

# 2020 REPORT



## Annual Outcomes Evaluation Report

# POSITIVE FUTURES II

# *Welcoming Women Home*

Time for Change Foundation's (TFCF) Positive Futures II Program (PF II) provides essential resources to currently and formerly incarcerated women to reduce homelessness and recidivism while leading women to stabilization and self-sufficiency. In essence, PF II is a 5-year scientific health project under the National Institute of Health's partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). It targets women who have been diagnosed with either substance abuse disorders and/or mental health co-occurring disorders and who are impacted by the criminal justice system. The Positive Futures II Program provides evidence-based practices to support incarcerated women (90 days pre-release) with transitional planning and services and supports formerly incarcerated women at the critical point of reintegration to the community. The utilization of evidence-based practices and programs such as strength-based case management, trauma-informed therapeutic services, substance abuse treatment, mental health treatment, peer to peer mentoring and supportive services for housing, employment, and family reunification has proven to be very effective.

PF II is an expansion of our original Positive Futures Program which was selected as a 3-year pilot project in 2012 whereby we served 135 incarcerated women. The results of that effort yielded an astounding 0% recidivism rate, 85% increased employment, 90% reduced reliance upon substance abuse and 78% increased ability to manage mental health through new coping skills and medication management. Positive Futures utilizes a culmination of talent, lived experiences and expertise that has proven to be effective in both cost efficiency and social economic mobility. TFCF believes that everyone is deserving of a nurturing home. We set out to prove that women impacted by the criminal justice system could lead full and satisfying lives if given the opportunity to heal from past traumas, reunify with their children, and reside in healthy environments. Since 2002, TFCF has been providing housing and supportive services to women recovering from the effects of homelessness, incarceration, and family separation. Our mission is to empower disenfranchised low-income individuals and families by building leadership through evidence-based programs and housing to create self-sufficiency and thriving communities. To date, TFCF has assisted over 1,700 women make the transition from incarceration and homelessness to self-sufficiency. Positive Futures is just one of many innovative solutions we have created to assist women with reaching their highest potential.

# Time for Change Foundation:

## Positive Futures II Outcomes Report

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*November 2020*

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## 1. Program Overview

Time for Change Foundation's (TFCF) Positive Futures II Program provides essential resources to currently and formerly incarcerated women in order to reduce homelessness and recidivism and to lead to stable self-sufficiency. The Positive Futures II Program provides evidence-based practices to support incarcerated women (90 days pre-release) and formerly incarcerated women at the critical point of reintegration to the community, including strengths-based, trauma-informed case management; substance abuse treatment; and supportive services for housing, employment, and mental health. TFCF began recruitment and outreach activities in October 2018; this report details the outcomes of the first two years of services.

### 1a. Evidence-Based Practices

TFCF's Positive Futures II Program includes a number of evidence-based practices, including:

- **Strengths-based case management:** demonstrated to yield positive outcomes in mental health, substance use, recidivism, and social connectedness for individuals transitioning from institutional settings to independent living. Participants in the program receive 2 hours per week for at least six months.
- **Substance abuse 12-step facilitation therapy:** demonstrated to facilitate recovery and decrease drug-related crime. Participants in the program receive 8-10 hours per week for 30, 60, or 90 days depending on their needs, as well as daily support services.
- **Cognitive behavioral therapy:** demonstrated to increase adoption of coping skills, reduce impulsive behaviors, and reduce habits related to drug use for clients who have anxiety, depression, and PTSD. Clients with mental health needs are provided at least 2-3 hours per week for 30, 60, or 90 days depending on their needs.
- **AOD collaborative model peer navigators:** demonstrated to improve program retention and employment, and to reduce recidivism, anti-social behaviors, homelessness, and drug use. Clients are provided with mentoring, supportive services, and treatment while in the program, and are provided follow-up support as they transition to self-sufficiency.
- **Seeking Safety:** demonstrated to improve safe relationships, positive behaviors, and emotional stability. Clients receive individual and group support, integrated with sober living housing.
- **Gender responsive, trauma-informed strategies:** demonstrated to improve client experiences in substance abuse treatment, with improved retention and recovery outcomes. Trained staff integrate the unique concerns of women, including child custody, parenting, and LGBTQ support in treatment, support, and housing.
- **Medication-assisted treatment:** demonstrated to reduce drug cravings and other withdrawal symptoms. Clients who are assessed as having this need are provided with medication-assisted treatment to improve outcomes.
- **Life skills education (Motivational Interviewing and Thinking for a Change):** demonstrated to produce personal reflection, positive behavior, and feelings of being supported. Clients receive life skills training to successfully bridge between treatment while in the program and becoming self-sufficient.

## 1b. Key Personnel

**Staff Updates:** Key Personnel has remained the same for the program for the past 12 months with Kim Carter (TFCF Founder/Ambassador), Vanessa Perez (Director) and Phyllis Scott (Program Coordinator/Manager) remaining in their key position and services to the project. Each position/person maintains a specific program area of focus that addresses quality of services, impact, retention and reporting affording necessary support for a stable and effective program.

**Other Staff Matters:** The program is fully staffed. TFCF has not encountered any issues with recruiting and retaining needed staff.

## 1c. Policies and Procedures

**Changes in Policies and Procedures:** TFCF has adopted different procedures for assured program successes as it relates to client engagement and program impact. These procedural changes included adjustments in:

- Outreach/engagement (that includes a Pen Pal campaign and social distancing quarantining (in hotel rooms) upon an ex-offender's release
- Program direct services that were altered due to shelter in place and social distancing
- Data management

Adjustments were made as a result of COVID-19 related challenges. Specific activities supporting the changes made are discussed in detail in Section 3 Covid-19 Related Changes and evaluation overall assessments.

**Plan for Sustainability:** TFCF adopted a sustainability plan upon the commencement of the Positive Futures II Program. This five-year fund development plan supports TFCF's efforts in securing funding to sustain program efforts for targeted formerly incarcerated women. The strategy for year 2 includes activities to build networks with additional/potential funders to increase supportive and expansion opportunities of the program. These activities included:

- Building networks with diverse groups of potential funders (i.e., Corporations, Foundations, and Individual Philanthropists)
- Securing additional funds from Foundation, Federal and State Grants

In addition, TFCF will create an External Evaluation Report (for sharing with multiple potential funders) to highlight program successes and to support TFCF's program sustainability efforts. In Year 2, TFCF was successful in securing and establishing key relationships with potential funders as a result of multiple presentations and networking. Established relationships with potential funders. See Section 5 for list of networks.

## 1d. Staff Training

Staff are committed to continuous personnel development and improvement. To this end, staff participate in frequent training, expanding their capacity to use evidence-based practices to benefit the lives of TFCF clients. TFCF staff attended a total of 18 trainings in the last year on evidence-based practices and coordinated efforts for formerly incarcerated women. These included trainings on trauma-informed care, reducing homelessness, trauma and parenting training, virtual counseling, and motivational interviewing. In addition, staff were trained on the GAIN and refreshed on the GPRA CSAT instrument. TFCF also meet

monthly with the Evaluation Team and quarterly with the principal investigator from the Evaluation Team. In July, as a result of COVID-19 related changes prompted by SAMHSA, TFCF staff also meet monthly (both individually and in their grantee cohort) with the SAMHSA program officer.

## 2. Overview of Goals, Objectives, and Key Accomplishments

### 2a. Overview of Goals and Objectives

The following table summarizes the outcomes for the Positive Futures II Program goals and objectives. The information contained in SPARS accurately reflects the total intake and follow-up rates reported. There have been no changes in goals in FY 2020. There has been increased training and organizational network building to meet the goals (see Section 1 regarding details on staff training and Section 5b regarding details of organizational network building).

Goals	Objectives	Outcomes
1. Engage experienced and credentialed partner organizations.	1. Develop and implement a plan for expanding engagement of relevant partner organizations.	Met
2. Expand capacity to serve more clients in the target population, including those on waiting lists at TFCF and partner organizations.	2. Track and strengthen the organizational network serving the target client population.	Exceeded
	3. Identify, apply for, and secure other funding streams that support treatment services, and critical support services (such as housing, employment skill-building, and family reunification), by the post-grant period.	Exceeded
3. Address the gaps in treatment services in San Bernardino County through the Positive Futures Program, with positive outcomes for clients in the target population.	4. Engage 44 ex-offenders per year (220 total persons).	Met for FY 2020; Nearly Met for 2 Year Period
Service Delivery Objectives	5. Enroll 75% women with children, LGBTQ, or veterans.	Exceeded
	6. Retain 95% of enrolled participants.	Exceeded
	7. Provide substance abuse treatment, mental health services, or both types of services to 90% of enrolled participants.	Exceeded
	8. Provide critical support services to 100% of enrolled participants.	Met
	9. Provide basic employment skills, coaching, and assistance to 80% of enrolled participants.	Exceeded
	10. Provide case management to 90% of enrolled participants.	Exceeded
	11. Provide assessment to 100% of enrolled participants.	Nearly Met

	12. Provide peer coaching/mentoring to 90% of enrolled participants.	Met
Outcomes Objectives	13. Maintain a completion rate of 100% of program participants.	Met
	14. Reduce substance use below 20% of graduated clients (80% abstinence rate).	Exceeded
	15. Reduce recidivism below 20% of graduated clients.	Exceeded
	16. Improve mental health among graduated clients.	Met
	17. Reduce homelessness below 10% of graduated clients.	Met
	18. Increase employment rate above 50% of graduated clients.	Nearly Met

## 2b. Key Accomplishments

TFCF has many accomplishments in the Positive Futures II Program. Indeed, the organization's clients are extremely successful, with outcomes far exceeding normative indicators for post-release services programs. While the outcomes are described in full in section 7 of this report (Outcomes), the most notable of these successes are outlined below:

- **Intake:** TFCF's intake rate for the second year is 104.5% of the target (N=46). Its two-year intake rate is 95.5% of its target (N=84), in comparison to the grantee cohort average of 69.6%.
- **Retention:** TFCF has a 100% retention rate, with 100% six-month follow up rate (compared to the grantee cohort average of 75.3%).
- **Discharge:** TFCF has a 100% graduation rate, which is remarkable. As of the end of year 2, TFCF has successfully discharged 71 clients.
- **Abstinence:** 95.7% of clients were abstinent at discharge. In FY 2020, 100% of clients were abstinent at discharge.
- **Recidivism:** 100% of clients had no recidivism.
- **Housing:** 90.1% of clients were housed at discharge.
- **Employment:** 45.1% of clients were employed at least part-time at discharge.

## 3. Obstacles and Changes

TFCF has faced two primary challenges in the second year: 1) COVID-19 related challenges (particularly around the impact of social distancing) and 2) data management. Each of these will be addressed in turn.

### 3a. COVID-19 Related Changes

As has been the case nationwide, TFCF faced significant challenges as a result of COVID-19. California abruptly had a stay-at-home order in spring 2020, which significantly disrupted how TFCF had to conduct recruitment, service, and retention activities. TFCF was exceptional in its capacity to rapidly and effectively pivot to new strategies. Within two months, it had fully updated its recruitment and retention activities, adjusted its services for its clients to include necessary PPE and disinfectant products, and found ways to

effectively and safely maintain all its services for clients. Recruitment activities moved from face-to-face presentations to phone calls, flyers, and web-based meetings, as well as sending email and snail mail to incarcerated women at the rate of hundreds of letters each month. Retention activities, which already included phone calls and letters, were expanded to include fun, socially distanced or household-based activities to encourage women and provide safe social connections. These strategies worked, leaving TFCF client outcomes demonstrating no negative impact from the pandemic. TFCF's exceptional intake, retention, and graduation rates continued without any loss to the challenging circumstances. While minor disruptions occurred in some outcomes indicators from year 1 due to pandemic conditions, these were minor and are discussed in detail in the outcomes section (Section 7) of this report.

### 3b. Data Management Changes

In a two-year data audit conducted in August, a few minor issues of data management were found – all within the auxiliary surveys the evaluator conducts (Client Satisfaction Survey and Trauma Symptoms Checklist). The GPRA data was entirely accurate for the two-year period. As a result, the Evaluation Team increased its data quality and management assessments from quarterly to monthly and developed an internal data management report shared with TFCF staff each month. Improvements were made to the timing of the auxiliary surveys to eliminate data entry confusion. These strategies worked and data management has been improved and streamlined in year 2.

## 4. Summary of Methods for Evaluation

This evaluation used both process (formative) and outcomes (summative) approaches. Process evaluation was conducted quarterly, focusing on project services, identifying and addressing challenges, and measuring outputs against the grant's timeline. Each quarter, the evaluator presented an executive summary and visual aids describing the client characteristics, services planned and delivered, and changes to consider based on any challenges that arose. Outcomes evaluation is used annually, as in this report, to fully assess the program's attainment of its goals and to evaluate in detail the impact of the program on clients. Disparities analysis, included in the outcomes evaluation, helps TFCF assess the finer details impacting the outcomes of their program for different demographic groups. The analysis also serves to assist program directors and evaluators with understanding if the program's outcomes are evenly distributed across different groups of people or if certain groups experience lower outcomes than others. By using such information for continuous improvement, TFCF will be able to make pin-pointed changes that target the way the program is experienced by specific sub-populations or to gain awareness of differing trends in the needs and experiences of demographically different groups.

