

San Mateo County Behavioral Health and Recovery Services FY 2023–24 ARISE Program: Year 1 Annual Evaluation Report

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Introduction

A lack of proper housing can have negative effects on an individual's mental health. California's In-Home Supportive Services (IHSS) program provides in-home assistance to eligible aged, blind, and disabled individuals, enabling them to remain safely in their own homes. However, individuals living with mental illness, especially those who have not received a mental health evaluation, are often denied services through IHSS. The Adult Residential In-home Support Element (ARISE) program is a new approach to solving these issues and has been approved by the County of San Mateo for Mental Health Services Act (MHSA) Innovation (INN) funding. ARISE provides residential in-home services for individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) who are not approved for IHSS. Without additional support, these individuals can lose their housing due to difficulty managing their living environments. ARISE helps these individuals keep their housing, as they are unable to gain home assistance through IHSS. The ARISE program is implemented and managed by the Mental Health Association of San Mateo County through a grant from San Mateo County (SMC) Behavioral Health and Recovery Services (BHRS).

The pilot of this new program began in August 2023. SMC BHRS contracted the American Institutes for Research® (AIR®) to conduct a multiyear evaluation of the ARISE program, concluding in 2026. The purpose of this evaluation is to (a) report on ARISE program learning goal outcomes, (b) support program improvements or adjustments as needed, and (c) satisfy MHSA INN regulatory requirements. This report summarizes evaluation results for the first year of the program.

Learning Goals

The program’s learning goals are as follows:

1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
2. To what extent does the ARISE program support clients’ **health, well-being, and recovery**?
3. To what extent does the ARISE program **improve capacity** for in-home support to serve individuals with complex behavioral health challenges?

Exhibit 1 presents the objectives, discussion topics, and data sources for the quantitative evaluation. Exhibit 2 presents the same for the qualitative evaluation.

Exhibit 1. Learning Goals, Outcomes, and Data Sources for the Quantitative Evaluation

Learning Goal (As described by program staff)	Identified Measures and Outcomes	Data Source(s) to Calculate Measure	File(s) Containing Data Source(s)
Maintain Housing	<ul style="list-style-type: none"> • Failed a housing inspection. Of the clients enrolled and served for at least one month, no more than 5% will fail a housing inspection. This target was determined by program staff, and housing data will be compared to the target at the end of each fiscal year. 	<ul style="list-style-type: none"> • Date of Enrollment • Date of Inspection • Result of the Inspection 	<ul style="list-style-type: none"> • ARISE Demo_Services (<i>Actual Hours Worked 2023</i>) • ARISE Client Services (<i>Housing Status</i>)
	<ul style="list-style-type: none"> • Complaints or lease violations. Of the clients enrolled and served for at least one month, no more than 10% will receive complaints or lease violations for reasons of health and safety issues related to the state of their unit. 	<ul style="list-style-type: none"> • Date of Enrollment • Date of Complaint • Date of Lease Violation 	<ul style="list-style-type: none"> • ARISE Demo_Services (<i>Actual Hours Worked 2023</i>) • ARISE Client Services (<i>Housing Status</i>)

	<ul style="list-style-type: none"> • Asked to leave their current housing. Of the clients enrolled and served for at least one month, none will be asked to leave their current housing situation as a result of health and safety issues related to the state of their unit. 	<ul style="list-style-type: none"> • Date of Enrollment • Result of Event (failure, complaint, or violation) • Housing Event 2 (if there was a reinspection) • Date of Housing Event 2 • Housing Event 2 Result (reinspection result) 	<ul style="list-style-type: none"> • ARISE Demo_Services (<i>Actual Hours Worked 2023</i>) • ARISE Client Services (<i>Housing Status</i>)
Health, Wellbeing, and Recovery	<ul style="list-style-type: none"> • Engagement. Percent of clients engaged in BHRS services at baseline and follow-up. 	<ul style="list-style-type: none"> • Number of clients engaged in BHRS services at baseline • Number of clients engaged in BHRS services at follow-up. 	<ul style="list-style-type: none"> • ARISE Client Services (<i>OT Services</i>)
Improve Capacity	<ul style="list-style-type: none"> • Provider availability. Number of available IHSS workers in the County at baseline and follow-up who are willing to provide in-home support for individuals with challenging behaviors. 	<ul style="list-style-type: none"> • Number of available IHSS workers in the county as baseline who are willing to provide in-home support for individuals with challenging behaviors (which is inherently part of being an ARISE provider) • Number of available IHSS workers in the county at follow-up who are willing to provide in-home support for individuals with challenging behaviors 	<ul style="list-style-type: none"> • ARISE Providers (<i>Columns B and H</i>)

Exhibit 2. Objectives, Discussion Topics, and Data Sources for the Qualitative Evaluation

Learning Goal (As described by program staff)	Program Evaluation Objective	Discussion Topics	Data Source(s)
Maintain Housing	Assess whether clients receiving in-home supports tailored for individuals with behavioral health needs maintain their housing	<ul style="list-style-type: none"> • Evaluate client perceptions of how the ARISE program is helping them maintain their living environment • Assess ARISE in-home support workers’ perceptions of how the program is helping clients maintain their living environment 	Client and in-home support worker interviews

Learning Goal (As described by program staff)	Program Evaluation Objective	Discussion Topics	Data Source(s)
Health, Wellbeing, and Recovery	Assess the extent to which the ARISE program supports clients' health, well-being, and recovery	<ul style="list-style-type: none"> Assess the extent to which the ARISE program supports clients' health, well-being, and recovery Assess client satisfaction with the ARISE program Assess how the ARISE program improves quality of life for the clients it serves Evaluate client and in-home support worker experiences with the referral process to BHRS Evaluate client experiences with services offered by BHRS 	Client and in-home support worker interviews
Improve Capacity	Evaluate the extent to which the ARISE program improves capacity for in-home support workers to serve individuals with complex behavioral health challenges, and how these outcomes could inform changes to the state IHSS program	<ul style="list-style-type: none"> Evaluate how effective MHA's strategies (increasing worker pay, guaranteed hours, and specialized training) are in improving capacity for in-home supports for individuals with complex behavioral health challenges Assess the satisfaction of ARISE in-home support workers with the program 	Client and in-home support worker interviews

Methods

To comprehensively evaluate the identified learning goals and the program's impact, AIR performed a mixed-methods evaluation. The following section outlines the evaluation methods, including the measures, data sources, and analytical processes utilized in the assessment.

Data Collection

The following sub-section details the quantitative and qualitative data collection methods that AIR used to prepare for and gather the necessary data in FY 2023-2024.

