

San Mateo County Behavioral Health and Recovery Services Fiscal Year 2024–2025 ARISE Program: Year 2 Annual Evaluation Report

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Executive Summary

This annual report evaluates the Adult Residential In-home Support Element (ARISE) program for fiscal year (FY) 2024–2025 in San Mateo County. The ARISE program is designed to address California’s homelessness crisis among individuals facing mental health challenges. Through ARISE, clients receive residential in-home services that support them in maintaining stable housing. The program serves individuals living with serious mental illness and/or substance use disorders who do not qualify for California’s In-Home Support Services (IHSS) program.

The ARISE Innovation (INN) program supported 16 clients who had been admitted to and actively participated in the program during FY 2024–2025, meeting housing stability targets, improving health outcomes, and expanding in-home support capacity. The American Institutes for Research® used a mixed methods approach to evaluate the ARISE program’s impact on client outcomes. Exhibit ES-1 summarizes the results of the quantitative data collection and Exhibits ES-2 and ES-3 summarize the results of the qualitative data collection and analysis.

These findings indicate that the ARISE INN program met all quantitative targets and delivered significant qualitative benefits, including housing stability, improved health outcomes, and expanded service capacity. Continued efforts to enhance referral acceptance and address workers’ need for benefits will further strengthen the program’s impact. Exhibit ES-4 summarizes our recommendations.

Exhibit ES-1. Summary of Quantitative Results

Category	Metric	Findings
Housing stability	Failed inspections	0% failed inspections (<5% target)
	Complaints/violations	0% complaints/violations (<10% target)
	Evictions	No evictions (0% target)
Health and recovery	Behavioral Health and Recovery Services (BHRS) engagement ^a	<ul style="list-style-type: none">81.2% of clients were existing BHRS members.All nonmembers (18.8%) were referred to BHRS services; 33.3% accepted referrals.
Capacity building	Increase in IHSS workers	Increased from 4 to 11 (+63%).

^a This indicates a strong linkage to behavioral health resources, although referral acceptance among nonmembers remains an area for growth.

Exhibit ES-2. Interviews With Clients and In-Home Support Workers

Learning goal	Findings
Housing outcomes	Clients reported improved living environments, lower risk of eviction, and high satisfaction with services.
Health and recovery	Clients experienced better mental and physical health, engaged in hobbies, and benefited from case management support. In-home support workers provided essential assistance (cleaning, meals, errands), built strong emotional connections, and observed client progress.
Capacity building	Program staff were praised for responsiveness, helpfulness, and care. In-home support workers valued meaningful work and relationships, and expressed the need for additional benefits, such as health coverage.

Exhibit ES-3. Findings From Program Staff Interviews

Aspect	Summary
Program staff interactions with clients and in-home support workers:	The field program manager directly supports clients and manages referrals to Behavioral Health and Recovery Services, and the office program manager provides remote assistance.
Program successes	Program staff mentioned the role of the advisory board in gathering feedback on ways to better serve clients enrolled in the program.
Challenges and proposed solutions	Client engagement remains challenging because of difficulty maintaining contact with some clients. Solutions include better communication, education on program benefits, and a no-show policy for missed appointments. In addition, staff capacity could become strained, prompting plans to secure more funding and hire additional personnel.

Exhibit ES-4. Recommendations

Recommendations	Implementation approaches
Recommendation 1: Provide additional funding for program growth and to offer additional financial supports for client needs.	<ul style="list-style-type: none"> • Increase funding to expand program services and capacity. • Enable in-home support workers to purchase supplies, food, and necessities for clients. • Hire more staff or convert part-time managers to full-time to improve service quality.

Recommendations	Implementation approaches
<p>Recommendation 2: Incorporate in-home support workers into clients’ Treatment Teams for Holistic Care.</p>	<ul style="list-style-type: none"> • Include in-home support workers in treatment team discussions for holistic care. • Facilitate regular meetings between program managers and in-home support workers to align support strategies. • Recognize the emotional and companionship role of support workers in client recovery.
<p>Recommendation 3: Provide benefits for in-home support workers.</p>	<ul style="list-style-type: none"> • Offer structured employment benefits (e.g., health insurance, sick leave) to reduce attrition. • Enhance recruitment and retention of support workers, which will improve worker satisfaction and program effectiveness.
<p>Recommendation 4: Invest in data collection systems to scale and sustain the ARISE program.</p>	<ul style="list-style-type: none"> • Streamline and standardize data collection processes in collaboration with San Mateo County. • Enable consistent tracking of client outcomes for evaluation and funding decisions, which will strengthen accountability and demonstrate program impact for future sustainability.

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 addressing 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 because of difficulty managing their living environments. The ARISE program is implemented and managed by the Mental Health Association (MHA) of San Mateo County (SMC) through a grant from SMC Behavioral Health and Recovery Services (BHRS).

