



# Phase 1 Core Investments: Exploring Year 1

## Introduction

CORE Investment-funded programs completed their first year of programming on June 30, 2018. In an effort to understand the successes and challenges of program implementation, progress reports were completed and submitted to the County at mid-year and end of the year. The progress reports included open-ended questions on progress and accomplishments, challenges and next steps, personnel or other organizational changes and an optional question on evidence-based program/practice (EBP) implementation.

This summary reviews all reports submitted for contracts managed by the Human Services Department (HSD). There are 44 agencies and 74 programs in the overall CORE Investments portfolio, and 41 agencies and 68 programs receive funding through the County.<sup>1</sup>

As described in the table below, County funded programs had an annual budget of \$4,215,000. These funds include a supplement by the Probation Department who facilitated the use of \$30,000 from the Innovation Trust.<sup>2</sup> Please note that the City of Santa Cruz solely funds 6 programs and these are not included in this review. Due to the uniqueness of programs, information in this report is assessed through the lens of the program, not the agency.

	<b>Programs</b>	<b>Agencies</b>
<b>Funded by County</b>	68	41
<b>Funded by City and County</b>	30	27
<b>Total County funds (including Supplemental)</b>	\$4,185,000	\$4,185,000
<b>Innovation Trust Fund</b>	\$30,000	\$30,000

---

<sup>1</sup> 1 program is managed by the Health Services Agency as it leverages services funds for a mental health contract.

<sup>2</sup> These are AB109 Public Safety Realignment Growth Funds that Probation contributes to the County's Local Innovation Trust Fund, which is overseen by the County Administrative Office.

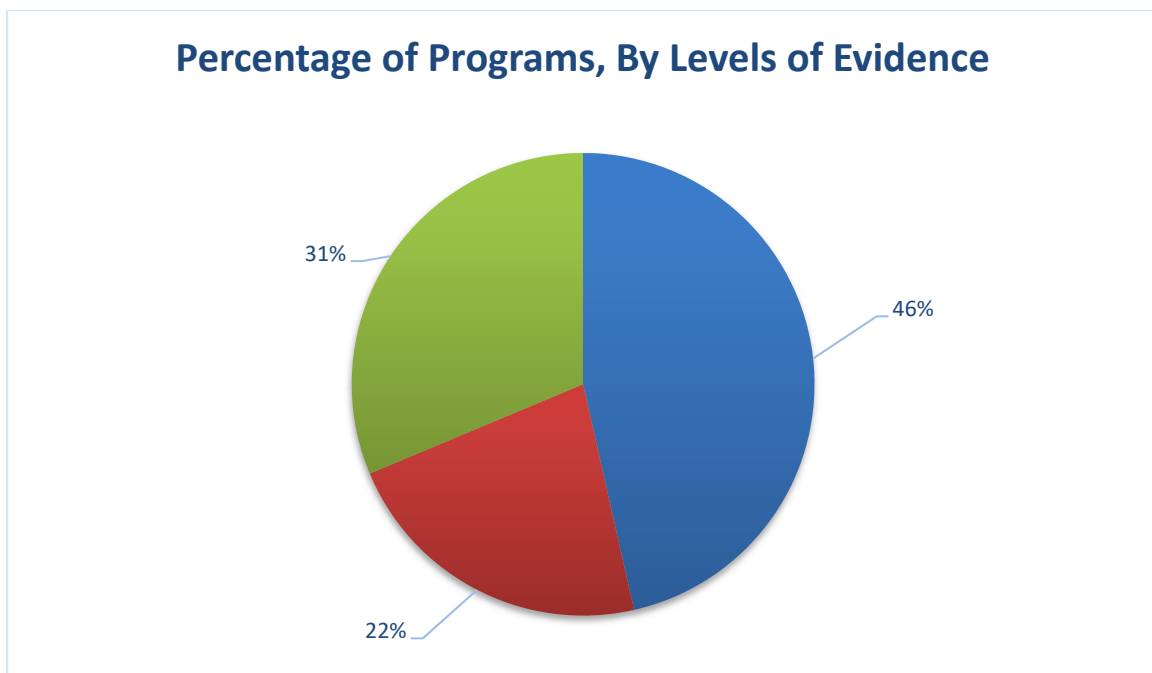
## Program Planning

All the programs funded by CORE Investments are evidence-based. The levels of evidence are on a spectrum and articulated in the Levels of Evidence Framework below