Quantitative

Based on the learning goals and program objectives, AIR collaborated with program staff at the start of FY 2023-2024 to develop an evaluation plan and to design data collection processes to best capture the measures needed to evaluate the learning goals during FY 2023-2024. The data collection process began with program staff sending AIR the baseline data for the fiscal year by November 2023 (to include all enrollments through July to November 2023). Program staff then tracked the data throughout the fiscal year using the methods and files described in Exhibit 1 and provided AIR with one file at the end of the fiscal year in June 2024. The file contained four tabs tracking the necessary information per Exhibit 1 to analyze the three learning goals: “LG1 – Maintain Housing”, “LG2 – Health, Wellbeing, and Recovery”, “LG2 – Charts”, and “LG3 – Improve Capacity”.

Although AIR included clients who joined the program in June 2024 in the fiscal year client list, their outcomes will not be reported until the next fiscal year, as the measures required that clients are enrolled and received services for at least one month. This report therefore specifies the number of clients served from July 2023 to June 2024, but the outcomes for clients who joined in June 2024 are not included in the learning goal analyses.

Qualitative

Based on the learning goals, objectives, and discussion topics, AIR developed tailored interview guides for clients, in-home support workers, and program staff. The guides were reviewed by staff from MHA and SMC BHRS. AIR’s Institutional Review Board (IRB) reviewed the interview guides and information sheets and considered the proposed evaluation to be exempt from a full review. Some in-home support workers were bilingual and preferred to conduct the interview in Spanish. For this reason, the interview guide and information sheet for the in-home support worker interviews were translated into Spanish.

AIR worked with Mental Health Association staff to recruit clients and in-home support workers. We also interviewed program staff to understand their experiences with the program.

Each interview lasted about 45 minutes and was conducted on the phone. The interviewer obtained consent and permission from all participants before starting the recording.

Analysis

The following sub-section details the quantitative and qualitative analysis processes that AIR used to examine and interpret the data.

Quantitative

To determine program impact, AIR conducted analyses on the three identified learning goals: (1) Maintain Housing; (2) Health, Wellbeing, and Recovery; and (3) Improve Capacity. See

Exhibit 1 for objectives and measures for each goal. All data analysis processes and calculations for the quantitative learning goals were performed in Excel. The specific methodologies for each learning goal are discussed next.

Maintain Housing

For this learning goal, AIR compared measures to pre-determined program targets, which were determined by program staff. See Exhibit 1 for the measures for this goal. To calculate the number of clients that **failed a housing inspection**, AIR calculated the number of individual clients with failed inspections based on the “LG1-Maintain Housing” tab from program staff. If a client had more than one failed inspection, their additional incidents were not re-counted. We then calculated the proportion of clients by dividing the number of clients with a failed housing inspection by the total number of clients served in the program over the fiscal year. We then compared the proportion of clients to the program target to determine whether the program target was met.

To calculate the number of clients with **complaints or lease violations**, AIR calculated the number of individual clients with reported complaints or lease violations based on the “LG1-Maintain Housing” tab from program staff. If a client had more than one complaint or lease violation, their additional incidents were not re-counted. We then calculated the proportion of clients by dividing the number of clients with a complaint or lease violation by the total number of clients served in the fiscal year. We then compared the proportion of clients with the program target to determine whether the program target was met.

To calculate the number of clients who have been **asked to leave their current housing**, AIR calculated the number of individual clients who were asked to leave their current housing based on the “LG1-Maintain Housing” tab from program staff. If a client had more than one complaint or lease violation, their additional incidents were not re-counted. We then calculated the proportion of clients by dividing the number of clients who were asked to leave their current housing by the total number of clients served in the program duration of interest, or the fiscal year. We then compared the proportion of clients with the program target to determine whether the program target was met.

Health, Wellbeing, and Recovery

AIR calculated the percent change in the number of **clients engaged in services** between the start and end of the evaluation period. See Exhibit 1 for the measures to this goal. To calculate this measure, AIR identified the number of clients engaged in BHRS services at evaluation baseline and at one year evaluation follow-up, or at the end of June of the fiscal year.

Engagement was identified by whether there is a value of “Y” (or “1”) for the “BHRS Member Y/N” field (for baseline) and values of “Y” (or “1”) in the “Referred” (for follow-up) in the “LG2-Health, Wellbeing, and Recovery” tab of the data obtained from program staff. This highlighted

the number of clients that were engaged at baseline and the number engaged at evaluation follow-up, respectively. The binary “1” and “0” refers to whether there was engagement in any BHRS service.

Improve Capacity

To calculate this measure, AIR identified the number of available IHSS workers at baseline and at follow-up. See Exhibit 1 for the measures for this goal. The number of available workers at follow-up were determined by the number of workers who were available for at least for one month between the baseline and the follow-up. We then calculated the percent change between these two values.

Qualitative

All interviews were recorded and transcribed. Three analysts used a deductive method to code the transcripts based on objectives and discussion topics in Exhibit 1. We then conducted a thematic analysis of the concepts discussed by clients, in-home support workers, and program staff.

ARISE Client and In-Home Support Worker Findings

This section presents findings by learning goal from the quantitative and qualitative analyses. The quantitative findings are based on information from the 22 clients who were admitted and actively part of the ARISE INN program during fiscal year (FY) 2023-2024. The qualitative findings are based on interviews conducted with nine clients and five in-home support workers.

Maintain Housing

The following sub-section details the quantitative and qualitative results related to the “Maintain Housing” learning goal, which aims to evaluate whether clients receiving in-home supports tailored for individuals with behavioral health needs maintain their housing. See the full goals and objectives for the “Maintain Housing” learning goal in Exhibits 1 and 2. The program met 66.7% (two out of three) of its target quantitative goals. One client was asked to leave their current housing (4.5% of clients), so the program did not meet its target goal of 0% of clients being asked to leave their current housing. Qualitatively, clients were satisfied with the program and saw a significant improvement in their living environment after enrollment. In-home support workers provided tailored support to their clients through a variety of services and reported cleaner and less cluttered client living environments as a result of receiving ARISE services.

Quantitative

In this section, we analyze the program’s support for maintaining client housing.

Exhibit 3 summarizes the housing information of the 22 clients who were admitted and actively part of the ARISE INN program during FY 2023-2024. The program met its target goal of having no more than 5% of clients failing a housing inspection, as no clients failed a housing inspection. The program met its target goals of no more than 10% of clients receiving complaints or lease violations, with only one client (4.5%) receiving this kind of violation. However, the program did not meet its target goal of 0% of clients being asked to leave their current housing, as one client (4.5%) was evicted.

Exhibit 3. Quantitative Evaluation Metrics for Housing

Measure	Number of Clients	Proportion of Clients	Program Target	Target Met (Yes or No)?
Failing a Housing Inspection	0	0%	< 5%	Yes
Complaints or Lease Violations	1*	4.5%	< 10%	Yes
Asked to leave current housing	1**	4.5%	0%	No

*Infractions referred to in Notice to Cease occurred prior to ARISE beginning.