The pilot of this program began in August 2023. SMC BHRS contracted with the American Institutes for Research® (AIR®) to conduct a multiyear evaluation of the ARISE program, which will conclude 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, fiscal year (FY) 2024–2025, from July 2024 through June 2025.

Learning Goals

Following are the program's learning goals:

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 learning goals, identified measures and outcomes, data sources to calculate measure, and files containing data sources for the quantitative evaluation. Exhibit 2 presents the objectives, discussion topics, and data sources 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 sources to calculate measure	Files 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 1 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 (actual hours worked 2023) • ARISE Client Services (housing status)
	<ul style="list-style-type: none"> • Complaints or lease violations. Of the clients enrolled and served for at least 1 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 (actual hours worked 2023) • ARISE Client Services (housing status)
	<ul style="list-style-type: none"> • Asked to leave their current housing. Of the clients enrolled and served for at least 1 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 (actual hours worked 2023) • ARISE Client Services (housing status)
Health, well-being, and recovery	<ul style="list-style-type: none"> • Engagement. Percentage 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 (occupational therapy services)

Learning goal (as described by program staff)	Identified measures and outcomes	Data sources to calculate measure	Files containing data source(s)
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 (Columns B and H)

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. 	<ul style="list-style-type: none"> Client and in-home support worker interviews

Learning goal (as described by program staff)	Program evaluation objective	Discussion topics	Data source(s)
Health, well-being, 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. 	<ul style="list-style-type: none"> 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 the effectiveness of MHA's strategies (increasing worker pay, guaranteed hours, and specialized training) in improving capacity for in-home supports for individuals with complex behavioral health challenges. Assess ARISE in-home support workers' satisfaction with the program. 	<ul style="list-style-type: none"> Client and in-home support worker interviews

Methods

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

Data Collection

The following subsection details the quantitative and qualitative data collection methods that AIR used to prepare for and gather the necessary data in FY 2024–2025.

Quantitative

Based on the learning goals and program objectives, AIR collaborated with program staff at the beginning of FY 2024–2025 to update the existing plan for evaluating the learning goals during FY 2024–2025. Program staff tracked data throughout the FY, using the methods and files described in Exhibit 1.

Although AIR included clients who had joined the program in June 2025 in the FY client list, their outcomes will not be reported until the next FY, because the measures required clients to have been enrolled and receiving services for at least 1 month. Therefore, this report specifies the number of clients served from July 2024 through June 2025. It includes clients who entered the program after June 2024 as well as those who had continued from the previous FY. All evaluation results are aggregated across all clients.

Qualitative

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

AIR worked with MHA 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 subsection 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: (a) maintain housing; (b) health, well-being, and recovery; and (c) 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 STATA. The specific methodologies for each learning goal are discussed next.

Maintain Housing

For this learning goal, AIR compared measures to predetermined program targets, which were established by program staff. See Exhibit 1 for measures for this goal. To estimate 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. All clients identified were enrolled or reenrolled between July 1, 2024, through June 30, 2025. We then flagged the number of clients who had either failed the housing inspection, received a notice to cease, or been asked to leave. We then compared the proportion of clients flagged for each event to the program target to determine whether the program target had been 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. We then matched the complaints or lease violations with the client list of those enrolled or reenrolled during this FY. If a client had more than one complaint, each one was counted separately. We then compared the proportion of clients with the program target to determine whether the program target had been met.

To calculate the number of clients who had been **asked to leave their current housing**, AIR calculated the number of individual clients who had been asked to leave their current housing based on the LG1-Maintain Housing tab from program staff. We matched the number of clients who had been asked to leave their current housing with the clients who had actively received services during this FY. If someone had received more than one notice, each one was counted. We then compared the proportion of clients with the program target to determine whether the program target had been met.

Health, Well-being, and Recovery

AIR calculated the percentage change in the number of **clients engaged in services** between the beginning and end of the evaluation period. See Exhibit 1 for the measures for this goal. To calculate this measure, AIR identified the number of clients who had been enrolled or reenrolled in BHRS services at the evaluation baseline and at the 1-year evaluation follow-up, or between July 1, 2024, and June 30, 2025. Engagement was identified by whether there was a value of “Y” (or “1”) for the “BHRS Member Y/N” field (for baseline), values of Y (or 1) in the “Referred” (for follow-up), and the values of Y (or 1) in the “Accepted Referral” in the “LG2-Health, Wellbeing, and Recovery” tab of the data obtained from program staff. BHRS members who were already members were recorded but excluded from the referral and acceptance counts, because they were already engaged in BHRS services. We tracked referrals and accepted services only for clients who were not BHRS members at baseline. First, we identified how many non-BHRS clients had been referred. Then we counted those who had accepted the

referral, indicated by a value of 1. Using these inclusion criteria, we captured the program’s goal of measuring how many clients had been referred and how many had accepted services.