### *Level of Evidence Criteria*

<b>MODEL</b>	MODEL practices have the highest level of scientific evidence demonstrating that they are effective. For practices to be considered MODEL, they must be listed in a credible EBP clearinghouse at the highest level.
<b>PROMISING</b>	PROMISING practices have valid scientific evidence demonstrating effectiveness. Often these practices can be listed in an EBP clearinghouse as the second highest level of evidence. For practices to be considered PROMISING, they must demonstrate at least one evaluation by an independent researcher using experimental or quasi-experimental research methods showing a statistically significant positive impact.
<b>INNOVATIVE</b>	INNOVATIVE practices allow for local innovation and provide some evidence that the intervention is effective. For practices to be considered INNOVATIVE, they must have demonstrated positive outcomes through previously collected data.

The following chart illustrates that almost half of programs are implementing at least one Model level EBP, a quarter are implementing promising EBPs, and the remaining third operate an innovative EBP.



Each EBP has several program level outcomes, which intend to change the knowledge, skills, or behavior of the population in which it serves. During contract development, staff worked with program staff to categorizes their program outcomes into thematic areas which include:

- improved mental health
- improved socio-emotional development
- improved safety
- improved economic well-being
- improved physical health
- improved nutrition
- decreased substance use
- improved housing stability
- improved educational performance

Within these themes, all EBPs measure the program level outcomes as reflected in the scope of work in the contracts. It is important to note that most programs have a multitude of practices within their program and therefore have specific measurements of these practices. For example, a program may focus on improving social emotional health of children and have two sets of practices, one with the children and one with the parents. In this example, the program measures improved social emotional health in two ways — by children’s improved cognitive skills and by an increase in knowledge of parents to promote positive development within their children. Programs desired to include all or many of their program outcomes. They identified in their contract a range of 3-10 program outcomes per program.

Although results are a focus of the CORE Investments model, there is also value in understanding how well a service is being implemented. In order to determine this, programs identified quality measures. These are measures of customer experience, engagement or adherence to plan that inform a program on the processes it is implementing. Each program has a range of 3-10 quality measures.

## Program Progress

One of the purposes of this initial review is to identify if programs provided services as planned and identified in their scope of work. This will ensure there is a foundation to measure program outcomes within a reasonable degree of accuracy in the future. This progress review is also intended to identify operational issues met by programs. To this end, two questions were explored:

1. Are programs providing services and measuring them as planned?
2. What are the key operational issues noted by programs?

## ***Are programs providing services and measuring them as planned?***

CORE programs reported on progress providing services to participants and measuring the quality and outcomes of those services.

### ***Services***

All contractors identified sets of activities and their participants. It was found that most of the programs provided the intended types of activities and served all their intended participant “groups.” A type of activity is a description of a primary service, such as support groups, case management or meal delivery. Groups of participants refer to a category or type of population served e.g. parents or seniors. All programs did not meet the number of activities or participants which they targeted however it was found that 86% of programs provided at least some or all of the activity categories planned and 91% served the participant groups planned.