** Clients' case was already in a critical condition before connecting with ARISE services. ARISE staff connected the client with Legal Aid, but the client ultimately settled with property management. The client moved out of the unit and into a Skilled Nursing Facility.

Qualitative

In this section, we discuss how clients’ housing has changed since enrollment in the program. Exhibit 4 summarizes clients’ and in-home support workers’ perspectives on improvements in clients’ living situations since enrollment in the program. We first discuss findings from client interviews, followed by findings from interviews with in-home support workers.

Exhibit 4. Changes in Clients’ Housing Since Enrolling in the ARISE Program

Client Perspectives	In-Home Support Workers’ Perspectives
Clients found it difficult to maintain a clean living environment before enrolling in the program. Clients saw a significant improvement in their living environment after enrolling in the program.	In-home support workers provide support to clients by cleaning the housing, cooking, doing laundry, and going out to run small errands such as buying groceries.
Clients acknowledged that enrollment in the program minimized their chances of getting being evicted.	In-home support workers tailor their services to meet each client’s specific needs.

Most clients indicated that they were satisfied with the services that are currently being provided and did not need additional support.

In-home support workers shared stories of about how their clients' living environments have had become cleaner and less cluttered because of receiving ARISE services.

Clients' Perspectives on Changes in Their Housing After Enrollment in the ARISE Program

Clients found it difficult to maintain a clean-living environment before enrolling in the program. A client explained, "Well, my apartment was actually very dangerously messy. And because of a few outside influences, like COVID and stuff, I kind of went into a funk. It took a lot to get me out." ***Clients saw a significant improvement in their living environment after enrolling in the program.*** Each client was assigned an in-home support worker, who would come in once a week for 3–4 hours to clean their house and help with other chores. A client described this support as follows: "Well, they had a person come to help me to clean the mess up. I mean, it was a big mess. It was affecting my well-being and they told me they could do anything I wanted them to do. I just really... I needed my house cleaned up. I was not comfortable being in my house anymore." In-home support workers vacuumed clients' houses, cleaned the kitchen and bathrooms, helped clients with their laundry, and in some cases cooked for the clients. In time, the clients' living environment improved significantly. For example, one client said, "The house got cleaner. The stuff got more put in place and I mean it helped me mentally and everything because things were more organized and smoother functioning."

Clients acknowledged that enrolling in the program minimized their chances of getting evicted. One client reported, "right now I'm not in any danger of losing my housing or anything."

Most clients indicated that they were satisfied with the services that are currently being provided and did not need additional support. When asked about the need for additional services to maintain housing, one client requested help organizing their closet.

In-Home Support Workers' Perspectives on How Clients' Housing Has Changed Since Enrollment in the Program

In-home support workers described several ways in which they provide support to clients to maintain their living environment. This includes cleaning the living environment, cooking, doing laundry, and going out to run small errands such as buying groceries. One in-home support worker said, "Mostly just trying to keep them in their boundaries, for some reason they tend to collect stuff. They tend to, you know what I mean? Stuff like that. Trying to keep them, just bring it to their attention and helping them not clutter up their place and stuff like that. That's the most challenging."

In-home support workers tailor their services to meet each client's specific needs. For example, one in-home support worker mentioned that they have a client who accumulates library books, and they will help return library books for them. Another in-home support worker talked about how a client's level of involvement will vary based on their physical abilities. They said, *"Because everyone's at a different level, I have a client who's elderly and so he's physically unable to do a lot, so I do a lot more for him, whereas other clients, they are able to help. So it's more of a team effort."*

In-home support workers shared stories about how their clients' living environments have become cleaner and less cluttered as a result of receiving ARISE services. For example, one in-home support worker said, *"A lot of great changes like reduction in clutter, not per se, like hoarding situations, but just a little bit too much stuff and helping people clear out stuff. And also helping people who previously had pets, so just getting that under control. So it's like certain things that were previously overwhelming them. Say it might be something like just built-up laundry or there's bags and bags and closets full or a room full of laundry and we've been able to get that down to where's manageable for them."*

Health, Well-Being, and Recovery

The following sub-section details the quantitative and qualitative results related to the "Health, Well-Being, and Recovery" learning goal that aims to assess the extent to which the ARISE program supports clients' health, well-being, and recovery. See the full goals and objectives for the "Health, Well-Being, and Recovery" learning goal in Exhibits 1 and 2. Although the evaluation of this goal used both quantitative and qualitative methods, the quantitative analysis focused on change in client engagement with other BHRS programs facilitated through ARISE program's referrals, which would eventually affect longer term health outcomes. The in-depth interviews conducted with clients, and in-home support workers provide insights into how the program supports clients' health, well-being and recovery.

Findings from the interviews show how clients reported a variety of positive impacts since joining the program, including improved mental and physical health, engagement in hobbies, and social lives. In-home support workers acknowledged that the ARISE program supports clients' health needs by alleviating the stress that comes from maintaining their living environment and that clients are experiencing positive changes in their lives. Clients also reported generally positive experiences with the non-housing services offered by the ARISE program, including occupational therapy assessments, health check-ups, and transportation assistance. While most clients did not require engagement with external support services such as Alcoholics Anonymous, they expressed interest in trauma-informed care following personal losses. This was supported by the quantitative findings that show that only 54.5% of clients engaged in the referred services. Many clients also highlighted that to improve their wellbeing,

it may be helpful to get additional support such as transportation for non-medical needs. Interviews did not have any findings related to changes in recovery.

At one year follow-up, our findings show that 90.9% of clients were referred to BHRS services (a decrease of 9.1% from baseline). However, only 54.5% were engaged in BHRS services at follow-up (a decrease of 45.5% from baseline). The clients who used these services, reported having positive experiences with medical services provided by San Mateo County and referrals from their case managers to other services provided by the County. In-home support workers said they were not involved in referring clients to county services.

Quantitative

In this section, we analyze the program’s support for the health, wellbeing, and recovery of clients’ engagement in and referrals to BHRS services at baseline and follow-up. Possible examples of services include Alcoholics Anonymous (AA) and the Friendship Center. Exhibit 5 summarizes the engagement information of the 22 clients who were admitted and actively part of the ARISE INN program during fiscal year (FY) 2023-2024. Referrals indicate ARISE INN’s ability to engage with other well-being and recovery services that will ultimately result in changes to client health. To determine engagement through referrals, program staff monitor clients’ interactions with SMC BHRS through their electronic health record system, Avatar. Avatar records the date a client contacts the ACCESS Line¹, the entry point for individuals seeking BHRS services. This allows the program to track whether clients referred by our ARISE program subsequently engage with BHRS services by initiating contact with the ACCESS Line. This data helps assess the ARISE program's effectiveness in connecting clients with necessary support.

