Final Evaluation of Innovation 06: Faith Reentry Collaborative Project

Santa Clara County Mental Health Department

WELLNESS • RECOVERY • RESILIENCE

Prepared by:

Resource Development Associates

January 16, 2015

We envision a healing community where individuals are positively reintegrated with family and faith, transformed through spiritual healing and forgiveness, and are inspired to become a contributing member of the community.

Faith Collaborative Vision Statement

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Executive Summary

Introduction

In late 2011, Santa Clara County Mental Health Department (SCCMHD) began the implementation of its Mental Health Services Act (MHSA) funded Innovation 06 project to create an interfaith reentry collaborative and faith-based resource centers. Innovation 06 is one of nine MHSA funded Innovation projects developed in a partnership between SCCMHD and community stakeholders. It emerged from as part of the County's Community Program Planning (CPP) process, conducted between 2008 and 2009. Innovation is one of five MHSA components with the specific aim to "research and disseminate mental health practices and approaches that contribute to learning, and are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals."[1]

Innovation 06 included two main activities to support the reentry and recovery of individuals involved in the criminal justice system in Santa Clara County.[2] The first activity, which began in late 2011, was the formation of the Faith Reentry Collaborative. The Faith Reentry Collaborative is a steering committee charged with engaging the faith community of Santa Clara County, developing the mission and vision of the project, developing work plans in service-specific subcommittees, and overseeing the implementation of subcommittee work plans. The second activity was the piloting of three multi-agency faith-based resource centers to facilitate service coordination to individuals reentering the community from jail.

SCCMHD MHSA funds also supported an evaluation of Innovation 06, conducted by Resource Development Associates (RDA). The Innovation 06 evaluation specifically sought to assess whether the Faith Reentry Collaborative increase the capacity of the faith community to serve criminal justice system involved individuals who are returning to the community, and whether the Collaborative's efforts contributed to successful reentry.

Faith Reentry Collaborative

The Faith Reentry Collaborative is the main organizing body of Innovation 06. The Collaborative is made up of a diverse group of faith leaders, County staff from multiple departments (e.g. SCCMHD, Alcohol and Drug, Probation, etc.), consumers, family members of consumers, and other stakeholders.

[1] Department of Health Care Services, State of California, "Mental Health Services Act: Proposed Guidelines for the Innovation Component of the County's Three-Year Program & Expenditure Plan," Enclosure 1, February 2009: http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf.
[2] Santa Clara Valley Health & Hospital System, Mental Health Department, "Mental Health Services Act Summary of Initial (FY11) Innovation Plan," September 3, 2010: http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf.

The full Collaborative meets quarterly or bi-annually, focusing on information sharing, skill building, special events, and networking with other County departments and faith-based service providers who are working with, or are interested in working with, the reentry population.

Faith-Based Resource Centers

The main strategy employed by the Collaborative to serve people returning to the community is the Faith-Based Resource Center (FBRC). There are four FBRCs, which are operated by three different faith-based organizations in geographically diverse locations within Santa Clara County. The FBRCs are the sites where services are provided to people leaving jail or prison and returning to the Santa Clara County community.

The FBRCs provide services for individuals seeking assistance in conjunction with other Resource Centers and faith-based providers, SCCMHD, and the Faith Reentry Collaborative. FBRCs provide the following services to participants:

- Linkages to faith, spiritual, and social community support connections.
- Social support services including, but not limited to: job skills development, recovery/substance abuse programs, housing assistance, family reunification, child care, counseling, anger management, education needs, computer literacy, benefits assistance, health care, and obtaining a California identification/driver's license.
- Volunteer mentors to offer social, emotional, spiritual support, advocacy, and linkages to other available community resources.
- Reentry support funds (or Flex-Funds) for the purposes of supporting services on the basis of individual's need. Examples include transportation (bus and train passes), car repairs (on case-by-case basis), employment (training classes, equipment, tools, and clothing), education, grooming (hygiene needs and supplies), housing, household goods, clothing, living expenses, medical, dental, vision treatments, storage, program incentives (when needed), food, emotional pet support, and child care.

Together, the Faith Reentry Collaborative and the Faith-Based Resource Centers are an approach to meeting the felt, spiritual, and long-term needs of individuals returning to the community from jail or prison in Santa Clara County. Efforts to meet these different needs were defined as:

- **Felt Needs:** Meeting immediate basic necessities by providing transportation, temporary housing, etc.
- **Spiritual Needs:** Enriching the client through spiritual support, and guidance, fellowship and connections to the faith community.
- **Long-Term Needs:** Helping clients and their families maintain a healthy lifestyle and make positive contributions to their communities through permanent housing, life-skills training, and employment assistance.

This report documents evaluation findings related to the formation and implementation of both the Reentry Faith Collaborative and the Faith-Based Resource Centers between November 2011 and December 2014.

Evaluation Approach

The evaluation plan includes the following process and outcome research questions.

Process Questions

Process questions help us understand the relational dynamics of developing the Faith Reentry Collaborative and implementing the FBRCs. The evaluation investigates how the development of the Faith Reentry Collaborative engaged the faith community. The research questions related to this process are:

1. Were faith leaders in leadership roles, and were they facilitators of the Faith Reentry Collaborative?
2. Did the Faith Reentry Collaborative yield clear objectives and strategies that were implemented?
3. How effective is the FBRC as a strategy of the Faith Reentry Collaborative?

Outcome Questions

In addition to examining the development of the Faith Reentry Collaborative, the RDA evaluation team examined the extent to which the FBRCs contributed to the successful reentry of individuals who participated in the project. The research questions related to participant outcomes are:

1. Did the reentry population and families engage in the FBRCs?
2. What were the needs and services sought by the reentry population?
3. What services and supports did the reentry population receive at the FBRCs?
4. Did the resources and supports contribute to successful reentry?

Data Sources

Listed below are the evaluation data sources informing this report. RDA conducted data collection between June 2012 and November 2014.

1. **Faith Reentry Collaborative Meeting Observation Guide**
   The Faith Reentry Collaborative Meeting Observation Guide was used to understand the extent to which: faith leaders from diverse faiths were engaged and took leadership/facilitation roles in the Collaborative; the Collaborative yielded clear objectives and strategies; and implementation of objectives or strategies were articulated to Collaborative members. RDA observed five Faith Reentry Collaborative meetings between January 16, 2013 and January 15, 2014.

2. **Faith Reentry Collaborative Meeting Feedback Form**
   At the completion of Faith Reentry Collaborative meetings, RDA and/or SCCMHD collected feedback forms from meeting participants to understand the extent to which they were satisfied with the meetings, what they learned or if they developed new skills, and if they identified new resources to help in serving the reentry population. A total of 37 feedback forms were collected.

3. **Faith Reentry Collaborative Interview Protocol**
   RDA conducted five interviews with Collaborative members to understand the extent to which the Faith Reentry Collaborative was being implemented as planned, what was working well, and the opportunities to improve future meetings.

4. **Interview Protocol for County Leadership, Program Managers, and Key Decision Makers**
   RDA conducted two interviews with SCCMHD staff to understand the high-level impact Innovation 06 has on meeting the needs of the County's reentry population, the sustainability of the model, and the lessons learned during its implementation.

5. **FBRC Participant Quarterly Workbook**
   Individual-level data was collected for 638 FBRC participants through quarterly Excel workbooks that were completed by FBRC staff. The workbook contained the following data collection elements**.**
   - Number of participants served (duplicated)
   - Number of participant encounters/visits to Resource Centers (duplicated)
   - Total number of referrals made off site by service category
   - Socio-demographic information derived from the participant's Intake, including confirmation of evaluation consent
   - Self-Sufficiency Matrix Scores
   - Referrals and Flex-Funds provided to FBRC participants

6. **FBRC Participant Self-Sufficiency Matrix (SSMs)**
   RDA tracked the impact of FBRC activities on the subset of service recipients who consented to participate in the evaluation. Of the 840 participants served by FBRCs, 638 (76%) consented to participate in the evaluation. Each of these individuals received an initial assessment upon intake, with follow-up assessments every three to six months for the duration of the project, or until they separated/graduated from the project.

   RDA collected 870 *Self-Sufficiency Matrix*[3] surveys from 638 participants. It was designed to be used with minimal training by case-management staff (non-licensed), and includes 18 domains of self-sufficiency. Domains included:
   - Housing
   - Employment
   - Income
   - Food
   - Child Care
   - Adult Education
   - Health Care Coverage
   - Self-Care
   - Connectedness to Spiritual Community
   - Parenting Skills
   - Family/Social Relations
   - Mobility
   - Community Involvement
   - Legal
   - Mental Health
   - Substance Abuse
   - Safety
   - Physical Health

7. **FBRC Participant Focus Group Protocol**
   RDA facilitated one focus groups with 14 FBRC participants (representative of all three FBRC organizations) to assess their satisfaction with the program. Reentry participants were asked what they found most helpful and least helpful about reentry supports. In addition, they were asked if the FBRC staff were sensitive to their culture or ethnicity, if they were knowledgeable about available resources, how well services were coordinated, the extent to which they were connected to social and faith-based support networks, and their suggestions for improvement to the Innovation 06 model.

8. **FBRC Site Visit & Staff Interview Guide**
   RDA conducted two FBRC site visits and two in-depth FBRC staff interviews to document the services being provided; the processes by which they were being provided; and how and the degree to which the reentry population and families were engaged in the services. During each site visit, RDA observed interactions with the reentry participants and their families and met one-on-one with FBRC staff.

[3] "Self-Sufficiency Matrix-An Assessment and Measurement Tool Created Through a Collaborative Partnership of the Human Services Community in Snohomish County." Created by the Snohomish County Self-Sufficiency Taskforce 2004.http://www.co.snohomish.wa.us/documents/Departments/Human_Services/Community/Self-SufficiencyMatrix-CompleteinWord.doc

Evaluation Sample

This report documents individual-level outcomes for a sample of 638 unduplicated participants in the FBRCs. To participate in the evaluation, FBRC participants must have voluntarily consented to participate in the evaluation upon intake to the program. RDA compiled a list of all those who consented to participate from each FBRC and analyzed this list to identify individuals who were duplicated across FBRCs to create the unduplicated sample which was used for the outcome analysis. Of those 638 unduplicated individuals, 158 (25%) were one-touch participants without a record of extensive involvement in the FBRCs (indicated by a lack of SSM scores). Additionally, 41% of the FBRC participants in our sample were administered the SSM only once (n=264). The pre-post analysis of SSM scores for FBRC participants is reflective of 216 (34% of those who consented to participate) individuals who had at least two SSM administrations during their involvement with the project.

Summary of Key Evaluation Findings

Key Findings Related to the Faith Reentry Collaborative

Were faith leaders in leadership roles, and were they facilitators of the Faith Reentry Collaborative?

- **Between January 2013 and May 2014, SCCMHD planned seven Faith Reentry Collaborative meetings, which were attended by a total of 241 participants.** Five of the meetings were co-facilitated by a member of the faith community. RDA attended and observed four of those meetings. Attendees included clergy and church members from the faith community, as well as local government employees, staff from community-based organizations (CBO), staff from the FBRCs, and members of the general public.

- **Overall, Faith Reentry Collaborative meeting participants rated the quality of facilitation between SCCMHD and faith leaders highly.** On a scale of one to five, where five is the highest quality rating, the average score on the quality of facilitation was a 4.3. A little over one-half (53%) of meeting participants rated the quality of facilitation as five out of five and 37% of participants rated the quality of the facilitation as four out of five.

Did the Faith Reentry Collaborative yield clear objectives and strategies that were implemented?

- **Most Collaborative meetings yielded clear learning objectives, facilitated by both the content and the structure of meetings.** In three out of the four meetings observed, the meeting's learning objectives, or "Desired Meeting Outcomes," were clearly outlined in the agenda. Meeting activities were specifically tied to each of the learning objectives.

- **Most Collaborative meeting activities helped participants achieve the learning objectives**. All four of the meetings observed used breakout groups or panel discussions to focus on topics related to faith and reentry. Overall, Collaborative meeting participants reported on the meeting feedback forms that they felt the breakout groups and small-group discussions were very useful, and aspects of the meetings that they liked the most.

- **Meeting participants requested additional time for small-group discussion and information sharing at the Collaborative meetings.** In response to the question of what could be improved about the Collaborative meetings, participants both rated the meetings as “great” or “good” *and* would like more time to engage in small group discussion to “bounce ideas off each other.”

How effective is the FBRC as a strategy of the Faith Reentry Collaborative?

- **Meeting participants report that they are very likely to use the FBRC resources or services described at the Collaborative meetings.** Collaborative meetings served as a forum for different church groups, county agencies, and CBOs to educate meeting participants about the programs and services that they offer. Collaborative meetings were also used to plan future services of the FBRCs, including food or clothing drives and law and career fairs. The majority of participants, 87%, reported that they are already using the resources or services described in the Collaborative meetings or are very likely to use them in the future.

- **The FBRCs are introduced to Collaborative meeting participants at every meeting, increasing the faith community’s awareness of their services.** During every meeting RDA observed, the Innovation 06 Project Manager introduced the FBRCs as a strategy of the Collaborative to engage individuals returning to the community in faith-based services and supports. FBRC locations, services, hours, and target populations were discussed and time was allowed for questions and answers with the participants.

Key Findings Related to the Faith Based Resource Centers

Did the reentry population and families engage in the FBRCs?

- **The study sample analyzed in this evaluation report varies slightly in socio-demographics from the average jail population in Santa Clara County.** While FBRC participants are largely reflective of the jail population by age and gender, Blacks/African Americans are overrepresented in our sample at 30% compared to the average jail population between 2008 and 2010 at 10.1%.

- **FBRCs are serving a significant number of individuals returning to the community who are homeless and/or unstably housed.** Our study sample consists of 38% of individuals who self-reported being homeless or living in a shelter and 25% living in transitional housing upon intake at the FBRCs. Only 11% indicated that they were renting or in a stable housing and 26% reported to be living with friends or family upon intake.

- **84% of FBRC participants are on probation, parole, both probation and parole, or community supervision (AB 109)**. Out of 624 unduplicated FBRC participants for whom we have this information, over half (53%) were on probation, 20% were on parole, 2% were on both probation and parole, and 9% were on community supervision (AB 109) at the time of intake. In addition, the majority of FBRC participants were between 10 and 24 years old when they were first

incarcerated (75%), suggesting that, along with participant anecdotes, many FBRC participants have had a long history or engagement with the criminal justice system.

- **The majority of FBRC participants are single parents, indicating a huge need for family reunification support**. Although this evaluation did not track families at the participant-level, input from FBRC staff and participants support the claim that family reunification is a significant component to the support provided at FBRCs. Families are encouraged to be housed together, attend church together, and come to the FBRCs together for family-inclusive case management and counseling.

What were the needs and services sought by the reentry population?

- **FBRC participants came to the resource centers seeking support in material resources as well as spiritual connection**. While participants sought out a range of services, their primary needs were transportation/mobility and housing assistance. FBRC staff members' comments support this finding, indicating that once they had resources available to address transportation and housing, they felt better equipped to meet the participants' needs.

What services and supports did the reentry population receive at the FBRCs?

- **FBRCs are able to meet the top priority felt needs of FBRC participants such as transportation, self-care items, food, housing, and employment**. FBRC participants are receiving the services they are requesting. The top five services FBRCs provided were: 1) mobility/transportation, 2) self-care, 3) food, 4) housing, and 5) employment. Both FBRC participants and staff strongly commended the Flex-Fund program to facilitate immediate sufficiency in acquiring resources to meet their basic needs.

- **Services FBRCs were not able to as adequately address directly included legal assistance, income assistance, healthcare coverage, and mental health treatment**. In these domains, participants were referred to outside agencies. FBRC staff reported a particular challenge in working with participants with mental health issues, citing non-compliance with medication and lack of training on how to support FBRC participants with more serious mental health issues as particularly difficult.

- **FBRC participants are receiving spiritual and social support, which in combination with getting their immediate needs met, made for a successful experiencing returning to the community**. For FBRC participants, having the spiritual connection and support played just as important a role as material support. Many participants cited it was the combination of *both* their felt needs and spiritual guidance that makes this reentry program particularly successful.

Did the resources and supports contribute to successful reentry?

- **FBRC participants' overall self-sufficiency significantly improved over the course of their engagement with the project**. The overall average SSM score across all domains increased from

2.73 to 3.43 out of a possible 5, a significant improvement of .70 points on the SSM scale. Specific domains where FBRC participants improved by one point or more included employment (1.80), mobility/transportation (1.54), self-care (1.26), child care (1.19), health care coverage (1.15), spiritual connectedness (1.13), and income (1.04). All of these gains were statistically significant as well.

- **FBRCs provided some services and supports that contributed more significantly to increased self-sufficiency than others**. Self-sufficiency in the domains of physical health, legal aid/support, substance abuse, and adult education did not see statistically significant gains for FBRC participants.

- **The FBRC model may not be the most appropriate setting to receive reentry services and supports for people with more serious substance abuse and mental health issues**. FBRC participants with significantly lower self-sufficiency scores in substance abuse drop-out of the project more quickly than other participants. In addition, although the average self-sufficiency score for mental health increased significantly over the course of the participants' engagement, the baseline self-sufficiency score for mental health was already 4.07 out of 5. Some FBRC staff indicated that they felt unprepared for how to support someone with more serious mental illness at their resource center, especially for those who are noncompliant with their mental health treatment plan.

- **For some FBRC participants, their length of engagement is commensurate with their need for services and supports.** FBRC participants with greater need, as indicated by their socio-demographics, engaged with the FBRCs for a longer duration than their counterparts with less need. However, the subpopulation of FBRC participants who drop-out before their second SSM administration are on average younger (less than 45 years old) and more White/Caucasian than the majority of FBRC participants who stay engaged beyond three months in the project.

- **The Innovation 06 model contributes to a successful reentry experience because FBRCs quickly address both the spiritual and material needs of individuals as soon as reentry begins.** FBRCs are prepared to meet participants out in the community or directly upon release from prison or jail via a warm handoff. Upon the participant's first visit they are provided an UPLIFT transportation pass that allows for three months of free County-operated public transit, a food basket, and hotel voucher until more stable arrangements can be made. This is made possible by the extensive resources SCCMHD has helped to secure for FBRCs in flex-funds, vouchers, and other support.

- **FBRC stakeholders suggest that successful reentry outcomes are due, in part, to a case management approach that centers on the creation of authentic human and/or spiritual connections.** These connections are facilitated by having:

    - FBRC staff with lived experience of the criminal justice system who partner with participants to conduct case management and spiritual counseling.

- Resource centers that are community-based and not located in County-operated institutions.

Recommendations

- **Ensure that there is a mechanism to continue to offer reentry support services in a faith-based manner:** The evaluation demonstrated many benefits from this innovative model for engaging criminal justice involved individuals reentering the community. To ensure that current and future individuals reentering the community have the same level of access to support services provided in a faith-based manner, a mechanism should be established to ensure the longevity of the model.

- **Consider an additional study to compare reentry outcomes between the FBRC population and the general reentry population in Santa Clara County:** Further study is needed to understand the causality of what specific factors can be attributed to successful reentry outcomes. Because this study did not compare the FBRC population to another comparable population of reentering individuals, we cannot determine the extent that their increased self-sufficiency is solely due to their involvement in the project.

- **Consider the assessment of reentry needs for people with addiction and serious mental illness separately from the general population to understand ways to individualize their support and improve engagement:** This evaluation showed that the FBRC model may not be the most appropriate for individuals experiencing more severe substance abuse and mental health issues. Further investigation is needed to understand their unique challenges that may have prevented successful initial and/or continued participation in the FBRC model. Additionally, based on this learning, opportunities to create individualized engagement and retention strategies should be developed that will better suit the needs of individuals with addiction and/or serious mental illness.

- **Provide additional training opportunities to increase FBRC staff's mental health competency:** FBRC staff requested additional training in mental health to help them understand mental health signs and symptoms, how to respond to an individual in a mental health crisis, working effectively with people who have complex trauma histories of mental illness and incarceration, and suicide prevention and early intervention.

