to drop the requirement that women have a moderate or high risk before entering the program. Additionally, the challenge with continually reaching full capacity was that we are a small county with a small population, and the number of people ready to engage in needed services was often low. When we did have space in the program, the administration in Probation sent out reminders to staff to refer people to the program.

We accepted our first participants into the program in March 2020. A total of 47 people were accepted into the program. Of those accepted into the program, 16 graduated, 15 removed themselves, and 15 were removed by program staff before completing the program. One participant was close to completion when the program ended and entered a new program offered by the agency. Time spent in the program ranged from 5 to 499 days. The graduates averaged 339 days in the program, and those who were removed or left averaged 93 days.

Over the course of the program, 100% of participants were assessed for mental health and SUD needs, assigned a case manager, placed in supportive housing, and referred to appropriate services, as was outlined in the original program plan. We surpassed our objective of 75% of those referred enrolling in services. Participants attended the services to which they were referred, with those who completed the program averaging 88 service visits and having an average rate of attendance of 95%, surpassing our objective of a minimum of 90% attendance at assigned service components. Participants who did not complete the program were just shy of our objective, with an average rate of 88% attendance at service appointments.

All applicants completed mental health (MH) and substance use assessments to determine what treatments were needed. Of the Revive participants that were enrolled in the program, 28 were enrolled in both MH and SUD treatment, 20 were SUD treatment only, one was MH treatment only, one remained in residential dual-diagnosis treatment, and one did not engage in any treatment before being removed from the program.

As noted above, for the Preliminary Evaluation, we included data from surveys that we did not continue to use. We instead began using a Level of Service assessment.

Changes Made Based on Process Evaluation Results

All of the above demonstrates that the program was successfully implemented to fidelity. While implementing the program as planned, our experiences encouraged us to make several improvements to the program, including the following:

Phase Model – Data from various sources encouraged us to shift the structure of the program somewhat. Based on what we learned from the research literature, we had required a certain number of hours in various services to complete the program. We found that what seemed to be more important for our population is that participants make concrete behavior changes, regardless of the hours spent in services. We shifted to a model where participants made progress in changing their behavior and then graduated intprogram phase program.

Incentive Cards – As noted above, we were not able to hire staff as we had planned. We used that money to purchase incentive cards. Revive staff reported significant positive behavior changes to the Project Coordinator, who approved the incentive card and determined if the behavior change necessitated a tier 1 ($25), tier 2 ($50), or tier 3 ($75) incentive. This process was an immediate reward for good behavior. Participants that made significant progress in positive behavior changes were not limited to the number of incentive cards they could receive each month. Participants did not have access to the incentive plan so they couldn't manipulate the system.

Linking Case Plans – Each agency participating in the Revive program developed a case plan with clients. There were often differences in the plans. We moved to a system where we could link the plans from various providers through the Offender Needs Assessment, which focused on the risk and protective factors that reduce recidivism.

Pre and Post-Graduation Support – We identified a need to prepare participants for permanent housing early on in the phase process. We also found that some participants needed extended supportive services post-graduation.

Progress Toward Goals

The Revive program was effective in meeting the program's goals and objectives.

Goal 1: End the cycle of homelessness for Revive program participants

Eighty-four percent of Revive participants were homeless when entering the program. All participants were provided stable housing while in the program. Fifteen of the 16 program graduates were in stable housing after leaving the program. Seven graduates were living in a house, three in a trailer, two were living with family, one was in a hotel and two were in a supportive housing program. One graduate was unable to find housing. Of those who were housed after leaving the program, all but one remains housed at the time of this report. Some of those who left the program before completion went into stable housing, though the majority, 88% returned to homelessness. Of those who left the program before completion,

many made changes that have the potential to reduce the likelihood of homelessness in the future, including reconnecting with family, reduction in substance use, completing DUI classes, acquiring licenses and buying cars. Additionally, the fact that those leaving the program early completed an average of 76 treatment services before their departure suggests that they gained some skills that should prove helpful in acquiring and maintaining housing in the future.