Evaluation is based on four instruments:

Instrument	Process Evaluation	Outcomes Evaluation
Monthly Activity Tracking Tool	X	
GPRA	X	X
Trauma Symptoms Checklist (TSC)		X
Client Satisfaction Survey	X	X

The Monthly Activity Tracking Tool is a site-specific form that tracks and communicates information on: recruitment and outreach activities; enrollment; retention activities; follow-up; client satisfaction surveys; staff trainings; and grant-related meetings. The GPRA is the primary instrument used for outcomes evaluation; however, the Trauma Symptoms Checklist (TSC) is also used as a finer-detailed instrument to measure mental and physical health effects of past trauma. The Client Satisfaction Survey is a program-specific survey designed by the evaluator to allow clients to periodically (at 3 months and discharge) communicate their satisfaction with various aspects of the program and provide brief qualitative data for continuous improvement.

The following table maps each of the outcome's objectives onto specific indicators in particular instruments. The evaluator used these indicators to measure progress toward the program goals:

Objective	Indicators (GPRA except where indicated)
Maintain a completion rate of 100% of program participants.	Discharge status (J2)
Reduce substance abuse rate to lower than 20% (80%+ of clients are abstinent).	Use of alcohol (B1a) Use of alcohol to intoxication (B1b1, B1b2) Use of illegal drugs (B1c) Injected drugs (B3)
Improve the mental health of program participants.	<i>Indicators of risk:</i> Quality of life (F5) Satisfaction with self (F9) Past Trauma (F12) Past Trauma Symptoms (F12a-d) Recent Trauma (F13) Specific mental health symptoms (F10a-f) Feeling bothered by mental health symptoms (F11) Trauma Symptoms Checklist (aggregated data across symptoms – average rating) <i>Indicators of resiliency:</i> Engagement in supportive recovery groups (G1, G2, G3) Engagement in supportive relationships (G4) Satisfaction with personal relationships (G6)
Reduce recidivism rate to lower than 20%.	Arrests (E1) Number of Nights in Jail/Prison (E3) Committed a crime (E4)
Maintain a rate of 90%+ for housed clients.	Housing location (C1) Satisfaction with living space (C2)
Maintain a rate of 50%+ for employed, wage-earning clients.	Current enrollment in school/job training program (D1) Current employment (D3) Sufficiency of income (D5)

The Evaluation Team used a combination of datasets to conduct this evaluation, which covers the entire 12 months of the second year and includes analysis year-to-year (over years 1 and 2):

- For summary analysis, including for assessing intake, retention, discharge, and two-year comparative data, the full two-year GPRA dataset (N=84 intakes and N=71 discharges) was utilized.
- For detailed outcomes analysis and disparities analysis, data pulled from the SPARS portal in mid-August (N=58 intake/discharge matched pairs) was utilized, along with the additional instruments of the Trauma Symptoms Checklist and a mixed methods Client Satisfaction Survey. This was to allow a greater level of detail in the analysis, which took a longer period of time (and so the dataset was accessed earlier, to allow this extended period for data analysis).

Given the higher number of discharged clients in year 2 (N=58 matched pre/post pairs from the GPRA data pulled August 2020; N=71 total by the end of the second year), the Evaluation Team was able to conduct more sophisticated statistical analysis than in year 1. Matched pre/post pairs were analyzed along the indicators for statistically significant change using t-test scores, which was paired for analysis with other meaningful indicators where pre/post would be expected not to change (i.e., percent of discharged clients who were abstinent and had not recidivated). Disparities analysis was also conducted using t-scores along the complete set of indicators, though insufficient numbers of clients in demographic groups were present for an optimally reliable result.

## 5. Goals 1 and 2: Administrative and Management

TFCF's Positive Futures II Program incorporates consistent efforts to provide staff with a supportive environment and personnel development opportunities, to communicate with the Evaluation Team, and to maintain a positive organizational climate for staff and for clients. Dr. Kirner, the primary investigator of the Evaluation Team, observes that TFCF staff are highly supportive of each other and of clients, which is reflected in the client satisfaction survey data. TFCF leadership is also highly organized, proactive, and collaborative. This organization is one of the most dynamic, engaged, and responsive Dr. Kirner has worked with in a decade of conducting external evaluations.

Goals #1 and #2 for the program are administrative goals: (1) to engage experienced and credentialed partner organizations and (2) to expand capacity to serve eligible women on the waiting lists of TFCF and partner organizations. These goals span the entire program period (Years 1-5). These two goals are taken together and articulated through the following objectives:

- **Objective 1:** To develop and implement a plan for expanding the engagement of relevant partner organizations.
- **Objective 2:** To track and strengthen the organizational network serving incarcerated women (pre-release) and formerly incarcerated women with substance abuse treatment, mental health, and critical support services.
- **Objective 3:** To secure additional funding to expand and maintain TFCF's services serving incarcerated women (pre-release) and formerly incarcerated women.

### 5a. Objective #1: Engaging Partner Agencies

In the second year, TFCF reviewed its plan for engaging supportive partner agencies in supporting women exiting prison. The plan defined strategies for increasing networks with foundation and State agencies for year two. The plan for year two included the Executive Director using program successes and highlighting and presenting these successes among new and potential funders. These presentations would increase

awareness of area potential employers, policy makers and funders in having an increased interest in funding and support for TFCF. During year two, TFC carried out its “Women Do Recover” campaign. Throughout this campaign, TFCF engaged multiple former CNN Heroes, community members, and formerly incarcerated women in posting their story, their plight, and their successes, with each post reminding those reading/watching that “Women Do Recover.” These short (less than 10-minute) presentations or soundbites described the target population, their needs, and ways that organizations can engage in supporting them. The presentations were impactful. This campaign increased awareness among foundations and State agencies that have entered dialogue with TFCF regarding future funding. Partners will be tracked on their willingness to support TFCF because of their Year 2 campaign of increased notoriety.

***The evaluator concludes that TFCF has met the standard for Objective 1.***

## 5b. Objective #2: Increasing Strength of the Organizational Network

In Year 2, the Evaluation Team compiled a list of all current partnering organizations as a baseline for tracking increased strength of the organizational network over the course of the grant funded period. For year two, TFCF strengthened its relationship with Foundations and the State of California. A comprehensive list of partnering and supporting agencies to date, include:

Partnering Organization	New this year?	Partner for Outreach & Recruitment	Partner for Core Services	Partner for Auxiliary Services
12 Step Program Providers			X	
African American Sub Committee	X	X		
American Recovery Center Pomona		X		
California Board of State and Community Corrections	X	X		
California Department of Corrections and Rehabilitation (CDCR)		X		
Cal EITC	X	X		
California Institution for Women		X		
Cal-State Re-entry Initiative - DRC Moreno Valley	X	X		
Cal-State Re-entry Initiative - DRC San Bernardino	X	X		
Cal-State Re-entry Initiative - DRC Victorville	X	X		
Catholic Charities			X	
Cedar House Residential Treatment		X	X	
Center for Employment Opportunities			X	
Children Juvenile Superior Court		X		
City of Rialto				X
Clay Counseling Center	X		X	
Crossroads Re-Entry		X		
Day Reporting Center (CSRI) Indio		X		
Day Reporting Center (CSRI) Moreno Valley		X		

Day Reporting Center (CSRI) San Bernardino		X		
Day Reporting Center (CSRI) Victorville		X		
Department of Behavioral Health			X	
Department of Public Health				X
Department of Public Health Re-Entry Collaborative		X		
DBH Women's Awareness Subcommittee	X	X		
DMV				X
Faith Based Network Meeting		X		
Folsom Women's Prisons		X		
Fontana PACT		X		
Fontana Re-Entry Collaboration		X		
Gibson House Women Program		X		
Glen Helen Rehabilitation Center		X		
Hayward Brighter Futures	X	X		
Heart 2 Serve			X	
Housing Authority of San Bernardino County			X	
Inland Career Education Center			X	
Inland Empire Fair Chance Coalition	X	X		
Inland Empire Health				X
Inland Valley Recovery Center		X		
Interagency Council on Homelessness	X	X		
James Irvine Foundation	X	X		
LA Jail and County	X	X		
Maple House Women and Children		X		
Phoenix Arizona Family Services	X			
Ramada R&B Victorville		X		
Rancho Cucamonga IEHP Network	X	X		
Rialto HPN	X	X		
Rialto ICH		X		
San Bernardino City Council	X	X		
San Bernardino HPN Meeting		X		
SB County Homeless Network			X	
SB County Parole (PACT)		X		
SB County Probation		X		
SB County Sheriff's Department		X		
SB County WDB			X	
Sister Warriors	X	X		
SMASH	X	X		
Sober Living Network				X
Stay Free Ministries	X	X		
Technical Employ/Training			X	
Victor Valley Family Resource			X	
Victorville Federal Prison	X	X		
Victorville PACT		X		
Victorville Women's Empowerment Meeting		X		
Way World Outreach	X	X		

West Valley Detention Center		X		
West Valley Detention Center Victorville		X		
Superior Court				

TFCF has added 20 partners in the original grant and now has 69 partners in its organizational network. TFCF continues to increase its organizational partners for the Positive Futures II Program.

***The evaluator concludes that TFCF has exceeded the standard for Objective 2.***

### 5c. Objective #3: Sustainability

TFCF adopted an organizational plan for year two that afforded its Executive Director to direct increasing hours to secure additional sources of funding to support operations and programs that will continue to assist formerly incarcerated women. This effort increases TFCF's capacity to build new networks with potential funders willing to support TFCF's efforts to increase program and agency sustainability. In Year 2, TFCF secured and established key relationships with potential funders as a result of multiple presentations and networking. Established relationships with potential funders include:

- The State of California's Board of State of Community Corrections
- The James Irvine Foundation
- California Endowment

TFCF has a five-year fund development plan in place and is following it to secure funding to meet the substantial, chronic needs of targeted formerly incarcerated women through-out San Bernardino County, Southern California, and ultimately throughout the State of California.

***The evaluator concludes that TFCF has exceeded the standard for Objective 3.***

### 5d. Conclusions

TFCF leadership continues to display an organized, dedicated effort toward increasing the capacity of TFCF and the network of organizations supporting formerly incarcerated women across San Bernardino County. These efforts include continued success in outreach to and recruitment of partnering organizations and in securing new funding sources to expand and sustain services for clients.

***Overall, TFCF has exceeded goals 1 and 2 for Year 1.***

## 6. Goal 3: Service Delivery (Objectives 4-12)

TFCF's Positive Futures II Program Goal #3 is to address the gaps in treatment services in San Bernardino County through the Positive Futures Program, with positive outcomes for clients in the target population. This goal can be broken into two parts: service delivery objectives and outcomes objectives. Service delivery objectives include 9 targets covering intake, retention, and service delivery that address the gaps in treatment services in San Bernardino County:

- **Objective 4:** Engage 44 ex-offenders per year (220 total persons).
- **Objective 5:** Enroll 75% women with children, LGBTQ, or veterans.
- **Objective 6:** Retain 95% of enrolled participants.

- **Objective 7:** Provide substance abuse treatment, mental health services, or both types of services to 90% of enrolled participants.
- **Objective 8:** Provide critical support services to 100% of enrolled participants.
- **Objective 9:** Provide basic employment skills, coaching, and assistance to 80% of enrolled participants.
- **Objective 10:** Provide case management to 90% of enrolled participants.
- **Objective 11:** Provide assessment to 100% of enrolled participants.
- **Objective 12:** Provide peer coaching/ mentoring to 90% of enrolled participants.

Objectives 4, 5, and 6 relate to intake and retention of clients. Objectives 7-12 relate to service provision to enrolled clients.

## 6a. Objective 4: Intake

Objective 4 is to engage 44 ex-offenders per year (220 total persons). TFCF has demonstrated exceptional intake rates. Their FY 2020 intake rate was 104.5% (N=46) and their two-year intake rate was 95.5% (N=84), far surpassing the grantee cohort rate. TFCF has managed to maintain these exceptionally high rates despite the challenges of the pandemic conditions, which sharply limited prior face-to-face recruitment strategies. They were able to maintain their success by rapidly pivoting to new, innovative ways of recruiting clients and through maintaining their diverse and large partner network for recruitment.