- **Consider expanding the FBRC model to incorporate a greater diversity of faiths, cultural backgrounds, and age-groups represented than what is currently provided:** FBRC staff, SCCMHD, and other stakeholders all reported that there is additional need for services in a faith-based manner in communities not currently being served. Specifically, FBRC staff suggested strengthening partnerships with the Muslim community in Santa Clara County. Also, FBRC staff noted that individuals who are not proficient in English may encounter barriers to receiving reentry supports. Stakeholders believed that resource centers were only Spanish or Vietnamese were spoken would be incredibly beneficial for the reentry population.

In addition, our data analysis shows that FBRC participants who are younger (ages 18-34) and White/Caucasian are more likely to drop-out of the project before three months of engagement. As such, SCCMHD should consider following up with those individuals to understand if they are being served elsewhere in the County or if there are ways to target FBRC resources to better meet their needs.

- **Develop pathways for current FBRC participants to be incorporated into the FBRC model as peer supports, volunteers, and mentors for future FBRC participants:** Stakeholders all suggested that clearer pathways to develop current FBRC participants into future partners, peer mentors, and/or volunteers will help increase the sustainability of the model and ensure its cultural competence.

- **Consider methods to standardize the process by which FBRCs can conduct in-reach into the jail in order to connect with potential participants prior to their release:** FBRC staff indicated that a significant barrier to the reentry process is connecting with individuals upon their release from jail. This barrier can be reduced if FBRC staff are allowed access to inmates with a scheduled release date to begin their discharge planning. With a plan in place, formerly incarcerated individuals will know who to call or where to go the moment they leave jail.

Introduction

In late 2011, Santa Clara County Mental Health Department (SCCMHD) began the implementation of its Mental Health Services Act (MHSA) funded Innovation 06 project to create an interfaith reentry collaborative and faith-based resource centers. Innovation 06 is one of nine MHSA funded Innovation projects developed in a partnership between SCCMHD and community stakeholders. It emerged from as part of the County's Community Program Planning (CPP) process, conducted between 2008 and 2009. Innovation is one of five MHSA components with the specific aim to "research and disseminate mental health practices and approaches that contribute to learning, and are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals."[4]

Figure 1: These MHSA Values informed the development of Innovation 06.

Innovation 06 included two main activities to support the reentry and recovery of individuals involved in the criminal justice system in Santa Clara County.[5] The first activity, which began in late 2011, was the formation of the Faith Reentry Collaborative. The Faith Reentry Collaborative is a steering committee charged with engaging the faith community of Santa Clara County, developing the mission and vision of the project, developing work plans in service-specific subcommittees, and overseeing the implementation of subcommittee work plans. The second activity was the piloting of three multi-agency faith-based resource centers to facilitate service coordination to individuals reentering the community from jail.

SCCMHD MHSA funds also supported an evaluation of Innovation 06, conducted by Resource Development Associates (RDA). The Innovation 06 evaluation specifically sought to assess whether the Faith Reentry Collaborative increase the capacity of the faith community to serve criminal justice system involved individuals who are returning to the community, and whether the Collaborative's efforts contributed to successful reentry.

[4] Department of Health Care Services, State of California, "Mental Health Services Act: Proposed Guidelines for the Innovation Component of the County's Three-Year Program & Expenditure Plan," Enclosure 1, February 2009: http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice09-02_Enclosure_1.pdf.
[5] Santa Clara Valley Health & Hospital System, Mental Health Department, "Mental Health Services Act Summary of Initial (FY11) Innovation Plan," September 3, 2010: http://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf.

Faith Reentry Collaborative

The Faith Reentry Collaborative is the main organizing body of Innovation 06. The direction of the Collaborative is guided by an Oversight Team, which meets on an as-needed basis. The Oversight Team members include the Mental Health Director, SCCMHD Project Director, and two faith leaders.

The Collaborative is made up of a diverse group of faith leaders, County staff from multiple departments (e.g. SCCMHD, Alcohol and Drug, Probation, etc.), consumers, family members of consumers, and other stakeholders. Together, the Collaborative set to accomplish the following mission:

> ***The Santa Clara County Faith Collaborative is an inclusive faith-centered network, in partnership with criminal justice agencies and community based organizations, offering hope, compassion, forgiveness, trust, and accountability together with immediate and long-term resources and supports to individuals and families as they return to the community from incarceration.***

The full Collaborative meets quarterly or bi-annually, focusing on information sharing, skill building, special events, and networking with other County departments and faith-based service providers who are working with, or are interested in working with, the reentry population. Below are examples of the training topics covered in the Collaborative meetings:

- Understanding Discharge Plans, Boundary Setting, Manipulation & Security Protocols on the Street;
- Addiction Relapse Prevention & Substance Abuse;
- Mental Health First Aid: Mental Health Symptoms, Crisis Intervention, and Medication Management Support;
- Spirituality, Cultural Competency, and Living Your Faith on the Outside; and
- Hopelessness & Fear, Guilt & Grace: Pain, Prayer, and Meditation.

The Collaborative also has three Workgroups that are responsible for creating work plans to address the following reentry population needs:

Table 1: Faith Reentry Collaborative Workgroups

Workgroup	Workgroup Purpose
Services & Supports	Develop a system of faith-based services and supports for reentry individuals and their families, to include: ❖ Coordination of services and supports for felt, spiritual, and long-term needs; and ❖ Identification of congregations that specialize in services or supports appropriate to meet the needs of reentry individuals and their families.
Housing	Establish partnerships with the housing sector to develop a continuum of affordable housing and provide accessible housing resources for reentry individuals and their families, to include:

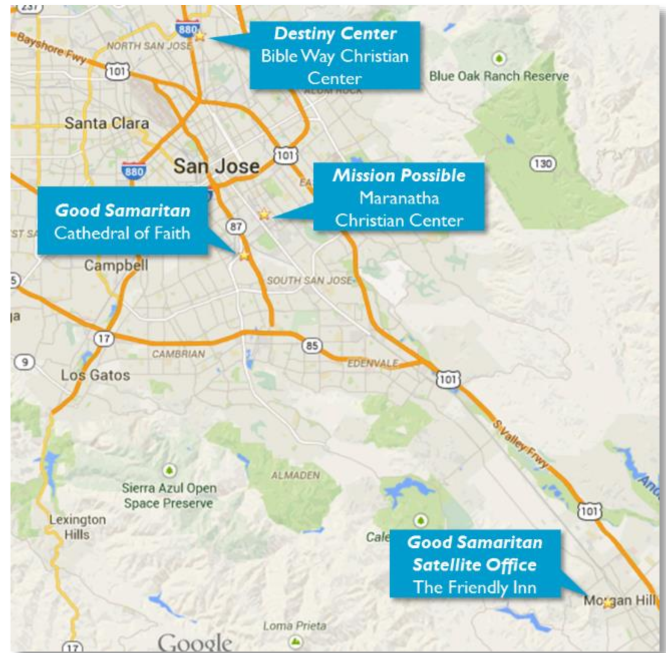
	❖ Development of an efficient network of supports to connect reentry individuals and their families with housing; ❖ Creation of a robust collection of housing referrals to meet the diverse needs of reentry individuals and their families; and ❖ Development of a warehouse of household goods to support move-in needs of reentry individuals and their families (e.g. furniture, cooking supplies).
Employment	Establish a partnership with the employment sector to develop a continuum of employment training, support, and job placement for reentry individuals and their families, to include: ❖ Development of an efficient network of employment programs for job skills development, job training, and job readiness; ❖ Creation of a robust collection of employment resources such as resume writing, interview skills, personal appearance, and coaching; and ❖ Cultivation of employment opportunities and relationships with potential employers.

Workgroups meet on a bi-monthly basis to develop strategies to bridge the gaps in Faith-Based Resource Center service delivery, and to create relationships with other faith-based service providers specializing in these areas.

Faith-Based Resource Centers

The main strategy employed by the Collaborative to serve people returning to the community is the Faith-Based Resource Center (FBRC). There are four FBRCs, which are operated by three different faith-based organizations in geographically diverse locations within Santa Clara County. The FBRCs are the sites where services are provided to people leaving jail or prison and returning to the Santa Clara County community.

Figure 2: FBRCs are located in geographically diverse locations across Santa Clara County.



The Santa Clara County Reentry Resource Center, located in downtown San Jose, serves as the main point of entry for people leaving jail and entering the community. The Reentry Resource Center operates in collaboration with several Santa Clara County departments including the Office of the County Executive, Probation Department, Office of the Sheriff, Department of Correction, Mental Health Department, Department of Alcohol and Drugs, Custody Health, and the Social Services Agency.

SCCMHD staff that represent the Faith Reentry Collaborative are co-located at the Reentry Resource Center. When an individual at the Reentry Resource Center expresses interest in receiving reentry services in a faith-based setting, he or she receives a warm handoff to the SCCMHD staff for an assessment and orientation to the Innovation 06 project. If the individual wants to participate in one of the FBRCs, SCCMHD will request FBRC staff meet the individual at the Reentry Resource Center or will arrange the participant's intake at one of the FBRCs. FBRC staff from the three organizations also rotate staffing the County's Reentry Resource Center to assist in the warm handoff.

The FBRCs provide services for individuals seeking assistance in conjunction with other Resource Centers and faith-based providers, SCCMHD, and the Faith Reentry Collaborative. FBRCs provide the following services to participants:

- Linkages to faith, spiritual, and social community support connections.
- Social support services including, but not limited to: job skills development, recovery/substance abuse programs, housing assistance, family reunification, child care, counseling, anger management, education needs, computer literacy, benefits assistance, health care, and obtaining a California identification/driver's license.
- Volunteer mentors to offer social, emotional, spiritual support, advocacy, and linkages to other available community resources.
- Reentry support funds (or Flex-Funds) for the purposes of supporting services on the basis of individual's need. Examples include transportation (bus and train passes), car repairs (on case-by-case basis), employment (training classes, equipment, tools, and clothing), education, grooming (hygiene needs and supplies), housing, household goods, clothing, living expenses, medical, dental, vision treatments, storage, program incentives (when needed), food, emotional pet support, and child care.

Together, the Faith Reentry Collaborative and the Faith-Based Resource Centers are an approach to meeting the felt, spiritual, and long-term needs of individuals returning to the community from jail or prison in Santa Clara County. Efforts to meet these different needs were defined as:

- **Felt Needs:** Meeting immediate basic necessities by providing transportation, temporary housing, etc.
- **Spiritual Needs:** Enriching the client through spiritual support, and guidance, fellowship and connections to the faith community.
- **Long-Term Needs:** Helping clients and their families maintain a healthy lifestyle and make positive contributions to their communities through permanent housing, life-skills training, and employment assistance.

This report documents evaluation findings related to the formation and implementation of both the Reentry Faith Collaborative and the Faith-Based Resource Centers between November 2011 and December 2014.

Background

Existing services and supports to newly-released inmates through the Santa Clara County mental health system of care were severely strained at the time Innovation 06 was conceived. The Santa Clara County Department of Correction website indicates that each year, it books approximately 65,000 arrestees. Their average length of stay is approximately 214 days, and 80% of the population has a history of drug or alcohol related problems.[6,7] The National Institute of Corrections reported in 2012 that nationally, 68% of jail inmates had a recent mental health problem.[8] A report from the Santa Clara County Department of Corrections (SCCDOC) showed that behavioral health treatment while incarcerated led to reduced rearrests and reconvictions within 6 months of discharge, but it did not include a discussion of the accessibility of behavioral health programming in the community upon an individual's release.[9]

At the time when the idea for Innovation 06 was formed, community faith-based organizations were attempting to aid reentry efforts, but feedback from the faith community and reentry individuals indicated that their efforts were fragmented. Further, the efforts' effectiveness were hampered by a lack of coordination and support from County agencies, whose limited resources were already in use to treat the jail population.

The result was that County inmates were often released to the community without sufficient community resources or supports and experienced poor reentry outcomes (such as reincarceration) due to untreated mental illness, social disruption, substance abuse related problems, lack of adequate housing, and lack of financial and social support. Families, children, and communities also suffered from the effects of loved ones' incarceration and felt unable to provide for their emotional, cultural, and financial needs.

During the community planning process for the development of the Innovation 06 project, faith-based, consumer, and other concerned stakeholders identified several key challenges to providing effective outreach to newly-released inmates:

- The lack of coordination between service providers and volunteer groups working with this population;

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[6] Santa Clara County Department of Corrections, Daily Jail Population Statistics Report, December 8, 2014, http://www.sccgov.org/doc/Doc_daily_pop.pdf.
[7] Santa Clara County Department of Corrections, Recidivism Study of the Santa Clara County Department of Correction's Inmate Programs Final Report, January 31, 2012, http://www.sccgov.org/sites/doc/Documents/SCC_DOC_Final_Report_1-31-12.pdf.
[8] Fred Osher, MD, David A. D'Amora, MS, Martha Plotkin, JD, Nicole Jarrett, PhD, and Alexa Eggleston, JD, Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, 2012, http://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf.
[9] U.S. Census 2010, United State Census Bureau, retrieved December 12, 2014, http://www.census.gov/2010census/data/.

- ❖ The lack of opportunities in County jails to make connections with inmates to assist them with discharge planning *prior* to release; and

- ❖ The lack of knowledge about how to work effectively with newly-released individuals.

During the planning for the project, consumers also indicated that they had difficulty accessing necessary services and supports due to these factors and highlighted problems accessing dual diagnosis drug/alcohol and mental health treatment programs.

In 2010, there was no existing model that the County could use to address this critical barrier in collaboration with the faith community. If systemic barriers to treatment and the lack of organizational capacity are found to be addressed through Innovation 06, faith organizations can be well-positioned to respond to the needs of newly-released individuals and their family members quickly and effectively.

Evaluation Overview

The primary goals of the Innovation 06 evaluation are to:

- ❖ Respond to the Innovation research questions posed by SCCMHD's Project Team and approved by the California Mental Health Services Oversight and Accountability Commission;
- ❖ Respond to research questions posed during the formative phase of the Collaborative; and
- ❖ Provide data and analysis on an ongoing basis to inform program improvement.

Based on interim evaluation findings presented by RDA in September 2012 from the formative phase of developing the Faith Reentry Collaborative, the Innovation 06 Oversight Team and SCCMHD met to discuss lessons learned and how the process of developing the Faith Collaborative changed their understanding of the FBRCs. The finalized the evaluation research questions are presented below:

Process Questions

Process questions help us understand the relational dynamics of developing the Faith Reentry Collaborative and implementing the FBRCs. The evaluation investigates how the development of the Faith Reentry Collaborative engaged the faith community. The research questions related to this process are:

1. Were faith leaders in leadership roles, and were they facilitators of the Faith Reentry Collaborative?

2. Did the Faith Reentry Collaborative yield clear objectives and strategies that were implemented?

3. How effective is the FBRC as a strategy of the Faith Reentry Collaborative?

Outcome Questions

In addition to examining the development of the Faith Reentry Collaborative, the RDA evaluation team examined the extent to which the FBRCs contributed to the successful reentry of individuals who participated in the project. The research questions related to participant outcomes are:

1. Did the reentry population and families engage in the FBRCs?
2. What were the needs and services sought by the reentry population?
3. What services and supports did the reentry population receive at the FBRCs?
4. Did the resources and supports contribute to successful reentry?

Evaluation Activities & Methods

Evaluation Approach

The purpose of this evaluation report is to document findings related to the development of the Faith Reentry Collaborative and the FBRCs. These findings will help to answer the evaluation research questions posed by SCCMHD and the Innovation 06 Oversight Team, as well to understand Innovation 06's contributions to knowledge of innovative practices that may better serve vulnerable communities. This section of the report details the analytic approach the evaluation team used to answer the research questions.

RDA used a mix-methods approach for this evaluation, integrating quantitative data on participation in the FBRCs with an analysis of qualitative data from program documentation, interviews with project leadership, and focus groups with FBRC staff and participants. The quantitative data on FBRC participation informed the outcome research questions, while the data gathered from interviews and focus groups substantiated and/or explained how those outcomes emerged.

RDA developed data collection tools in partnership with the Innovation 06 project staff and designed them to be implemented by either FBRC staff or the evaluation team. For data collection tools implemented by the FBRC staff, RDA created a data collection manual and provided training to support data collection efforts. More detailed information regarding the data collection tools is included in the Data Sources section of this report.

The following section describes the design and timeline of the project's evaluation activities, summarizes the data sources and tools used, provides a discussion of how the data was analyzed, and notes limitations of the evaluation.

Evaluation Design & Timeline

RDA's evaluation activities timeline is presented in Figure 3. Evaluation planning took place between May 2011 and October 2011. From November 2011 to September 2012, RDA conducted the formative evaluation of the Faith Reentry Collaborative. The FBRCs began operations on November 1, 2012. At that time, RDA initiated the data collection process to document participation in FBRC services. Between November 2012 and September 2014, RDA collected ongoing quarterly data on the participation of individuals at the three FBRCs.

Formative Evaluation

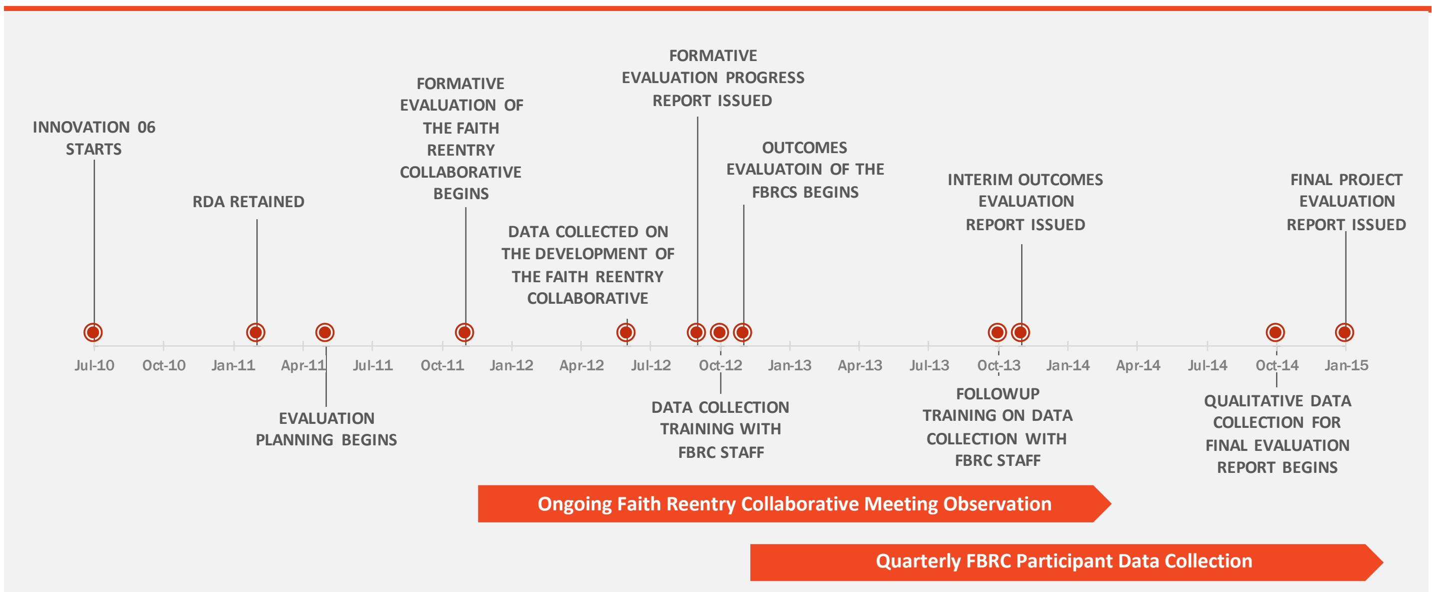
RDA conducted Faith Reentry Collaborative meeting observations and tracked meeting activities and participation. The evaluation team conducted interviews with the Collaborative Leadership Team in June 2012. The findings and recommendations from these data collection activities were included in an

evaluation progress report finalized in September 2012. In November 2013, RDA conducted an interim evaluation of the Faith Reentry Collaborative's activities. The present report builds upon the findings documented in the interim evaluation, with additional data collected through interviews with SCCMHD staff and more meeting documentation.

Outcome Evaluation

Each of the three FBRCs collected individual-level data on program participants. FBRC staff compiled participant data into quarterly data collection logs that they submitted to the SCCMHD Program Manager who forwarded them to RDA. This report includes the analysis of the quarterly data collection that occurred for almost two years between November 1, 2012 and September 30, 2014. The evaluation team conducted a rigorous analysis of the individual-level data collected to assess the contributions of Innovation 06 on participant outcomes.