Improve Capacity

To calculate this measure, AIR identified the number of available IHSS workers at baseline; those who had started before the FY; and at follow-up, those who met two criteria: becoming active during the FY and been available for more than 30 days within the FY. See Exhibit 1 for the measures for this goal.

Qualitative

All interviews were recorded and transcribed. Two analysts used a deductive method to code the transcripts based on the objectives and discussion topics shown 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 from the quantitative and qualitative analyses by learning goal. Quantitative findings are based on information from the 16 clients who had been admitted and were actively part of the ARISE INN program during FY 2024–2025. Qualitative findings are based on interviews conducted with nine clients and five in-home support workers.

Maintain Housing

The following subsection 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 Exhibit 1 and Exhibit 2. The program met all of its target quantitative goals, including these: less than 5% of clients had failed a housing inspection (0%), less than 10% of clients had received complaints or lease violations (0%), and no clients had asked to leave their current housing (0%). Qualitatively, clients saw a significant improvement in their living environment after enrollment. In-home support workers had provided tailored support for their clients through a variety of services and reported noticeable improvements in their clients’ living environments as a result of receiving ARISE services.

Quantitative

In this section, we present a quantitative analysis of the ARISE program’s support for maintaining client housing. Exhibit 3 summarizes the housing information of the 16 clients who had been admitted and actively taken part in the ARISE INN program during FY 2024–2025.

Exhibit 3. Quantitative Evaluation Metrics for Housing (n = 16)

Measure	Number of clients	Percentage of clients	Program target	Target met (yes or no)?
Failing a housing inspection	0	0%	< 5%	Yes
Complaints or lease violations	0	0%	< 10%	Yes
Asked to leave current housing	0	0%	0%	Yes

Qualitative

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

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

Client perspectives	In-home support worker perspectives
Clients saw a significant improvement in their living environment after enrolling in the program.	In-home support workers assisted clients by maintaining a clean living space, preparing meals, handling laundry, and sometimes running small errands.
Clients acknowledged that enrolling in the program had reduced their chances of getting evicted.	In-home support workers developed emotional connections and strong bonds with their clients.
A majority of clients indicated that they were satisfied with the services that they were currently being provided and did not need additional support.	In-home support workers observed noticeable improvements in their clients’ living environment.

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

A majority of clients indicated that they had seen a significant improvement in their living environment after enrolling in the program, were satisfied with the services that they were currently being provided, and did not need additional support. When describing their living environment before enrolling in the program, clients said they had had a difficult time maintaining a clean living environment. One client said, *“To be blunt, it was very messy. I was*

living in gigantic bags of garbage.” Each client was assigned an in-home support worker, who would come in once a week to clean their house and help with other chores. One client said, “One can be lazy about cleaning and all that, but with [the in-home support worker], I’m very happy.” The home maintenance assistance the in-home support workers provided improved clients’ living environment. For example, one client said, “Everything’s a lot cleaner, and even my own skills have improved. Even if it’s just a little bit, it’s enough that eventually I’ll be able to do all this on my own.”

Clients acknowledged that enrolling in the program had reduced their chances of getting evicted. One client said, *“I had a urine retention problem, and I was peeing on myself, all on the floor, and I had hip problems. I couldn’t bend over to clean up, so I had got two citations by the property manager for my apartment not being clean, and I was really unable to do anything. Yes, [the in-home support work] has helped a lot.”*

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

In-home support workers observed significant improvements in their clients’ living environments, along with an increase in positivity and emotional gratitude from the clients.

In-home support workers noticed that the living spaces had become cleaner and more organized. In addition, a strong and positive connection developed between the workers and their clients. One in-home support worker stated, *“Well, yeah, I’ve seen a lot, actually. [Their places] are much neater and stuff. They all love to see me when I come. That’s a good thing. They don’t hate it when I come. Yeah. I don’t know, they seem pretty happy. I’m pretty happy. Places are a little bit more manageable, and, I don’t know—I don’t know what else to say. I’m good friends with all of them.”*

In-home support workers shared stories about seeing their clients’ outlook and functional status improve. In-home support workers reported seeing a shift in their clients’ ability to function independently and successfully, as well as improvement in their mental health. They also shared that the clients appreciated the interactions they had with the in-home workers. For example, one in-home support worker said, *“Honestly, one of the clients I went to for the first time, his apartment was buried in trash and stuff, clothes, two boxes from the hospital, and things, just a ton of stuff scattered everywhere. There was nowhere to walk, and he had both feet recently operated on, something like that. And, well, his apartment was in really bad shape. I organized a lot for him, and the good thing is he’s kept it that way. And then he, well, was also in the hospital for several days. I kept going anyway. And I fixed his things, cleaned his closets, and organized various things in his apartment. When he returned, he looked much better. And every time I arrive, he tells me, like, he tells me, ‘I’m very happy for the company, for having people like you.’ He says he’s very happy, that I provide very good service, thank you. I see him*

happy, see him very happy. I see him improving Honestly, I've seen a big difference with him."