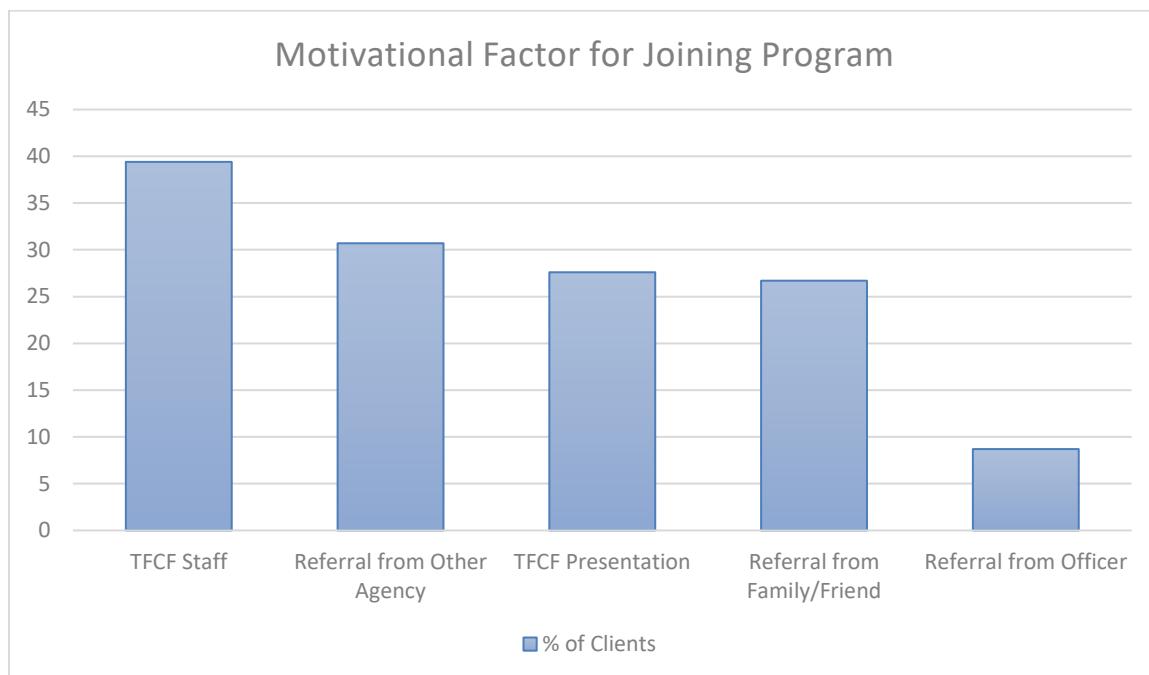
### 6a1. Recruitment and Outreach

TFCF conducted a total of 154 outreach and recruitment events in Quarters 1 and 2 of Year 2, prior to the pandemic. These events reached 2,745 potential participants. In March and April of 2020, TFCF conducted very few recruitment and outreach events as the initial wave of the pandemic and stay-at-home orders occurred. In this time, they developed a strategy for recruitment and outreach during the pandemic and subsequently pivoted to this strategy. The strategy included phone and online events in prisons and with coalitions, topical online workshops, and pivoting from doing on-site visits after Covid-19 with a post release Pen Pal Campaign to build and maintain relationships with prisoners, pre-release. This included sending emails and snail mail/letters to incarcerated women regularly and frequently. Beginning in May, the online and phone events averaged 58 per month, and by August of 2020, the online and phone calls settled into a regular routine averaging 9-10 individual events and 6 weekly events per month, reaching approximately 300-650 potential participants (depending on the size of the online events). Simultaneously, beginning in May, TFCF staff began sending hundreds of personal email and snail mail letters to incarcerated women as a recruitment strategy – building communication and outreach directly to women in the prisons, who could then select enrolling in the program themselves upon release or who could tell other incarcerated women about the program. These averaged 300-350 letters per month. TFCF's rapid and thoughtful pivot to new strategies resulted in successfully maintaining their high enrollment levels.

In order to enroll in the program, clients must meet certain criteria: they must either have been in contact with TFCF while they were incarcerated (pre-release) or they must have been released within 7 days of enrollment. Clients who do not meet enrollment criteria are assessed for other TFCF programs or referred to an appropriate partner program. TFCF uses a co-screening program: intake for their other programs screen for eligibility for the Positive Futures II Program and intake for the Positive Futures II Program screens for eligibility in their other programs.

### 6a2. Conclusions

Clients report on the factor(s) that led to their enrollment in the program using the Client Satisfaction Survey. TFCF staff were the primary source of motivation for enrollment (39.4%), which speaks to their high level of rapport with and engagement of women pre-release. Their second most common motivation for enrollment comes from being referred to TFCF by another agency or organization (30.7%), which speaks to TFCF's strong partner ties with prisons, coalitions, and other organizations serving formerly incarcerated women in the region. TFCF's presentations were also ranked among the top motivations for enrollment (27.6%), followed by referrals from family and friends (15.7% from those who had themselves been formerly incarcerated; 11% from those who had not), and referrals from a parole officer or officer within the prison (8.7%).



*Figure 1: Source of Enrollment Motivation  
(from Client Satisfaction Survey Data pulled August 2020, N=67 2 Month Surveys)*

**The evaluator concludes that TFCF has exceeded the standard for Objective 4 for Year 2 and nearly meets the two-year running standard (FY 2019-2020).**

### 6b. Objective 5: Client Characteristics Profile

Objective 5 is to enroll 75% women with children, LGBTQ, or veterans. Client characteristics were drawn from the combined GPRA data for years 1 and 2 of the program (N=84) and presented here as a client profile. TFCF exclusively serves formerly incarcerated women.

#### 6b1. Ethnicity, Age, and Education

Of TFCF's clients, 42.9% identify as Hispanic, with 72.2% of Hispanic clients identifying as Mexican-American. 23.8% identify as white and 17.9% identify as Black or African-American. 4.8% identify as multi-racial and 2.4% identify as American Indian or Asian, respectively.

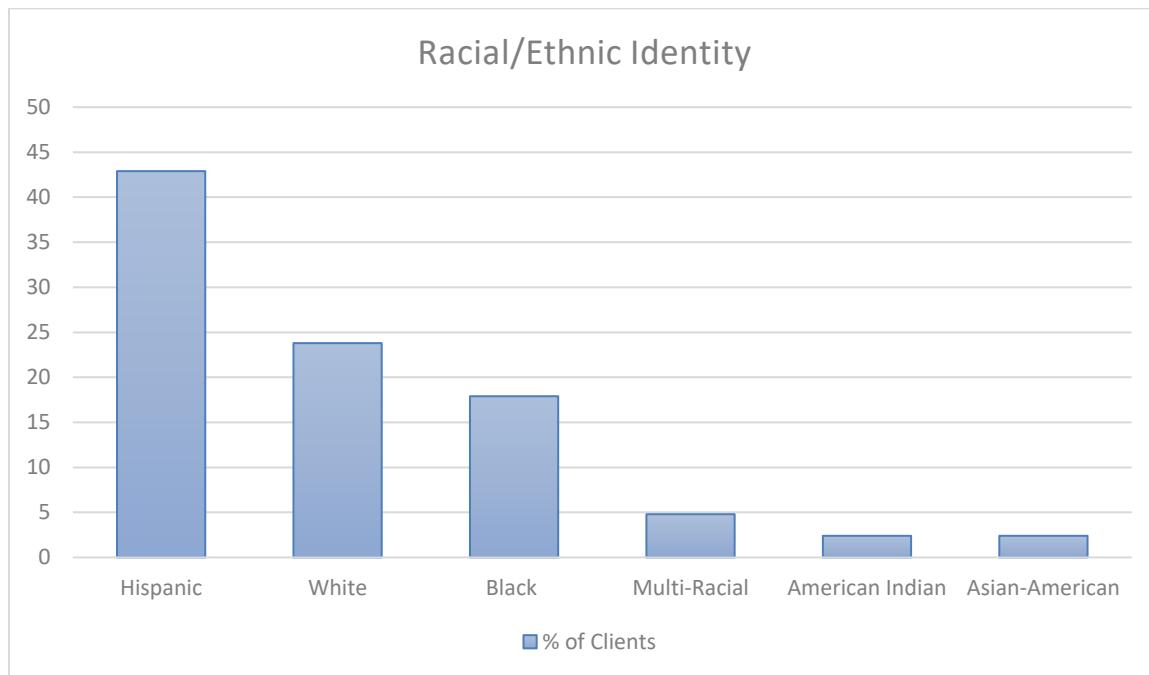
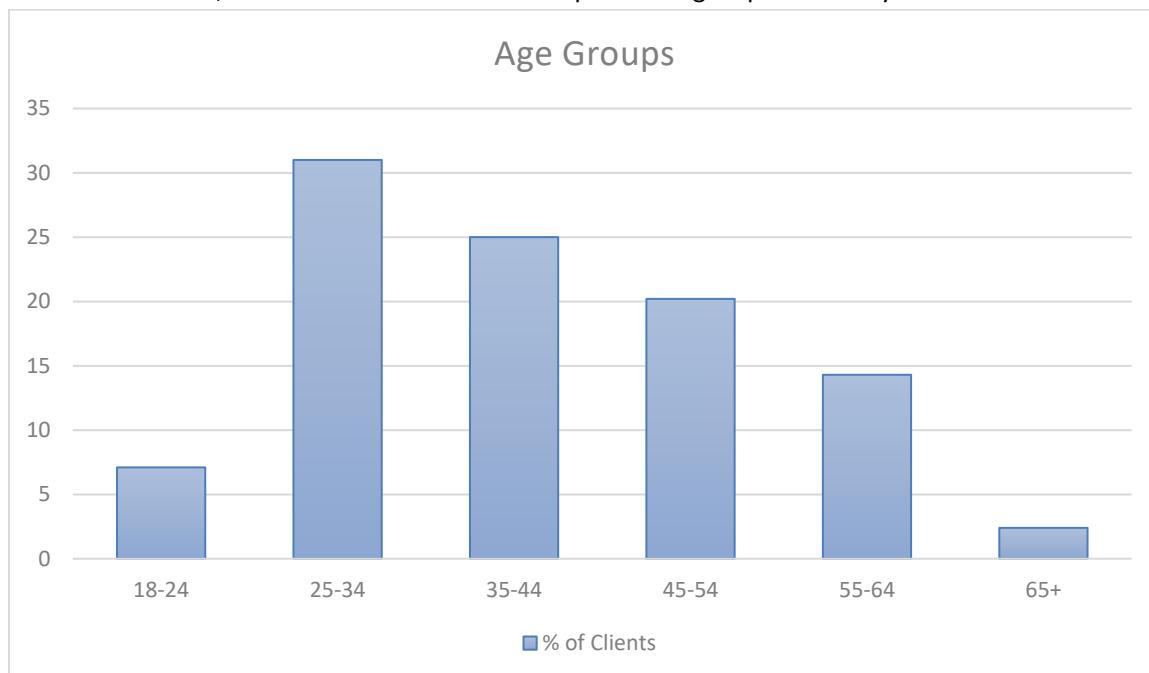


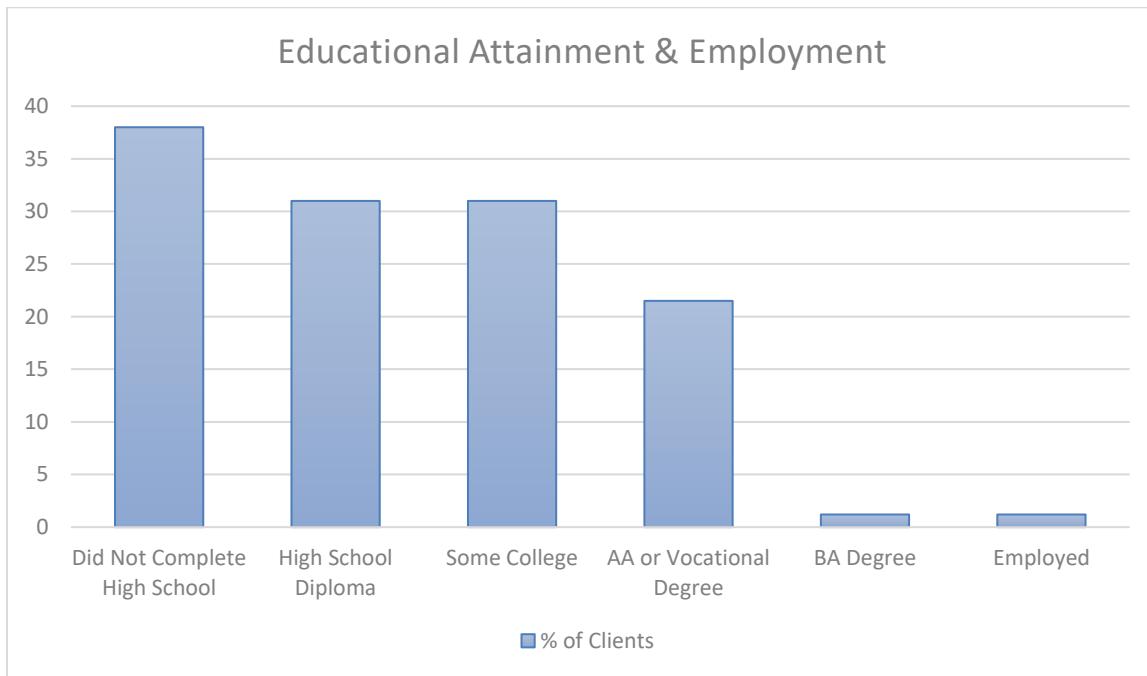
Figure 2: Client Race/Ethnicity (from GPRA Intake Data, N=84)

TFCF serves diverse ages with program services. Its most prevalent age groups are those between the ages of 25 and 54 (76.2%): 31% ages 25-34; 25% ages 35-44; and 20.2% ages 45-54. Yet the program has clients from every age group: 7.1% ages 18-24; 14.3% ages 55-64; and 2.4% ages 65+. None of the clients served in the military. Most of the clients are mothers (76.2%), which exceeds TFCF's target to enroll at least 75% of clients in this group. At intake, 21.9% of mothers have children in the custody of someone else due to a child protection court order, and 19% of mothers have lost parental rights permanently.