Figure 3: Innovation 06 Evaluation Timeline



Data Sources

The following data collection tools and activities were conducted between October 2011 and December 2014. Corresponding data collection instruments are included in the appendix to this report.

Table 2: Data sources used to conduct the evaluation of Innovation 06

Data Collection Tool	Dates Administered
1. Faith Reentry Collaborative Meeting Observation Guide (Appendix A)	**January 16, 2013 – January 15, 2014**
RDA conducted observations of the Faith Reentry Collaborative meetings to answer the following questions: ❖ Extent to which faith leaders from diverse faiths were engaged and retained? ❖ Extent to which faith leaders took a leadership and facilitation role of collaborative? ❖ Extent to which Collaborative yielded clear objectives and strategies? ❖ Extent to which implementation of objectives and strategies were articulated to members? Meeting observations are used in conjunction with data collected from the FBRCs to better understand how the synergy between the full Collaborative and the FBRCs contribute to a successful reentry. **RDA observed five Faith Reentry Collaborative meetings between January 16, 2013 and January 15, 2014.**	
2. Faith Reentry Collaborative Meeting Feedback Form (Appendix B)	**January 16, 2013 – May 21, 2014**
Evaluation forms were distributed to Faith Reentry Collaborative meeting participants to assess the degree to which they were satisfied with the meetings and presentations, and the degree to which they felt they learned and developed new skills and resources for serving the reentry population. **RDA collected a total of 37 feedback forms from five Faith Reentry Collaborative meetings.**	
3. Faith Reentry Collaborative Interview Protocol (Appendix C)	**June 2012**
During the formative phase, RDA assessed the satisfaction of Faith Reentry Collaborative participants. RDA conducted phone interviews with members of the Collaborative Leadership Team that included both SCCMHD staff and faith community members. The purpose of these interviews was to answer the following research questions: ❖ Degree to which leaders from various faith traditions participated in the collaborative? ❖ Extent to which the Collaborative was well-designed and facilitated? ❖ Degree to which the Collaborative had clear objectives and strategies? ❖ Degree of satisfaction with Collaborative activities and willingness to continue participating? ❖ Extent of knowledge, skills and resources gained by individuals and faith organizations? ❖ Perception of services provided and impact on reentry population? **RDA conducted a total of five interviews with Faith Reentry Collaborative members.**	
4. Interview Protocol for County Leadership, Program Managers, and Key Decision Makers (Appendix D)	**March & December 2014**

To determine the system-level impact of this project on the County's capacity to support the reentry of individuals with mental health needs upon conclusion of the pilot program, RDA conducted interviews with Innovation 06 project leadership. Questions focused on measuring the degree to which agencies and organizations collaborated in the delivery of services for participating clients; capacity to disseminate the model more widely in the County and on identifying the resources that would be necessary to do so.

RDA conducted a total of two interviews with SCCMHD staff who operated as the Innovation 06 project manager/management aide.

5. FBRC Participant Quarterly Workbook (Appendix E)	November 2012 – September 2014

Each quarter, FBRCs were required to compile the information collected from FBRC participants and submit a password protected Excel workbook to the Innovation 06 Project Manager. The Project Manager reviewed each workbook to confirm that every participant listed in the workbook signed an evaluation consent form before emailing the password protected file through an encrypted message to the evaluator. Each workbook page corresponded to a specific data collection tool, with the exception of the "General Information Page" described directly below.

- **General Information Page***:* This page tracked the following data for all individuals seeking services from the Faith-Based Resource Centers:
  - Number of participants served (duplicated)
  - Number of participant encounters/visits to Resource Centers (duplicated)
  - Total number of referrals made off site by service category

  Collection of this data did not require consent forms. RDA provided electronic or paper-based spreadsheets for the FBRCs to report aggregate numbers *without* identifying characteristics of individuals. This data provided the total number of individuals seeking and receiving services from the FBRCs, but not specifics about services received nor outcomes or services received.

- **Intake Page**: Collection of this data required signed consent from the FBRC participant. This page in the Quarterly Workbook was designed to compile the Intake Form data from FBRC participants.

- **Self-Sufficiency Matrix Page**: Collection of this data required signed consent from the FBRC participant. This page in the Quarterly Workbook was designed to compile the Self-Sufficiency Matrix data from FBRC participants.

- **Referrals & Flex-Funds Page**: Collection of this data required signed consent from the FBRC participant. This page in the Quarterly Workbook was designed to compile the Referrals and Flex-Funds data from FBRC participants.

RDA collected participation data from 638 unduplicated FBRC participants.

6. FBRC Participant Self-Sufficiency Matrix (SSM) (Appendix F)	November 2012 – September 2014

RDA tracked the impact of FBRC activities on the subset of service recipients who consented to participate in the evaluation. Of the 840 participants served by FBRCs, 638 (76%) consented to participate in the evaluation. Each of these individuals received an initial assessment upon intake, with follow-up

assessments every three to six months for the duration of the project, or until they separated/graduated from the project.

The instrument used for the assessment was the *Self-Sufficiency Matrix*[10]. It was designed to be used with minimal training by case-management staff (non-licensed), and includes 18 domains of self-sufficiency. Domains included:

- Housing
- Employment
- Income
- Food
- Child Care
- Adult Education
- Health Care Coverage
- Self-Care
- Connectedness to Spiritual Community
- Parenting Skills
- Family/Social Relations
- Mobility
- Community Involvement
- Legal
- Mental Health
- Substance Abuse
- Safety
- Physical Health

In October 2013, FBRC staff adopted the use of an electronic version of the Self-Sufficiency Matrix tool that was developed by Santa Clara County Homeless Programs in accordance with the Self-Sufficiency Matrix Assessment Standards (https://www.hmisscc.org/html/hmis_forms.html). Previously, FBRC staff used a paper-based version of the same tool. The electronic version is based in Excel and prompts FBRC staff to use questions related to each of the SSM's domains. The answers are scored automatically by the tool to develop the participant's level of Self-Sufficiency on a scale of 1 to 5 (5 indicates most self-sufficient). The electronic version of this tool standardized the way in which participant's self-sufficiency was measured between different FBRC sites.

RDA collected 870 Self-Sufficiency Matrix survey results.

7. FBRC Participant Focus Group Protocol (Appendix G)	**October 2014**

The evaluator assessed the satisfaction and outcomes of reentry participants via program completion focus group with FBRC participants. RDA facilitated a focus group with individuals from each program, selected at random from among those who signed consent forms. Reentry participants were asked what they found most helpful and least helpful about reentry supports. In addition, they were asked if the FBRC staff were sensitive to their culture or ethnicity, if they were knowledgeable about available resources, how well services were coordinated, the extent to which they were connected to social and faith-based support networks, and their suggestions for improvement to the Innovation 06 model.

RDA conducted one focus group with 14 FBRC participants representative of all three FBRCs.

8. FBRC Site Visit & Staff Interview Guide (Appendix H)	**March 2013**

RDA visited each FBRC to document the services being provided; the processes by which they were being provided; and how and the degree to which the reentry population and families were engaged in the

[10] "Self-Sufficiency Matrix-An Assessment and Measurement Tool Created Through a Collaborative Partnership of the Human Services Community in Snohomish County." Created by the Snohomish County Self-Sufficiency Taskforce 2004.http://www.co.snohomish.wa.us/documents/Departments/Human_Services/Community/Self-SufficiencyMatrix-CompleteinWord.doc

services. During each site visit, RDA observed interactions with the reentry participants and their families and met one-on-one with FBRC staff.

RDA conducted two site visits and two detailed staff interviews.

Evaluation Sample

This report documents individual-level outcomes for a sample of 638 unduplicated participants in the FBRCs. To participate in the evaluation, FBRC participants must have voluntarily consented to participate in the evaluation upon intake to the program. RDA compiled a list of all those who consented to participate from each FBRC and analyzed this list to identify individuals who were duplicated across FBRCs to create the unduplicated sample which was used for the outcome analysis. Of those 638 unduplicated individuals, 158 (25%) were one-touch participants without a record of extensive involvement in the FBRCs (indicated by a lack of SSM scores). Additionally, 41% of the FBRC participants in our sample were administered the SSM only once (n=264). The pre-post analysis of SSM scores for FBRC participants is reflective of 216 (34% of those who consented to participate) individuals who had at least two SSM administrations during their involvement with the project.

Data Analysis

RDA analyzed the data provided in the quarterly FBRC workbooks to assess the effectiveness of the FBRCs in supporting participants' reentry ("participant outcomes"). Participant-level data included participants' primary demographic information, date of intake, and the FBRC location that completed the intake. Since participants could attend multiple FBRC locations, a key was used to identify duplicated participants using a combination of demographic information. Percentages are based on the number of participants for whom that data item is available and that number (n) is provided in tables and charts.

Analysis of the Self-Sufficiency Matrix (SSM)

RDA compiled all SSM data across the three FBRCs for all quarters between November 2012 and September 2014. The SSM data was used to measure pre/post outcomes of individual participants' progress over the course of their interaction with the FBRCs. To determine the number of SSM administrations per participant, and the quarters in which administration occurred, RDA queried the SSM database using the participant key. Since SSM administration was intended to occur every three months, few participants had more than one administration per quarter. Instances where individuals did have more than one administration per quarter were dealt with on a case-by-case basis to determine if enough time (at least a month) occurred between administrations for them to be included in the analysis.

RDA used data from the subgroup of 218 participants with at least two administrations to compare SSM scores from their initial administration (usually at intake) with their scores from the most recent administration that could have occurred anywhere between three and 21 months into their participation. In addition to testing for statistically significant differences in participants' scores in each domain of the

SSM, RDA also compared participants' average score. Using SPSS, RDA employed paired-samples *t*-tests comparing participants' scores in each domain, as well as their average score across the two administrations.

A similar process was used to assess how participants' SSM scores changed over time for another subgroup of 95 FBRC participants with at least three SSM administration. RDA calculated the average first, second, and third score in each SSM domain, as well as the average participant score across all domains for each time period. RDA also conducted independent-samples *t*-tests to compare the initial SSM scores of participants with three or more administrations with participants with only two administrations. (A similar analysis was conducted for demographic information from intake. See description below.)

Analysis of FBRC Services Requested by & Provided to Participants

For this analysis, RDA calculated overall services requests, referrals, and flex-fund disbursements in each of the domains. RDA used the data to determine the number of requests and services provided or referred in each domain, and to compare how well provision of services or referrals matched participant requests. RDA also calculated the total amount of flex-funds disbursed and identified the minimum, maximum, and average disbursement in each domain.

Analysis of Participant Demographics

RDA cleaned the intake data, fixing spelling discrepancies in responses, reclassifying responses as needed, and creating ranges for participant age, age at first incarceration, and number of children. In addition, RDA classified participants based on the number of SSM administrations completed: participants with zero or one SSM administration, participants with two administrations, and participants with three or more administrations. RDA ran frequencies for all participants across the intake questions; for participants with two SSM administrations; and for participants with three or more administrations. This information was used to identify demographic factors that may contribute to or interfere with extended interaction with the FBRCs.

Key Limitations to Data Collection & Analysis

Understanding Contributions to Successful Reentry

There are several limitations in the evaluation design and data collection that are important to keep in mind when interpreting the findings discussed in this report. In compliance with IRB requirements, the individual-level analyses only included individuals who consented to participate in the evaluation. Out of the 840 unduplicated participants total between November 1, 2012 and September 30, 2014, 638 (76%) of FBRC participants consented to participate in the evaluation. Therefore, this evaluation report is representative of a sample of the total services FBRC participants requested and received, including onsite services, referrals to outside agencies, and flex-fund disbursements, and impact on individual self-sufficiency.

Since there was no comparison group, it is not possible to attribute that observed changes in SSM scores were due exclusively to participation in the FBRCs. Other factors may have influenced the changes identified in self-sufficiency. For example, individuals' self-sufficiency may improve with time as individuals work on reestablishing themselves, regardless of the services they received through the FBRCs.

It also was not possible to link changes in SSM scores to the number of interactions participants had with the FBRCs, the length of interaction with the FBRCs, or the amount of flex-funds or services provided to participants. Only a little more than a third (216) of the individuals who consented to participate in the evaluation (and who had sufficient time following intake to be included in the SSM analysis) completed the SSM at least twice. This means that approximately two-thirds of participants did not complete the SSM or completed it only once (422 individuals). This could be due to multiple factors, including the number of people FBRCs were contracted to serve over the course of their involvement with this project, level of need for reentry support services, and the appropriateness of the model for others. This may limit the generalizability of the SSM findings.

Additionally, not visiting the FBRCs for more than three months could be indicative of neutral, positive, or negative participant outcomes. For example, if FBRCs effectively serve participants' needs following reentry, it may be unnecessary for participants to continue returning to the FBRCs for additional support after three months. Participants may also relocate or pursue other resources as time progresses. However, it would be important to rule out recidivism as a possible contributing factor. Future evaluation of the FBRCs should consider linking improvement in SSM scores with service dosage and following up with participants who do not return for services to determine if recidivism was a factor.

Protection of Human Subjects

RDA's evaluation framework ensured the protection of human subjects from potential risks, harms, and coercion. FBRC participants were provided verbal and written descriptions of the consent forms and asked to sign a consent form at the time of intake. Consent forms were also verbally described and signed by participants in focus groups and interviews. Consent to participate in an evaluation activity was obtained prior to the start of the activity. Signed consent forms (where documented verbal consent was not obtained) were sent to the evaluation team. In all cases, human subjects were informed that their participation in the evaluation was voluntary and would not affect their standing as a participant in the Innovation 06 project.

The evaluation team submitted a full Santa Clara County Institutional Review Board (IRB) application on October 31, 2012 and a renewal application on May 6, 2014. Both applications were approved by the Santa Clara County IRB. RDA's most recent approval is included in Appendix I.

Evaluation Findings

Part I: Key Findings Related to the Faith Reentry Collaborative

An interim memorandum developed by RDA for SCCMHD and stakeholders in January 2014 provided findings related to the research questions posed about the formation of the Faith Reentry Collaborative. Following completion of the interim memo, and at the request of SCCMHD, RDA then shifted its focus to supporting the FBRCs in their data collection efforts. The full interim memo is included in Appendix J, and key findings are summarized below.

Between January 2013 and May 2014, RDA attended a sample of Faith Reentry Collaborative meetings facilitated by SCCMHD and project partners from participating churches. RDA recorded observations and collected meeting feedback forms, sign-in sheets, and meeting materials. We used this data to determine the extent to which the Faith Reentry Collaborative achieved its objectives as stated in the research questions below.

Research Question 1.1:	Were faith leaders in leadership roles and facilitators of the Faith Reentry Collaborative?

Summary of Key Findings

- **Between January 2013 and May 2014, SCCMHD planned seven Faith Reentry Collaborative meetings, which were attended by a total of 241 participants.** Five of the meetings were co-facilitated by a member of the faith community. RDA attended and observed four of those meetings. Attendees included clergy and church members from the faith community, as well as local government employees, staff from community-based organizations (CBO), staff from the FBRCs, and members of the general public.

- **Overall, Faith Reentry Collaborative meeting participants rated the quality of facilitation between SCCMHD and faith leaders highly.** On a scale of one to five, where five is the highest quality rating, the average score on the quality of facilitation was a 4.3. A little over one-half (53%) of meeting participants rated the quality of facilitation as five out of five and 37% of participants rated the quality of the facilitation as four out of five.

Research Question 1.2: Did the Faith Reentry Collaborative yield clear objectives and strategies that were implemented?

Summary of Key Findings

- **Most Collaborative meetings yielded clear learning objectives, facilitated by both the content and the structure of meetings.** In three out of the four meetings observed, the meeting's learning objectives, or "Desired Meeting Outcomes," were clearly outlined in the agenda. Meeting activities were specifically tied to each of the learning objectives.

- **Most Collaborative meeting activities helped participants achieve the learning objectives**. All of the meetings observed used breakout groups or panel discussions to focus on topics related to faith and reentry. Overall, Collaborative meeting participants reported on the meeting feedback forms that they felt the breakout groups and small-group discussions were very useful, and aspects of the meetings that they liked the most.

- **Meeting participants requested additional time for small-group discussion and information sharing at the Collaborative meetings.** In response to the question of what could be improved about the Collaborative meetings, participants both rated the meetings as "great" or "good" *and* would like more time to engage in small group discussion to "bounce ideas off each other."

Research Question 1.3: How effective is the FBRC as a strategy of the Faith Reentry Collaborative?

Summary of Key Findings

- **Meeting participants report that they are very likely to use the FBRC resources or services described at the Collaborative meetings.** Collaborative meetings served as a forum for different church groups, county agencies, and CBOs to educate meeting participants about the programs and services that they offer. Collaborative meetings were also used to plan future services of the FBRCs, including food or clothing drives and law and career fairs. The majority of participants, 87%, reported that they are already using the resources or services described in the Collaborative meetings or are very likely to use them in the future.

- **The FBRCs are introduced to Collaborative meeting participants at every meeting, increasing the faith community's awareness of their services.** During every meeting RDA observed, the Innovation 06 Project Manager introduced the FBRCs as a strategy of the Collaborative to engage individuals returning to the community in faith-based services and supports. FBRC locations, services, hours, and target populations were discussed and time was allowed for questions and answers with the participants.

Part II: Key Findings Related to the Faith-Based Resource Center Population and Families

In this section of the report, we aim to understand:

- The reentry population's level of engagement with the FBRCs;
- What the reentry population's felt, spiritual, and long-term needs were;
- The services and supports they received at the FBRCs; and
- The extent to which the FBRCs contributed to successful reentry.

Data sources for this section of the report include FBRC participant-level data, a focus group with FBRC participants, and several interviews with Innovation 06 stakeholders.

Research Question 2.1	Did the reentry population and families engage in the FBRCs?

How many participants did the FBRCs serve?

Since November 1, 2012, FBRCs served 638 unduplicated individuals who consented to the evaluation and facilitated 6,039 encounters in almost two years.** FBRCs served a total of 840 unduplicated individuals during the time period study, resulting in a study sample that is representative of 76% of total participants. On average, each FBRC served 100 different individuals each year that they were contracted by SCCMHD to provide reentry support services. The total number of encounters increased over time, with the exception of Oct 2013-Dec 2013.

Table 3. There are 638 unduplicated FBRC participants included in this study sample, 76% of all FBRC participants in the time period analyzed.

Date	Count of Intakes*	Total Encounters**
Nov. 1, 2012 – March 31, 2013	86	286
April 1, 2013 – June 30, 2013	90	549
July 1, 2013 – Sept. 30, 2013	126	688
Oct. 1, 2013 – Dec. 31, 2013	82	565
Jan. 1, 2014 – March 31, 2014	108	893
April 1, 2014 – June 30, 2014	93	1,341
July 1, 2014 – Sept. 30, 2014	53	1,717
Total	**638**	**6,039**

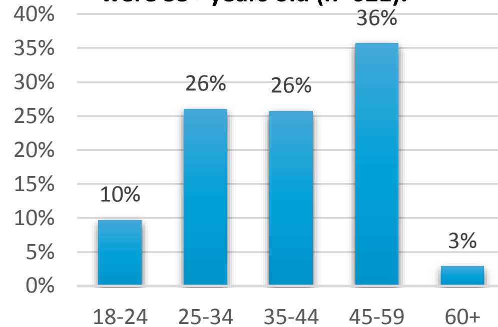
Note: *Includes only participants who consented to participate in the evaluation and is an unduplicated count across the three FBRCs; **Duplicated number of all participants who have signed the FBRC Sign in Sheet, who were visited at home by FBRC Staff, and all encounters in the field.

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

What are the socio-demographic characteristics of the FBRC population?

The majority of FBRC participants were older (35+ years old), primarily male, and Latino/Hispanic or African American.