Health, Well-Being, and Recovery

The following subsection 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 this learning goal in Exhibits 1 and 2. Although the evaluation of this goal used both quantitative and qualitative methods, the quantitative analysis focused only on change in client engagement with BHRS programs facilitated through ARISE program referrals. The ARISE program did not have any measures for tracking changes in client outcomes; instead, these outcomes were tracked by other programs that the clients were referred to.

We found that of the 16 clients, 13 were then currently BHRS members and therefore had not been referred to BHRS services. Of the remaining three clients, all had been referred to BHRS, with one accepting the referral (33.3%). The clients who were already BHRS members and those who had been referred and recently engaged with the programs reported having positive experiences with services provided by SMC. In-home support workers said they were not involved in referring clients to county services.

In-depth interviews with clients and in-home support workers offered valuable perspectives on how the program supports clients’ health, well-being, and recovery. Interview findings indicate that clients had experienced a range of positive outcomes since enrolling, such as improvements in both mental and physical health. In-home support workers noted that the ARISE program contributed to clients’ improved health by delivering essential assistance with daily living tasks that could pose challenges. Clients also expressed overall satisfaction with nonhousing services provided by the ARISE program, including occupational therapy (OT) assessments and interactions with peer support members. There was no identified need for external support services, such as Alcoholics Anonymous (AA). Although some clients had only recently joined the ARISE program, they intended to explore additional ARISE services in collaboration with their case workers or program managers.

Quantitative

In this section, we analyze the program’s support for the health, well-being, and recovery of clients’ engagement in and referrals to BHRS services at baseline and follow-up. Examples of services include AA and the Friendship Center. Exhibit 5 summarizes the engagement information of the 16 clients who had been admitted to and actively participated in the ARISE INN program during FY 2024–2025. To determine engagement through referrals, program staff monitor clients’ interactions with SMC BHRS via their electronic health record system Avatar.

Avatar records the date a client contacts the ACCESS Line¹ and accepts the referral, which is the entry point for individuals seeking BHRS services. This enables the program to track whether clients referred by ARISE subsequently engage with BHRS services by initiating contact with the ACCESS Line. These data help assess the ARISE program’s effectiveness in connecting clients with necessary support. Exhibit 5 shows that, of all 16 clients, 13 were existing BHRS members. Of the three clients who were BHRS nonmembers, all had been referred to a BHRS program, with one (33.3%) BHRS nonmember accepting the referral.

Exhibit 5. ARISE Client Referral to SMC BHRS Services (n = 16)

Measure	BHRS Member	BHRS nonmembers	Referred to BHRS (BHRS nonmembers)	Accepted referral (BHRS referrals)
Number and percentage of clients	13 (81.2%)	3 (18.8%)	3 (100.0%)	1 (33.3%)

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 discuss findings from client interviews first, 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 worker perspectives
Clients mentioned that since joining the program, they had seen improvement in their mental and physical health and were proactively taking care of their health.	In-home support workers strongly believed that both their presence and their work significantly enhanced their clients’ physical and mental health.
Clients mentioned that case managers and program staff had been checking on their health and helping them reach their health goals.	In-home support workers believed they provided essential assistance with daily living tasks that clients struggled with.
Clients mentioned that they had engaged in more hobbies and social activities since enrolling in the ARISE program.	In-home support workers found it challenging to recognize changes in their clients, and instead reflected on clients’ satisfaction with their work in helping to maintain their living environment.

¹ [ACCESS Call Center –San Mateo County Health](#)

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. Clients described how having help with maintaining their living environment had made them less anxious or depressed, which in turn eased some of their physical stress. One client said, *“My quality of life has improved because depression, that made it so I was weirdly comfortable with living in filth; that was making me really sick, physically. So, they’ve helped keep my apartment up, where I stopped having physical health issues as much.”*

Clients also shared how they were better able to take care of their health since they had joined the program. Clients reported that support from program staff had enabled them to have regular check-ups with other providers. A client shared, *“I have spells where I can’t walk and do things that are physical. So anyway, they know I’m limited, so they basically make sure that I’m seen, that I get in-house treatment, and that I can be seen by therapists and whatnot in-house. I can’t go outside ... because I fall a lot. I get dizzy spells. [ARISE staff] make sure that I follow up with physical and the therapist.”*

Clients mentioned that case managers and program staff had been checking on their health and helping them reach their health goals. Clients mentioned that case managers and program staff frequently offered them help in reaching their health goals. For example, one client mentioned how a program manager was currently helping them find therapy services.