*Figure 3: Client Age (from GPRA Intake Data, N=84)*

At intake, only 1.2% of clients were employed. 31% had attained their high school diploma or equivalent and 31% had completed some college coursework. However, only 21.5% had attained an AA/AS or vocational/technical diploma, and only 1.2% (N=1) had attained a BA. 38% of clients had never completed high school.

*Figure 4: Client Educational Attainment (from GPRA Intake Data, N=84)*

### *6b2. Substance Abuse and Mental Health Disorders*

79.7% of TFCF clients were screened for co-occurring substance abuse and mental health disorders. Of these screened clients, 48.4% screened positive for co-occurring disorders. 67.9% of clients had a specific reported substance abuse and/or mental health disorder (ICD-10-CM).

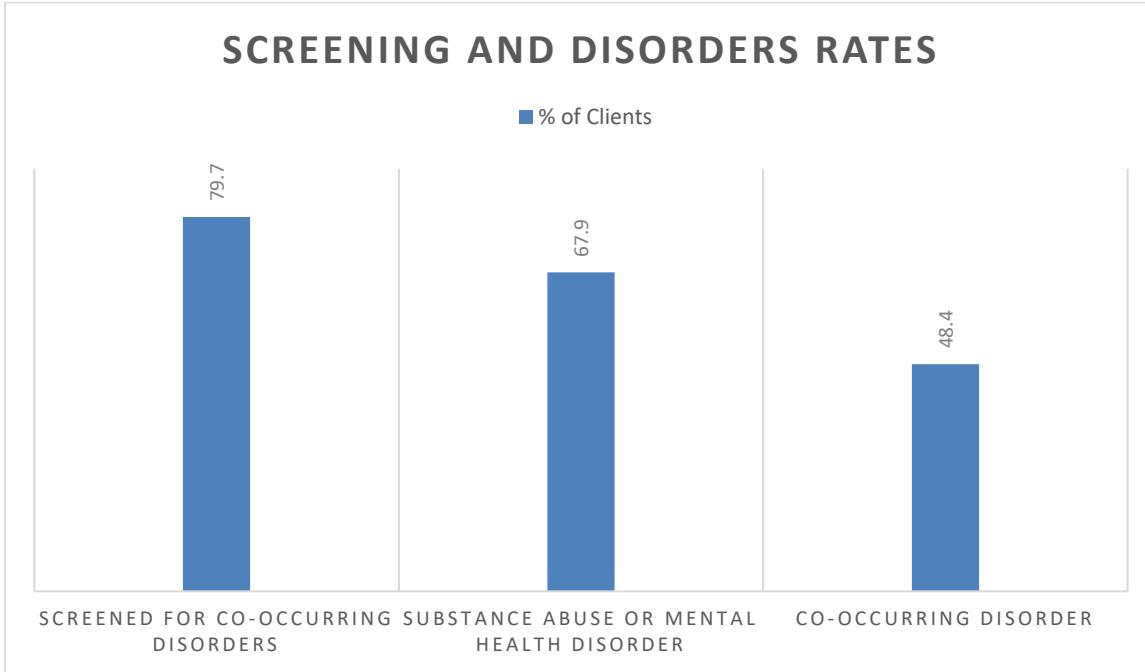


Figure 5: Rates of Disorders (from GPRA Intake Data, N=84)

The most common substance abuse disorders were for alcohol (56.9%), other stimulants (54.9%), cannabis (32.6%), cocaine (16.1%), and opioids (14.5%). Because the clients were only just immediately released from incarceration at intake, the vast majority of them were in remission from moderate/severe drug and alcohol use at the time of intake. Thus, the objective of the program was to help clients maintain abstinence.

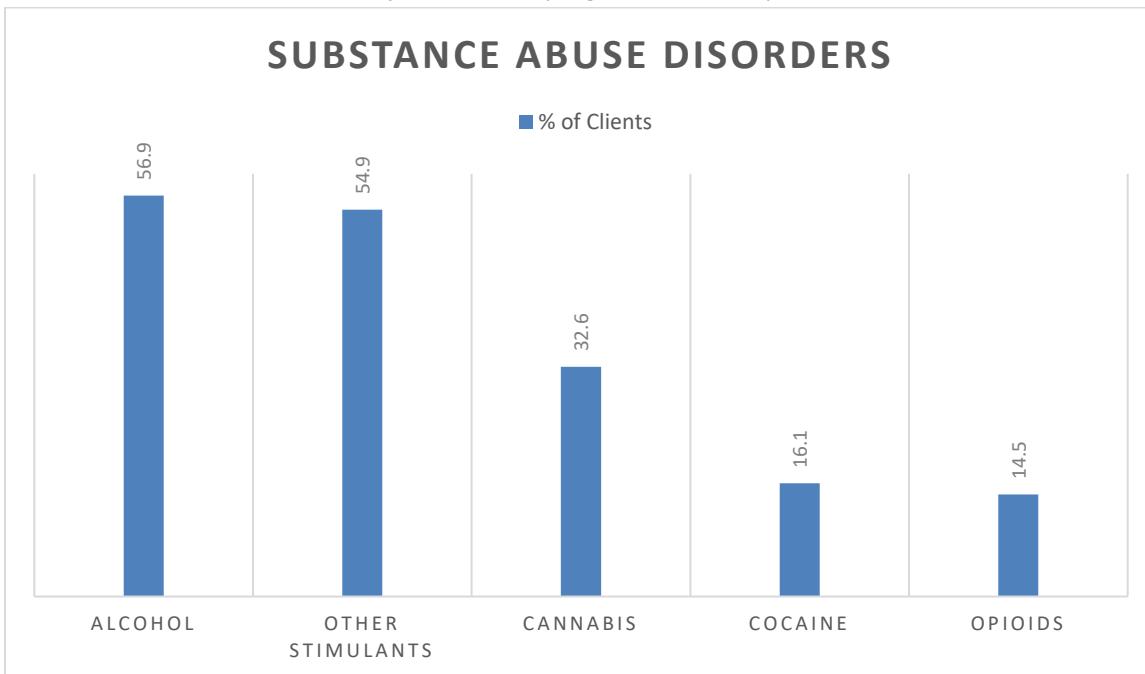
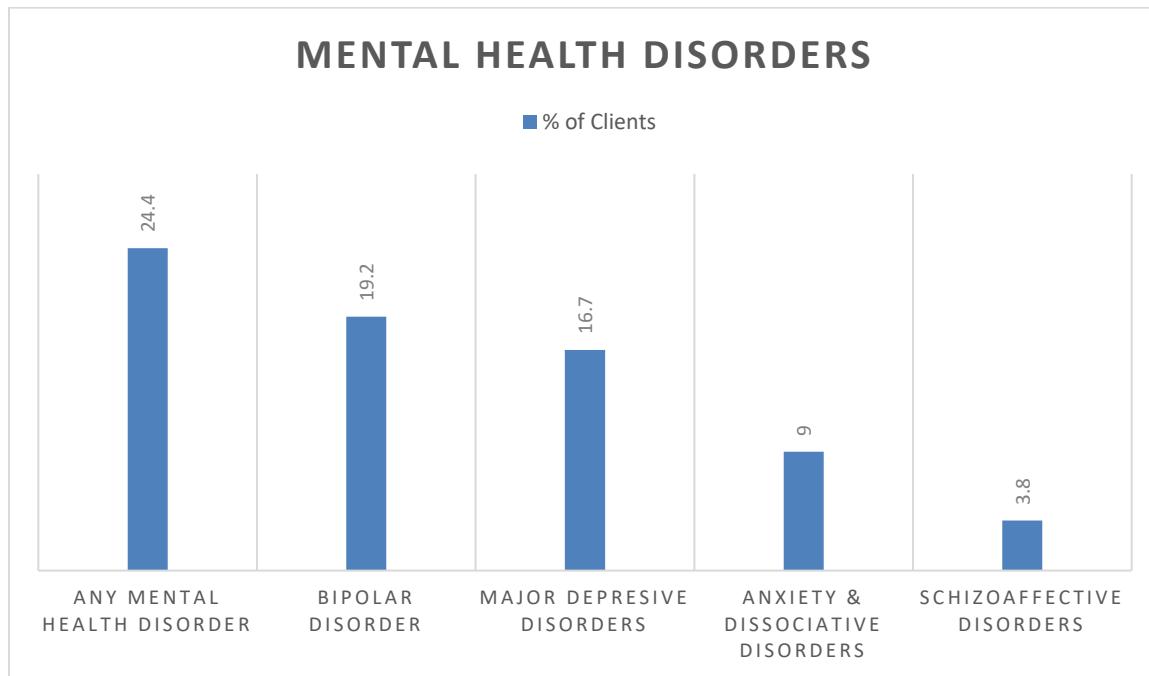


Figure 6: Substances Used (from GPRA Intake Data, N=84)

TFCF clients also have significant levels of mental health disorders and effects from past trauma. 24.4% of TFCF were given a mental health diagnosis. Based on the data from the Intake GPRA (N=84), the most prevalent mental health disorders among clients included bipolar disorder (19.2%, N=15); major depressive disorders (16.7%, N=13); anxiety and dissociative disorders (9%, N=7); and schizoaffective disorders (3.8%, N=3).



*Figure 7: Mental Health Diagnoses (from GPRA Intake Data, N=84)*

Women with and without mental health diagnosis experienced mental health symptoms in the last 30 days prior to intake, including serious depression (32.1%, averaging 15 days for drug users), serious anxiety (54.8%, averaging 15 days for drug users), and trouble understanding and concentrating (25%, averaging 15 days for drug users). 39.3% of TFCF clients were on prescription medications for psychological/emotional problems at intake. 79.2% of TFCF clients were at least slightly bothered by psychological or emotional problems in the last 30 days at intake, with 24.6% reporting being considerably or extremely bothered.

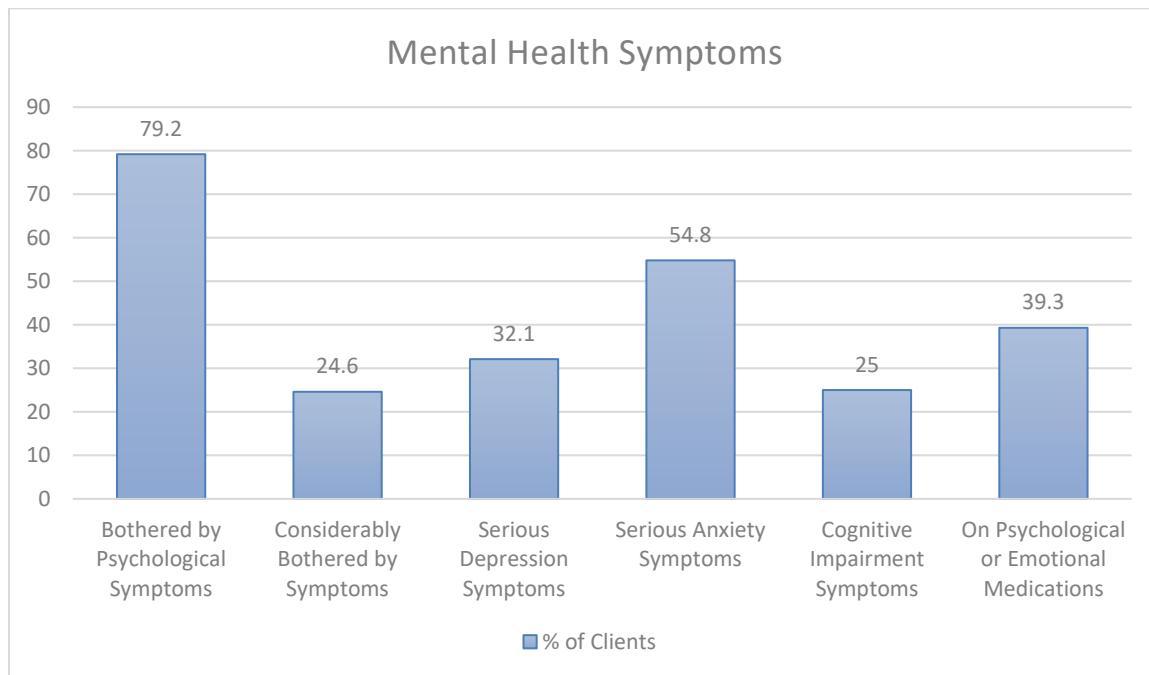
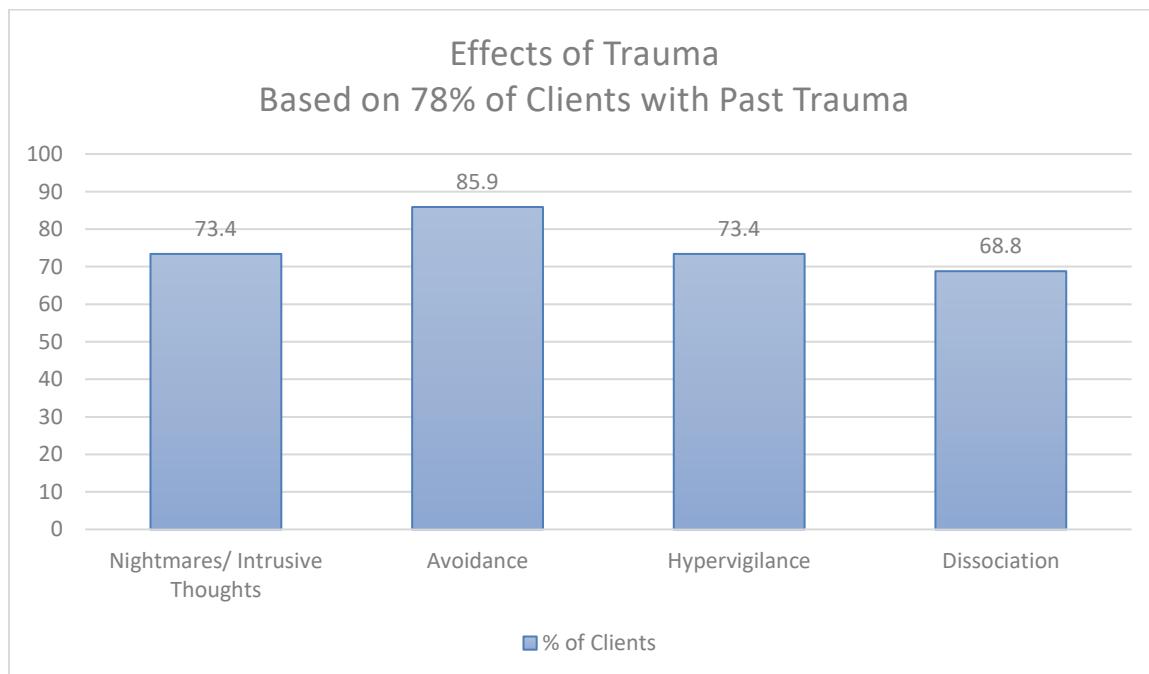