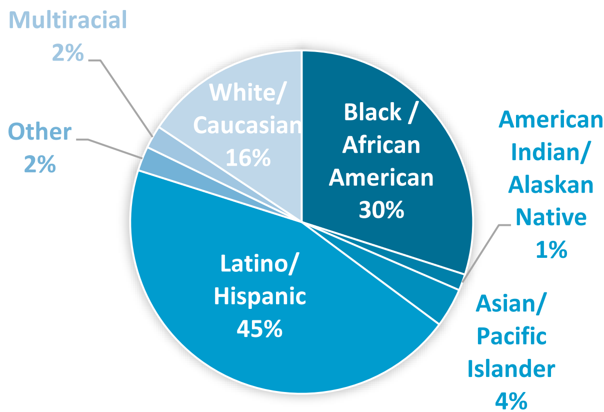
Figure 4: The majority of FBRC participants were 35+ years old (n=621).



FBRC participants' age range was 18 to over 60 years of age. However, **the majority of participants were between 25 – 59 years of age (88%)** (see Figure 4: The majority of FBRC participants were 35+ years old (n=621)). The age distribution of FBRC participants was comparable to that of the inmate population in Santa Clara County between 2008 and 2010. The study sample is made up of 52% of individuals between the ages of 25 and 44, which is 3% less than the average number of inmates of the same age range (54.8%, n=87,028).

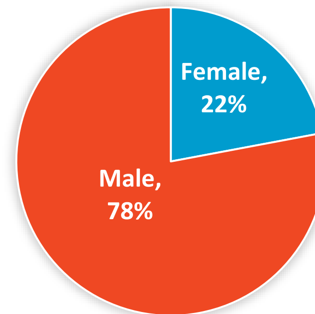
The majority of FBRC participants identified as either Latino/Hispanic (45%) or Black/African American (30%). The sample varies from the racial and ethnic distribution of the Santa Clara County jail population. In 2010, 49.3% of the jail population was Latino/Hispanic and 10.1% was Black/African American (n=87,062). The FBRC study sample includes a smaller representative sample of Latino/Hispanics reentering the community and much greater representative sample of Blacks/African Americans than the average jail population. White/Caucasian FBRC participants represent the third largest racial/ethnic group that participated in the FBRCS (16%), followed by Asian/Pacific Islanders (4%), and all other groups represented at 2% each. See Figure 5 for the full breakdown of FBRC participation by race/ethnicity.

Figure 5. The majority of FBRC participants were Latino/Hispanic or Black (n=635).



The majority of FBRC participants self-identified as male (78%), while self-identified females made up 22% of the study sample (see Figure 6). The proportion by gender is reflective of Santa Clara County's jail population which between 2008 and 2010 was on average 79.1% male and 20.9% female (n=87,061).

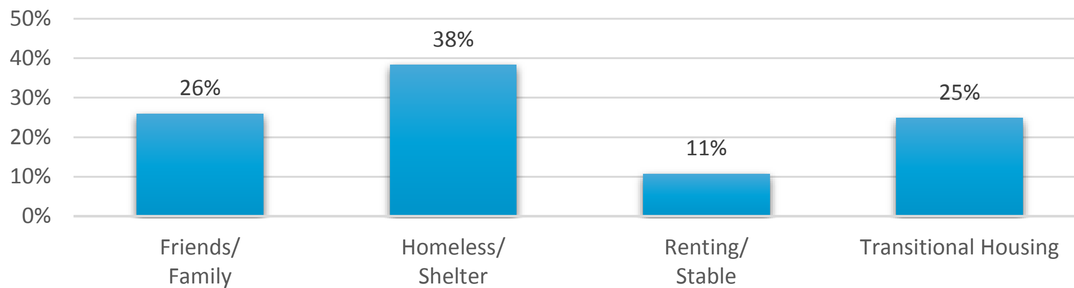
Figure 6: 78% of FBRC participants identified as Male (n=605).



A majority of FBRC participants did not have secure housing at the time of intake. Figure 7: Most FBRC

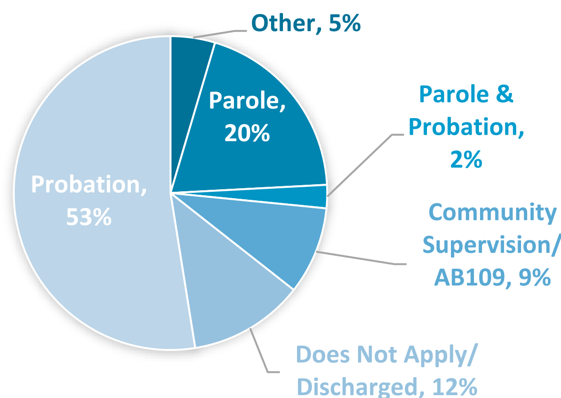
participants were living in either transitional housing or were homeless upon intake (n=627) illustrates that a large proportion of participants did not have a home or were living in a shelter (38%), while approximately one-quarter of the participants were either staying with family/friends (26%) or in transitional housing (25%). Only 11% of FBRC participants had stable housing at the time of intake.

Figure 7: Most FBRC participants were living in either transitional housing or were homeless upon intake (n=627).



Did the reentry population engage with the FBRCs?

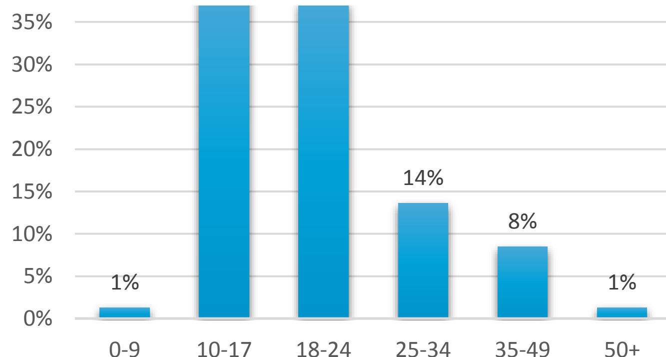
Figure 8: The majority of FBRC participants (53%) were on probation upon intake to the FBRCs (n=624).



FBRC participants represented a wide range of post-release status, but over half of the participants were on probation (53%) at the time of intake. Twenty percent of participants were on parole, while the remaining participants were discharged (12%), under community supervision (9%), or had a combination of parole and probation (3%).

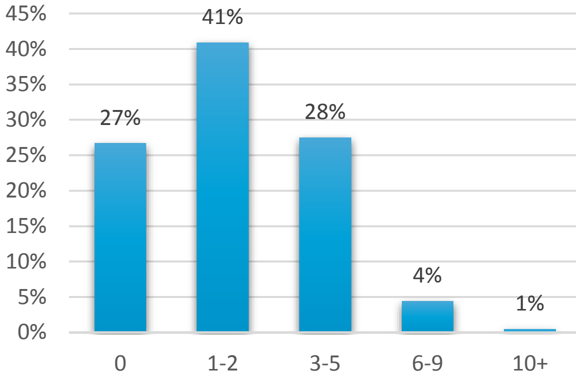
The majority of FBRC participants had their first experience with incarceration as a teenager or transitional age youth (see Figure 9). Thirty-eight percent of FBRC participants were between the ages of 10-17 years of age when they were first incarcerated and 37% were between the ages of 18-24 years of age. Given that the largest proportion of FBRC participants are between the ages of 45-59 years (see Figure 9), this finding, along with participant anecdotes, suggest that FBRC participants have a long history of involvement with the criminal justice system.

Figure 9: FBRC Participant Self-Reported Age at First Incarceration (n=619).



Did families engage in the FBRCs?

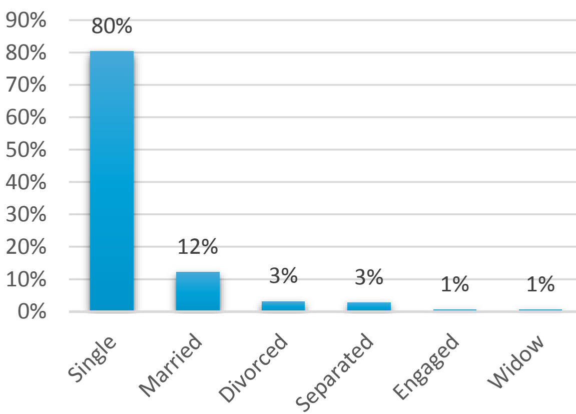
Figure 10: 69% of FBRC participants had between 1 and 5 children at the time of intake (n=633).



While the evaluation did not track families as a unit of participation in the FBRCs, we tracked FBRC participants' relationship status and the number of children they supported. **An overwhelming majority of FBRC participants identify as single (80%). Seventy-three percent of FBRC participants support one or more children** (see Figure 11). Forty-one percent of FBRC participants support 1-2 children, 27% support no children, and 28% have 3-5 children as shown in Figure 10.

FBRC staff also identified family reunification as one of the project's key successes. Given the high percentage of participants who are single parents, family reunification might serve an important need that the FBRCs can address.

Figure 11: 80% of FBRC participants identified as Single upon intake (n=630).



One FBRC participant commended the project not only for reuniting him with his children and grandchildren, but for allowing him to regain his dignity, thus strengthening family relations:

> **"[The program] increased my faith because I'm a cynic. I asked the Lord to help me soften my heart and I'm just blessed through all this. I get my kids and grandkids back. I can create a legacy for them to hold their head up and I can't put a price on that." (FBRC participant)**

Summary of Key Findings

- **The study sample analyzed in this evaluation report varies slightly in socio-demographics from the average jail population in Santa Clara County.** While FBRC participants are largely reflective of the jail population by age and gender, Blacks/African Americans are overrepresented in our sample at 30% compared to the average jail population between 2008 and 2010 at 10.1%.

- **FBRCs are serving a significant number of individuals returning to the community who are homeless and/or unstably housed.** Our study sample consists of 38% of individuals who self-reported being homeless or living in a shelter and 25% living in transitional housing upon intake at the FBRCs. Only 11% indicated that they were renting or in a stable housing and 26% reported to be living with friends or family upon intake.

- **84% of FBRC participants are on probation, parole, both probation and parole, or community supervision (AB 109)**. Out of 624 unduplicated FBRC participants for whom we have this information, over half (53%) were on probation, 20% were on parole, 2% were on both probation and parole, and 9% were on community supervision (AB 109) at the time of intake. In addition, the majority of FBRC participants were between 10 and 24 years old when they were first incarcerated (75%), suggesting that, along with participant anecdotes, many FBRC participants have had a long history or engagement with the criminal justice system.

- **The majority of FBRC participants are single parents, indicating a huge need for family reunification support**. Although this evaluation did not track families at the participant-level, input from FBRC staff and participants support the claim that family reunification is a significant component to the support provided at FBRCs. Families are encouraged to be housed together, attend church together, and come to the FBRCs together for family-inclusive case management and counseling.

Research Question 2.2: What were the needs and services sought by the reentry population?

FBRC participants sought out material as well as spiritual support to assist in their reentry. Needs and services sought out by the reentry population ranged from immediate needs such as mobility/transportation and housing to less tangible supports including family/social relations and parenting skills. From November 2013 – September 2014, a total of 5,465 requests were documented (see Table 6). The top five services participants sought assistance in were their immediate felt needs: 1) mobility transportation, 2) self-care/life skills, 3) food, 4) housing, and 5) employment.

Table 4: The five most requested services or supports were for mobility/transportation, self-care/life-skills, food, housing, and employment.[11]

Rank	Services Needed	# of Requests	% of Total Requests
1	Mobility/Transportation	1,146	21.0%
2	Self-Care/Life Skills	775	14.2%
3	Food	669	12.2%
4	Housing	575	10.5%
5	Employment	486	8.9%
6	Spiritual Connectedness	422	7.7%
7	Legal Documents	206	3.8%
8	Community Involvement	179	3.2%
9	Substance Abuse Treatment	176	3.1%
10	Income Assistance	169	3.0%
11	Legal Assistance	165	3.0%
12	Health Care Coverage	131	2.4%
13	Adult Education	116	2.1%
14	Mental Health Treatment	66	1.2%
15	Parenting Skills	63	1.2%
16	Family/ Social Relations	62	1.1%
17	Physical Health	22	0.4%
18	Child Care	19	0.3%
19	Safety	18	0.3%
Total		**5,465**	**100%**

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

Table 6 illustrates that FBRC participants' highest need was mobility/transportation. Focus groups conducted with FBRC participants and staff reaffirmed this finding. Participants communicated strong

[11] Number of requests is a duplicative count of the total request for a service where a participant may request one service multiple times during the data collection period.

appreciation for FBRC staff's assistance in providing material resources, such as support in procuring a license and car (as well as transit passes) enabling participants to expand their job search, providing clothes for job interviews, and offering a family shelter for two FBRC participants who had a 2-yr old son.

FBRC staff comments align with those of FBRC participants. FBRC staff assert that while having the capacity to address participants' felt needs was impactful, transportation and housing were particularly significant needs for participants. One staff member stated, "County resources, especially housing and [the] UPLIFT program[12] – started to flow our way and we could help our clients."

Recognizing the high need for housing assistance, the County responded by providing an array of housing options.

> **"We got motel vouchers to house people from anywhere between 1 day to two weeks. There was money from prop 36 folks to get [reentry people] housed. These are people that have been gone for many years, and we could help them with the deposit or a certain number of months of rental assistance. [We] added the Villa to house five families at a time for several months, and worked with the families to obtain their own permanent residence. We [also] have a men's home and transitional housing that work really closely with the faith-based resource centers." (FBRC staff)**

Summary of Key Findings

- **FBRC participants came to the resource centers seeking support in material resources as well as spiritual connection**. While participants sought out a range of services, their primary needs were transportation/mobility and housing assistance. FBRC staff members' comments support this finding, indicating that once they had resources available to address transportation and housing, they felt better equipped to meet the participants' needs.

[12] UPLIFT provides for the distribution of transit passes to agencies serving the homeless when those recipients receive case management services.

Research Question 2.3: What services and supports did the reentry population receive at the FBRCs?

FBRCs are meeting the primary needs of FBRC participants and referring to outside agencies for those services they cannot provide directly. FBRCs are primarily providing the resources for mobility/transportation, self-care, food, housing, employment, and spiritual connectedness that, combined, make up 74.2% of all services and referrals provided to participants. From November 2013 – September 2014, a total of 3,379 services were provided by the FBRCs. FBRC staff additionally made 2,874 referrals to outside agencies. Resources related to mental health treatment, family/social relations, physical health, child care, and safety each made up one percent or less of the total services and referrals provided to FBRC participants, which corresponded to the service requests in these areas.

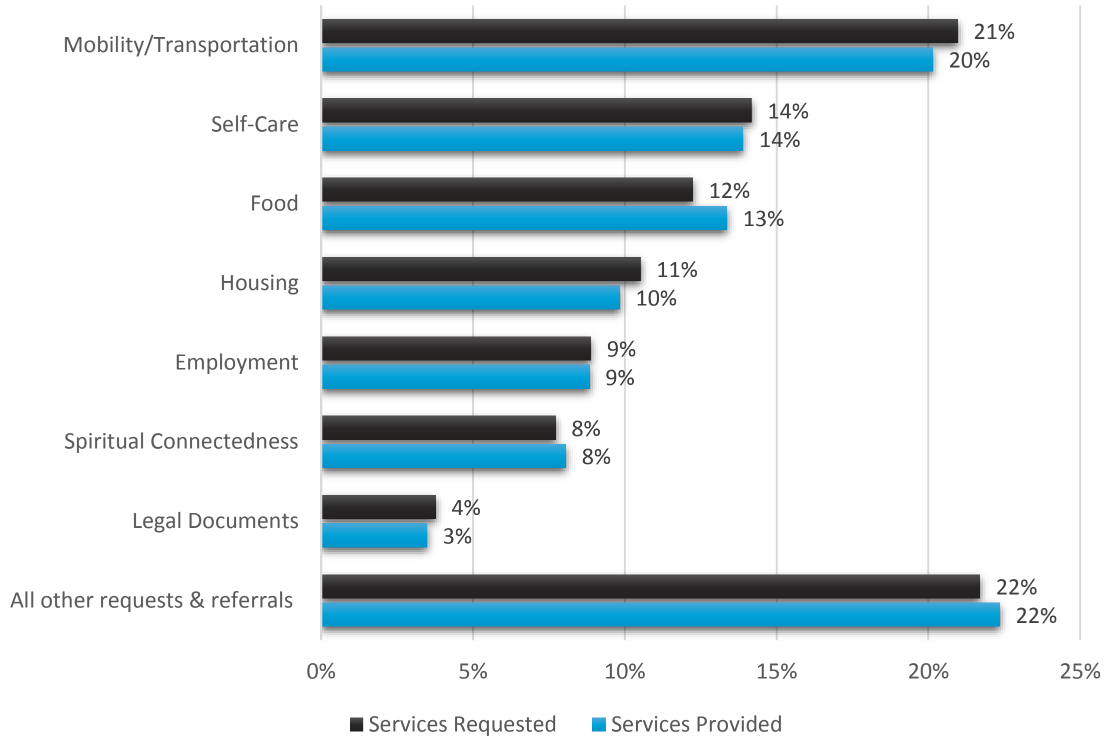
Table 5: FBRCs are primarily addressing the felt needs of participants upon intake by providing resources for mobility/transportation, self-care, food, housing, and employment.

Service Needed Rank	Service Type	# of Services Provided On Site	# of Referrals to Outside Agencies	% of Total Services + Referrals
1	Mobility/Transportation	812	448	20.2%
2	Self-Care	549	320	13.9%
3	Food	519	317	13.4%
4	Housing	205	410	9.8%
5	Employment	157	396	8.8%
6	Spiritual Connectedness	418	86	8.1%
9	Substance Abuse Treatment	167	97	4.2%
8	Community Involvement	206	24	3.7%
7	Legal Documents	54	164	3.5%
11	Legal Assistance	51	118	2.7%
13	Adult Education	92	75	2.7%
10	Income Assistance	3	153	2.5%
12	Health Care Coverage	6	123	2.1%
15	Parenting Skills	83	18	1.6%
14	Mental Health Treatment	4	57	1.0%
16	Family/ Social Relations	36	28	1.0%
17	Physical Health	3	19	0.4%
18	Child Care	9	9	0.3%
19	Safety	5	12	0.3%
Total		**3,379**	**2,874**	**100%**

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

FBRCs are serving participants with resources that are in close proportion to demand. Figure 12 indicates that FBRC participants' service requests are being met. Nearly all services are being provided in proportionate amounts to the demands for those services.

Figure 12. FBRC participants are receiving services and supports in very close proportion to demand in all domains.



FBRC staff reported that it was challenging to meet the demands initially. Staff described feeling overwhelmed because participants were continuously coming in throughout the day and evening, who needed their immediate needs met. The following response by one FBRC staff member exemplifies this:

> **"We had people coming in who had these needs and we needed to address their needs immediately, not tomorrow or a week. That is where I became overwhelmed. It was more than just once a day, but throughout the day. The needs were so overwhelming. But now that we have a system in place, it's manageable." (FBRC staff)**

One need that FBRC staff members felt was particularly challenging to meet during the project's start-up phase was for participants' mobility/transportation. As Figure 12 demonstrates, FBRC participants' requests for mobility/transportation assistance was slightly higher (21%) than FBRCs' ability to provide the service (20%). However, because of the strong collaboration between the County and FBRCs, the County Mental Health Department was quick to respond. Through the UPLIFT program, which provided

FBRC participants a 90-day pass for County-operated public transportation, FBRCs were able to better meet participants' transportation needs.

FBRC participants and staff saw significant benefits from Flex-Funds because they allowed FBRC participants to have their immediate needs met. Both FBRC participants and staff were strongly in favor of the Flex-Funds program. Many of the participants cited that the program allowed them to get back on their feet. One participant stated, "The flex-funds are useful because it gives you that kick you need."

FBRC staff affirmed participants' response. When asked what some of the project's successes were, staff members cited the Flex-Fund program precisely because of the flexibility it allowed individuals in crisis trying to get their life together again. The following response from a FBRC staff member elaborates on this sentiment:

> **"Whoever created the Flex-Funds should be given a huge kudo. For those in crisis, they need something to motivate them and it's hard to define it in one category. Crisis is different for everyone and the Flex Fund program allows us the flexibility to really help people to transition successfully. I've never experience that with another program and this has been huge." (FBRC staff)**

As shown in Table 6: FBRCs distributed the most Flex-Funds for Housing, Mobility & Transportation, Self-Care, Legal Assistance, and Food. A total of $214,610.21 representing 1,867 disbursements over the course of the project was provided to FBRC participants who consented to participate in the evaluation. The largest *amount* of disbursement went towards housing, mobility/transportation, self-care, and legal assistance. However, the most significant *number* of disbursements went towards mobility/transportation, self-care, food, housing, and legal documents.