- Number of Clients **Referred to** BHRS Services: At baseline, all 12 clients were referred to BHRS services (100% of clients at baseline). At follow-up, 20 of the 22 total clients were referred to BHRS services (90.9% of clients at follow-up).
- Number of Clients **Engaged in** BHRS Services: At baseline, all 12 clients were engaged in BHRS services (100% of clients at baseline). At follow-up, 12 of the 22 total clients were engaged in BHRS services (54.5% of clients at follow-up).²

Exhibit 5. Changes in Clients’ Health, Well-Being, and Recovery Since Enrollment in or Referral to the Program

Measure	Baseline n(%)	Follow-Up n(%)	Change (%)
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¹ [ACCESS Call Center - San Mateo County Health](#)

² Note that program staff does not have control over whether a client engages in the program/service after ARISE’s referral.

	Total Clients Served=12	Total Clients Served=22	
Number and Proportion of Clients Referred to BHRS Services	12 (100%)	20 (90.9%)	-9.1%
Number and Proportion of Clients Engaged in BHRS Services	12 (100%)	12 (54.5%)	-45.5%

Qualitative

In this section, we discuss how clients’ health, well-being, and recovery from SMI and/or SUD has changed since enrollment in the program. Exhibit 6 summarizes findings from client and in-home support worker interviews. We first discuss findings from client interviews, followed by findings from in-home support worker interviews.

Exhibit 6. Changes in Clients’ Health, Well-Being, and Recovery Since Enrollment in the Program

Client perspectives	In-home support workers perspectives
Clients mentioned that since joining the program, they have seen an improvement in their mental and physical health and are proactively taking care of their health.	In-home support workers had a difficult time identifying what they thought were the greatest needs of their clients, noting that all their clients had different needs.
Clients mentioned that in-home support workers and case managers have been checking on their health and helping them in the recovery process.	In-home support workers recognized that the ARISE program supports clients’ health needs by alleviating the stress that comes from maintaining their living environment.
Clients mentioned that they have engaged in more hobbies since enrolling in the ARISE program. Some of these hobbies require transportation and clients mentioned that they would benefit from transportation assistance to pursue these hobbies.	In-home support workers reported that they do not formally assess clients’ progress toward achieving health and recovery goals. However, some in-home support workers said they recognize when clients are experiencing positive changes in their lives by comparing the first time they visited to clean their homes to the visits that followed.
Clients mentioned that their social lives have improved since joining the program.	N/A

Clients’ Perspectives on Changes in Their Health, Well-Being, and Recovery After Enrollment in the ARISE Program

Clients mentioned that since joining the program, they had seen an improvement in their mental and physical health. A client explained, “Well, because the quality of my apartment was kind of making me sick, my health has gotten a lot better, and the worker has been also helping me with my diet a little bit. So I’ve had a lot more strength, and they’ve been trying to keep me a lot more positive.” Another client said, “Yeah, that’s improved my mental health because it

doesn't feel the same to live in a dirty room. Every time I have an inspection, I don't have to worry about cleaning up a year's worth of mess. People are jealous in my community ... as I have the cleanest room in the whole apartment complex."

Clients also shared how they are proactively taking care of their health. Clients are having regular check-ups with their nurse or physician and therapist, taking their medications on time, feeling less depressed, and engaging in more social activities. A client said, *"Well, I'm definitely more up on taking care of things around ... Taking care of things that need to be done. I mean, I'd pretty much given up and now I'm pretty much thinking ahead. I'm trying to take care of myself as I should have been doing."*

Clients mentioned that in-home support workers and case managers have been checking on their health and helping them reach their health goals. One client mentioned that when they were hospitalized, the case manager checked on them frequently and offered to help with anything that required assistance. In-home support workers and case managers helped clients improve their health outcomes. A client said, *"I got really sick and I have basically lost all the muscle in my body. I lost tremendous amount of weight. I look sickly. Even looking at myself in the mirror, I look like I was dying. You can see my whole bone structure. And so, they gave me physical therapy. And so, they just work with me on how to do the exercises I need. And they got me on a strict protein diet. And so, I've noticed the improvement."*

Clients mentioned that they have engaged in more hobbies since enrolling in the ARISE program. Support from their in-home support workers in maintaining their living environment has given clients an opportunity to engage in other activities of interest. Activities discussed by clients include walking, cooking meals for friends, flower arranging, building computers, writing, and knitting. A client said, *"I build computers. I go and gather old computers from recycling places, and I take them and then we go and make new ones. And work on TVs and things like this. It gives me more time to do that, and it makes it where mentally I'm better off because I have the time to focus."*

Clients discussed that they may need travel assistance to pursue their interests or may need to be accompanied by their in-home support worker. Some clients mentioned that their hobbies require transportation and without a car they are unable to pursue their interests. A client said, *"All my hobbies in this county, they require a car. I can't go to the beach, I can't go hiking, I can't walk around a park. I can't fish, I can't crab, I can't go on a long walk. Everything requires a car."* Clients suggested that they would benefit from accessing transportation assistance through the ARISE program to pursue their hobbies, which may help improve their mental health. Other clients mentioned that, due to their physical health, it is difficult for them to pursue any hobbies, and it would be helpful if in-home support workers were able to

accompany them. A client said, “Because I never get out. The only time I get out of the house is when I’m going to appointments. And so, the lady that’s my case worker right now, ... she had told me that she would start doing outings with me just to get me out of the house and see something different, do something different.”

Clients mentioned that their social lives had improved since joining the program. Clients mentioned that they enjoy welcoming their friends into their homes, going out to visit friends, and in some cases preparing meals for guests in their homes. A client said, “I am kind of a hermit. So I don’t really go out and do much. However, she [in-home support worker] has been trying to influence me to go out and exercise more and has been getting me to exercise a little more. And because of all the improvements, I finally got the courage to actually go out and visit a friend.”

In-Home Support Workers’ Perspectives on Changes in Clients’ Health, Well-Being, and Recovery After Enrollment in the ARISE Program

When asked what they saw as the greatest health needs of clients, some in-home support workers had trouble identifying the greatest need, noting that all their clients had different needs. Two in-home support workers said that although they observed some of their clients’ health needs during their visits, such as physical or mental health challenges, they are not told what their clients’ health needs are by program staff or clients. They were therefore unable to identify the greatest health needs of their clients.

While some in-home support workers were unable to identify the greatest health needs of their clients, they recognized that the ARISE program supports clients’ health needs by alleviating the stress that comes from maintaining their living environment. One in-home support worker said, “I think ARISE supports these people by helping them get help from someone else with their chores. I feel that’s what this program wants, to help these people so they can stand up a bit. I feel the program is helping these people so that with time they can get used to living a different life, to live in a clean environment, to be able to do their things. That’s what I feel is the purpose of this program, to lift them up and let them keep walking on their own. That’s what I’ve seen is the focus of this program.”