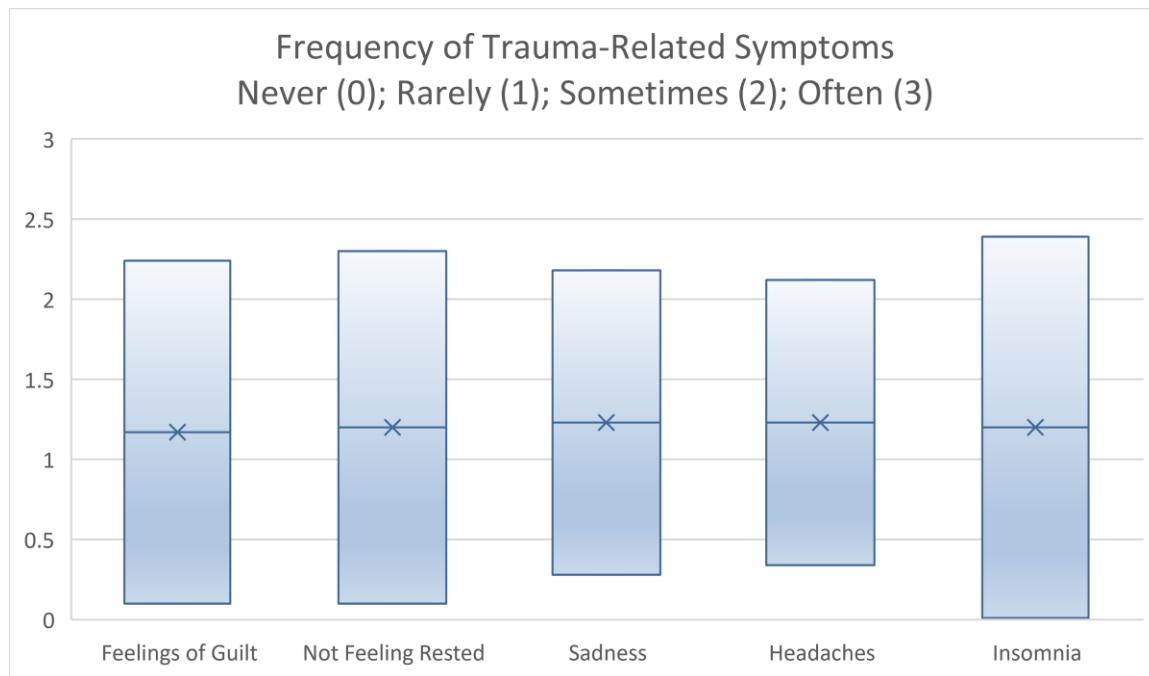
Figure 8: Pervasive Mental Health Symptoms (from GPRA Intake Data, N=84)

Trauma has had a significant impact on TFCF clients. 78% (N=64) of clients have experienced violence or trauma in their past, and the majority of these clients have had symptoms of PTSD as a result. 73.4% of clients who experienced trauma have had nightmares or intrusive thoughts; 85.9% avoid situations or thoughts that remind them of their trauma; 73.4% experience hypervigilance; and 68.8% experience dissociative symptoms (numbness, detachment from others and their surroundings).



*Figure 9: Effects of Trauma (from GPRA Intake Data, N=84)*

In addition to administering the GPRA, TFCF administers the Trauma Symptoms Checklist (TSC), an instrument that collects more fine-grained data on symptoms clients experience from past trauma. In the TSC, clients rank their relative frequency of experiencing a wide range of trauma-related symptoms on a scale of never (0); rarely (1); sometimes (2); and often (3). While primarily useful as a clinical instrument, the TSC data can then be averaged across the entire client cohort in aggregate to identify the most common trauma-related symptoms on a finer-grained scale than the GPRA. Among TFCF clients (N=75 Intakes, data pulled August 2020), the most common symptoms (averaging approximately  $1.2 \pm 1$ ) include: feelings of guilt ( $1.17 \pm 1.07$ ); not feeling rested after sleeping ( $1.2 \pm 1.1$ ); sadness ( $1.23 \pm 0.95$ ); headaches ( $1.23 \pm 0.89$ ); and insomnia ( $1.2 \pm 1.19$ ).

*Figure 10: Most Prevalent Trauma-Related Symptoms (Average and Standard Deviation) (from TSC Data, N=75 Intakes)*

### 6b3. Conclusions

TFCF has exceeded its objective to enroll a majority of women who are mothers, veterans, and/or LGBTQ. TFCF's clients are ethnically diverse, and TFCF's staff reflects a similar racial/ethnic diversity, considered a strong positive for client outcomes in the peer-reviewed psychological literature. TFCF leadership is lauded for this effort to include people on the staff who come from similar cultural and life backgrounds as their clients, which facilitates cultural competency, mutual understanding, and rapport between staff and clients. The high rate of trauma-related and mental health symptoms in the TFCF client population speak to the necessity of the trauma-informed services approach TFCF staff utilize as an evidence-based model. The strengths-based, trauma-informed approach, along with the strong rapport and consistent engagement TFCF

staff have with clients has resulted in exceptional outcomes, which will be described in the remainder of this report.

***The evaluator concludes that TFCF has exceeded the standard for Objective 5.***

### **6c. Objective 6: Retention**

Objective 6 is to retain 95% of enrolled participants. TFCF's six-month follow up rate is 100%, exceeding its objective and far exceeding the grantee cohort rate of 75.3%. TFCF continues to center retention activities primarily on individual efforts, most notably peer mentoring, calls and letters, and providing supplies such as hygiene kits. These primary mechanisms of contact for retention were not appreciably impacted by COVID-19. TFCF expanded hygiene kits to include supplies for clients to handle pandemic needs, including personal protective equipment (masks), hand sanitizer, and extra cleaning supplies. However, face-to-face group events were of course canceled after February due to pandemic conditions. In their place, TFCF generated creative online and socially distanced alternatives to engage clients in pro-social activities and maintain social connectedness. These included activities such as a poetry contest, providing games for client households, and outdoor socially distanced activities. In this way, TFCF found meaningful pathways to retention without sacrificing client safety. While clients expressed a desire for even more activities and outings in the Client Satisfaction Survey (N=13 survey responses; 38.2%), they also expressed gratitude for TFCF staff's meaningful emotional and social support (N=89 survey responses; 70.1%). Peer mentoring, a key component of the program (which 90.1% of clients receive), provides consistent supportive relationships for clients despite the social isolation of pandemic conditions. These peer mentor relationships ensure clients build healthy friendships that are supportive of their recovery, including not only a person who will lend a listening, understanding ear but also a person who will reach out consistently and remind clients they are cared for. Through the qualitative responses on the Client Satisfaction Survey, it was overwhelmingly clear that clients value the social-emotional support that TFCF provides, and that this is perceived by clients as the single most important factor in what helps them maintain sobriety and a crime-free lifestyle.

***The evaluator concludes that TFCF has exceeded the standard for Objective 6.***

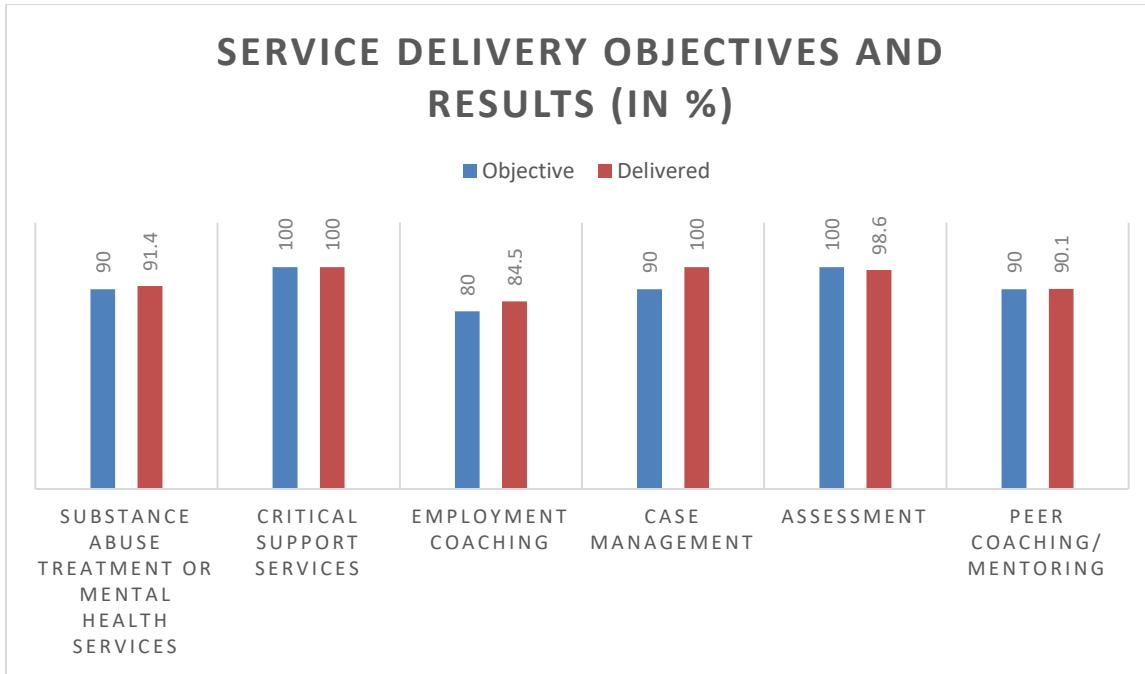
### **6d. Objective 7-12: Services Provision**

TFCF had six objectives for services provision to enrolled clients, which supports the goal to expand the capacity of San Bernardino County to meet the needs of the target population:

- **Objective 7:** Provide substance abuse treatment, mental health services, or both types of services to 90% of enrolled participants.
- **Objective 8:** Provide critical support services to 100% of enrolled participants.
- **Objective 9:** Provide basic employment skills, coaching, and assistance to 80% of enrolled participants.
- **Objective 10:** Provide case management to 90% of enrolled participants.
- **Objective 11:** Provide assessment to 100% of enrolled participants.
- **Objective 12:** Provide peer coaching/ mentoring to 90% of enrolled participants.