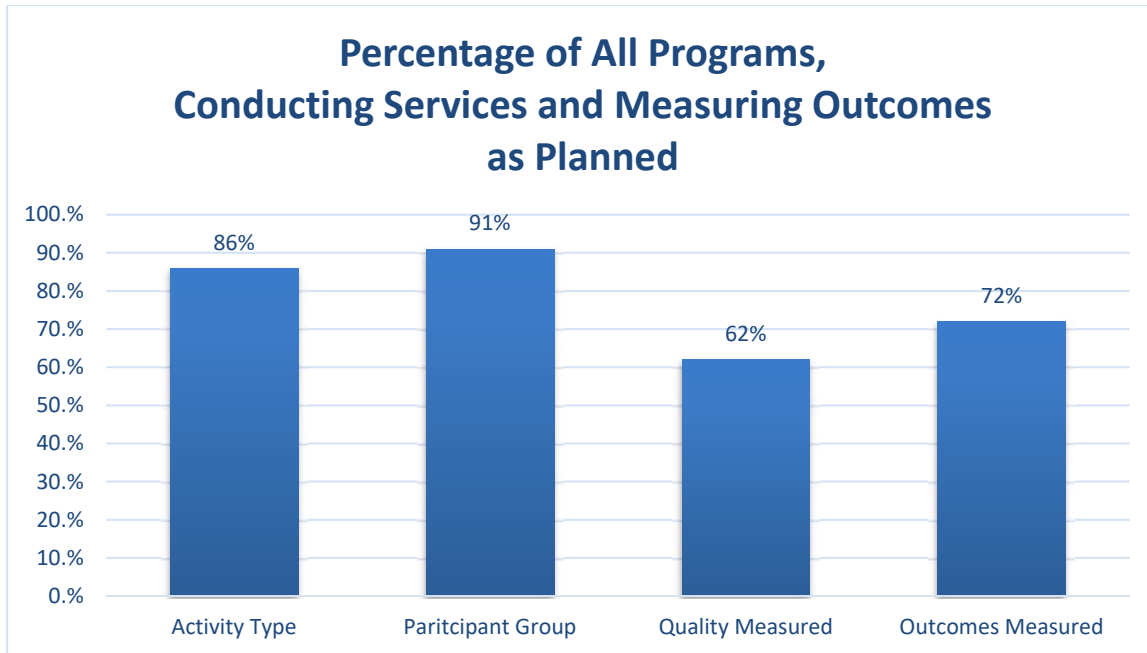
### ***Measurement of Programs***

Most programs also reported that they measured the quality of services as well as outcomes, although the information suggests some programs are still in process with this development. It was found that 62% were able to report on the quality measurement as they had planned and 72% were able to report on their outcomes as planned. Some programs articulated difficulties with data collection and/or analysis. Issues cited include:

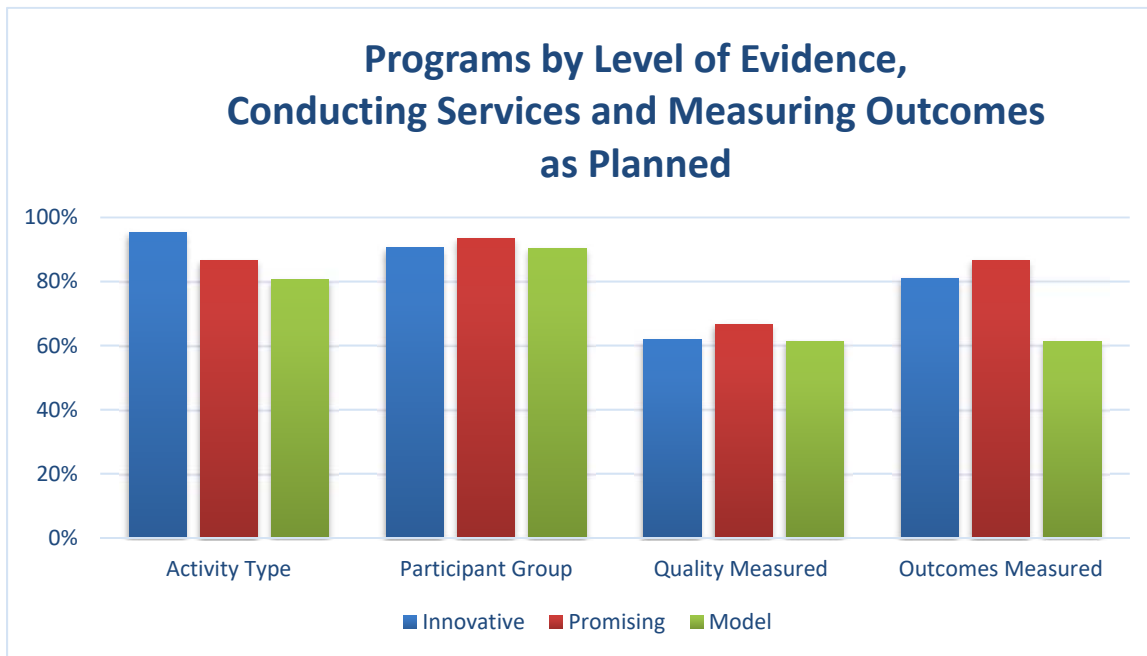
- Difficulties with designing or implementing new measurement tools
- Database limitations or challenges using databases with other data collection systems
- Capacity and time to conduct analysis of the information collected

This information suggests that some programs would benefit from technical assistance on data collection and outcome measurement.