In-home support workers reported that they do not formally assess clients’ progress toward achieving health and recovery goals, but some in-home support workers said they recognize when their clients are experiencing positive changes in their lives by comparing the first time they visited to clean their homes to the visits that followed. When asked to describe the ways in which the ARISE program has affected clients’ quality of life, in-home support workers noted that in addition to improving their living environments, clients appear to be more motivated to maintain a clean living environment. One in-home support worker said, “They are improving

more and with the help we give them. They are doing their part so that the help continues to come to them and I tell them to collaborate, to help, to change their way of living and everything will be better for them. They understand.” When asked how the program has helped clients better participate in social activities, one in-home support worker said, “I have a client who I would always go over and he’d always be in bed and just telling me he’s tired or feeling weak or just not... I guess like restless. And then I would just come over and just naturally my presence, he would hop up out of bed and come sit on the couch and talk to me. And I think it just lifts people’s spirit just a little bit just to know that somebody’s coming over on a weekly basis that kind of understands what they’re going through.”

Experiences With Services Offered by the County of San Mateo

Exhibit 7 summarizes the perspectives of clients and in-home support staff on services offered by the County of San Mateo.

Exhibit 7. Experiences With Services Offered by the County of San Mateo

Topic	Client findings	In-home support workers findings
Experiences with services offered by the County of San Mateo	Overall, clients had an overall positive experience with medical services provided by the County of San Mateo. Clients also had a positive experience with referrals to other services provided by the county.	Most in-home support workers were unable to speak to how their clients were referred to behavioral health services offered by the county.

Overall, clients had a positive experience with medical services provided by the County of San Mateo. Some clients are seeking mental health therapy at county clinics and have had good experiences with nurses and therapists. Clients mentioned that clinicians at county clinics engage them in a shared decision-making process to identify and monitor their goals. A client said, “My therapist is on top of things really quick. When I’m going through a dark place in my mental stability, she helps even me out as far as trying to get me into a better mental state of mind.”

Clients also had a positive experience with referrals to other services provided by the county. Clients mentioned that their case managers from the county connect them to services that they need. These include food stamps, Medi-Cal, Meals on Wheels, and Medical Uber for medical appointments and picking up prescriptions. Clients also get a housing voucher through the county that helps subsidize their housing costs. One client explained, “The apartment that I live in is more than \$2,500 a month, and I only have to pay like 650 bucks a month, which is pretty decent.”

Most in-home support workers were unable to speak to how their clients are referred to behavioral health services offered by the county. Their understanding is that referrals and

connections to county services are managed by program managers. One in-home support worker was able to speak to some services their clients have been receiving, but they said they do not typically discuss their clients' experiences with those services. They said, *"I have a couple clients that I know that they go to the county to see a therapist, and that's a crucial part of their, I guess, maintaining their well-being. I haven't really talked to any clients after they come back from these visits. Yeah, that's not really something that we typically discuss. I haven't heard any good or bad about that."*

Clients' Experiences With Non-Housing Services Provided by the ARISE Program

In addition to helping clients maintain a clean living space, the ARISE program provides regular well-being checks, transportation services, access to peer support members to accompany clients to community and recovery events, occupational therapy (OT) assessments, and tailored service plans with OT goals. As needed, the program also refers clients to organizations like Narcotics Anonymous, Alcoholics Anonymous, the Friendship Center, and other AOD services. None of the clients interviewed needed referrals to these organizations.

Clients had good experiences with other ARISE services, such as assessments by an occupational therapist. Clients were also getting regular health check-ups from their medical team from the county. Many clients were not using these services as they were being seen by physicians in other hospitals or health systems (e.g., Kaiser Permanente, Stanford). None of the clients interviewed received services from organizations like Alcoholics Anonymous, Narcotics Anonymous, or the Friendship Center. Although clients were aware of these organizations, they did not need these services. Some clients indicated that after personal incidents (death of a friend or family member), they would like to receive trauma-informed care at organizations like the Friendship Center.

Since most activities in the county are car-dependent, clients said that they would appreciate the ARISE program providing transportation assistance for non-medical appointments such as grocery shopping, visiting friends and family, and pursuing hobbies that require a car. A client mentioned, *"It's a real chore to do anything that's extracurricular. Because if it doesn't fall to getting my medicine, I really don't get the opportunity because the transportation is the real difficult part. Because the Medical Uber only does for pharmacies and medical so it's not within that scope. I don't just participate because I don't have the means to get out and about."*

Clients' Experiences With ARISE In-Home Support Workers

Exhibit 8 summarizes client experiences with ARISE in-home support workers.

Exhibit 8. Clients' Experiences With ARISE In-Home Support Workers

- Clients had positive experiences with in-home support workers but in some cases requested more privacy.
- Clients discussed their appreciation for being able to talk to in-home support workers.
- Clients also appreciated help with other services from in-home support workers, like cooking.

Clients had positive experiences with in-home support workers but in some cases requested more privacy. A client mentioned, “they’ve been helping me a lot. They have a lot of patience and have been very nice. And when it comes to doing the work and stuff, they are intensely skilled, and they’ve been teaching me a lot of little tricks.” Although overall, clients were receiving exceptional services from in-home support workers, in some cases they felt they were intruding into their privacy. Clients suggested that in-home support workers could provide them with notice in advance before entering specific areas in their house.

Clients discussed their appreciation for being able to talk to the in-home support workers. These interactions helped clients feel valued and less lonely. A client said, “I get along with her great ... We’ve got it set up, she comes once a week and she spends four hours and my dog likes her. I mean, she’s been very helpful. She listens to me and she’ll let me talk, if I need to.” Another client said, “well, [in-home support worker name] is like my friend. Aside from being a good housekeeper, she’s a good person. I know about her family. She talks about her kids. She’s really nice, to be around. She’s very welcome in my house.”

Clients also appreciated help with other tasks from in-home support workers, like cooking. A client with physical disabilities discussed how their in-home support worker cooked meals for them that would last a few days and opened soup cans that they could use during the week. Although many clients are not using help from the in-home support workers for meal preparation or cooking, they appreciate that it will be helpful if provided as an option if needed.

Experiences With ARISE Program Staff

Exhibit 9 describes the experiences of clients and in-home support workers with ARISE program staff.

Exhibit 9. Clients' and In-Home Support Workers' Experiences With ARISE Program Staff

Topic	Client findings	In-home support workers findings
In-home support workers' experiences with ARISE program staff	Clients had positive experiences with program staff and indicated that case managers checked in with them regularly.	In-home support workers reported a positive experience with ARISE program staff overall. They said program staff were likable, responsive, open to suggestions, and provided them with supplies as needed.