Services provision objectives will be discussed as a whole, based on the final GPRA summary reports for years 1 and 2 (N=71). TFCF provided substance abuse treatment to 91.4% of clients and mental health services to

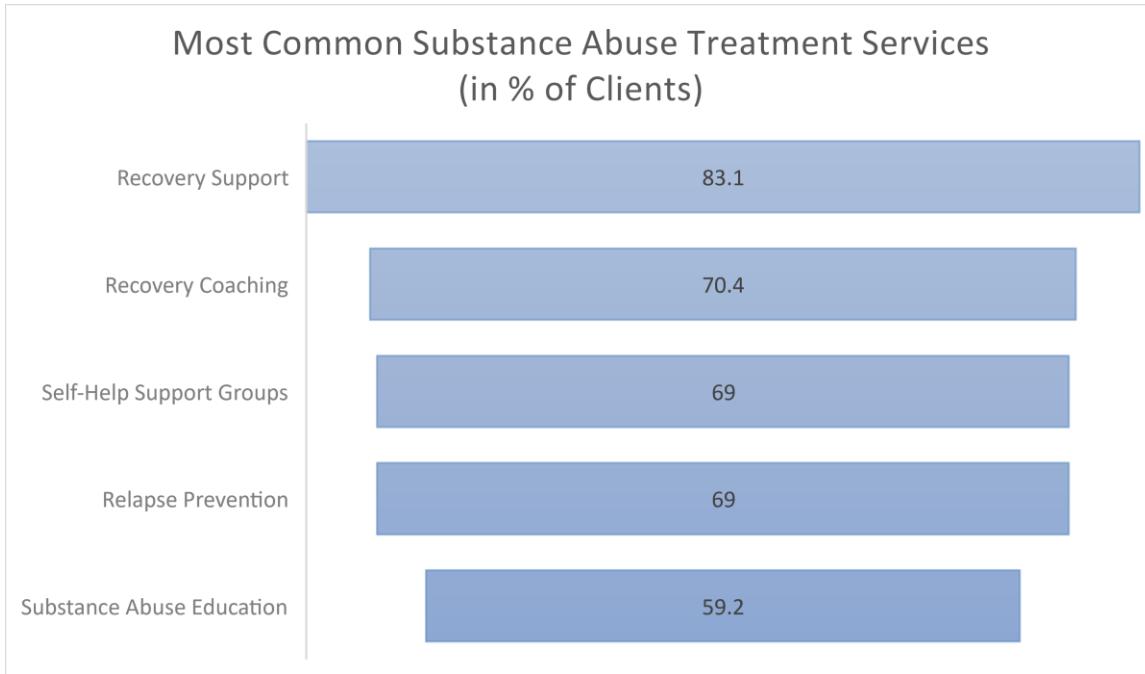
46.5% of clients, exceeding its objective. Critical support services were provided to 100% of enrolled participants, meeting its objective. Employment coaching and assistance was provided to 84.5% of participants, exceeding its objective. Case management was provided to 100% of participants, exceeding its objective. Assessment was provided to 98.6% of participants, nearly meeting its objective. Peer coaching/mentoring was provided to 90.1% of participants, meeting its objective.



*Figure 11: Overview of Services Delivered vs. Objective  
(from GPRA Discharge Data Two-Year Report, N=71)*

#### *6d1. Substance Abuse Treatment Services*

TFCF provided outpatient substance abuse treatment services to 23.9% of clients (only 2.8% of clients required residential rehabilitation). Aftercare was provided to 25.4% of clients and recovery support to 83.1%. Continuing care was provided to 15.5% of clients, relapse prevention to 69%, and recovery coaching to 70.4%. 69% of clients enrolled in self-help and support groups and 59.2% were provided substance abuse education.



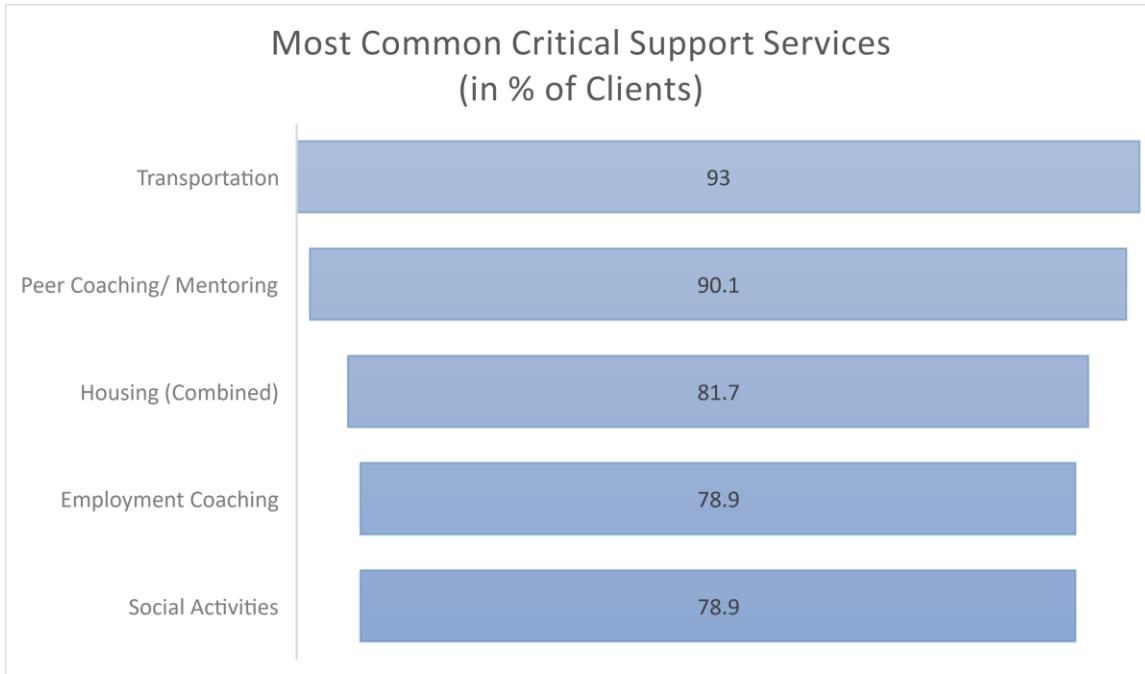
*Figure 12: Most Substance Abuse Treatment Services Delivered  
(from GPRA Two-Year Discharge Data Report, N=71)*

### *6d2. Mental Health Services*

TFCF's mental health services were primarily provided through individual counseling (46.5% of clients received this service). 4.2% of clients received group counseling and 5.6% of clients received co-occurring treatment/recovery services.

### *6d3. Critical Support Services*

TFCF's most commonly delivered critical support services included: employment coaching (78.9%); transportation (93%); transitional drug-free housing (35.2%) and housing support (46.5%); HIV/AIDS education (59.2%); peer coaching/mentoring (90.1%); and alcohol and drug-free social activities (78.9%). Additionally, 87.3% of clients were provided information and referrals. Clients qualitatively noted support for parenting and working on achieving child custody for children placed in Department of Child and Family Services care.



*Figure 13: Most Common Critical Support Services Delivered  
(from GPRA Two-Year Discharge Data Report, N=71)*

#### *6d4. Conclusions*

Overall, the evaluation team finds that TFCF met its goal to expand treatment and wrap-around services, including substance abuse treatment, mental health services, and critical support services. On only one objective (assessment) was TFCF slightly below the target, and on all other services provision objectives, TFCF met or exceeded the targets.

***The evaluator concludes that, on the whole, TFCF has met the standards for Objectives 7-12.***

## **7. Goal 3: Client Outcomes (Objectives 13-18)**

TFCF's remaining objectives (13-18) relate to client outcomes, fulfilling the second part of goal #3, to address the gaps in treatment services in San Bernardino County through the Positive Futures Program, *with positive outcomes for clients in the target population*. Outcomes objectives include:

- **Objective 13:** Maintain a completion rate of 100% of program participants.
- **Objective 14:** Reduce substance use below 20% of graduated clients (80% abstinence rate).
- **Objective 15:** Reduce recidivism below 20% of graduated clients.
- **Objective 16:** Improve mental health among graduated clients.
- **Objective 17:** Reduce homelessness below 10% of graduated clients.
- **Objective 18:** Increase employment rate above 50% of graduated clients.

These objectives will be evaluated individually based on the GPRA data for years 1-2, including comparisons of intake-to-discharge change data from year 1 and year 2 and comprehensive data spanning both years.

## 7a. Objective 13: Completion Rate

Objective 13 is to maintain a completion rate of 100% of program participants. TFCF has met this 100% completion rate, with all clients over the two-year period (N=71) graduating successfully from the program (taking an average of six months in program). This speaks to the strength of TFCF's retention strategies, which are built on consistent client engagement and building a socially and emotionally supportive relationship between staff and clients. TFCF's strategy, summarized by "Retention happens when a client walks through the door," is predicated on building relationships from the first moment of client engagement and maintaining those relationships consistently.

***The evaluator concludes that TFCF has met the standard for Objective 13.***

## 7b. Objective 14: Abstinence Rate

Objective 14 is to reduce substance use below 20% of graduated clients (80% abstinence rate). While clients generally arrived into the program sober (from their incarcerated period), the threat of returning to drug and alcohol use is high in this population. The goal of TFCF is to support clients in maintaining their recovery. This outcome was measured using five GPRA indicators across the two-year discharge data (N=71): use of alcohol (B1a); use of alcohol to intoxication (B1b1, B1b2); use of illegal drugs (B1c); and use of injected drugs (B3). Additionally, the GPRA intake-to-discharge change data reports were compared for years 1 and 2. While a t-test on pre/post data pairs was conducted (using GPRA matched intake/discharge data, pulled August 2020, N=58), because clients entered the program with over 90% abstinence (as they had almost immediately been released from prison, where they could not use drugs or alcohol), it is not possible to see statistical significance through t-test for this indicator. The best measurement, therefore, is maintenance of abstinence at discharge.

Among discharged clients, 98.6% were completely abstinent from alcohol and 95.7% were completely abstinent from drugs. Only 1 client used alcohol to the point of intoxication (5+ drinks in one sitting, 2 days) and only 1 client did so with 4 drinks or fewer (28 days). No clients used injected drugs (100% abstinence from injected drugs).

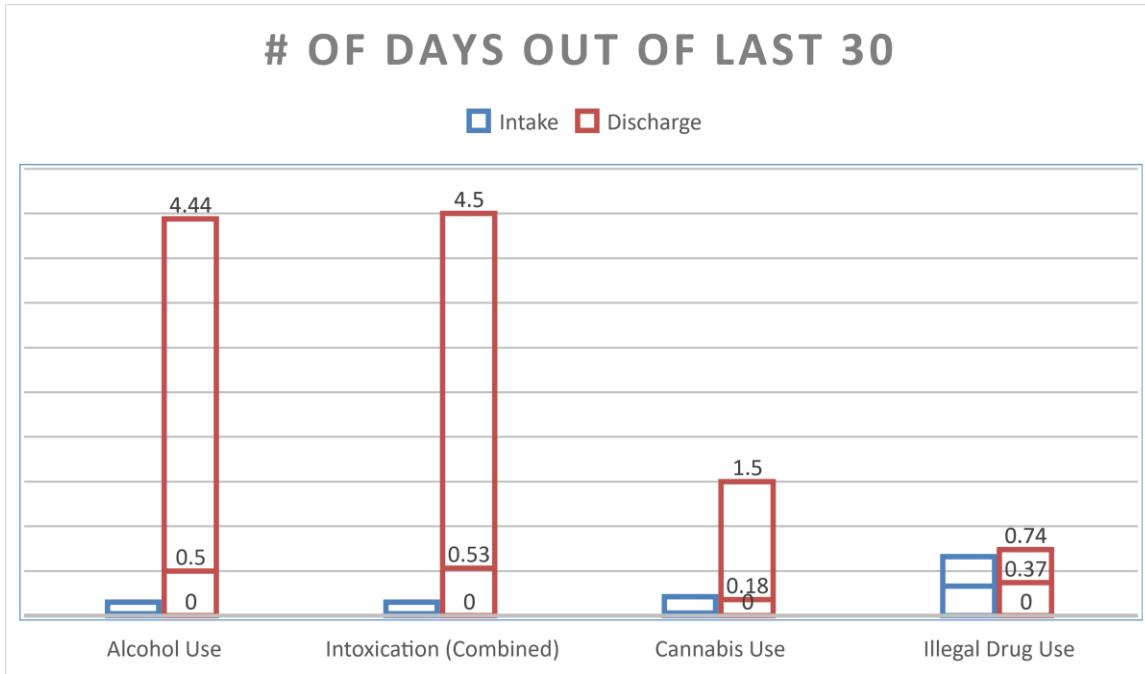


Figure 14: Alcohol and Drug Use, Last 30 Days (Average and Standard Deviation)  
(from GPRA data pulled August 2020, N= 58 pre/post matched pairs)

Discharge is at 5-7 months post-Intake

Clients generally arrive from prison abstinent and the goal is to maintain abstinence  
Average for all measures at discharge is less than 1 day out of 30 using alcohol or drugs

In comparing year 1 and 2 data, 91.9% of clients were abstinent at discharge in year 1 and 100% of clients were abstinent at discharge in year 2. TFCF's clients showed improved discharge rates over the two-year period. Additionally, in year 1 90.6% of discharged clients experienced no alcohol or drug related health, behavioral, or social consequences, while this rate increased to 100% among year 2 discharged clients.

***The evaluator concludes that TFCF has exceeded the standard for Objective 14.***

### 7c. Objective 15: Recidivism Rate

Objective 15 is to reduce recidivism below 20% of graduated clients. This outcome was measured using three GPRA indicators across the two-year discharge data (N=71): arrests (E1); number of nights in jail/prison (E3); and committed a crime (E4). Additionally, the GPRA intake-to-discharge change data reports were compared for years 1 and 2. TFCF had a 0% recidivism rate (arrests in last 30 days) for discharged clients in both years 1 and 2. 100% of TFCF clients had avoiding spending any nights in jail or prison in the last 30 days at discharge. 3 clients (4.2%) reported committing a crime in the last 30 days; all three of those clients' only crime was using illegal drugs.