The chart below depicts the percentage of programs that conducted the activity types they planned and served the intended participant groups. It also displays the percentages of programs that measured quality aspects of the program and the program outcomes as they had planned.



In the chart below, the information from the previous chart is displayed by level of EBP identified for the program. The programs show similar patterns of efforts across all EBP levels.



### ***What were the key operational issues programs noted?***

It is acknowledged that all the programs work within a complex web of community needs and the people they serve face complex challenges. Despite this, programs help people to meet those challenges daily. This is well articulated in the following quote from a progress report:

*“Bad credit, low wage jobs, lack of rental references, substance abuse and a case of stolen identity were significant barriers preventing the family from obtaining housing on their own. ... [after] a year subsidy as the couple worked to increase earnings and gain skills and tools necessary for budgeting. The family [became] employed full-time and ... clean and sober.”*

The challenges many people face in our community are why CORE Investments is so critical. To support the programs to meet those needs, staff assessed the key operational issues non-profits navigate as noted in their annual reports. In this review, three areas stood out as themes:

- EBP start up
- Participant Engagement and/or Access
- Staffing

### **EBP START UP**

Each program received an annual progress report form, which contained an optional question regarding EBP implementation. Many programs started an EBP for the first time and therefore needed to put in place training, new processes, and new ways to measure outcomes. While there were some programs that did not note any specific comments about their EBP, most programs did. Of these, about half cited a challenge related to starting up or operationalizing their EBPs. From this information, the following themes emerged:

- Adaptations needed for EBP
- Staff training on EBP

### ***Adaptations to EBPs***

All EBPs when initially started require review and changes in practices. At times the EBP must be examined and adapted to meet the needs of a specific population.

Several programs explicitly stated that the EBP they started required adaptations to be successful. It is important to note that Model and Promising EBPs typically allow for some adaptations; however certain aspects of an EBP should not be changed to ensure the desired result. This is referred to as implementing an EBP to “fidelity”.

Specific examples of EBP adaptations that programs reported that were successful include:

- An EBP used written materials or writing exercises extensively, however some participants had literacy limitations. The program found ways to modify these activities to be less literacy based to meet the needs of those they served.

- One curriculum that was designed to prevent disease was being used with adults with severe mental illness and the EBP did not fully address the needs of this population. Staff analyzed the issues and added additional curriculum to support their participants to succeed.

Two programs that are implementing several evidence-based practices within one program, are questioning whether at least one of the practices they proposed will be successful, even if adapted. For example, one program implemented a new practice to support elder depression that they thought would have a reasonable number of eligible participants; however, during implementation, there was less need for it than initially assumed. This program continues to work on another model practice during this process.

### *EBP Training*

Just over a quarter of all programs stated that they will provide or have provided EBP training for staff. Typically, in early implementation of an EBP, training must be provided, and the training needs to be provided on an on-going basis and to any new staff. Several programs noted the challenges in maintaining training. With at least two programs, not having adequately trained staff impacted service provision. Although not all programs provided specific commentary on this issue, it is often an issue that arises within EBP implementation. Almost a third of CORE funded programs cited the need for training staff in the EBP or EBP related topics, suggesting this may be a priority for future technical assistance.

### **PARTICIPANT ENGAGEMENT AND/OR ACCESS**

A third of the programs cited participant engagement or an ability to serve all the clients in need of services as a challenge. Some programs are simply in high demand and must find ways to meet the need while ensuring staff capacity to do so. For those where lack of engagement was cited, many of the programs identified a need to redesign outreach practices for a specific participant demographic. For example, a program serving youth cited the need to incorporate social media into their outreach plan. Several programs noted potential barriers to engagement and developed plans to address those barriers.