Clients had positive experiences with program staff and indicated that case managers checked in with them regularly. A client mentioned, *“When I got sick and was in the hospital, they were still there for me, and I had no visitors during that time. It was good to hear somebody calling me and worrying about what I was doing.”*

In-home support workers reported a positive experience with ARISE program staff overall. They said program staff were likable, responsive, open to suggestions, and provided them with supplies as needed. When asked whether they needed additional support from program staff, one in-home support worker suggested that program staff could provide more information to the client when they first enroll in the program so that expectations and boundaries are communicated up front. They said, *“Just kind of setting the boundaries at the beginning has been helpful because then when I go and meet the people, they already have an idea of what to expect. So it just makes my job a little easier.”* Another in-home support worker described additional support they need when they encounter a new client. They suggested having two in-home support workers present during the first meeting with a client to help with cleaning the living environment. They said, *“They send me the first time, they send each of the workers the first time. I was talking to the boss to see if we can go with two people, at least one or two times a week, because the apartments are scary, they are so dirty. For example, I’ve been given many apartments that are too dirty, they have never been cleaned. They have many things that need to be arranged and fixed to maintain the cleanliness. I tell the boss we can go, because I’ve realized that when they get a person and it’s full of things, I’ve realized that they have paid up to five thousand dollars to clean them out and throw so many things away. And I tell the boss, because they don’t give us more help, to get two people, because for just one person it’s too much.”*

Improving Capacity

The following sub-section details the quantitative and qualitative results related to the “Improving Capacity” learning goal, which aims to evaluate the extent to which the ARISE

program improves capacity for in-home support workers to serve individuals with complex behavioral health challenges, and how these outcomes could inform changes to the state IHSS program. See Exhibits 1 and 2 to see the full objectives for the “Improving Capacity” learning goal. The program retained the same number of available workers at follow-up as baseline. In-home support workers generally had positive experiences with the program, noting that their visits helped clients maintain clean living spaces and provided valuable companionship. Workers expressed satisfaction with their work-life balance but suggested improvements in compensation and benefits, including tax withholding and medical coverage. They also emphasized the importance of training, particularly in mental health support, and suggested that additional staffing be provided for challenging first visits to particularly difficult living environments.

Quantitative

In this section, we analyze the change in number of available IHSS workers throughout the duration of the program evaluation. Exhibit 10 summarizes the number of available workers in the county at baseline and follow-up who are willing to provide in-home support for individuals with challenging behavior during fiscal year (FY) 2023-2024. Throughout the FY, the program saw no change in the number of available IHSS workers, with five at baseline and follow-up.

Exhibit 10. Changes in IHSS Worker Availability Since Program Launch

Measure	Baseline	Follow-Up	Change (%)
Number of available IHSS workers who are willing to provide in-home support for individuals with challenging behaviors	5	5*	0%

*One provider was active for 28 days, but because they were active for less than a month, they were not included in the follow-up count. This provider had a medical emergency and was no longer able to continue.

Qualitative

In-Home Support Workers’ Experiences With the ARISE Program

In-home support workers reported working with the program for an average of 1.5 years. In-home support workers reported serving an average of three clients, with most reporting that they meet with their clients at least once a week. Exhibit 11 summarizes these findings.

Exhibit 11. In-Home Support Workers' Experiences With the ARISE Program

- In-home support workers reported that the program is helping clients maintain a clean living area and is helping provide company to clients.
- In-home support workers are satisfied with their current work–life balance. Some workers suggested increasing their compensation.
- Most in-home support workers reported that they are satisfied with their guaranteed hours of work, but a couple of in-home support workers said they could use more hours.
- In-home support workers get onboarding training around client privacy and are starting training about providing mental health support to clients. They feel that more training about mental health support can improve their capacity to help clients.
- An in-home support worker mentioned that it would be helpful if the program took taxes out of their salaries every month. They also mentioned that it would be beneficial if they received [medical] benefits as an employee.

When asked about the key strengths of the program, in-home support workers described how their visits motivate clients to maintain a clean-living space. One in-home support worker explained, “And now I see them more motivated, happier ... because when I arrive, they already know I’m coming, and they seem happier. They wait for me eagerly. And well, the experience I have is also that sometimes, as I was saying, it’s about cleaning, specifically cleaning, that when I’m cleaning, they see that I’m carrying things, then they come and help me clean the bathroom, pick up trash, and all that. So, I see that motivation in them.”

Another strength of the program is that in-home support workers are able to communicate and provide company to clients. One in-home support worker said, “Well, I like to help them a lot. I talk to them, there are people who are depressed, who feel lonely, and sometimes I give them therapy, like what I know, what I can do, and what is within my reach to help them, to support them, so that they don’t feel alone, that there is always someone who cares for them.”

Overall, in-home workers reported that they were satisfied with their current work–life balance. One in-home support worker said, “I’m very satisfied. I enjoy working for the program. I think we’re doing good work, important work. So yeah, it just brings joy to be able to help people and to be involved with the other people who want to help just as much.”

Many in-home support workers had suggestions regarding their compensation. One in-home support worker recommended increasing the compensation because their services can be intensive, especially when a client’s living environment has not been properly maintained prior to their services. Two in-home support workers mentioned that the program does not take taxes out of employees’ pay each month, which means they have to pay taxes at the end of the year. One in-home support worker said, *“It’s a bit tough because we have to pay taxes at the end of the year. So it’s not very good because I would prefer them to deduct the taxes from one single payment so we don’t get hit with a huge amount all at once.”* Among these in-home support workers, one expressed frustration that in addition to having to pay taxes, they have to pay for gas to transport themselves to meet the client, as well as parking tickets they acquire when it is difficult to find parking near a client’s residence.

Most in-home support workers reported that they were satisfied with their guaranteed hours of work, but a couple said they could use more hours. One in-home support worker said, *“For example, when I go with the client, I mean, I have the hours, it’s three, four hours that I’m going to work with the client. And if not, and the client doesn’t let me in, there I lose the hours. I feel that we’re not ... it doesn’t benefit us because if the client doesn’t let us in and then they don’t pay us, so there we lose.”* In-home support workers also described how the reduction in allocated hours for each client (from 4 hours to 3 hours) was affecting them financially.

In-home support workers described onboarding trainings around client privacy and general orientation to the program. Some in-home support workers noted that the program has started to introduce trainings about providing mental health support to clients. One in-home support worker said, *“I actually just went through a mental health first aid class last Friday, and I got 100% on my test, and I feel a little better equipped having gone through that. I feel confident that if anything were to happen in the future, whatever, that I would be able to deal with it in the correct manner and confidently.”*

An in-home support worker mentioned that it would be helpful if the program took taxes out of their salaries every month. They also mentioned that it would be beneficial if they received [medical] benefits as an employee. They recommended that the program take taxes out of employees’ pay each month because they are finding that they must pay taxes at the end of the year.