Clients mentioned that they had engaged in more hobbies and social activities since enrolling in the ARISE program. Support from their in-home support workers in maintaining their living environment had given clients an opportunity to engage in other activities of interest. For example, one client said they felt more comfortable inviting friends over to their home because it was cleaner. Another client described how having a clean living environment had allowed them to focus on starting their own business. They said, *“I’m living a more comfortable life, with the ability to focus on other things.”*

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

Several in-home support workers observed meaningful improvements in their clients' physical and emotional well-being. The stability that comes with secure housing plays a crucial role in overall health, because it alleviates stress and uncertainty, enabling individuals to focus on their personal growth and mental health. One in-home support worker highlighted this connection, stating, *“The impact is that it can help them have stability in their housing, and with that, they can try to improve their mood and mental health. For [them], the program is a big help.”*

Furthermore, in-home support workers strongly believed that their assistance played a vital role in their clients' overall health and daily functioning. In-home support workers indicated that maintaining a clean and organized living environment significantly improved clients' mental and physical well-being, preventing conditions from deteriorating further. These efforts can make a noticeable difference by fostering a sense of stability and comfort. One in-home support worker said, *“Well, they’re happy with the help they receive. Some are very grateful. They say, ‘Thank you. I’m grateful. You help me a lot. I really appreciate it.’ They’re grateful now. They’re happy.”*

Although most in-home support workers had positive responses, others had trouble identifying the impact of the ARISE program on their clients' health, well-being, and recovery. Some in-home support workers were unable to identify noticeable changes in their clients' health, well-being, and recovery, but they indicated that they believed that they had a positive impact on their clients. One in-home support worker shared their own experience, stating, *“I think I've impacted their lives a lot, basically. I really do. I'm very important to them. They're important to me. Yeah. They're important for my mental health also. They make me feel good about my job, and I'm helping people, and that's important to me.”*

Clients' Experiences With Nonhousing 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 who can accompany clients to community and recovery events, OT assessments, and tailored service plans with OT goals. As needed, the program also refers clients to organizations like Narcotics Anonymous, AA, the Friendship Center, and other Alcohol and Other Drug (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 or meetings with peer support members. One client said, *“The peer support member is somebody who's, not been what I've [exactly] been through, but been through their own experience with therapy and mental health issues and communicating as a peer. Which I find very useful.”* Clients also described having regular health appointments from their medical team in the county. None of the clients interviewed needed referrals to organizations such as Narcotics Anonymous, AA, the Friendship Center, or other AOD services, but some clients had already been members of or had previous experience with the organizations before enrolling in the ARISE program. Clients who had been part of the program for only a short period of time said they were currently exploring or had plans to explore other ARISE services with their case workers or program managers.

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

Clients' experiences with services offered by the County of San Mateo

Overall, clients had a positive experience with medical services provided by the County of San Mateo.

In-home support workers recognized that referrals and county services were managed by program staff.

Overall, clients had a positive experience with medical services provided by the County of San Mateo. Some clients were seeking mental health therapy at county clinics and had good experiences with doctors, nurses, and therapists. Clients said they were satisfied with the level of support they received from their providers. One client shared an example in which their nurse and doctor had quickly identified a health concern and advised the client to go to the emergency room. The client said, *"[The nurse and doctor] said, 'Go to the emergency room, get there as quickly as possible. We think there's something seriously wrong.' And so, I had to arrange transportation to go to the emergency room as quickly as possible. So that's how concerned they were about my health."*

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 was that referrals and connections to county services were managed by program staff.

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

Summary of clients' experiences With ARISE in-home support workers

Clients had positive experiences with in-home support workers and appreciated help with other services, like cooking, shopping, and other maintenance of the apartment.

Clients discussed the connections they had built with in-home support workers.

Clients had positive experiences with in-home support workers, and appreciated help with other services from in-home support workers, like cooking. Clients described being satisfied with the home maintenance support they received from their in-home support workers. One client said, *"The kitchen turns into a disaster area after I cook, and I always do that, but I try to*

keep it clean and stuff like that. [The in-home support worker] just totally understands. She walks in here and ‘blam,’ and it’s immaculate.” Another client described other services their in-home support worker helped them with. They said, “I’ve got a wonderful, caring individual, [the in-home support worker]. She takes care of my cleaning and helps me with cooking and shopping and maintenance of my apartment.”

Clients have built connections with in-home support workers. One client said, “[The in-home support worker] is an angel. I can talk about everything, anything. She always listens and I never feel, like, judged, or I might repeat the same things many times probably. But I always tell her, ‘Please, stop me when I talk or I say the same thing over and over.’ No, she gained confidence almost right away. Only the first two times, she’s a little shy, but I tried to make her feel comfortable. She helped me getting groceries from different places.”

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

Client findings	In-home support worker findings
Clients had positive experiences with ARISE program staff overall. They said program staff were responsive, helpful, and caring.	In-home support workers had positive experiences with ARISE program staff overall. They said program staff were personable, communicative, and helpful.