Table 6: FBRCs distributed the most Flex-Funds for Housing, Mobility & Transportation, Self-Care, Legal Assistance, and Food.

Flex-Fund Disbursement Type	Total $ Amount	Avg. $ per Disbursement	Total # of Disbursements[13]	Min $ Amount	Max $ Amount
Housing	$77,159.67	$329.74	234	$3.30	$1,553.03
Mobility/Transportation	$45,808.28	$75.59	606	$3.00	$660.00
Self-Care	$28,778.19	$76.13	378	$6.00	$580.00
Legal Assistance	$16,207.25	$330.76	49	$5.00	$1,982.75
Food	$8,966.46	$35.16	255	$2.91	$185.00
Employment	$8,602.15	$101.20	85	$10.00	$773.90
Legal Documents	$8,084.53	$69.10	117	$5.00	$1,009.00
Adult Education	$7,380.18	$254.49	29	$5.00	$1380.00
Parenting Skills	$3,082.75	$181.34	17	$25.00	$375.00
Family/Social Relations	$2,693.50	$79.22	34	$10.00	$551.75
Substance Abuse Treatment	$2,029.09	$96.62	21	$5.00	$240.00
Health Care Coverage	$1,586.69	$198.34	8	$5.00	$1,173.41
Child Care	$1,381.86	$345.47	4	$20.00	$1,270.00
Spiritual Connectedness	$1,059.82	$88.32	12	$10.00	$558.08
Income Assistance	$928.00	$309.33	3	$53.00	$500.00
Community Involvement	$420.00	$46.67	9	$20.00	$50.00
Safety	$249.35	$124.68	2	$87.00	$162.35
Physical Health	$192.44	$48.11	4	$20.00	$75.00
Overall	**$214,610.21**	**$114.95**	**1,867**	**-**	**-**

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

In addition to providing support in material resources, FBRC participants reported receiving spiritual and moral support**,** resulting in participants feeling more accepted and part of the community. While FBRC participants struggled to pinpoint exactly what about the spiritual connection and "faith-based" element appealed to them, they alluded to **a "moral distinction from the past" where it was evident that FBRC staff not only had best intentions to provide genuine care, but also exuded empathy towards FBRC participants in an authentic way.** For instance, one participant stated:

[13] Total number of disbursements is the number of times Flex-Funds were made available over the data collection period to a duplicated number of participants. Participants were able to request Flex-Funds more than once in any domain over the data collection period.

> **"I, too, was skeptical. It was the faith-based part that brought me and got me to relax, listen, [to] trust and reduce some of that pride. The actual camaraderie that was established between me and staff was the key element because in the process of [FBRC staff] offering help, I said I was willing to accept it." (FBRC participant)**

Responses by the SCCMHD agreed with this statement, citing the specific role "faith-based" played in participants' having a positive reentry experience:

> **"I feel that when they are seeking out the faith-based, it's not something they have to do, it's something they are searching for. It helps them. It's something that maybe they lost somewhere along the way or they want to make a new connection." (SCCMHD staff)**

Another County staff member stated:

> **"I think this is about having someone in your corner who really cares about whether or not I drink and drive, if I go out and reoffend. This is about—does someone care about me genuinely? So in this case, this person goes to church to see that person because he knows that this person will be there. I think it's both the social connection and also the spiritual connection… It's really about modeling caring for others." (SCCMHD staff)**

Summary of Key Findings

- **FBRCs are able to meet the top priority felt needs of FBRC participants such as transportation, self-care items, food, housing, and employment**. FBRC participants are receiving the services they are requesting. The top five services FBRCs provided were: 1) mobility/transportation, 2) self-care, 3) food, 4) housing, and 5) employment. Both FBRC participants and staff strongly commended the Flex-Fund program to facilitate immediate sufficiency in acquiring resources to meet their basic needs.

- **Services FBRCs were not able to as adequately address directly included legal assistance, income assistance, healthcare coverage, and mental health treatment**. In these domains, participants were referred to outside agencies. FBRC staff reported a particular challenge in working with participants with mental health issues, citing non-compliance with medication and lack of training on how to support FBRC participants with more serious mental health issues as particularly difficult.

- **FBRC participants are receiving spiritual and social support, which in combination with getting their immediate needs met, made for a successful experiencing returning to the community**. For FBRC participants, having the spiritual connection and support played just as important a role as material support. Many participants cited it was the combination of *both* their felt needs and spiritual guidance that makes this reentry program particularly successful.

Research Question 2.4: Did the resources and supports contribute to a successful reentry?

Overall Outcomes

FBRC participants were assessed with the Self-Sufficiency Matrix (SSM)[14] at the time of intake and every three months or until they graduated or dropped-out of the program. This instrument was administered as a way to gauge how self-sufficient participants were in a variety of domains of well-being. **From November 2012 - September 2014, an average of 91 SSM surveys were administered each fiscal quarter. The majority of participants completed the SSM one or two times during their participation in the FBRCs.** Table 7 indicates the number of SSM administrations for each quarter, while Table 8 demonstrates the number of participants by frequency of SSM administration. A total of 885 administrations occurred over the project's duration (see Table 7). The average number of SSM administrations was 91 per fiscal quarter, with the highest number of administrations during the period from April 1, 2014 – June 30, 2014 (n=166). A total of 480 FBRC participants (unduplicated) completed the SSM administrations (see Table 8). The largest number of participants completed 1-2 SSM administrations.

Table 7. Number of Self-Sufficiency Matrix Administrations by Quarter

Date	Number of SSM Administrations
Nov. 1, 2012 – March 31, 2013	82
April 1, 2013 – June 30, 2013	99
July 1, 2013 – Sept. 30, 2013	142
Oct. 1, 2013 – Dec. 31, 2013	126
Jan. 1, 2014 – March 31, 2014	148
April 1, 2014 – June 30, 2014	166
July 1, 2014 – Sept. 30, 2014	122
Total	**885**

Table 8. Number of FBRC Participants by Number of SSM Administrations

Number of SSM Administrations	Count of Participants
0	158
1	264
2	122
3	58
4	20
5	12
6	3
7	1
Total	**638**

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

To understand contributions of the FBRCs to a successful reentry, several analyses were conducted to see how participants' SSM scores changed over time. While we cannot determine the causality of a successful reentry, given the extreme needs of FBRC participants, it is likely that the FBRCs contributed to the participants' change in self-sufficiency. Scores on the SSM are indicated on a scale from 1 to 5, 5 being most self-sufficient and 1 being the least self-sufficient. Overall, **FBRC participants' self-sufficiency improved significantly in the majority of domains of the SSM. Participants' average SSM scores**

[14] "Self-Sufficiency Matrix-An Assessment and Measurement Tool Created Through a Collaborative Partnership of the Human Services Community in Snohomish County." Created by the Snohomish County Self-Sufficiency Taskforce 2004.http://www.co.snohomish.wa.us/documents/Departments/Human_Services/Community/Self-SufficiencyMatrix-CompleteinWord.doc

increased most significantly for their felt needs, including employment, mobility & transportation, self-care & life skills, child care, and health care coverage. In addition to their felt needs**, FBRC participants' score in spiritual connectedness increased significantly.** See Table 9 below for an overview of the change in SSM scores for each domain of the SSM over the course of Innovation 06.

Table 9: Statistically significant gains in self-sufficiency were seen in almost all SSM domains.

Domain	n	Average Pre-Score	Average Post-Score	Gain in Average Scores
Employment	210	1.26	3.06	1.80**
Mobility/Transportation	210	2.14	3.68	1.54**
Self-Care/Life Skills	189	2.77	4.03	1.26**
Child Care	33	2.45	3.64	1.19**
Health Care Coverage	204	2.50	3.65	1.15**
Spiritual Connectedness	182	2.49	3.62	1.13**
Income	194	1.57	2.61	1.04**
Housing	213	2.11	3.08	0.97**
Food	212	1.99	2.71	0.72**
Safety	201	4.01	4.58	0.57**
Community Involvement	186	2.69	3.26	0.57**
Parenting Skills	58	3.50	3.95	0.45*
Family/Social Relationships	210	3.00	3.34	0.34*
Mental Health	142	4.07	4.33	0.26*
Physical Health	179	3.95	4.06	0.11
Legal Aid/Support	179	3.05	3.13	0.08
Substance Abuse	200	3.88	3.80	-0.08
Adult Education	200	2.94	2.80	-0.14
Total	**216**	**2.73**	**3.43**	**0.70****

Note: *p < .05; **p < .001
Two domains were not included due to small sample size: Children's Education and Credit.
Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

FBRC participants' SSM scores did not increase in all domain areas over the course of their engagement with the project. Although SSM scores, on average, decreased for Substance Abuse, FBRC participants' baseline average SSM scores were already above average (3.9 out of 5) upon intake into the program. The average SSM score for Adult Education decreased the most for FBRC participants. It is important to note that the decrease in average SSM scores for Substance Abuse and Adult Education are not statistically significant, meaning that no substantial change occurred in these domains. This is also true for FBRC participants' average SSM scores in the Physical Health and Legal Aid/Support domains. While there is no clear indication as to why this may have occurred, FBRC participants' average baseline SSM scores in Physical Health, Legal Aid/Support, and Substance Abuse indicate greater self-sufficiency in these domains at intake, compared to most other domains. FBRC participants' average SSM scores in Adult Education, however, are consistently below average. This might speak to the limited resources available for adult

education. Significant cuts have been made to the area of Adult Education across the State of California. Currently, regional consortiums of Community Colleges and Adult Schools are responding to this crisis with support from Assembly Bill 86.

In addition to improvements in self-sufficiency, **FBRC staff noted improvements in participants' self-esteem and confidence**. FBRC staff and participants suggest that becoming more integrated with the faith community also acts as a protective factor to prevent recidivating to jail or prison.

Outcomes by Length of Engagement in the FBRCs

To understand differences in the population of FBRC participants who engage with FBRCs for a longer duration, defined as those who had two and three or more SSM administrations, we conducted two comparison analyses.[15] The first analysis, RDA compared the average SSM scores of participants who only had one administration of the SSM to FBRC participants with two or more SSM administrations. In the second analysis, we compared the average SSM scores of FBRC participants with two administrations to those with three or more SSM administrations.

Two months or less of FBRC engagement compared to Three months or more

FBRC participants with only one SSM administration demonstrated a higher statistically significant average SSM score for physical health compared to participants with two or more SSM administrations (see Table 10). No difference in average SSM score in any other domain were found to be statistically significant between the two groups.

Table 10: Participants who only engaged with the FBRCs to complete one SSM scored significantly better in the domain of physical health compared to FBRC participants with two or more SSM administrations.

Domain	Participants with 1 Admin.	Participants with 2+ Admins	Difference
Physical Health (n = 236, 194)	4.17	3.89	0.28*

Note: *p < .05; **p < .001
Two domains were not included due to small sample size: Children's Education and Credit.
Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

In addition, when comparing these two sub-groups of FBRC participants, demographic characteristics differ between the two. **FBRC participants with only one SSM administration were on average younger and more White/Caucasian than FBRC participants with two or more SSM administrations**. Forty percent of FBRC participants who engaged in the FBRCs for two months or less were between the ages of 18 and 34 years old, compared to 48% of participants who were 45 years and older and engaged with the FBRCs for at least three months or more. Thirty-five percent of FBRC participants with two or more SSM

[15] Duration is conceptualized as the time engaged in the FBRCs in order to complete subsequent SSM surveys. SSM surveys, on average, were administered upon intake and every three months to FBRC participants. As such, it can be assumed that FBRC participants with only one SSM administration engaged with the FBRCs for two months or less, five months or less for those with two administrations, and six months or longer for participants with three or more SSM administrations.

administrations identified as Black/African American, whereas the proportion of White/Caucasian FBRC participants decreases from 21% to 12% between the sub-groups (see Table 11).

Table 11: FBRC participants who engaged for a shorter duration in the project were on average younger and more White/Caucasian than participants who engaged in the FBRCs for a longer period of time.

Demographic Category	Demographic Indicator	Participants with 1 Admin.	Participants with 2+ Admin.
Age	18-34 years	**40%**	29%
	45+	30%	**48%**
Ethnicity	Black/African American	26%	**35%**
	White/Caucasian	**21%**	12%

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

Three to five months of FBRC engagement compared to six months or more

Only three domains resulted in statistically significant differences between FBRC participants with two SSM administrations compared to those with three or more SSM administrations, compiled below in Table 12.

Table 12. Comparison of the First SSM Administrations of FBRC Participants with 2 Administrations with Participants with 3+ Administrations

Domain	Participants with 2 Admin.	Participants with 3+ Admin.	Difference
Self-Care/Life Skills (n = 119, 92)	3.05	2.28	0.77**
Mobility/Transportation (n = 121, 92)	2.34	1.90	0.44*
Substance Abuse (n = 116, 87)	3.72	4.13	-0.41*

Note: *p < .05; **p < .001

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

By comparing average SSM score by these domains between FBRC participants with two administrations and then three or more, FBRC participants who engage for a longer period of time tend to have significantly lower average SSM scores than their counterparts when they first began receiving FBRC for self-care/life skills and mobility/transportation. However, the opposite is true for substance abuse, in which FBRC participants with a higher average SSM score engaged for a longer period of time.

It is possible that the FBRC model is not appropriate for or is not adequately meeting the needs of individuals with more severe substance abuse problems. The 116 FBRC participants who dropped-out of the project prior to their third SSM administration contributed to a significant difference in the average substance abuse SSM score when compared to participants that engaged in the FBRCs for a longer duration. FBRC participants with three or more SSM administrations had a higher average substance abuse SSM score, suggesting that the 116 individuals who dropped-out were not as self-sufficient in that domain.

In addition, the relative need for mental health treatment was low in the study sample. Mental health treatment only made up one percent of total services provided on-site and referrals combined. In addition, the average baseline SSM score for mental health was above average at 4.07 out of 5 upon intake. This is in contrast to research conducted nationally indicating that on average 68% of people in all jails and prisons have problems related to their mental health. A number of FBRC staff did report a key challenge in meeting the mental health needs of the FBRC participants, particularly around issues of medication compliance and individuals who present with co-occurring mental illness and addiction. A FBRC staff member stated:

> **"When referrals come, we can't address them… [Some] people need an in-patient environment, but don't want to commit to that environment. Finding a clinical person to help serve them [is important]. We don't have personnel to prescribe meds. I have a lot [of individuals who] come through who have mental health issues, but we cannot help them." (FBRC staff)**

The FBRC model may not be the most appropriate setting to provide reentry services and supports to individual with more severe mental health needs or serious mental illness.

FBRC participants who have engaged longer in the project have much greater need for FBRC services in terms of their socio-demographics upon intake. Upon intake, an FBRC participant who engages with an FBRC for a longer period of time (three or more SSM administrations), was on average:

- Older than 45 years old
- Less likely to be employed
- More likely to be homeless or living in a shelter
- Parenting 3 or more children
- Have less than a high school diploma
- More likely to have been active in a church in the past

See Table 13 below for a direct comparison between the two FBRC participant populations.

Table 13.FBRC participants appear to engage with the project commensurate with their need

Demographic Category	Demographic Indicator	Participants with 2 Admin.	Participants with 3+ Admin.
Age	18-34 years	**36%**	21%
	45+	42%	**57%**
Employment Status	Currently Employed	**10%**	4%
Housing Status	Friends/Family	23%	**39%**
	Homeless/Shelter	37%	**43%**
	Renting/Stable	**12%**	6%
	Transitional Housing	**28%**	13%
Number of Children	3+ Children	32%	**37%**
Educational Attainment	Less than High School Diploma	15%	**27%**

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

Thus, FBRC participants who engage for at least three months in the project appear to stay engaged for a duration that is appropriate to their level of need based on a combination of their socio-demographics and baseline self-sufficiency. FBRCs are providing sufficient supports to help move FBRC participants along their path to where FBRC supports are no longer needed and/or FBRC participants are graduated from the program at a time that best suits the participant. However, this may not be true for FBRC participants who drop-out before their second SSM administration who tend to be younger and more White/Caucasian than FBRC participants who engage for at least three months or longer in the project.

Outcomes for Longer-Term FBRC Participants

To understand how SSM scores changed over time, we also looked at the average SSM score by domain between different administrations of the tool. Table 14 provides an overview of change in scores by domain between different administrations. The study sample in the analysis below is a subset of the total sample size and includes only FBRC participants who had three SSM administrations over the course of their engagement with the project.

Table 14: Consecutive increases in SSM scores were seen for the majority of SSM domains.

Domain	Average 1st Score	Average 2nd Score	Average 3rd Score	Change in SSM Score Between Administrations
Adult Education (n = 85, 90, 91)	2.85	2.96	2.97	↑↑
Community Involvement (n = 90, 92, 94)	2.66	3.38	3.30	↑↓
Employment (n = 91, 92, 94)	1.30	2.24	2.66	↑↑
Family/Social Relationships (n = 93, 93, 94)	3.17	3.48	3.49	↑↑
Food (n = 93, 94, 94)	2.00	2.90	3.16	↑↑
Health Care Coverage (n = 91, 92, 93)	2.38	3.54	3.49	↑↓
Housing (n = 92, 94, 94)	2.14	3.20	3.20	↑-
Income (n = 92, 94, 94)	1.52	2.61	2.83	↑↑
Legal (n = 89, 88, 90)	3.17	3.25	3.18	↑↓
Mental Health (n = 67, 70, 76)	4.12	4.24	4.33	↑↑
Mobility/Transportation (n = 92, 92, 93)	1.90	3.16	3.42	↑↑
Parenting Skills (n = 40, 46, 38)	3.40	3.83	4.05	↑↑
Physical Health (n = 91, 81, 84)	3.88	4.33	4.29	↑↓
Safety (n = 90, 89, 91)	3.84	4.26	4.42	↑↑
Self-Care/Life Skills (n = 92, 94, 94)	2.28	3.62	3.93	↑↑
Spiritual Connectedness (n = 91, 83, 84)	2.65	3.05	3.29	↑↑
Substance Abuse (n = 87, 84, 91)	4.13	4.11	4.16	↓↑
Total (n = 94, 94, 94)	**2.71**	**3.36**	**3.46**	↑↑

Note: Three domains were not included due to small sample size: Child Care, Children's Education, and Credit.

Source: FBRC Quarterly Resource Logs, November 2012 – September 2014

Overall, the average score across all SSM domains increased from the first to the second and then to the third administration of the tool. The largest increases were seen from the first to the second administration. The average SSM scores that changed the most for this subgroup included employment, food, health care coverage, income, mobility/transportation, and self-care/life skills.

Substance Abuse was the only SSM domain in which the average SSM score decreased after the second administration and then increased above both the average baseline and follow-up scores after the third administration. However, this change was very small and the scores in this domain were high to begin with. This finding could relate to the discussion above on how FBRC participants with greater substance abuse treatment needs seem to drop-out of the project sooner compared to FBRC participants who stay engaged for a longer time.

In addition to the outcomes discussed above, Innovation 06 stakeholder feedback provided specifics about how the FBRC's approach contributed to the significant outcomes of the participants' self-sufficiency and reentry experience. FBRC participants noted that it was the combination of **both material and spiritual support that most strongly contributed to a successful reentry experience.**

As reflected in the statements below, **a key characteristic of FBRC support was that many participants were made to feel human during the reentry process.** Participants discussed not feeling judged or treated differently, giving them the strength and motivation to strive for a successful recovery.