***The evaluator concludes that TFCF has exceeded the standard for Objective 15.***

### 7d. Objective 16: Mental Health

Objective 16 is to improve mental health among graduated clients. This outcome was measured using multiple GPRA indicators across the two-year discharge data (N=71):

- **Past and recent trauma:** past trauma (F12) and recent trauma (F13)
- **Mental health symptoms:** specific mental health symptoms (F10a-f) and trauma-related symptoms (F12a-d)
- **Feeling bothered by mental health symptoms (F11)**
- **Self-rated satisfaction:** with quality of life (F5); with self (F9); and with personal relationships (G6)
- **Engagement in support:** recovery groups (G1-3) and supportive relationships (G4)

Trauma-related symptoms were also assessed in aggregate using the Trauma Symptoms Checklist (data pulled August 2020, N=44 pre/post matched pairs), an auxiliary instrument that captures trauma-related mental health symptoms in finer detail than the GPRA. Additionally, the GPRA intake-to-discharge change data reports were compared for years 1 and 2 on the GPRA measure of social connectedness.

### 7d1. Trauma and Mental Health Symptoms

76.2% of TFCF clients have experienced past violence or trauma, as described in the client profile section of this report (Section 6b2). At discharge, 100% had not experienced violence in the last 30 days. Mental health symptoms (F10a-f) varied widely among clients at intake, with some clients experiencing quite low symptom frequency and others experiencing quite high symptom frequency (as indicated by the high standard deviations). Similar trends were observed for discharge data. The most common mental health symptoms in the client population were anxiety and depression.

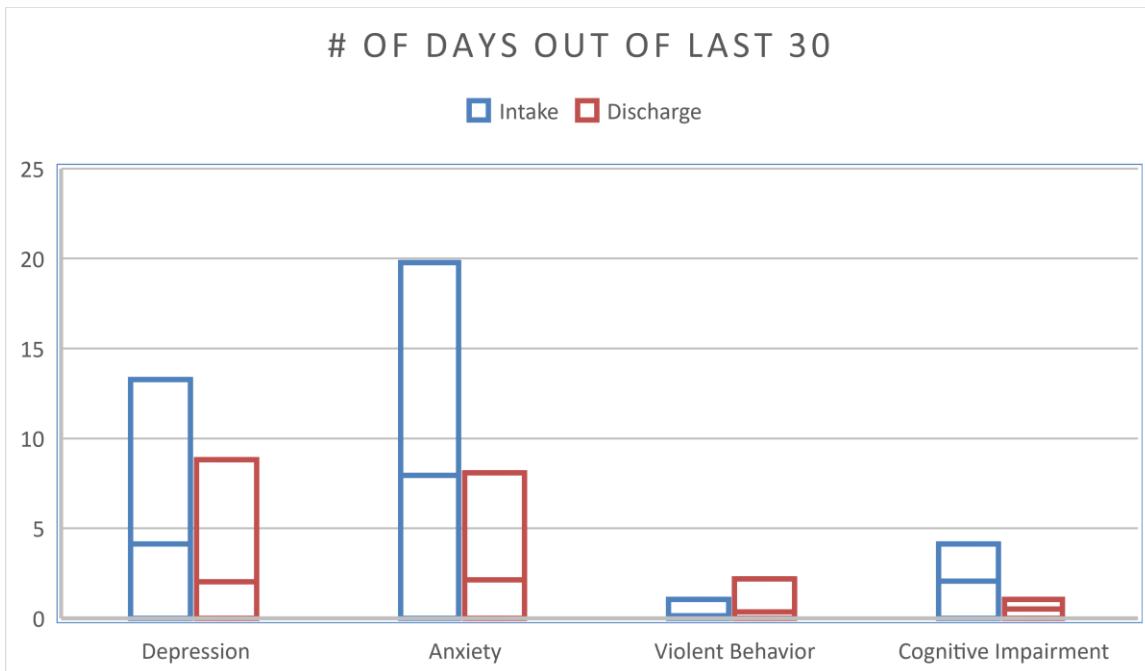


Figure 15: Mental Health Symptoms at Intake and Discharge (Average and Standard Deviation)  
(from GPRA data pulled August 2020, N= 58 pre/post matched pairs)

Across all mental health symptoms except violent behavior (F10e), intake-to-discharge change indicated positive changes. In violent behavior, which was rare among clients (only three clients, 5.2%), violent behavior very slightly increased from intake to discharge (still relatively remarkable, given the absence of

institutional structure post-release). Based on t-test scores along 58 pre/post matched pairs for the indicators, two outcomes stood out as statistically significant for program impact: improvements in anxiety (F10b) and cognitive functioning (f10d). The results from the intake ( $M= 12.33$ ,  $SD= 13.56$ ) and discharge ( $M= 1.84$ ,  $SD= 5.62$ ) indicate that the TFCF programmatic intervention resulted in an improvement in anxiety,  $t(57) = -4.047$ ,  $\alpha < 0.5$ ,  $p < .0002$ , with a large effect size ( $r= 0.472$ ). There was also a significant improvement in cognitive functioning by the end of the program ( $M= 1.06$ ,  $SD= 5.33$ ) compared to at intake ( $M= 6.83$ ,  $SD= 11.52$ ),  $t(57)= -2.967$ ,  $\alpha < 0.5$ ,  $p < 0.0043$ , with a medium effect size ( $r= 0.366$ ).

The overarching trend in trauma-related symptoms (based on GPRA indicators F12a-d) is a decrease in symptoms from intake to discharge.

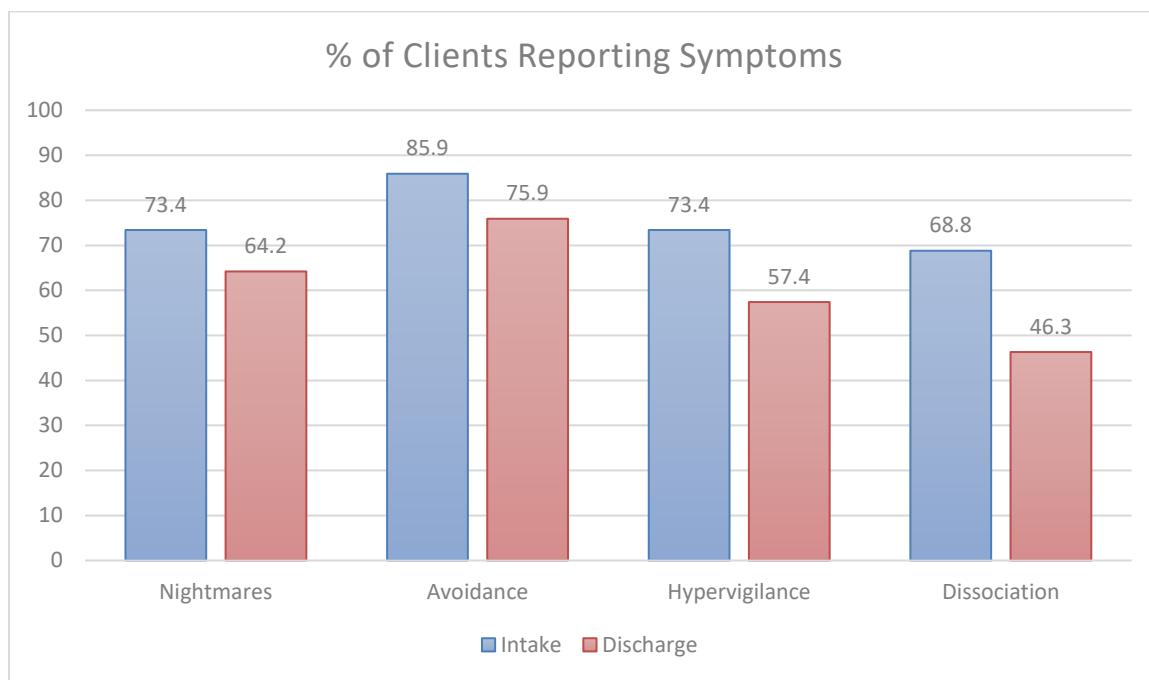


Figure 16: Change in Percentage of Clients Experiencing Trauma-Related Symptoms in Last 30 Days (from GPRA 2-Year Intake (N=84) and Discharge Data (N=71))

The Trauma Symptoms Checklist (TSC), an auxiliary instrument to measure trauma symptoms in finer detail (39 specific symptoms), was also analyzed using a t-test for aggregated data (pre/post change across all symptoms for N=44 clients). The TSC uses a Likert-scaled four-point rating for frequency of experience of symptoms across the prior 30 days: never (0); rarely (1); sometimes (2); and often (3). The results indicated that the TFCF programmatic intervention resulted in a reduction of trauma related symptoms. Clients at discharge experienced such symptoms far less frequently ( $M= 0.28$ ,  $SD= 0.45$ ) than they did at intake ( $M= 1.3$ ,  $SD= 0.44$ ),  $t(44)= -4.139$ ,  $\alpha < 0.5$ ,  $p < 0.0002$ , with a large effect size ( $r= 0.53$ ). Finally, while not meeting the test for statistical significance, clients realized a reduction in feeling bothered by mental health symptoms (F11), from an average at intake of  $M= 2.57$  (on a 5-point Likert Scale,  $SD= 0.98$ ) to an average at discharge of  $M= 2.05$  ( $SD= 0.92$ ).

### 7d2. Self-Rated Satisfaction

Measures of self-rated satisfaction (on a Likert-scale) show mixed results that are interesting and potentially warrant a qualitative follow-up (for example, a focus group) in year 3. While quality of life rankings (F5) increased slightly, satisfaction with self (F9) and personal relationships (G6) decreased. Only satisfaction in personal relationships statistically significantly changed from intake ( $M= 2.03$ ,  $SD= 0.8$ ) to discharge ( $M= 1.53$ ,  $SD= 0.51$ ),  $t(57) = -4.058$ ,  $\alpha < 0.5$ ,  $p < .0002$ , with a large effect size ( $r= 0.47$ ).

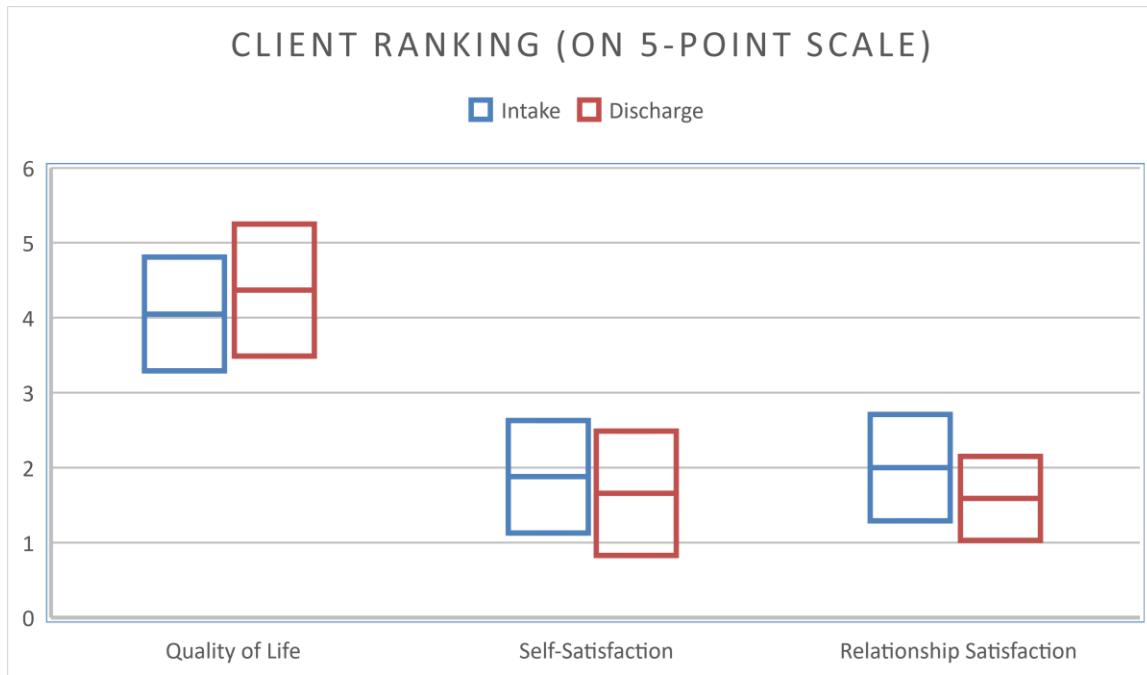


Figure 17: Change in Self-Rated Satisfaction (Average and Standard Deviation)  
(from GPRA data pulled August 2020, N=58 pre/post matched pairs)

Existing limited qualitative data from the Client Satisfaction Survey indicate clients have overwhelmingly positive feelings about their progress in the program (94.4% of clients described positive feelings across multiple iterations of the survey, N=127 survey responses completed as of August 2020 when the data was pulled). Additionally, 96.5% of clients reported that their quality of life was improved “to a great extent” by the TFCF program (GPRA data indicator H8, N=71 discharges). The conflict between self-rated satisfaction in oneself and one’s relationships while one’s quality of life and other outcomes improve could be due to clients reflecting on prior behavior or expecting more from themselves than they once did prior to the program. Further, it is reasonable to also ascertain that the slight decline in self-rated satisfaction is due to the requirements of social distancing that promotes isolation and slowed employment opportunities brought into play by Covid-19. Each of these factors which are known to increase symptoms of depression and feeling lower satisfaction across the U.S. In either case, it is impossible to understand the dynamic factors behind these seemingly conflicting results without more extensive qualitative data on this precise question.