### **STAFFING**

A third of programs noted that they experienced challenges with staffing that impacted service provision. This was typically cited as staff turnover or retention, a result of the county's high cost of living. Programs noted staff turnover increased the need for training to ensure all staff were adequately trained in the EBPs, which impacted capacity to provide the EBP. Most programs were ultimately able to fill positions within the fiscal year; however, some programs were not able to fill vacancies, which had a significant impact on services.

## Key Findings and Next Steps

The initial CORE Investments year included program planning and progress. A multitude of successful achievements were made and, as with all new programming, issues and challenges were identified. The key themes of this first year can be summarized as:

- Programs transformed their proposals into to viable active programs. Most programs were able to conduct the services as they had planned.
- Many programs implemented their programs with ease, while others navigated EBP adaptations, data collection or training issues.
- Programs hired and trained new staff, although many noted on-going issues of staff turnover and retention and capacity to maintain training.
- Most programs measured initial outcomes and about a third are still refining their ability to measure outcomes as they had planned.
- In a variety of ways, programs demonstrated they learned from EBP related processes and enhanced and enriched their services throughout the year.
- Information collected suggests that programs would benefit from technical assistance in targeted areas such as data collection/measurement and EBP implementation.

As a next step, HSD intends to engage with programs, our partner funder the City of Santa Cruz, and key stakeholders such as the Health Services Agency and Probation to identify strategies needed to ensure success of meeting and measuring the program outcomes of this vast set of programs.

In conclusion, the information in this report points to considerable progress made by programs funded by CORE Investments. In addition to the information detailed in this report, most programs documented participant stories that articulate positive and, at times, difficult to measure outcomes. This can best be summarized by the following statements/stories:

- A frail 90-year-old woman, had her daughter as a live-in caregiver...She had a joint bank account with her daughter...[who]... became emotionally abusive and ... removed her life savings... Senior Citizen Legal Services (SCLS) told her [of possible] legal claims of elder abuse, fraud, embezzlement and theft. SCLS filed and she was granted an Elder Abuse Protective Order. The funds were returned ...within 5 days. Now, due to the efforts of SCLS on her behalf, [she] can peacefully live in her home and has begun to rebuild her finances. *(Senior Citizen Legal Services)*
- A 24-year-old young adult was raised in a crowded home. [had] joined a gang and he is currently on felony probation. During his stay at a group home he became a father. While at Alcance, he has found a job, attained a copy of his birth-certificate, mentored others and met the requirements of his probation. He's doing this so that he can spend each weekend with his son and be the father he didn't have. *(Alcance Street Outreach Program, Community Action Board)*



- A father, in tears, reported that he has been overwhelmed with confusion, shame, and love for his son [who experienced mental health challenges]. He said that he had nowhere else to turn for information and was so very grateful to the class, to find other families who understood what was happening to his son and his family, and who offered compassion. (*"Sustaining Families" Program, Santa Cruz County National Alliance on Mental Illness (NAMI)*).
- A single mom of two was court-referred to the Positive Parenting Program (Triple P) after being convicted of DUI while her children were in the car... mother had recently begun working 10-hour shifts ...and was experiencing several parenting challenges... [after a few classes] ...Mom set goals for change for herself and for her daughter and by the 8th week, mom reported improvement in her own goals of following through with rules, using descriptive praise for positive behaviors, and taking time to give attention to her daughter even when busy. (*Triple P program, Mountain Community Resources, Community Bridges*)
- Earlier this year, "Ruth" came into the shelter in crisis, following the overdose death of her son. Upon completion of her 10-day crisis bed stay, Ruth was provided a long-term, Housing Pathway's bed, to allow her more time to begin to heal her grief and pick up the pieces from the loss of her son. Prior to this stay at River Street Shelter, Ruth had been homeless for over 15 years. She struggled with addiction, a history of significant trauma, and subsequent involvement with the criminal justice system. Through the support of River Street Shelter staff, Ruth was able to work toward sobriety and engage in critical support services to address her physical and mental health, as well as her housing needs. Through this support, Ruth was able to secure permanent, HUD-subsidized housing, where she continues to thrive and do very well. (*Housing Pathways, Encompass Community Services*)
- "I'm calling to thank-you because it feels good to be full." (*Meals on Wheels for Santa Cruz County, Community Bridges*)