> **"The reentry has given a lot of help with transition and finances. But nobody has talked about how they counsel you, treating you like a human being. They make you feel like a family." (FBRC participant)**
>
> **"I thank God the County and state is finally trying to recognize that. The sheriff's department talks to you like you are human, like family and they've known you for years. They have judges that actually are going to the church with us. We feel like a part of the community now." (FBRC participant)**

This sentiment was also reflected in FBRC staff responses. One staff member affirmed,

> **"These individuals come in broken and they leave with a smile on their face. They feel the love and the compassion and spirit of God. That's the secret sauce. We don't look at them as a judge or probation officer would look at them, but as a human." (FBRC staff)**

FBRC participants also identified how receiving services from staff with lived experience had a positive impact on their own reentry process. As a result**,** participants felt staff members approached them in a real and honest manner that in turn, allowed participants to open up and accept support:

> **"Most of the workers can relate to us because they come from the same background, and that's what made me feel I could open up enough. Sometimes I have a problem asking for help because I want to make it on my own. But what compelled me [about this project is] people going back and**

> **helping, and not forgetting where they have been. That compels us to want us to do the same thing, and that's what makes the re-entry really work."**

SCCMHD staff affirmed the significance of **having staff with lived experience, suggesting this factor might serve as a promising practice for working with the reentry population** given it enhances the level of understanding and empathy:

> **"If there was a standard that was set it should be the one that is being set by those with the lived experience who understand…The folks that have lived experience either who have done time in jail or worked with this population – they have a greater success in engaging the individuals and getting them the help than someone who is a person of faith and doesn't have that skill set" (SCCMHD staff)**

Another factor that may have contributed to a successful reentry experience for FBRC individuals is that FBRCs are community based, and not located in County institutions. A participant remarked:

> **"When you walk in here, it's complete trust. They are not making you feel any different, like you're bad. It makes me way more comfortable to come here to [the FBRC staff]. And for a lot of us, being in and out of the system, authority figures are not who we really like." (FBRC participant)**

Both FBRC and SCCMHD staff responses support the idea that there are significant benefits to providing services outside of County institutions. For instance, one FBRC staff member commented, "It's not a County building that they're coming to, but a Church. They are coming into faith, hope, [and] love." County responses reflect this statement, attributing the additional human connection and moral support as a critical factor differentiating service provision at FBRCs from some County agencies. One County staff remarked:

> **"You can be down and out and get your GA and EBT and the probation officer will say 'hope your day gets better.' Whereas at the FBRC, they offer a prayer or counseling, a priest or pastor to talk to you…or a bible study group – I mean so much support in so many ways that the County doesn't offer." (SCMHD staff)**

At the same time, FBRC staff reported the tremendous value in being able to immediately meet participants' felt needs. In other words, **along with providing a spiritual connection and community, Innovation 06 increased each church's resource capacity to address participants' immediate felt needs.**

FBRC staff discussed how prior to Innovation 06, their respective churches didn't have sufficient funding to help the re-entry population with their felt needs. This project allowed Church staff to expand support by providing case management along with spiritual counselling, and as a result "take [their] prison ministry to the next level," as one FBRC staff stated. Other FBRC staff members concurred, noting the tremendous benefit of providing *immediate* assistance with participants' material resources directly after participants' release. **Moreover, because the County was so responsive to FBRC staff suggested modifications, such**

as creating the Flex-Fund and UPLIFT programs and ensuring timely reimbursement of invoices, FBRC staff could meet participants' material needs in a timely and consistent manner.

FBRC participants attributed their ability to stay out of jail to FBRCs providing a new social community. This is significant because the FBRCs offer an opportunity for participants to build healthy relationships that are a significant break from the past. As noted in a previous finding, many participants have had a long history with incarceration, sometimes even decades. FBRC participants discussed this re-entry experience as different from past experiences because they had somewhere to turn to and more importantly, new associates to support them in their recovery. For instance, one participant remarked, "When you get out, you have nothing. Where do you turn? You go to your survival mode which is what gets you back in the wrong places and people." This statement was underscored by another participants' statement: "For those getting out of jails and prisons, it saves a lot of people from a lot of heartache. I've never seen it before. I've been going in and out of prison since 1973 and all this is different for me."

Summary of Key Findings

- **FBRC participants' overall self-sufficiency significantly improved over the course of their engagement with the project**. The overall average SSM score across all domains increased from 2.73 to 3.43 out of a possible 5, a significant improvement of .70 points on the SSM scale. Specific domains where FBRC participants improved by one point or more included employment (1.80), mobility/transportation (1.54), self-care (1.26), child care (1.19), health care coverage (1.15), spiritual connectedness (1.13), and income (1.04). All of these gains were statistically significant as well.

- **FBRCs provided some services and supports that contributed more significantly to increased self-sufficiency than others**. Self-sufficiency in the domains of physical health, legal aid/support, substance abuse, and adult education did not see statistically significant gains for FBRC participants.

- **The FBRC model may not be the most appropriate setting to receive reentry services and supports for people with more serious substance abuse and mental health issues**. FBRC participants with significantly lower self-sufficiency scores in substance abuse drop-out of the project more quickly than other participants. In addition, although the average self-sufficiency score for mental health increased significantly over the course of the participants' engagement, the baseline self-sufficiency score for mental health was already 4.07 out of 5. Some FBRC staff indicated that they felt unprepared for how to support someone with more serious mental illness at their resource center, especially for those who are noncompliant with their mental health treatment plan.

- **For some FBRC participants, their length of engagement is commensurate with their need for services and supports.** FBRC participants with greater need, as indicated by their socio-demographics, engaged with the FBRCs for a longer duration than their counterparts with less need. However, the subpopulation of FBRC participants who drop-out before their second SSM

administration are on average younger (less than 45 years old) and more White/Caucasian than the majority of FBRC participants who stay engaged beyond three months in the project.

- **The Innovation 06 model contributes to a successful reentry experience because FBRCs quickly address both the spiritual and material needs of individuals as soon as reentry begins.** FBRCs are prepared to meet participants out in the community or directly upon release from prison or jail via a warm handoff. Upon the participant's first visit they are provided an UPLIFT transportation pass that allows for three months of free County-operated public transit, a food basket, and hotel voucher until more stable arrangements can be made. This is made possible by the extensive resources SCCMHD has helped to secure for FBRCs in flex-funds, vouchers, and other support.

- **FBRC stakeholders suggest that successful reentry outcomes are due, in part, to a case management approach that centers on the creation of authentic human and/or spiritual connections.** These connections are facilitated by having:

    - FBRC staff with lived experience of the criminal justice system who partner with participants to conduct case management and spiritual counseling.

    - Resource centers that are community-based and not located in County-operated institutions.

Recommendations

In the 23 months the FBRCs were studied in this evaluation, over 638 unduplicated individuals reentering to the community from the criminal justice system were supported in a faith-based setting. The FBRCs supported the participants' felt and spiritual needs. Over the course of their engagement with the FBRCs, participants became significantly more self-sufficient in meeting their own needs. FBRC participants and staff indicated that flex-funds and resources provided on-site at the FBRCs contribute to immediate relief, resulting in a more successful reentry experience. In addition to meeting their felt needs, a case management approach that focuses on authentic human and/or spiritual connections by FBRC staff with lived experience of the criminal justice system further integrates FBRC participants into the faith community. This likely acts as a protective factor from returning to the behaviors that may have contributed to participants' criminal justice system involvement. In the process of conducting this evaluation of the Faith Reentry Collaborative Project, the evaluation team developed several recommendations on how to improve service delivery and our understanding of the impacts of this project:

Ensure that there is a mechanism to continue to offer reentry support services in a faith-based manner.

- The evaluation demonstrated many benefits from this innovative model for engaging criminal justice involved individuals reentering the community. To ensure that current and future individuals reentering the community have the same level of access to support services provided in a faith-based manner, a mechanism should be established to ensure the longevity of the model.

Consider an additional study to compare reentry outcomes between the FBRC population and the general reentry population in Santa Clara County.

- Further study is needed to understand the causality of what specific factors can be attributed to successful reentry outcomes. Because this study did not compare the FBRC population to another comparable population of reentering individuals, we cannot determine the extent that their increased self-sufficiency is solely due to their involvement in the project.

Consider the assessment of reentry needs for people with addiction and serious mental illness separately from the general population to understand ways to individualize their support and improve engagement.

- This evaluation showed that the FBRC model may not be the most appropriate for individuals experiencing more severe substance abuse and mental health issues. Further investigation is needed to understand their unique challenges that may have prevented successful initial and/or continued participation in the FBRC model. Additionally, based on this learning, opportunities to create individualized engagement and retention strategies should be developed that will better suit the needs of individuals with addiction and/or serious mental illness.

Provide additional training opportunities to increase FBRC staff's mental health competency.

- FBRC staff requested additional training in mental health to help them understand mental health signs and symptoms, how to respond to an individual in a mental health crisis, working effectively with people who have complex trauma histories of mental illness and incarceration, and suicide prevention and early intervention.

Consider expanding the FBRC model to incorporate a greater diversity of faiths, cultural backgrounds, and age-groups represented than what is currently provided.

- FBRC staff, SCCMHD, and other stakeholders all reported that there is additional need for services in a faith-based manner in communities not currently being served. Specifically, FBRC staff suggested strengthening partnerships with the Muslim community in Santa Clara County. Also, FBRC staff noted that individuals who are not proficient in English may encounter barriers to receiving reentry supports. Stakeholders believed that resource centers were only Spanish or Vietnamese were spoken would be incredibly beneficial for the reentry population.

  In addition, our data analysis shows that FBRC participants who are younger (ages 18-34) and White/Caucasian are more likely to drop-out of the project before three months of engagement. As such, SCCMHD should consider following up with those individuals to understand if they are being served elsewhere in the County or if there are ways to target FBRC resources to better meet their needs.

Develop pathways for current FBRC participants to be incorporated into the FBRC model as peer supports, volunteers, and mentors for future FBRC participants.

- Stakeholders all suggested that clearer pathways to develop current FBRC participants into future partners, peer mentors, and/or volunteers will help increase the sustainability of the model and ensure its cultural competence.

Consider methods to standardize the process by which FBRCs can conduct in-reach into the jail in order to connect with potential participants prior to their release.

- FBRC staff indicated that a significant barrier to the reentry process is connecting with individuals upon their release from jail. This barrier can be reduced if FBRC staff are allowed access to inmates with a scheduled release date to begin their discharge planning. With a plan in place, formerly incarcerated individuals will know who to call or where to go the moment they leave jail.

Appendix

Appendix A: Faith Reentry Collaborative Meeting Observation Form

Faith Re-Entry Collaborative Meeting Observation Guide

Date: **Name of Observer**

Type of Meeting

- ☐ **Collaborative Meeting**
- ☐ **Leadership Team Meeting**
- ☐ **Workgroup Meeting:** ________________________
- ☐ **Other**_________________________________

Topics of Meeting (attach agenda, PPT, sign-in sheets, handouts, etc.)

Describe extent to which leaders from diverse faiths were present.

Describe extent to which faith leaders took a leadership and facilitator role.

Were meeting objectives clear? Please explain.

Were participants informed of collaborative activities? Please explain.

Did meeting help build capacity of faith organizations to support re-entry population?

How did MHD support the coordination of faith organizations and service providers?

Other

Appendix B: Faith Reentry Collaborative Meeting Feedback Form

Faith Re-Entry Collaborative Meeting
Feedback Form

Date:

____/____/_____

1. How useful did you find the meeting? (*circle one*)

Very Useful	Somewhat Useful	Not Useful

2. On a scale of 1 to 5, with 5 being the highest, please rate the quality of the facilitation. (*circle one*)

1	2	3	4	5

3. How likely are you to use the resources or services described in the meeting/presentation? (*circle one*)

Not at all likely	Somewhat likely	Very likely	Already accessing these resources	No resources or services were described

4. What did you learn from the meeting/presentation?

5. What did you like most about the meeting/presentation?

6. What could have been improved about the meeting/presentation (facilitators, format, information presented, etc.)?

7. What topics would you like to see covered in future Faith Collaborative meetings?

Appendix C: Faith Reentry Collaborative Interview Protocol

Key Informant Interviews/Focus Group Protocol

Interview Details

Date:
Name of Interviewee:
Telephone:
Email:
Name of Interviewer:

(attach all consent forms; for focus group, attach sign in sheet as well)

Do we have all necessary signed consent forms? Yes________ No _________(do not proceed)

Overview Script

Hello! My name is ___________ and I am working with the Department of Mental Health in Santa Clara County to conduct an evaluation of the Faith Re-entry Collaborative. The purpose of this interview/focus group is to better understand the effectiveness of the Collaborative in in establishing an effective model to increase the community's capacity to facilitate successful re-entry of people who were formerly incarcerated. This interview/focus group should last no longer than 45 minutes. Is this still a good time?

These interviews/focus groups are designed to be confidential; your name will not be attached to the answers you provide unless we specifically ask your permission. However, we would like to acknowledge your participation in a list of all the people contributing to this this process?

Yes No (Please select one)

Do you have any questions so far? Okay, I will begin with our interview questions.

Interview Questions

1. What is your role in the formation of the Faith Re-Entry Collaborative project?

2. How long have you been involved in this project? When did you join?

3. What unmet needs are the Faith Based Collaborative able to address?

   a. How does the Collaborative's approach differ from that of secular service providers or County programs?

   b. To what extent is the Collaborative addressing the needs of the re-entry population?

4. In what ways has the Collaborative been successful?

   a. What are the Collaborative's greatest achievements to date?

5. In what ways do you think the Collaborative has been challenged?

   a. What are some of the lesson's learned? How will you apply these lessons in the future?

6. When the full Collaborative meets, are the meeting objectives and strategies clear and concise? Do the meetings generally cover all of the objectives?

   a. Were meetings well-planned and facilitated?

7. Do you find the full Collaborative meetings to be informative or helpful?

   a. Do you find yourself employing the skills you learnd at the Collaborative meetings in your everyday work?

8. To what extent are faith leaders engaged in leadership positions within the Collaborative?

   a. To what extent do leaders represent diverse faith traditions?

9. Do you think you are going to continue to participate in the Collaborative? If yes, how so? If no, why not?

10. Do you have any final remarks about the Faith Re-Entry Collaborative project? Is there anything you would like to add that you felt was missed in this interview?

Thank you for your time in helping Santa Clara County document the Collaborative's progress to date.

Appendix D: Interview Protocol for County Leadership, Program Managers, and Key Decision Makers

Key Informant Interview Protocol

Interviews with County Leadership, Program Managers, Key Decision Makers

Date	
Name	
Telephone #	
Interviewer	

Introduction

As you may know, Santa Clara County Mental Health Department (SCCMHD) has contracted with Resource Development Associates ("RDA") to conduct the external evaluation of the Innovation #6: Faith Re-entry Collaborative project.

The primary goals of the evaluation will be to respond to the innovation research questions posed by the Department's Project Team and approved by California Mental Health Services Oversight and Accountability Commission, respond to research questions posed during the formative phase of the collaborative, and to provide data and analysis on an ongoing basis to inform program improvement.

You were selected along with other county leaders, managers, or stakeholders to participate in an interview process to discuss the successes, challenges, and the potential impacts of the project. This interview should last about 60 minutes in length and you are not obligated to answer all of these questions.

These interviews are confidential. Your name will not be attached to the answers you provide unless we specifically ask your permission. However, we would like to include a list of all those who had participated in this process. May we include your name in the list of all people who participated in these interviews?

Yes No [please mark one]

Interview Questions

1. When you started this project, what was your vision for INN #6/FBRCs?

2. How has the project stayed true to that vision? What has changed?

3. What were some of the greatest successes and challenges of the INN #6/FBRCs?

4. What are some of the major lesson's learned from implementing this project from the perspective of the FBRCs?

5. How has INN #6 impacted the MHD's/your capacity to serve the reentry population?

6. How has INN #6/FBRCs impacted the faith community's capacity to partner with the MHD?

7. How has INN#6 impacted the capacity for inter-departmental/faith collaboration within the county?

8. What are some of the opportunities to take advantage of that would enhance INN #6's sustainability beyond its time-limited funding?

9. What is INN #6 potential to serve as a model that can be successful in other communities in California? How does the county/church plan to or does disseminate this model?

10. What do you think INN #6's potential long-term impact will be on the county/faith community?

11. Any additional comments?

Appendix E: FBRC Participant Quarterly Workbook

Faith Reentry Resource Centers: Quarterly Data Collection Tool

October 1, 2014 - December 31, 2014

Instructions: The purpose of this workbook is to collect data from the data collection tools from each of the Resource Centers on a quarterly basis. This tool may also be used by Program Managers to collect data from case workers on a more regular basis for their own data collection and case-load management. Only data from the time period above (October 1, 2014 - December 31, 2014 should be entered into this Excel workbook. The first line of each sheet has been filled out as an example for how to complete the data collection. There are four sheets included in this Excel workbook:

1) General Information
2) Intake
3) Self-Sufficiency Matrix
4) Referrals & Flex-Funds

It is expected that on quarterly basis (every three months), Resource Centers will provide data to the Santa Clara Mental Health Department (MHD) on all Faith-based Resource Center participants. MHD will forward data only for those individuals who signed the evaluation consent form (noted on the Intake Tab). Please fill in the data completely for each participant. **Once you are complete, email this workbook to the Faith Re-entry Collaborative Project Manager Becky Cardenaz at rebecca.cardenaz@hhs.sccgov.org.**

Please enter the following information:	**Total Resource Center Encounters during the data collection period*:**
Your Name:	*This is a duplicated number of all participants who have signed the Resource Center Sign In Sheet, who were visited at home by Resource Center Staff, and other encounters in the field.
Resource Center:	**Total Inidividuals Served by your Resource Center during the data collection period**:**
Today's Date:	**This includes both individuals who provided consent and did not consent to be included in the evaluation.
Notes/Comments:	**Total Referrals made to all individuals served by the Resource Center during the data collection period***:**
	***This includes both indivuals who provided consent and did not consent to be included in the evaluation.

Participant Information														Immediate Needs															
Intake Date	Last Name	First Name	Case #	DOB	Currently Active in Church?	Active in Church in the past?	Currently Employed?	Current Housing Status	Approx Income per week	Disabled Adult?	Enrolled in School?	Celebration Date	Food	Clothing	Housing	Legal	Transportation	Employment	Education/ GED	Counseling	Healthcare	Grooming/ Hygiene	DV Resources	Financial Support	Mental Health Treatment	Substance Use Treatment	Medication Assistance	Language/ Literacy
1/3/2013	Doe	Jane	12345	4/26/1981	No	Yes	No	Homeless	$ -	No	No	6/3/2013	1		1		1	1		1	1		1	1		1		

Personal History										Consent Forms	
Age at First Incarceration	Most Recent Date of Release	Duration of most recent incarceration	Gender	Race/ Ethnicity	Maritial Status	# of Children	Highest Ed. Level Completed	Post-Release Status	Thoughts of self-harm or suicide?	Signed Resource Center Consent/ Information Release?	Signed Evaluation Consent?
21	12/31/2012	4 months	Female	Latino/Hispanic	Single	1	High School Diploma	Probation	No	Yes	Yes

Last Name	First Name	Case # or DOB	Date Administered	Housing	Employment	Income	Food	Childcare	Children's Education	Adult Education	Healthcare Coverage	Self-Care/ Life Skills	Family/ Social Relations	Mobility	Community Inovlvement	Parenting Skills	Legal	Mental Health	Substance Abuse	Safety	Credit	Physical Health	Connectedness to Spiritual Community
				Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score
Doe	Jane	12345	1/3/2013	2	1	2	1	2	4	2	1	4	2	5	1	2	3	2	2	5	1	3	1

Last Name	First Name	Case # or DOB	Housing				Employment				Income Assistance				Food				Child Care				Adult Education			
			Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.
Doe	Jane	12345	1		1	$200.00	3	2	1		2	1	1	$150.00												

Health Care Coverage				Self-Care				Connections to Spiritual Community				Parenting Skills				Family/Social Supports				Mobility				Community Involvement				Legal Support/Aid			
Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.
1		1		5	5		$15.00	3	2	1						2	1			4	3	1	$10.00								

Mental Health Services				Substance Abuse Services				Safety				Physical Health				Legal Documents			
Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.	Need/ Requested	On-site	Referred	Funds Distrib.
				2	1	1										5	3	2	

Appendix F: FBRC Participant Self-Sufficiency Matrix (SSM)

SSM-Scoring-Tool-TEST [Compatibility Mode]

	A	B	C	D	E	F
1	Client's Name:		Jane Doe	Assessment Date:		3/20/2014
3	Score		Domain (Who is assessed)			CM Next Step
6			Click here for the FPG table			
7				Mark the appropriate answers with x.		
8	2	1	Income (Household)	Yes	No	
9		A	Does the household have income?	x		
10		B	Is the household's income greater than or equal to 200% of Federal Poverty Guidelines (FPG - see link above for FPG)?		x	Section complete - begin next domain
11		C	Does the household exhibit appropriate spending (able to meet basic needs)?			
12		D	Does the household need assistance (outside of own income) to meet basic needs?			
13		E	Does the household have discretionary income and the ability to save?			
17			Adequate pay is greater than or equal to the Living Wage Determination (LWD), published annually by the City of San Jose's Office of Equity Assurance. The LWD as of 7/1/2010 is $12.94 per hour with health benefits, $14.19 without health benefits.			
18				Mark the appropriate answers with x.		
19		2	Employment (Individual)	Yes	No	Begin assessment
20		A	Does the client have a job?			