Overall Satisfaction With the ARISE Program (Qualitative Findings)

Clients and in-home support workers rated their satisfaction with the ARISE program on a scale from 0 to 10, where 0 suggested they were not at all satisfied and 10 indicated they were extremely satisfied. Most clients gave the program a score of 9 or higher; the remaining two clients rated the program between 7 and 8. One adult client, who gave the program a score of 11 out of 10, cited the quality of services provided by the program, in-home support worker, and program staff as the primary reason for their high level of satisfaction. This client shared that their in-home support worker and program staff went above and beyond to take care of them and improve their living situation, health, and well-being. This client explained, *“All right, I’ll say 11. That rating is they’ve done above and beyond. They’ve not only been there for me, but they’ve been there when they really didn’t have to be, when I was in the hospital, nobody had to call me and ask how I was doing and if I was going to be okay when I came out. But they did and they seriously went over and beyond their duties.”* Clients who gave a slightly lower rating cited factors like not being able to maintain their privacy when in-home support workers were around and being asked to get specific mental health tests done as part of the program.

Two in-home support workers rated their satisfaction at a 10, while others rated their satisfaction between 8 and 9. In-home support workers who rated their satisfaction at a 10 said they were satisfied with their work and that program staff were supportive. One in-home support worker said, *“They’re always there. They always help me with everything. I can call them. If they don’t answer, they call back. They’re very communicative. They listen to how I feel, and they never make me do anything I don’t want to do.”* Among in-home support workers who gave a slightly lower rating, they acknowledged that the program is still new. One said, *“We’re still a new program, and so as we encounter issues, we address them and then we keep going. As we continue to work with different people, I’m sure we’ll have different situations that we need to address. And as we address those situations, then the program will get stronger and stronger.”*

ARISE Program Staff Interview Findings (Qualitative Findings)

This section presents findings from interviews conducted with two program staff. These staff have been with the program for an average of 1.5 years.

Intake Process for New Clients

Program staff explained the intake process for new clients. The process begins when case managers fill out a referral form with information about their client’s state of living, risk of losing housing, lease violations, photos of their home, or communications from the property manager demonstrating the need for an intervention. Referral forms are collected by the ARISE program manager, administrator, or field program manager and passed on to the ARISE program director. The program manager, administrator, and program director meet weekly to

review referrals. The program manager and administrator notify the case manager that their client has been denied or accepted into the program. When a client is accepted, program staff meet with the case manager to gather details about the client and search for an in-home support worker who is accepting new clients. Once an in-home support worker accepts, the field program manager holds an introductory meeting with the client and in-home support worker to discuss goals and next steps for the client’s involvement in the program, including scheduling the client for an occupational therapy assessment.

Program staff identified areas of improvement for the intake process. Program staff often experienced delays in completing the initial client meeting, which one staff member attributed to difficulty maintaining contact with clients and resolving client confusion about the ARISE program. To mitigate these delays, program staff created a welcome packet for case managers to provide to clients when explaining the program. They also mentioned that coordinating client engagement between program staff, case managers, and occupational therapists can be difficult. Further, one staff member explained that the occupational therapist assessment currently occurs after the field program manager’s introduction to the client, but scheduling the assessment before the introductory meeting would be helpful. Based on this feedback, additional process improvements may make the process more efficient.

Program Staff Interactions With Clients and In-Home Support Workers

Exhibit 12 summarizes program staff interactions with clients and in-home support workers.

Exhibit 12. Program Staff Interactions With Clients and In-Home Support Workers

Client interactions	In-home support workers interactions
The field program manager is the main point of contact for the client. The program manager administrator operates behind the scenes.	Program staff check in via phone call with in-home support workers at least weekly to discuss any challenges they are facing with clients, timesheets, or paychecks.
Program staff mentioned that referrals to BHRS go through their peer support person, who checks in with the client biweekly.	The field program manager calls in-home support workers almost daily, as availability permits, and no less than three times per week.

Client Interactions

After program enrollment, program staff’s level of interaction with clients is dependent on their role. To limit client confusion, the program streamlines communication with clients by reducing staff points of contact. The field program manager is the main point of contact for the client, and the program manager administrator operates behind the scenes. For example, the field program manager meets with the client on the day of enrollment and schedules a follow-up meeting within a week. They then hold weekly status check-ins with the client. Once the field

program manager deems the client’s condition stable, their meeting frequency is reduced to 30-, 60-, and 90-day in-person appointments. The program manager administrator stays informed about the client by reading the case manager’s notes and regularly checking in with in-home support workers about successes and challenges they are facing.

When asked about referrals to BHRS, program staff mentioned that this can be done through the peer support person, who should be checking in with the client biweekly. The program had challenges filling that position until recently, but one staff member explained, “*Thankfully ... we got somebody consistently and now we’re finally seeing the benefits of that program.*” Clients may also express interest in services to their case manager or field program manager. The program manager administrator would then assist the client and case manager with the BHRS application process.

Interactions With In-Home Support Workers

Program staff reported frequent contact with in-home support workers. They check in via phone with in-home support workers at least weekly to discuss any challenges they are facing with clients, timesheets, or paychecks. They also connect with in-home support workers in person when possible. The field program manager calls in-home support workers almost daily, as availability permits, and no less than three times per week. They noted, “[*In-home support workers’*] jobs can be pretty stressful sometimes ... I also just want to do regular check-ins with them and see what they need to be able to support them best way possible.”

Program Staff Perspectives on Program Successes

Exhibit 13 summarizes program staff perspectives on program success.

Exhibit 13. Program Staff Perspectives on Program Successes

Program staff described the adaptability of the program to meet clients’ diverse needs as a success.

Successfully training in-home support workers has helped them gain confidence in serving the diverse needs of clients enrolled in the program.

Program staff described the adaptability of the program to serve clients’ diverse needs as a success. They stated, “*we also understand, ... this is an experiment. We’re trying to see if this is a viable program ... I’m always trying to see ... what other programs are around. What can I take and implement into this program to make it efficient, to make it work?*”

Program staff mentioned that they were able to successfully train in-home support workers, improve their knowledge about the program, and help them gain confidence in serving clients enrolled in the program. Through these successes, program staff have witnessed an increase in

the number of clients served by ARISE. Program staff mentioned that they are able to assist their clients in maintaining a clean home and are teaching them to be more independent.

Program Staff Perspectives on Program Challenges

Exhibit 14 summarizes program staff perspectives on program challenges and proposed solutions.