Clients had positive experiences with ARISE program staff overall. They said program staff were responsive, helpful, and caring. A client said, “It’s getting to feel like half of me is not working again because of this semi-stroke that I just had. So that’s where I am physically. So now they’re more concerned about me. And in fact, I just got a call today from [the program staff] and the nurse today just after her visit yesterday, and they said if anything comes around where you’re feeling a little numb, press that emergency—I got an emergency alert button so that I can press it and go immediately to the hospital, they said. So that’s how on top of the situation they are.”

In-home support workers had positive experiences with ARISE program staff overall. They said program staff were personable, communicative, and helpful. In-home support workers stated that they believed the program staff was doing a great job and that communication with them was easy, including answering inquiries, responding to messages, and rescheduling appointments. One in-home support worker said, “Oh, the managers. They’re awesome. I could call them anytime. They’re always there. They check in. We talk about every situation. They know exactly what’s going on, what I’m going through or whatever. They’re very supportive.”

Improving Capacity

The following subsection 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 for the full objectives of the “Improving Capacity” learning goal. The program increased the number of available workers from baseline, July 2024, to follow-up, June 2025. In-home support workers generally had positive experiences with the program, particularly with respect to appreciating the meaningful nature of their work. Workers enjoyed working with program staff. They expressed a desire for additional benefits, such as health coverage, as part of the ARISE program.

Quantitative

In this section, we analyze the change in number of available IHSS workers throughout FY 2024–2025. Exhibit 10 summarizes the number of workers available in the county at the beginning of FY 2024–2025 (baseline) and during FY 2024–2025 (follow-up) who were willing to provide in-home support for individuals with challenging behavior. IHSS baseline workers were those available at the beginning of the FY, specifically if they were active on June 30, 2024. Follow-up IHSS workers were those available for at least 30 days in FY 2024–2025 (July 1, 2024–June 30, 2025). Throughout FY 2024–2025, the program saw a 63% increase in the number of available IHSS workers, with four workers at baseline and 11 workers at follow-up. Although four workers became inactive during FY 2024–2025, they had been available during the FY, and the duration of their active days was more than 30. Overall, these findings indicate that during this FY the ARISE program improved the capacity of in-home support workers to serve individuals with complex behavioral health challenges.

Exhibit 10. Changes in IHSS Worker Availability During FY 2024–2025

Measure	Baseline (at the start of FY 2024–2025)	Follow-up (during FY 2024–2025)	Change (%)
Number of available IHSS workers willing to provide in-home support for individuals with challenging behaviors	4	11	63%

Qualitative

In-Home Support Workers' Experiences With the ARISE Program

Exhibit 11 summarizes in-home support worker experiences with the ARISE program. In-home support workers reported working with the program for an average of 11.5 months. They also reported serving an average of approximately three clients, all of whom they met with at least once a week.

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

Summary of in-home support workers' experiences

In-home support workers had a positive experience with the ARISE Program, particularly with regard to appreciating the meaningful nature of their work.

In-home support workers enjoyed working with program staff and had no negative feedback about them.

In-home support workers expressed a desire for additional benefits, such as health coverage, as part of the ARISE program.

When asked about their experience with the program, in-home workers described their dedication and personal satisfaction with their work, as well as the meaningful connections they formed with their clients. They reported a strong bond with their clients and believed they were making a positive difference in their lives. One in-home support worker reflected, *"I think it's been a good experience. In the sense that maybe anyone could say, 'Oh, how is this going to help someone?' 'What does it matter if you organize something for them or sweep?' Maybe not. Anyone can think that, but these are very important things. Even though some people might see it as something insignificant, it's a big help for people to improve, to have their routine. And I think it's been a good experience, and it makes you feel more empathetic with other people who are dealing with things that maybe you have no idea about."*

Another key strength of the program for in-home support workers was its flexibility. All in-home support workers appreciated being able to control their schedules and take time off when needed. They also valued the ability to work on the days that suited them best. One in-home support worker remarked, *"Well, that's fine because I have, well, let's say I have that day off, I can work, and I have no problem going to work."*

Most in-home support workers highlighted the challenges of the job, particularly the lack of benefits. Although all in-home support workers were satisfied with their work–life balance, they expressed frustration over the absence of additional benefits. An in-home support worker said, *"Well, there are no benefits. There are none. How would you say ... nothing more. They gave me a job, but I don't have any type of benefits."* Another in-home support worker went

into further detail about this challenge, saying, *“Oh, well, in terms of support, I don’t think we have any. No, nothing more than the jobs that we have to work and to earn money, but we don’t have any benefits, no support. I think we should be given benefits, right? It would be nice if they gave us benefits. Health benefits, sick benefits. Everything. Since I’ve had a lot of clients, I’ve had to pay for too many taxis [transportation]. And sometimes, I think, well, I don’t think I’m going to continue with this program because they don’t cover the taxis, and I have to pay a lot. Why don’t they cover our taxis? Because I have to pay a lot for supplies.”*