Type "x" into the cell that reflects the client's self-report. Follow the instructions in red next to the arrow for how to proceed. Make sure you follow the instuctions until the very end of the assessment.

SSM-Scoring-Tool-TEST [Compatibility Mode]

	A	B	C	D	E	F
1	Client's Name:		Jane Doe	Assessment Date:		3/20/2014
3	Score		Domain (Who is assessed)			CM Next Step
194		D	Are the client's parenting skills adequate (parent usually employs age-appropriate parenting techniques)?		x	
195		E	Are the client's parenting skills apparent (parent makes some effort to apply age-appropriate parenting techniques, but application is inconsistent)?		x	
196		F	Are the client's parenting skills minimal (parent is generally disengaged, discipline consists primarily of yelling, blaming, shaming)?	x		Section complete - begin next domain
199				Mark the appropriate answers with x.		
200	1	18	Credit History (Individual)	Yes	No	
201		A	Does the client have any outstanding judgments, evictions, bankruptcy, or foreclosure?	x		
202		B	Has the client implemented a documented credit repair plan for the judgments, etc.?		x	Section complete - proceed to Score Summary
203		C	Does the client have any debt in collections?			
204		D	Has the client implemented a documented credit repair plan for the debt in collections?			
205		E	Has the client ever had credit (credit cards, loans, etc.)?			
206		F	Does the client have good credit with a manageable debt ratio?			

When scoring is complete for each domain, click on the "Score Summary" tab at the bottom of the workbook. Look for the arrow below pointing to the "Score Summary" sheet.

Instructions | Scoring Sheet | Score Summary | HPRP Eligibility | Federal Poverty Guidelines | Housing Definitions | ADLs | Matrix | Scoring Sh

SSM-Scoring-Tool-TEST [Compatibility Mode]

Self-Sufficiency Matrix Assessment

Client Name: Jane Doe

Assessment Date: 3/20/2014

	Domain *(listed in HMIS order)*	**Score**
1	Housing	2
2	Employment	1
3	Income	2
4	Food	1
5	Child Care	2
6	Children's Education	4
7	Adult Education	2
8	Health Care	1
9	Life Skills	4
10	Family Relations	2
11	Mobility	5
12	Community Involvement	1
13	Parenting Skills	2
14	Legal	3
15	Mental Health	2
16	Substance Abuse	2
17	Safety	5
18	Credit	1

Total Score: 42
Total Possible: 90
Self-Sufficiency %: 46.67%

Score based on 18 domains assessed.

Note: This self-sufficiency assessment measures a client's point-in-time reliance on public assistance

Instructions | Scoring Sheet | **Score Summary** | HPRP Eligibility | Fed

Appendix G: FBRC Participant Focus Group Protocol

Santa Clara County MHSA Innovation #6
Re-Entry Participant Interview Guide

Interviewer____

Date: ____________________________**Location:** ____

Note: All interviewees must have a signed consent form.

Consent signed? Yes No (if no, do not proceed)

Introduction

Resource Development Associates (RDA) is working with the County to evaluate the Faith Based Re-Entry Collaborative Innovation Project. Today we will be asking questions about your experience participating in the program, and for your feedback on the ways it can be improved. Please feel free to ask for clarification about any questions you do not understand. If there are any questions that make you feel uncomfortable, you don't have to answer them.

Do you have any questions before we get started?

Interview Questions

1. How did you find out about the Faith Re-Entry Collaborative/Faith-Based Resource Centers?

2. What made you decide to participate in the program/go to the Faith-Based Resource Center?

3. How soon after you were released did you connect with the program/go to the Resource Center?

4. How often do you meet with someone from the resource center or a volunteer mentor?

   Probe: Is it the right frequency (too often, not often enough)?

5. What services or resources did the resource center staff or volunteer mentor provide you with?

   Probe: What has been most helpful? Why?

   Probe: Was there anything you didn't like or wasn't helpful?

   Probe: What other services or resources do you wish were available?

6. Did you receive any Flex Funds?

Probe: What did you use the funds for?

Probe: How helpful were the Flex Funds to you?

7. Did the resource center staff or volunteer mentor refer you to services *outside of their organization*?

   Probe: If yes, what services?

   Probe: Was the referral helpful? If so how? If not, why not?

8. Did the Resource Center staff or volunteer mentor connect you to a faith-based organization (church, temple, etc.)? If so, which organization?

   Probe: How often do you attend services at the church, temple, etc.?

   Probe: Does the organization respect your culture and beliefs?

9. On a scale of 1 - 5, how satisfied are you with the services and supports you received from the resource centers?

10. Since your first visit to the resource center, have you returned to jail?

    Probe: Did the faith collaborative or the resource centers help you stay out of jail? If so, how?

11. Is there anything you would like to add about anything we have discussed today?

Thank you for participating.

Appendix H: FBRC Site Visit & Staff Interview Guide

Site Visit Protocol: Faith Re-Entry Collaborative Resource Centers

This tool combines site observation with at least one interview with a site staff member.

Observer Name:	**Date & Time:**	**Site:**

Question:	**Notes:**
1. Was center welcoming? Did the center feel like a place you want to go?	
2. Is the center easy for clients to access?	

3. Are staff representative of the mix of clients?	
4. Does the center welcome clients of all faiths? How can you tell?	
5. Do clients seem engaged? Are they busy working with staff?	
6. Do you observe any family members of re-entry participants? Is the center "family-friendly"?	

7. Are there other observations you would like to note?	

Staff Interview: Faith Re-Entry Collaborative Resource Centers

Staff Name:	**Position/Job Title:**

Question:	**Notes:**
1. How do clients find out about your services? Probe: Are you doing any kind of marketing or outreach?	
2. How many and what type of paid staff work here?	

3. How many volunteer mentors do you have and how did you recruit them?	
4. What training do staff members receive?	
5. What training do volunteer mentors receive?	

6. How are you tracking your clients?	
7. Are you giving people Flex Funds? Probe: What kinds of things do you give people money for? (example: food, child care)	
8. What kinds of services are you referring clients to? Probe: What are the hardest services to refer to?	

9. What would you say have been your biggest successes?	
10. What have been your biggest challenges?	
11. How do you believe you are supporting the successful re-entry of program participants?	

12. What lessons have you learned as a staff of the Resource Center which you hope to apply in the future?	
13. Is there anything that you need from the Mental Health Department?	

Appendix I: IRB Approval

Administration
976 Lenzen Avenue, 3rd floor

Dedicated to the Health
Of the Whole Community
95126-2737

San Jose, California

Tel. (408) 792-5680
Fax. (408) 947-8702

DEPARTMENT OF ALCOHOL AND DRUG SERVICES

DATE: May 15, 2014

TO: Ryan Wythe

FROM: Kakoli Banerjee, Ph.D.
Chair, Health Services Institutional Review Board Santa
Clara Valley Health & Hospital System

RE: Santa Clara County MHSA Innovation #6: Faith Re-Entry Collaborative

On behalf of the Health Services IRB, I have reviewed your renewal application and found it meets all requirements for approval. Your project contains all necessary procedures for the protection of privacy, confidentiality and health and safety of the participants consistent with federal and other applicable regulatory guidelines necessary for research integrity.

Your IRB number is 14-18.

This IRB approval is valid until June 30, 2015. If this study will continue beyond one year, you will need to submit a request for an extension prior to the expiration date, indicating changes, if any, in the approved protocol.

Any change in the research project which significantly alters the procedures or risks must be submitted for review by the IRB prior to the implementation of such change, including a change in investigators. Any complications should be reported at once to the IRB before continuing with the project.

Please keep the IRB Committee informed of the project's progress on a regular basis over its duration. At the end of the study, please provide the IRB with a report of the findings or copy of any published articles.

The Department of Alcohol and Drug Services is a division of the Santa Clara Valley Health & Hospital System. It is owned and operated by the County of Santa Clara.

Appendix J: November 2013 Interim Memo on the Evaluation of Innovation 06

Resource Development Associates

230 4th Street

Oakland, CA 94607

Santa Clara County

Mental Health Department

MEMORANDUM

To: Maureen O'Malley-Moore
Santa Clara County Mental Health Department
Innovation #6: Faith Re-entry Collaborative Program Manager

RE: Innovation #6: Interim Evaluation Findings of the Faith-Based Resource Centers

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Purpose:

This memo discusses interim key findings of the evaluation of Santa Clara County Mental Health Department's (SCCMHD) Mental Health Services Act (MHSA) Innovation #6: Faith Re-entry Collaborative project. Interim key findings will cover two components of the Innovation #6 project:

1. Findings related to the engagement of the faith community in ongoing Full Faith Re-entry Collaborative (the Collaborative) meetings; and
2. Findings related to the participation and self-sufficiency of individuals receiving services at the three Faith-Based Resource Centers (FBRCs).

The evaluation of Innovation #6 seeks to answer several research questions related to the implementation of both the Collaborative and the FBRCs. We will identify key findings as they relate to each evaluation research question. The following table summarizes the evaluation research questions that will be addressed:

Collaborative Evaluation Research Questions	FBRC Population & Families Evaluation Research Questions
1. Were faith leaders in leadership roles and facilitators of the Collaborative?	1. Did the re-entry population and families engage in the FBRCs?

2. Did the Collaborative yield clear objectives and strategies that were implemented?	2. What were the needs and services sought by the re-entry population?
3. How effective is the FBRC as a strategy of the Collaborative?	3. What services and supports did they receive?
	4. Did the resources and supports contribute to a successful re-entry?

Interim key findings are organized by evaluation research question type and evaluation research question.

Summary of Findings:

Finding	Interim Key Findings for Faith Collaborative	Interim Key Findings for Faith-Based Resource Centers
1	Faith leaders facilitate Collaborative meetings most of the time.	FBRCs serve an increasing number of individuals each subsequent fiscal quarter since November 1, 2012.
2	Overall, Collaborative meeting participants feel strongly that the facilitation was high quality.	FBRCs serve a diverse population of individuals from different ages, cultures, and levels of involvement with the criminal justice system.
3	Most Collaborative meetings yield clear learning objectives facilitated by both the content and structure of the meetings.	Although the majority of FBRC participants identify as being single, 67% support at least one child.
4	Most Collaborative meeting activities help participants achieve the learning objectives.	FBRC participants needed both spiritual and material resources to help support their reentry into the community.
5	Meeting participants want additional time for small-group discussion and information sharing at the Collaborative meetings.	FBRC participants received services, both on-site at the FBRCs and through outside partner agencies, and were given flex-funds to support their immediate needs.
6	Meeting participants report that they are very likely to use the resources or services described at the Collaborative meetings.	FBRCs are serving participants with resources that are in close proportion to demand.
7	The FBRCs are introduced to Collaborative meeting participants at every meeting observed, increasing the faith's community awareness of their services.	The majority of Flex-Funds are used for housing and mobility/transportation needs by FBRC participants.
8		FBRCs increase the self-sufficiency of participants.

Background:

In August 2012, Resource Development Associates (RDA) presented interim evaluation findings from the process of developing the Full Faith Re-entry Collaborative (the Collaborative) of Santa Clara County. The Collaborative is an interfaith coalition of leaders in the faith community who aim to reduce the barriers to a successful reentry after an individual is released from the criminal justice system. Success is defined as the individual's integration into a social support system (faith based community or other); securing material needs including stable housing, food, clothing; securing needed health and mental health services; being employed or engaged in vocational training or education; and decreased involvement in the criminal justice system.

As part of the Collaborative's strategy for serving individuals as they return to the community, SCCMHD launched three community faith-based organizations in November 2012 to serve as re-entry service centers for individuals to receive spiritual, social, and material supports. The three faith-based resource centers (FBRCs) are: Destiny Center at Bible Way Christian Center, Good Samaritan at Cathedral of Faith, and Mission Possible at Marantha Christian Center. The FBRCs work in collaboration with the Santa Clara County Reentry Resource Center to identify individuals who request to receive services in a faith-based setting. Innovation #6 participants are linked to an FBRC that provides the individual with a range of services including:

- Connections to a community of faith;
- System navigation/peer mentoring and reentry planning;
- Self-sufficiency assessments;
- Referrals to outside agencies for continued social and/or material supports; and
- Flex-funds and vouchers to support the participant's transportation, education, and self-care needs.

Together, the goals of the Collaborative and the FBRCs are to increase the capacity of the faith community to serve individuals re-entering the community and to promote the self-sufficiency of individuals to meet their spiritual, social, and material needs.

Part I: Interim Key Findings for the Faith-Based Re-entry Collaborative

Over the course of 2013, RDA attended a sample of full Faith Collaborative meetings facilitated by SCCMHD and project partners from participating churches. In Part I, we discuss the interim key findings and recommendations regarding the evaluation research questions about the ongoing meetings of the Faith-Based Re-entry Collaborative. At selected meetings, RDA recorded observations and collected meeting feedback forms, sign-in sheets, and meeting materials. We used this data to determine the extent to which the ongoing Faith Collaborative is achieving its goals to:

- Engage leaders across a diversity of faiths in the Collaborative;
- Yield and accomplish clear objectives at each Collaborative meeting; and
- Communicate the effectiveness of the FBRCs as a strategy to support individuals returning to the community from jail or prison.

I. Were faith leaders in leadership roles and facilitators of the Collaborative?

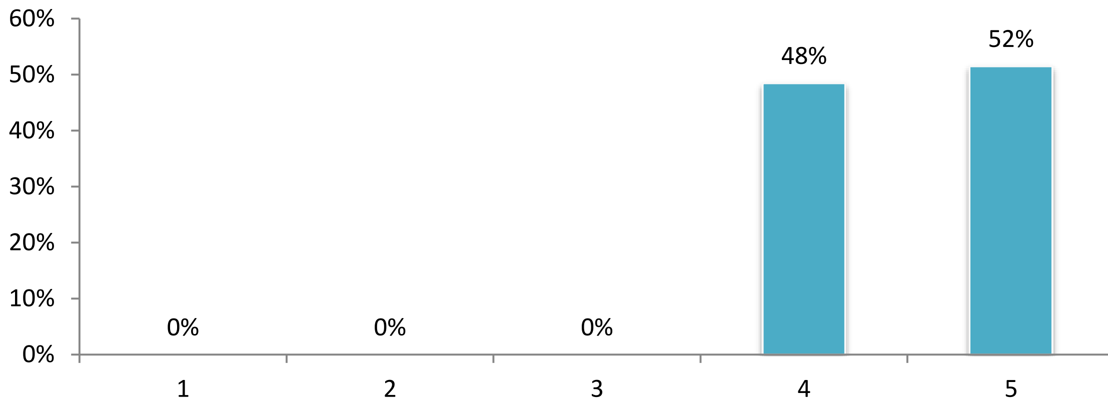
In 2013, SCCMHD hosted a total of four Full Faith Collaborative Meetings attended by a total of 131 individuals. RDA attended and observed three of those meetings attended by a total of 88 participants and collected 34 meeting feedback forms. Attendees included pastors, ministers, and church members from the faith community, as well as local government employees, staff from community-based organizations (CBO), staff from the FBRCs, and members of the general public.

Total Participants and Feedback Forms Collected at Meetings Observed, by Meeting Date

Meeting Date	Total # of Participants	Total # of Feedback Forms
1/16/23013	43	0
3/20/2013	24	9
5/15/2013	30	7
9/17/2013	34	18
Total	**131**	**34**

- **Finding 1: Faith leaders facilitate Collaborative meetings most of the time.** Faith leaders facilitated two out of the three observed meetings and SCCMHD was observed facilitating one meeting. At the May 2013 and September 2013 meetings, Innovation #6 project partners Pastor Tony and Pastor Mock facilitated opening prayers, the reading of the Bible by resident ministers, and helped to coordinate introductions of the Collaborative meeting participants. SCCMHD notes that Collaborative Meeting topics are determined in consultation with faith leaders and collaborative members prior to each event. Each Collaborative Meeting in 2013 was facilitated by the following:
    - **January 16, 2013:** Pastor Tony Williams, Rev. Dave Robinson, and Maureen O'Malley-Moore (SCCMHD).
    - **March 20, 2013:** Guest speakers and Maureen O'Malley-Moore (SCCMHD).
    - **May 15, 2013:** Rev. Dr. Andrew Killie and Maureen O'Malley-Moore (SCCMHD).
    - **September 17, 2013:** Pastor Tony Williams and Maureen O'Malley-Moore (SCCMHD).

- **Finding 2: Overall, Collaborative meeting participants feel strongly that the facilitation was high quality.** On a scale of one to five, where five is the highest quality rating, the average score on the quality of facilitation was a 4.5. Seventeen participants (52%) rated the quality of facilitation as five out of five and 16 participants (48%) rated the quality of the facilitation as four out of five. No participants rated the quality of facilitation lower than four out of five at the three Collaborative meetings that were observed.



II. Did the Collaborative yield clear objectives and strategies that were implemented?

- **Finding 3: Most Collaborative meetings yield clear learning objectives facilitated by both the content and structure of the meetings.** In two out of the three meetings observed, the meeting's learning objectives, or "Desired Meeting Outcomes," were clearly outlined in the meeting agenda. Meeting activities were specifically tied to each of the learning objectives. However, some learning objectives could be more clearly written or written in a way that would make them more action-oriented. For example, At the May 15, 2013 meeting, there were no learning objectives or "Desired Meeting Outcomes" included with the agenda.

- **Finding 4: Most Collaborative meeting activities help participants achieve the learning objectives**. At the March 20, 2013 meeting, participants were to "Better understand the relationship between addiction and recovery." Jose Flores, from the County's Alcohol & Other Drug Department and Santa Clara County Reentry Center, spoke on a panel to describe both the biological and psychosocial underpinnings to addiction. Pastor Richard Mock from Cathedral of Faith was also included on the panel to discuss recovery that is rooted in spiritual healing. Together, Flores and Mock answered questions from the audience and facilitated a dialog to help Collaborative participants develop a deeper understanding about how service providers in faith-based settings can better serve people who use drugs. Most of the meetings observed used breakout groups or panel discussions to focus in on topics that relate to faith and reentry. Overall, Collaborative meeting participants felt the

> *I learned how addiction is a disease that affects the brain.*
> \- Collaborative Participant

breakout groups and small-group discussions were very useful, citing those activities as what they liked the most on meeting feedback forms.

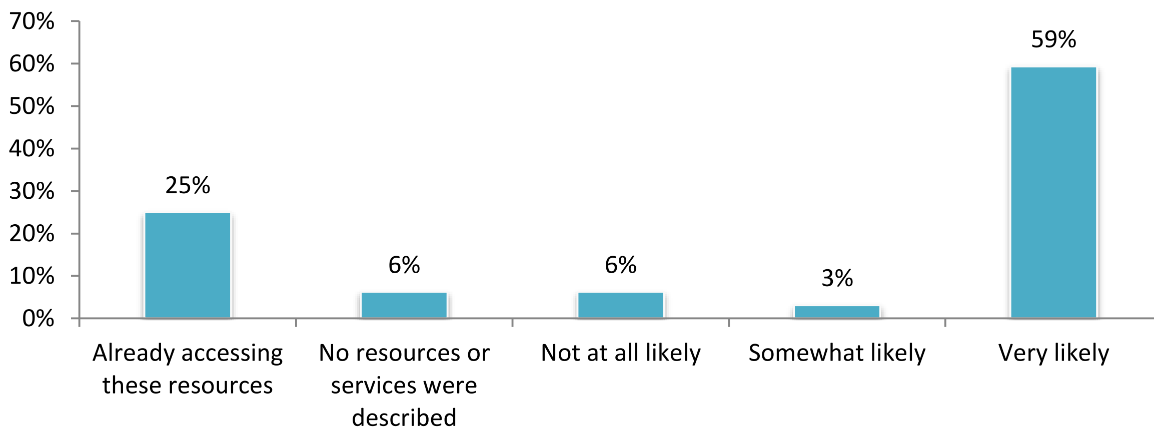
- **Finding 5: Meeting participants want additional time for small-group discussion and information sharing at the Collaborative meetings.** In response to what could be improved about the Collaborative meetings, participants feel that the meetings are both “great” or “good” and would like more time to engage in small group discussion to “bounce ideas off each other.” Overall, the majority of participants who completed feedback forms did not have any additional constructive feedback on what to improve about the Collaborative meetings.