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

Evidence collected suggests that we were effective in meeting this goal. All participants received case management and some combination of mental health services, SUD services, job readiness and life skills support. Our data indicate that there was a substantial reduction in substance use among program participants. Upon entering the program, only one person did not report current challenges with substance use. Drug testing showed that substance use among participants declined dramatically, with 93% of 483 total tests coming back negative. Only one of the program's participants was working when beginning the program. Participants gained job skills and work experience as can be seen in the fact that 14 (29%) were engaged in paid employment while in the program, 13 (27%) were doing volunteer work, 9 (18%) were in a full-time treatment program, and only 13 (27%) were not working, volunteering or in full-time treatment. As noted above, we are missing data on some participants in this area. Additionally, as noted above, 96% of participants attended the services they were referred to, providing them with skills to refrain from substance use and improve their mental health.

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

We evaluated the repair of harm through accountability and transformation is several ways. The first was through work or volunteer engagement in the community. All participants who were not working were referred to participate in some type of community service activity. As noted above, almost 60% were working or volunteering during their time in the program. Second, throughout the time the program was active, we consistently saw how many children were affected by their parents' participation. Though we don't have a complete count, we found that over 50 children had parents in the program and they were positively impacted by their parents' improved mental health, reduced substance use, and remaining out of the criminal justice system. Third, we were able to hire two Revive program graduates into the substance use treatment program.

Factors Affecting Progress Toward Project Goals

Factors Impeding Progress

The program started just as the pandemic hit. We had to shift to online modes of program delivery, which were challenging given the complex and diverse needs of our population. The original program plan was to develop a broad range of programming and services to meet the needs of a diverse population, spread across a large county. The shift to online program delivery limited the programming we were able to do, making activities more clinical in nature than we had wanted. As things opened up farther into the pandemic, we started to do more

diverse programming. We added in-person life skills training and revamped some of the groups we offered. Additionally, we had hoped to offer programming in various parts of the county, but it turned out that both houses we rented were in Yreka, so people from other parts of the county had to live and get services in Yreka. The location and specifics of housing for the program were impacted by the extreme lack of available and affordable housing in the county. This situation was made worse by several years of devastating fires throughout the North State, which destroyed housing and meant that people from burned areas moved to less affected areas, thus further decreasing an already very limited housing stock.

Related to the staffing issues noted above, we have had challenges encouraging staff to consistently record information about the of Revive participants' attendance at required volunteer work. We have also found that the antiquated electronic health record system has made collecting data about mental health progress time consuming and challenging, which has meant that staff has not done it consistently. All of this has meant that we do not have complete data for either of these areas. We tried to address this by implementing a process for the case manager to collect weekly volunteer and work hours at the house meetings and submit them to the project coordinator at the weekly team meeting. The project coordinator would then be responsible for ensuring that the data is recorded in the Revive Log. This process helped somewhat, but data collection with an overwhelmed staff remained challenging throughout the program.

Also related to staffing, we had a difficult time keeping a Housing Case Manager on staff. We had to fill this position multiple times over the course of the program and it was very difficult to find someone qualified to work with high-risk/criminogenic adults. The person in the position for the last year of the program was not ideal, yet they were the best we could find given the dearth of qualified people in the county.

Factors Assisting Progress

As noted above, in addition to challenges posed by the pandemic, we had two years of devastating fires in the area that reduced an already thin housing stock and displaced many people. We found ways to work within the reality of very limited affordable housing by adopting a shared housing model and being able to rent two houses. One house was for male participants and could accommodate seven people, and a women's house could accommodate five participants. After finding the first house we were able to develop a strong relationship with a landlord who offered us another house when it became available. The fact that Revive was able to provide rent-free housing for participants helped increase the likelihood of program success. We also found that a positive outcome of the shared housing model is that the more experienced participants could give guidance to less experienced people. Because we are a small community with few places to go, it can be difficult for people to stay away from old substance-using friends and hangouts. The connections developed in shared housing allowed longer term participants to provide advice based on their experiences in the program. For example, staff heard more experienced people telling newer people, "this is the way we walk so we don't have to go by the bar or so we don't have to see a group of people."

A big factor is the success we achieved is the strong collaborative relationships with service partners who have long operated in silos. Collaboration is at the core of the Revive program,

and we had good success partnering with Probation, with the Yreka Community Resource Center and with the Day Reporting Center. The Revive program has been a unique resource for a variety of other programs that are being mandated through the state. This has resulted in strong partnerships with the courts around diversion and assisted outpatient treatment. Anecdotal evidence from conversations with various service providers in the program suggests that collaboration went very well. "I've seen it go from "this is my client" to "this is all of our program." Partners met weekly and worked well together. This collaborative approach contributed to better service provision for program participants. Additionally, the Revive program has been a model and spearheaded collaborative partnerships throughout the county. It has encouraged Behavioral Health to explore new ways to collaborate on other projects.