In-home support workers acknowledged the challenges of managing and cleaning clients’ homes but still found their jobs both emotionally and financially fulfilling. One in-home support worker went into detail: *“I’ve worked for several people over the years. I’ve worked for a lot of people in wealthy areas, I would say ... I’m happy with what I do, and I want the client to be happy, satisfied with my work. So that’s fine by me. I make a good living, you know? So it’s a little frustrating for me sometimes to go see them. ... But I like this job because I can manage my time. ... So, I’ve already learned it’s about being on good terms with the client, understanding them a bit, what they need.”*

One in-home support worker recommended greater involvement in the client’s recovery process. An in-home support worker expressed interest in collaborating more closely with the client’s social worker. The in-home support worker said, *“I’d like to talk more, visit them more often, talk with them more, meet with their social workers, and have them go and meet there to try to help in the apartments.”*

Overall Satisfaction With the ARISE Program (Qualitative Findings)

Clients and in-home support workers rated their satisfaction with the ARISE program on a scale of 0 to 10, where 0 suggested they were not at all satisfied and 10 indicated they were extremely satisfied. All clients gave the program a score of 8 or higher, with an average score of 9.2. One client, who gave the program a score of 11 out of 10, cited the care and follow-up of program staff as the primary reason for their high level of satisfaction. The client said, *“They follow through with taking care of myself as a human being, and that’s rare.”* Another client who rated the program 10 out of 10 shared similar sentiments of feeling cared for and supported by the services they had received in the program. They said, *“10, because the way everybody treats me, they are amazing, they’re very caring, supportive, and understanding.”*

Three in-home support workers rated their satisfaction a 10, and two rated their satisfaction an 8. In-home support workers who rated their satisfaction 10 said they were satisfied with their work. One in-home support worker said, *“Aside from having a flexible schedule, the hourly pay is not bad for me. And I can set my own schedule and have a balance, let’s say, between, like I said, my personal life, my job, and another job too, because I need it.”* Among in-home support

workers who gave a slightly lower rating, they said it was because they would like benefits, an increase in compensation, and guaranteed work hours.

ARISE Program Staff Interview Findings (Qualitative Findings)

This section presents findings from interviews conducted with two program staff. These staff members had 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 intake process begins when case managers fill out a referral form with information about their client’s living conditions, including the risk of losing housing, lease violations; photos of their home; and communications from the property manager demonstrating the need for an intervention. ARISE program managers collect the referral forms, which they pass on to the director of ARISE case manager services. The program managers and director of case manager services meet to review the referrals. Program managers notify the case manager that their client has been denied entry to 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.

Program staff identified areas of improvement for the intake process. Program staff continue to explore ways to maintain contact with clients and avoid last-minute cancellations. One program manager described an addition to the intake process in which the ARISE program shares a client brochure that describes ARISE program services, goals, and expectations. They said this was, in part, in response to an area of improvement the team had identified regarding the promotion of program services. They said, *“We were noticing that some clients were kind of just confused or weren’t fully aware of what the ARISE program was. Actually, sometimes they just thought it’s like a maid service. So, we wanted to start clarifying the differences.”* The brochure also serves to clearly define client responsibilities to mitigate last-minute cancellations or lack of communication from the client. The program is still identifying additional ways to maintain contact with clients once they accept services.

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 worker interactions
The field program manager is the main point of contact for the client. The office program manager provides remote support as needed.	The office program manager is the main point of contact for in-home support workers. The field program manager also interacts with in-home support workers with help from the office program manager.
Referrals to BHRS go through the field program manager or peer support worker.	The office program manager calls in-home support workers nearly daily.

Client Interactions

The field program manager serves as the main point of contact for the client, whereas the office program manager provides remote support as needed. After initial enrollment, the field program manager schedules a check-in with the client to provide support, answer questions, and ensure they are maintaining a livable environment. The field program manager also assesses whether the client has any case management needs that they can pass along to their case manager. The frequency of check-ins depends on how long the client has been in the program and their level of need. The field manager said this varies among current clients from once a week up to once every 4 to 6 weeks.

When asked about referrals to BHRS, program staff mentioned that the field program manager will mention BHRS services to clients during their check-ins and then offer to speak with the client alongside someone on their support team about potential services they could consider. The field program manager also uses Avatar, an electronic health record system, to see what BHRS services the client is connected with and checks in separately with case managers to assess the client’s needs. Peer support workers also check in with clients on a regular basis and assess whether clients are interested in services.

Interactions With In-Home Support Workers

Because the majority of in-home support workers speak primarily Spanish, the office program manager serves as their main point of contact. The field program manager interacts with in-home support workers who speak primarily Spanish through Google translate or with help from the office program manager, who can translate.

The office program manager is in frequent contact with in-home support workers. They check in via phone or Zoom to discuss challenges with clients, administrative issues with paychecks, or supply needs.

Program Staff Perspectives on Program Successes

Exhibit 13 summarizes program staff perspectives on program success.