III. How effective is the FBRC as a strategy of the Collaborative?

- **Finding 6: Meeting participants report that they are very likely to use the resources or services described at the Collaborative meetings.** Collaborative meetings served as a forum for different church groups, county agencies, and CBOs to educate meeting participants about the programs and services that they offer to Santa Clara County residents. Collaborative meetings were also used to plan and implement future services of the FBRCs including food or clothing drives, and legal and career fairs. Other topics for FBRC activities include family-inclusive services, how to help participants find transitional housing, and how to work with participants who were formerly involved with gangs. In the meeting feedback forms, participants were asked the extent to which they may use or have already used these services that were described in the Collaborative meetings. The majority of participants, 84%, reported that they are already using the resources or services (eight responses) described in the Collaborative meetings or are very likely to use them (19 responses). Only four individuals reported that either no resources or services were described in the meeting or that they were not at all likely to use them. One individual reported that they were somewhat likely to use the resources or services described in the Collaborative meeting.

> *The resource guide is an awesome source of information. We need mass production and distribution of this!*
> - Collaborative Participant

How likely are you to use the resources or services described in the meeting?



- **Findings 7: The FBRCs are introduced to Collaborative meeting participants at every meeting observed, increasing the faith’s community awareness of their services.** During every meeting

we observed, the Innovation #6 project manager introduced the FBRCs as a strategy of the Collaborative to engage individuals returning to the community in faith-based services and supports. FBRC locations, services, hours, and target populations were discussed and time was allowed for question and answer with the participants. Several participants reported that they were very thankful for the information that was shared about the FBRCs and had no knowledge of them prior to attending the Collaborative meeting.

> *I learned that there are resources for help. We can work together.*
> - Collaborative Participant

Part II: Interim Key Findings for the Faith-Based Resource Center Population & Families

Every three months, FBRCs complete a data workbook that collects information regarding FBRC participants' intake information, Self-Sufficiency Matrix (SSM) scores[16], services needed, services provided, services referred, and the amount of flex-funds disbursed. This interim data was analyzed to answer the evaluation research questions regarding the effectiveness of the FBRCs below.

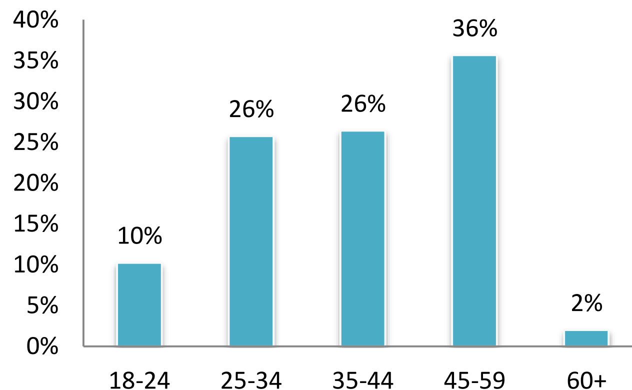
I. Did the re-entry population and families engage in the FBRCs?

- **Finding 1: FBRCs serve an increasing number of individuals each subsequent fiscal quarter since November 1, 2012**. In total, FBRCs have served a total of 334 unduplicated participants and have had 1,523 duplicated encounters with individuals. Between the first and last quarter examined for this memo, the FBRCs are serving 69% more individuals and have 1.5 times the number of encounters in this last fiscal quarter compared to when they first began operating.

Total Counts of FBRC Participants and Encounters, by Date

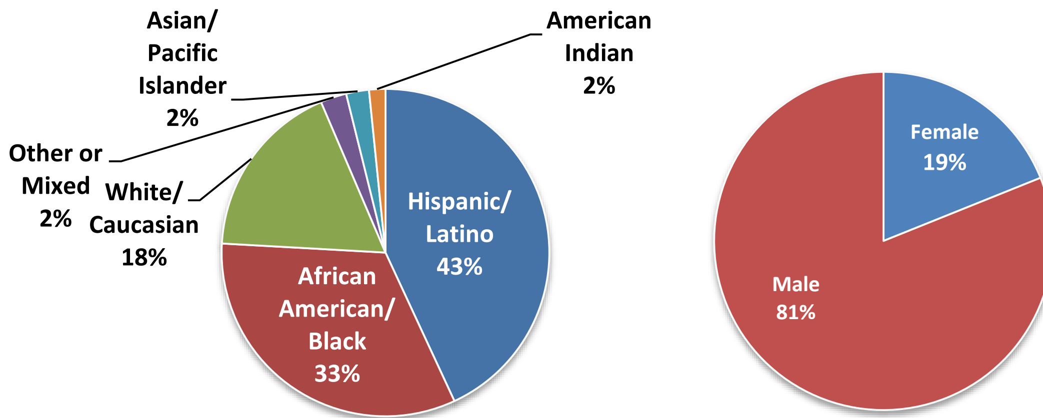
Date	Count of Participants	Total Encounters
Nov. 1, 2012 – Mar. 31, 2013	89	286
April 1, 2013 – June 30, 2013	95	549
July 1, 2013 – Sept. 30, 2013	150	688
Total	**334**	**1523**

- **Finding 2: FBRCs serve a diverse population of individuals from different ages, cultures, and levels of involvement with the criminal justice system**. The majority of FBRC participants are between the ages of 25 and 44, with an average age of 40 years old. The majority of FBRC participants are male (81%) and Hispanic/Latino (43%). African American/Black individuals make-up 33% of FBRC Participants and 18% are White (the second and third most commonly reported races or ethnicities).



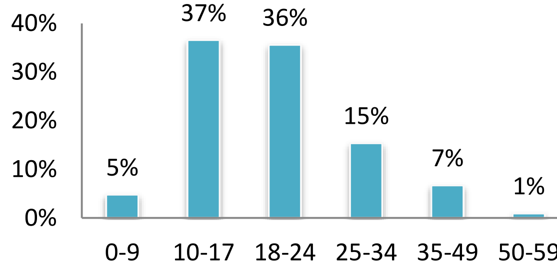
[16] "Self-Sufficiency Matrix-An Assessment and Measurement Tool Created Through a Collaborative Partnership of the Human Services Community in Snohomish County." Created by the Snohomish County Self-Sufficiency Taskforce, 2004.

FBRC Participants by Race/Ethnicity and Gender, Nov. 2012 – Sept. 2013 (n=311)



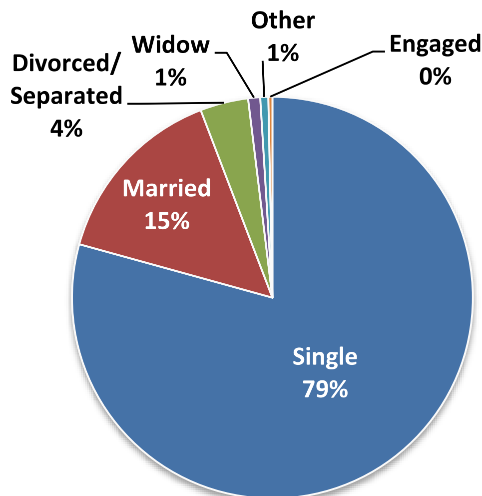
More than half (57%) of FBRC participants had their first experience with incarceration between the ages of 10 and 19 years old.

FBRC Participant Self-Reported Age at First Incarceration, Nov. 2012 – Sept. 2013 (n=312)

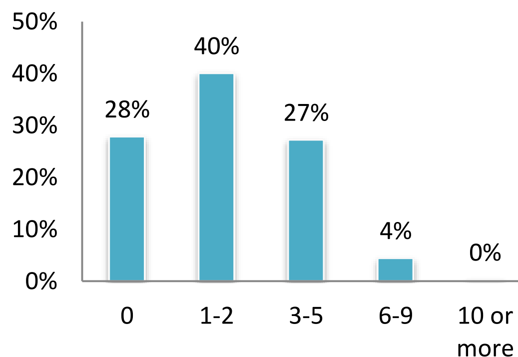


- **Finding 3: Although the majority of FBRC participants identify as being single, 67% support at least one child**. Seventy-nine percent of FBRC participants self-report as being single and 15% report as married upon intake. Sixty-seven percent of FBRC participants report having between one and five children, suggesting that the majority of FBRC participants are single parents or individuals who are expected to contribute to child rearing.

FBRC Participant Marital Status, Nov. 2012 – Sept. 2013 (n=309)



Count of Participants by Number of Children, Nov. 2012 – Sept. 2013 (n=312)



II. What were the needs and services sought by the re-entry population?

- **Finding 4: FBRC participants needed both spiritual and material resources to help support their reentry into the community**. At intake, the six most requested needed services are: mobility/transportation, food, employment, housing, self-care, and spiritual connectedness. Although participants identify material resources as their greatest need, they also request services or resources to become more embedded within a spiritual community.

Services Needed by Total Number of Requests[17] by FBRC Participants, Nov. 2012 – Sept. 2013

Rank	Services Needed	# of Requests	% of Total Requests
1	Mobility/Transportation	405	21%
2	Food	242	12%
3	Employment	218	11%
4	Housing	215	11%
5	Self-Care	186	10%
6	Spiritual Connectedness	174	9%
7	Legal Documents	97	5%
8	Income Assistance	91	5%
9	Legal Assistance	84	4%
10	Substance Abuse Treatment	72	4%
11	Health Care Coverage	63	3%
12	Adult Education	49	3%
13	Mental Health Treatment	34	2%
14	Family/ Social Relations	34	2%
Total		**1964**	**100%**

[17] Number of requests is a duplicative count of the total request for a service where a participant may request one service multiple times during the data collection period.

III. What services and supports did FBRC participants receive?

- **Finding 5: FBRC participants received services, both on-site at the FBRCs and through outside partner agencies, and were given flex-funds to support their immediate needs.** FBRCs provided a totally of 899 services on-site to meet the immediate needs of participants, such as providing transportation vouchers, food, spiritual services, and self-care items. FBRCs provided a total of 1,062 referrals to outside agencies for those needs that could not be met through the FBRCs themselves. As shown in the table below, the number of referrals to outside agencies increase as the number of services provided on site decrease, meaning that FBRCs are able to connect an individual to a needed resource when a need cannot immediately be met on-site. For example, they made many referrals to outside agencies for employment and housing services which are both ranked high in terms of need but extremely challenging to fulfill at the FBRC itself.

Total Services Provided On-Site and Total Referrals to Outside Agencies, Nov. 2012 – Sept. 2013

Service Needed Rank	Service Type	# of Services Provided On Site	# of Referrals to Outside Agencies	% of Total Services + Referrals
1	Mobility/Transportation	276	122	20%
2	Food	190	93	14%
6	Spiritual Connectedness	140	35	9%
5	Self-Care	112	79	10%
3	Employment	37	162	10%
4	Housing	36	170	11%
10	Substance Abuse Treatment	36	47	4%
7	Legal Documents	20	78	5%
14	Family/ Social Relations	18	14	2%
12	Adult Education	17	33	3%
9	Legal Assistance	13	66	4%
8	Income Assistance	3	78	4%
11	Health Care Coverage	0	58	3%
13	Mental Health Treatment	1	27	1%
	Total	**899**	**1062**	**100%**

- **Finding 6: FBRCs are serving participants with resources that are in close proportion to demand.** The number of services plus referrals provided is almost equivalent to the needs requested for each service domain, indicating that FBRCs are adequately meeting the demand for services. About 22% of the total services and referrals were provided for mobility/transportation which is almost equivalent to the total request for services in that same domain (20%). Food, Spiritual Connectedness, Employment, and Self-Care services are all being provided for in nearly proportionate amounts to the demand for those services as well.

Total Proportion of Services Requested and Services Provided/Referred by Type, Nov. 2012 - Sept. 2013

	Services Requested	Services Provided & Referred
Mobility/ Transportation	20%	22%
Food	12%	17%
Employment	11%	13%
Housing	11%	10%
Self-Care	9%	6%
Spiritual Connectedness	9%	6%
Legal Documents	5%	6%
All other requests & referrals	24%	21%

- **Finding 7: The majority of Flex-Funds are used for housing and mobility/transportation needs by FBRC participants**. The greatest amount of Flex-Funds were disbursed for housing related needs ($14,300.30 total or an average of $317.78 per recipient) followed by mobility/transportation, legal documents and self-care items.

Total Flex-Fund Disbursement Amounts by Domain, Nov. 2012 – Sept. 2013

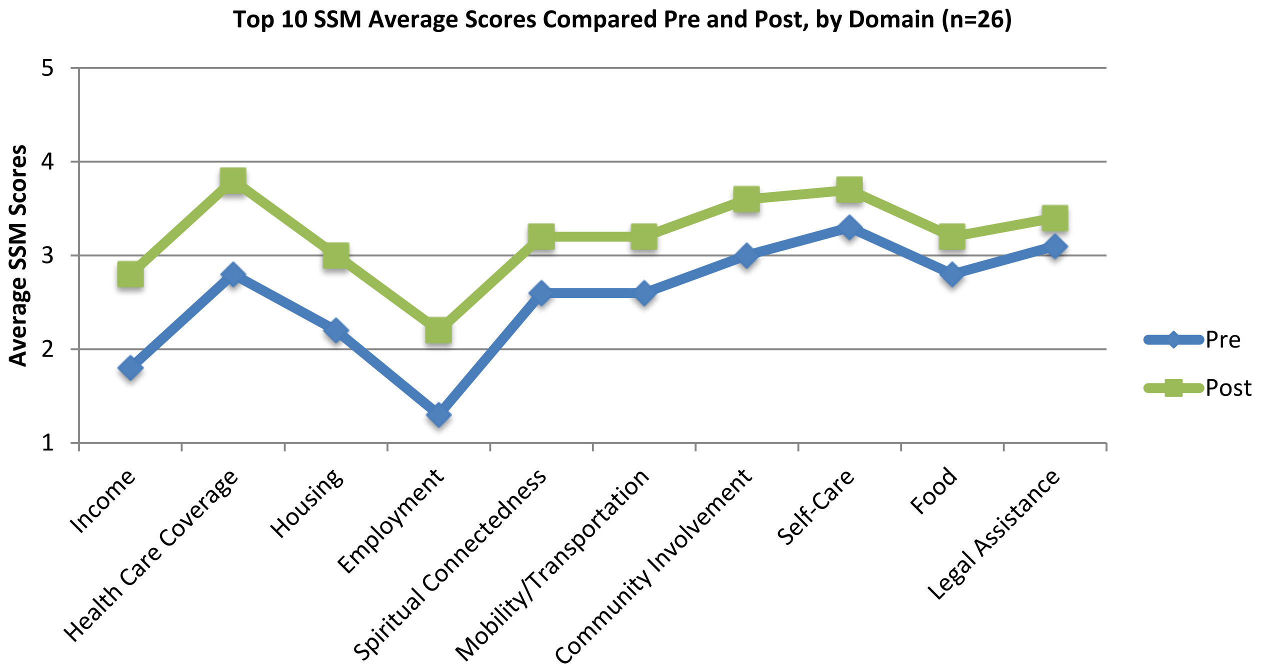
Flex-Fund Disbursement Type	Total $ Amount	Avg. $ per Disbursement	Total # of Disbursements [18]	Min $ Amount	Max $ Amount
Housing	$14,300.30	$317.78	45	$0.00	$1,553.03
Mobility/Transportation	$13,609.16	$74.37	183	$3.00	$660.00
Legal Documents	$3,985.83	$84.80	47	$5.00	$1,009.00
Self-Care	$3,306.80	$55.11	60	$6.00	$192.21
Adult Education	$2,109.48	$191.77	11	$25.00	$1,380.00
Legal Assistance	$2,089.79	$174.15	12	$12.50	$1,009.00
Child Care	$1,290.00	$645.00	2	$20.00	$1,270.00
Employment	$1,258.94	$74.06	17	$20.00	$200.00
Food	$1,248.45	$29.73	42	$0.00	$119.03
Income Assistance	$928.00	$309.33	3	$53.00	$500.00
Parenting Skills	$782.75	$156.55	5	$102.75	$200.00
Family/Social Relations	$765.93	$40.31	19	$10.00	$320.80
Substance Abuse Treatment	$443.09	$49.23	9	$5.00	$98.69
Community Involvement	$420.00	$46.67	9	$20.00	$50.00
Physical Health	$54.30	$54.30	1	$54.30	$54.30
Spiritual Connectedness	$24.88	$24.88	1	$24.88	$24.88
Health Care Coverage	$8.00	$8.00	1	$8.00	$8.00
Mental Health Treatment	$0.00	$0.00	0	$0.00	$0.00
Safety	$0.00	$0.00	0	$0.00	$0.00
Total	**$46,625.70**	**$122.95**	**467**	**-**	**-**

[18] Total number of disbursements is the number of times Flex-Funds were made available over the data collection period to a duplicated number of participants. Participants were able to request Flex-Funds more than once in any domain over the data collection period.

IV. Did the resources and supports contribute to a successful re-entry?

FBRCs are using the Self-Sufficiency Matrix (SSM) tool to measure how well participants see themselves meeting their needs in specific domains and their progress towards becoming more self-sufficient. The domains analyzed are the eleven that participants prioritize as being the most important areas to address for their own self-sufficiency. SSM scores at the second or third administrations are compared to baseline scores, providing us with a pre and post comparison of how much better participants are doing since they began participating in the FBRCs.

- **Finding 8: FBRCs increase the self-sufficiency of participants.** FBRC participant SSM scores are greater at three and six months[19] as compared to baseline SSM scores. For all prioritized domains, FBRC participants are seeing gains in their self-sufficiency since they began participating. Note: for each category, the FBRC system navigator or the participant themselves rates the participant's self-sufficiency on a scale from one (not self-sufficient) to five (completely self-sufficient). The following domains are in order of highest to lowest gain in SSM score between pre and post administrations of the SSM.



[19] For the analysis, we used the most recently available SSM scores as the post measure to compare to baseline SSM scores. The post SSM scores could have been obtained at either the three-month or six-month marks.

FBRC participants saw their improving or more stable income help them become more self-sufficient since enrolling in Innovation #6. The other domains with the highest gain in SSM scores were also similar to those domains for which FBRC participants received the most services and referrals (housing, employment, mobility/transportation, etc.). It is important to note that even though income saw the greatest gain in self-sufficiency score, its average post score is only 2.8 compared to a total possible score of five. To illustrate, a score of two on the domain of income is defined as "Inadequate income and/or spontaneous or inappropriate spending" while a score of three is "Can meet basic needs with subsidy; appropriate spending."

Gain in Average SSM Scores by Domain, Nov. 2012 – Sept. 2013

Domain	Avg. Pre-Score	Avg. Post-Score	Avg. Gain in Score
Income	1.8	2.8	1.1
Health Care Coverage	2.8	3.8	1.0
Housing	2.2	3.0	0.9
Employment	1.3	2.2	0.9
Spiritual Connectedness	2.6	3.2	0.7
Mobility/Transportation	2.6	3.2	0.6
Community Involvement	3.0	3.6	0.6
Self-Care	3.3	3.7	0.4
Food	2.8	3.2	0.3
Legal Assistance	3.1	3.4	0.3
Family/Social Relations	3.1	3.4	0.3
Adult Education	3.2	3.5	0.3
Safety	4.0	4.3	0.3
Parenting Skills	3.4	3.6	0.2
Physical Health	4.3	4.4	0.2
Substance Abuse	4.2	4.3	0.0
Child Care	2.0	2.0	0.0
Mental Health	4.4	4.4	0.0
Total	**3.0**	**3.5**	**0.4**