Progress Towards Reducing Recidivism

Revive receives recidivism data from the Crime Analyst with Siskiyou County Probation. They use the Chief Probation Officers of California (CPOC) Unified Recidivism Measure, which looks for a subsequent criminal adjudication/conviction while on probation supervision. The measure counts new criminal convictions.

Upon entry into the program, 50% of project participants were at high risk for recidivism, and 31% were at moderate risk, as determined by Probation based on the Offender Needs Assessment. While participants were in the program, there have only been two incidents of contact with the criminal justice system – one violation of a criminal protection order (CPO) and one flash incarceration. We also tracked participants that left the program, and according to Probation, none of them has met the CPOC definition for recidivism (though this could be a result of the court system being delayed due to COVID).

Siskiyou Revive Logic Model

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

Grantee Highlights: Attachment A

Siskiyou Revive Grantee Highlights

Siskiyou Revive gave each participant the opportunity, resources, and advocacy to improve their mental health and SUD outcomes and to reduce or eliminate actions that cause recidivism through supportive transitional housing and evidence-based practices.

Revive offered paid housing, a case manager, an SUD counselor, mental health and SUD treatment, job readiness training, basic life skills development, and as appropriate, any other services to foster wellness and rehabilitation.

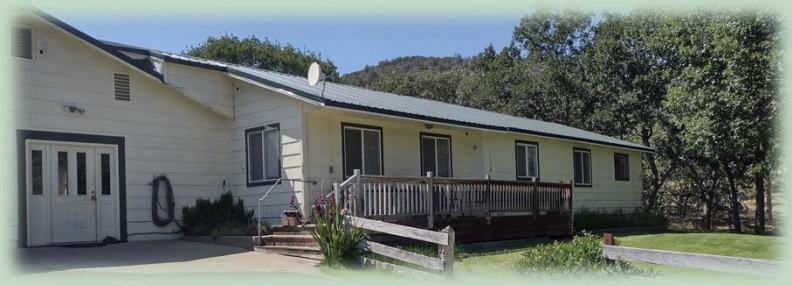
Outcomes

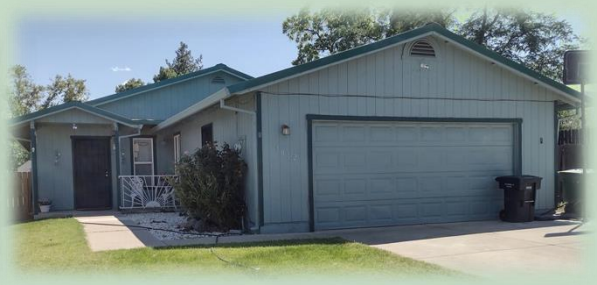
Revive had 102 applicants and 47 people were accepted into the program. We made excellent progress toward meeting the program's goals and objectives. Sixteen participants successfully graduated from the program. Other highlights include:

- Average attendance rate for scheduled services was 91%.
- Data shows that clients participating in their treatment planning.
- 93% of all drug tests were negative.
- All participants who are not working are referred to participate in community service.
- Although the participants had moderate to high risk for recidivism, the program only had two minor incidents with local law enforcement.

Revive Homes

The men's home (left) has seven bedrooms, and the women's home (right) has five bedrooms. Both homes are located within walking distance to services and include an office, outdoor gardening area, shared kitchen and living room spaces, fenced yards, and private bedrooms.





Featured Participant

My name is Thomas, and I was released from federal prison in 2021 with only the clothes on my back. My counselor at SCBH told me about the Revive program, but I thought it was another recovery program that just wanted money I didn't have. I learned that it was a FREE program that only required me to attend a few SUD classes, trauma classes, and AA meetings; this program changed my life. I seriously don't know where I would be if it weren't for Revive. I nervously attended my first job fair and went to every booth, and I got a job! The company I worked for then asked me to run the booth at the next job fair! It was truly amazing to be a part of that, and I owe it to the Revive program! Revive gave me an opportunity to save up money and get on my feet. The day I graduated Revive, the SCBH Director asked me if I would like to apply to be an SUD counselor, and I did! I get emotional when I talk about this because it really means a lot to me and where my life is today. I know I put in the work, but I had the support that I needed every step of the way, and I am forever grateful for that. Thank you for helping me change my life because now I am making an impact on other people's lives!