Exhibit 13. Program Staff Perspectives on Program Successes

Summary of program staff perspectives on program successes

Program staff described the program’s growth in the past year as a success.

Program staff described the program’s growth in the past year as a success. Program staff explained that they had started receiving referrals from outside the agency and had been connecting with other programs to spread the word about the ARISE program. As a result, program staff have seen an increase in the number of clients served by ARISE. They said that, as the program grows, their processes and systems have also scaled up to be more efficient and meet demand. One program manager said, *“This year, we started getting referrals from outside of the agency, which is amazing to hear, that the program is kind of growing just out of this agency and within the county, so that’s been kind of great.”*

Program staff mentioned the role of the advisory board in gathering feedback on ways to better serve clients enrolled in the program. The program’s advisory board consists of a peer support worker, in-home support worker, program staff, and representatives from agencies that serve a similar client base. Program staff meet with the advisory board monthly. The meetings give program staff a chance to collaborate with the board and discuss topics such as alternative forms of funding, successes and challenges, and ways to better serve clients enrolled in the program.

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
Client engagement is an ongoing challenge; some clients make it difficult to remain in contact.	Strategies for client engagement include continued client communication and education about the benefits of the program, as well as implementing a no-show policy for clients who miss appointments.
Program staff capacity may become a challenge in the future.	To address program staff capacity, the program will continue to look for additional sources of funding to increase the number of staff.

Client engagement continues to be a challenge that the ARISE program is addressing. Clients may not attend appointments, which deprives in-home support workers of hours of work.

Program staff continue to be communicative and set clear expectations upon referral, but they still find client engagement to be the program’s main challenge.

Program staff capacity may become a challenge in the future. As the program continues to provide outreach to new clients—especially those with greater needs—and demand grows, program staff are starting to see staff capacity as a challenge. To deliver high-quality services for clients and manage more providers, program staff recommend increasing the number of program staff.

Plans to Mitigate Challenges in the Future

Program staff continue to meet with the advisory board for the ARISE program to discuss ways to mitigate challenges in the future. Proposed solutions include the following:

- To improve client engagement, one suggestion is to implement a no-show policy for clients who miss appointments or refuse services. Under this policy, a client might lose services after a certain number of no-shows.
- To address program growth, the program is looking for additional sources of funding.

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 (a) increasing funding to support program growth, (b) including in-home support workers in clients’ Treatment Teams for Holistic Care, and (c) providing benefits for in-home support workers.

Provide Additional Funding for Program Growth and Additional Financial Supports for Client Needs

In-home support workers and program staff indicated a need for additional funding to expand the program and offer additional services—such as providing money for in-home support workers to buy supplies, food, and other necessities for their clients. In-home support workers shared an interest in increasing the total hours of work available per client, as well as increased compensation. This would enable them to assist more clients and have more cleaning supplies to use. Program staff indicated that additional funding would increase program capacity by enabling the hiring of more program staff. Currently program managers are part-time workers, and they have indicated that their workload requires more time than just a 50% full-time equivalent. Hiring more staff or converting the two current program staff to full time would enable staff to increase their ability to provide high-quality services for clients.

Incorporate In-Home Support Workers Into Clients' Treatment Teams for Holistic Care

In-home support workers not only provide cleaning and organizing services for their clients but also support them emotionally. They interact with clients at structured times and often offer companionship and emotional support to individuals who may feel lonely. Given their significant role in clients' recovery, they should be included in the treatment team and treatment team discussions. Specifically, one in-home support worker expressed a desire to meet with the social worker to better understand and support their client. Program managers could have regular meetings with in-home support workers to ensure they are providing the appropriate level of support for each client or discuss how in-home support workers could better support clients' goals.

Provide Benefits for In-Home Support Workers

Although the ARISE program saw an increase in the number of in-home support workers this year, there was also some attrition. To reduce attrition, we recommend that the program provide employment benefits for these workers. Interview data suggest that in-home support workers currently lack benefits such as health insurance and sick leave. The ARISE program leadership should consider providing benefits such as health insurance for in-home support workers—an issue that nearly all in-home support workers raised and hoped the program would offer—because it could enhance both retention and recruitment. This would also improve worker satisfaction and strengthen the overall effectiveness of the program.

Invest in Data Collection Systems to Scale and Sustain the ARISE Program

Our evaluation has demonstrated that the ARISE program, though still a pilot innovation grant, has shown promising client outcomes and could have a greater impact if expanded. Expanding the program could help reduce homelessness and address gaps in behavioral health services by leveraging proven strategies that improve care for individuals with complex needs. To support the program's growth and ensure sustainability, we recommend collaborating with the county to streamline data collection processes. A more efficient and standardized approach would enable consistent tracking of outcomes for clients referred to BHRS services, providing the evidence base needed for future funding decisions, program evaluation, and continuous improvement. This alignment would not only strengthen accountability but also enhance the program's ability to demonstrate impact over time.

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