Exhibit 14. Program Staff Perspectives on Program Challenges and Proposed Solutions

Program challenges	Proposed solutions
A lack of supplies for in-home support workers was identified as a challenge.	To address the lack of supplies for in-home support workers, the program has an upcoming donation scheduled and will continue to look for additional sources of funding.
There is a need to improve safety protocols to ensure that in-home support workers and program staff feel comfortable serving clients.	Program staff have implemented training and monthly meetings for in-home support workers and often seek help from their colleagues to diffuse difficult situations.
The program needs to improve client engagement by improving its communications, providing more resources to explain the ARISE program, and having a peer support person interact with the clients.	Strategies for client engagement include providing incentives and using education to inform clients about the benefits of the program.

One staff member stated, “Definitely one of the biggest needs for them [in-home support workers] were having the supplies in order to do the job.” Often, clients are unable to fund cleaning supplies. Program staff recently purchased a small inventory of supplies for in-home support workers but need additional funding or donations to maintain supplies.

Safety protocols are needed to ensure that in-home support workers and program staff are comfortable interacting with the clients. To address this need, program staff explained that *“we have been getting them training and regular monthly meetings with them as well, so that they feel confident.”* Program staff mentioned that there have been instances where they felt unsafe entering a client’s apartment because it had not been maintained according to program requirements. It has been difficult for staff members to explain to clients that *“these are our rules and regulations, and these are our expectations”* to improve the safety of hazardous apartments.

There is a need to improve client engagement. In-home support workers are often denied services when they reach a client’s house. One staff member explained that some clients become *“combative”* when they perceive ARISE to be an extension of their property management to enforce lease regulations. It is a challenge to reframe clients’ perceptions of the program and encourage them to be receptive to the services being offered. Program staff elaborated further on this challenge, explaining that a lack of effective communication with

clients could potentially compromise client and in-home support worker health and safety. Although the welcome packet has reduced client confusion about ARISE, additional measures like engaging clients through a peer support person and providing access to a phone could help to increase client engagement. One staff member explained that *“more rapport building from a peer rather than from a program”* was extremely helpful.

Plans to Mitigate Challenges in the Future

Program staff mentioned that the advisory board for the ARISE program has been meeting to discuss potential solutions to the challenges discussed. Proposed solutions include the following:

- To address the lack of supplies for in-home support workers, the program has an upcoming donation scheduled and will continue to look for additional sources of funding.
- To improve client and in-home support worker health and safety, the program has implemented training and monthly meetings for in-home support workers to build their confidence in the field. One staff member finds it helpful to reach out to coworkers for support when they feel a situation could be unsafe, asking a coworker to join them in a meeting or case conference with a client.
- To improve client engagement, one suggestion is to provide incentives to clients. Citing specific feedback received from a peer support person who is a previous recipient of ARISE services, gift cards provided by the program incentivized them to complete tasks. The staff member also suggested focusing client education on the benefits of the program and maintaining a clean living space and trying to explain that *“aside from [the program] keeping you housed, it has a lot of beneficial outcomes to your health, to your well-being.”*

Recommendations and Conclusions

This section presents recommendations to improve ARISE program implementation based on interviews with clients, in-home support workers, and program staff. Key recommendations for improving the ARISE program focus on (1) increasing funding to support a broader range of services, (2) educating clients about additional services available through the program to increase both awareness and enrollment, (3) introducing measures to increase retention and support future growth among in-home support workers, (4) providing culturally competent training to in-home support workers, and (5) putting together guidelines for interaction between clients and in-home support workers.

Provide Additional Funding to Expand the Program and Available Services

All interviewees indicated a need for additional funding to expand the program and provide additional services. Clients indicated a need for transportation services to pursue their hobbies or go grocery shopping. Many of these clients did not have a car or were unable to drive due to their health condition. They indicated that they would benefit from getting these services through the program. Findings from our quantitative evaluation of the “Housing” learning goal suggest that additional funding would also allow program staff to provide support to clients with critical housing needs, such as connecting clients with necessary services to avoid eviction notices. In-home support workers also indicated that an expansion of program funding would help increase their compensation and total hours of available work, which would enable them to further assist the clients. Additional funds would also help the program provide cleaning supplies to clients and in-home support workers. Program staff indicated that having additional funding would help increase the team’s capacity. Specifically, adding more field managers could mitigate the likelihood of experiencing burnout and are able to juggle all their responsibilities and assist clients and in-home support workers.

Educate Clients About Additional Program and BHRS Services

Clients indicated that they mainly use the program to clean and organize their living environment. Only a handful of clients mentioned getting OT assessments, and many were not aware of additional services offered by the program. Additionally, our quantitative analysis of the “Health, Well-Being, and Recovery” learning goal shows that while almost all clients were referred to BHRS services since enrollment in the program, only half of clients were engaged in services outside of the program by the end of the fiscal year. Education about additional available services—like regular well-being checks, transportation services, access to peer support members to accompany clients to community and recovery events (such as Alcoholics Anonymous and the Friendship Center), OT assessments, and tailored service plans with OT goals—would help improve clients’ engagement, health, and well-being.

Introduce Measures to Improve Retention and Growth Among In-Home Support Workers

In-home support workers are the backbone of the ARISE program and continual investment in their well-being is crucial to creating and maintaining effective relationships with clients. Interviews with in-home support workers highlighted concerns about compensation and a desire for increased work hours. Clients also mentioned that in-home support workers are key to the success of the program and suggested providing them with a higher level of compensation for their work. Some in-home support workers mentioned that the total number of hours they had for each client had recently been reduced from 4 hours to 3 hours and this was affecting their overall compensation. In-home support workers discussed that having more

hours enabled them to help clients with additional chores. One in-home support worker also mentioned that spending time with clients—taking them for a walk or having a conversation with them—can help to reduce clients’ loneliness, thereby improving their mental health and well-being. Program staff shared that it would be helpful for in-home support workers to enroll in direct deposits and have access to a more efficient time sheet system. Addressing the concerns about compensation, hours worked (which affects their compensation), and efficient compensation processes, such as the time sheet system, would help improve both retention among current workers and encourage growth of the program by attracting additional staff to join to ensure the success and sustainability of the program moving forward.

Provide Culturally Competent Training to In-Home Support Workers to Interact With Clients

Although the ARISE program provides onboarding trainings around client privacy, as well as general orientation to the program, there is a need to develop trainings that enable in-home support workers and program staff to provide culturally competent mental health support to clients. These trainings would help in-home support workers better understand and address clients’ behavioral health issues. To better serve the diverse backgrounds of clients, it will be critical to make these trainings culturally competent.

Guidelines for Interactions Between Clients and In-Home Support Workers

Clients and in-home support workers requested more support from the program in setting boundaries. For example, a client indicated that it would be beneficial for in-home support workers to notify them when they intend to enter specific areas in their house. Similarly, in-home support workers requested that the program set stricter boundaries. For example, they requested that clients do not smoke when workers are cleaning clients’ homes. It would be helpful for the ARISE program to develop policies or guidelines to improve interactions between clients and in-home support workers.

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