### 7d3. Engagement in Support

84.4% of TFCF clients attended some kind of supportive recovery group (G1-3, based on N=58 discharges, pulled from the GPRA in August 2020). According to the GPRA two-year discharge data report (N=71), 77.5%

attend voluntary groups not affiliated with faith-based organizations, 49.3% attend faith-affiliated recovery groups, and 7% attend other organizations supporting recovery. In addition, 93% of clients report having interactions with family and/or friends who support their recovery. These high rates are indicative of strengthened resiliency among TFCF clients at discharge, as one significant factor leading to psychological resiliency in the peer-reviewed literature is supportive relationships. When comparing intake-to-discharge change reports for years 1 and 2, it was noted that social connectedness was 94.7% for year 1 discharges and 100% for year 2. Again, TFCF's exceptional outcomes became even better in year 2.

#### *7d4. Conclusions*

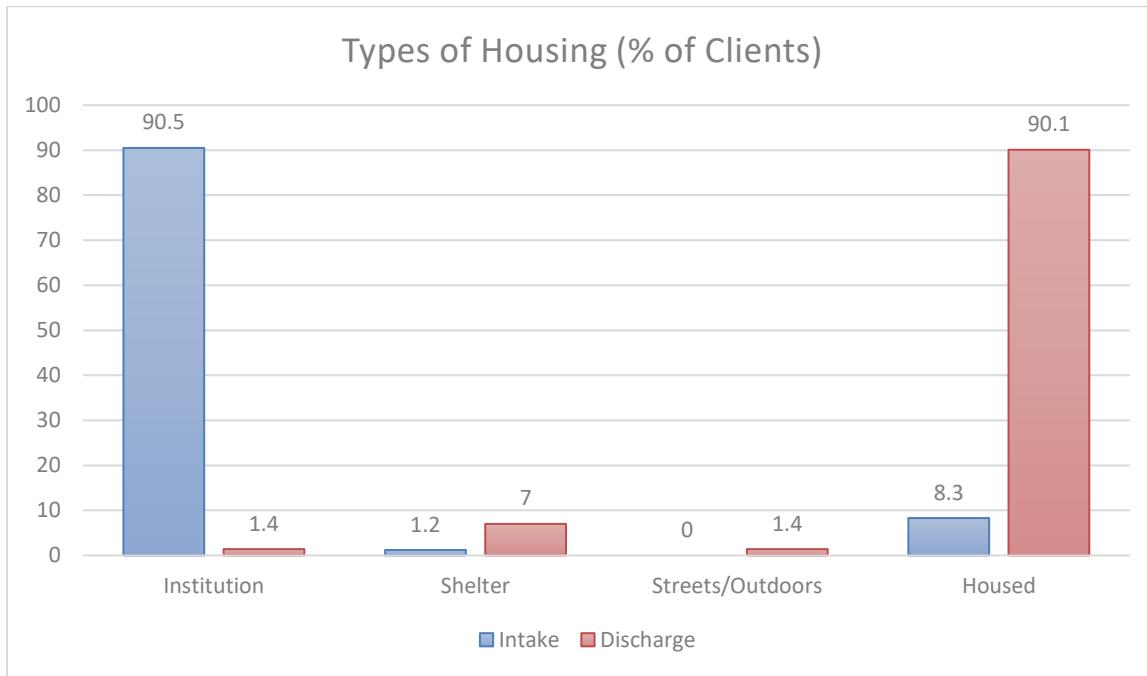
Overall, TFCF had mixed results for mental health outcomes, but overall, the outcomes trend in a positive direction across indicators. It is not surprising that mental health outcomes are somewhat mixed.

Reintegration to society from incarceration is tremendously stressful and moving through substance abuse treatment and mental health services is challenging personal development work. On the whole, TFCF client demonstrated reductions in mental health symptoms and increases in factors related to resiliency, both strong indicators of mental health improvement.

***The evaluator concludes that TFCF has exceeded the standard for Objective 16.***

#### **7e. Objective 17: Homelessness**

Objective 17 is to reduce homelessness below 10% of graduated clients. This outcome was measured using two GPRA indicators across the two-year discharge data (N=71): housing location (C1) and satisfaction with living space (C2). Additionally, the GPRA intake-to-discharge change data reports were compared for years 1 and 2. TFCF had a significant impact on its residents in ensuring they did not face homelessness. At intake (N= 84), 90.5% of residents had been living in an institution (prison) and 1.2% had been in shelter care. Only 8.3% were housed. At discharge, there was a complete reversal: 90.1% of clients were housed. 7% were in shelter care, 1.4% (N= 1) were in an institution, and 1.4% (N=1) were on the street/outdoors/homeless.



*Figure 18: Changes in Housing Intake to Discharge  
(from GPRA 2-Year Intake Data (N=84) and Discharge Data (N=71))*

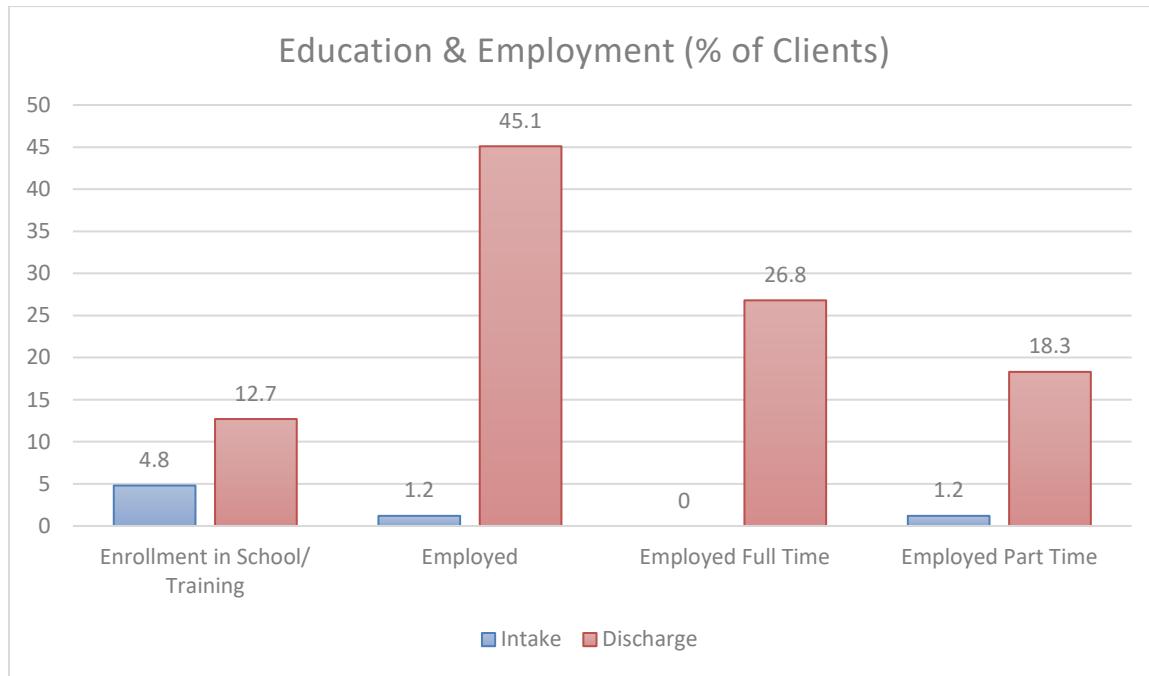
While permanent housing rates were lower in year 2 (12.1%) than year 1 (26.3%), all but one client had shelter across the two-year span, and 90.1% were housed outside of institutions or shelters. Client satisfaction with living conditions were relatively low at discharge (based on GPRA data pulled in August 2020, N=58), averaging 1.67 out of a 5-point Likert scale (SD= 1.1). This tracks with other satisfaction ratings (as described in Section 7d) and may be worth investigating in a qualitative format, such as a focus group. Given focus group data in other TFCF programs, it is likely that clients are frustrated with the struggle to find permanent affordable housing, which is notoriously limited in supply in Southern California. The struggle to find permanent housing is even higher in year 2 in pandemic conditions, which has caused a higher pressure on affordable housing and negatively impacted employment (which supports permanent housing). Additionally, after the start of the pandemic, TFCF began conducting discharge interviews earlier in the window allowable by SAMHSA, which has meant that some clients were not fully into their permanent housing at the time of interview (but continued to be supported with housing assistance until they were). Overall, however, TFCF ensures its clients are housed in safe, long-term housing that can accommodate them and their children.

***The evaluator concludes that TFCF has met the standard for Objective 17.***

## 7f. Objective 18: Employment

Objective 18 is to increase employment rate above 50% of graduated clients. This outcome was measured using three GPRA indicators across the two-year discharge data (N=71): enrollment in school/job training program (D1), employment (D3), and sufficiency of income (D5). Additionally, the GPRA intake-to-discharge change data reports were compared for years 1 and 2.

TFCF had a significant impact on clients' employment and income. At intake, only 4.8% of clients were enrolled in a training program. Only 1 client (1.2%) was employed part time; no clients were employed full time. 65.5% of clients were unemployed and not looking for work. At discharge, 12.7% of clients were enrolled in a training program. 45.1% of clients were employed (26.8% full time and 18.3% part time). Only 22.5% of clients were unemployed and not looking for work.



*Figure 19: Changes in Employment Intake to Discharge  
(from GPRA 2-Year Intake Data (N=84) and Discharge Data (N=71))*

Most remarkable were changes in sufficiency of income from intake to discharge. Based on the data pulled from the GPRA in August 2020 (N= 58 pre/post matched pairs), there was a significant increase in income self-sufficiency (D5), from intake (M= 1.77, SD= 1.16) to discharge (M= 3.19, SD= 1.46),  $t(57)=6.344$ ,  $a < 0.5$ ,  $p < 0.00001$  with a large effect size ( $r= 0.643$ ).

When reviewing the intake-to-discharge change data reports for years 1 and 2, it is notable that employment and education (combined indicators) were lower for year 2 (42.4%) than for year 1 (60.5%). It is likely that COVID-19 conditions have affected employment and education opportunities for clients. At this point, six months of the two years of the program have been in pandemic conditions. The employment trend is worth analyzing in years 3 and 4 after pandemic conditions are lifted and economic recovery occurs. Overall, however, TFCF is still nearly meeting its objective, even in spite of pandemic conditions negatively impacting the job market.

***The evaluator concludes that TFCF has nearly met the standard for Objective 18.***

### 7g. Client Satisfaction

The Client Satisfaction Survey is an auxiliary survey administered at 2 months and discharge (N=127 when the data was pulled in August 2020) that provides clients with the opportunity to rank TFCF on 13 different

factors, along with the ability to respond to brief qualitative questions. Clients consistently ranked their satisfaction across all factors as 4.5 or higher (out of a 5-point Likert scale, where 5 is strongly satisfied). 26.6% of clients responded to the question prompting suggestions for improvement (73.4% of clients had no suggestions for improvement). Of these clients, the most common requests were for more social activities (38.2%), more housing – particularly permanent housing (17.6%), and increased communication about rules (14.7%).

Clients described TFCF's caring, compassionate support as the most significant factor in what helped them in the program (70.1%). In response to the question "Please describe what has helped you most in the program," clients responded with such remarks as:

- "The support and encouragement of the staff and the structure of the program."
- "Being able to call someone when I was messing up and getting support."
- "Constant contact and knowing that staff has my back."
- "Having people be available and informative great listeners."
- "Having someone to guide me and keep me on track."
- "The weekly calls/visits to make sure that I'm okay."
- "To be able to talk to someone who isn't accusing me or being judgmental of my past."
- "I am being shown love, comfort, and understanding and how to progress on my life journey."

Other key forms of assistance included housing (12.6%) and resources (11%). Clients overwhelming reported feeling positive about their progress in the program (94.4%), reporting a range of positive outlooks about their futures:

- "I feel really awesome, because I've been accomplishing goals I'd never think I could or would do."
- "I feel wonderful; I built a foundation."
- "I'm more determined and grounded due to the help of this program."
- "My progress in the program has been steadily moving forward. Each week I am feeling more positive and motivated."
- "I feel much more confident in my decisions and life."
- "I've grown so much these past months."
- "I feel whole; I feel like a strong human being."
- "I feel terrific; I'm clean and sober and working."
- "I know I am becoming more aware and cognizant of my actions. I am thinking situations through more and becoming confident in my choices."

## 7h. Success Stories

**Success Story #1 – PFII NF1 Story:** After successfully graduating from the Positive Futures II program, PFII NF1 has overcome barriers she has faced over the years as a formerly incarcerated woman, and has now reached self-sufficiency. Raised by her mother while her father was incarcerated 15 years of her life she did exceptionally well growing up. "I was a bright child, an honor roll student, and in the G.A.T.E (gifted and talented education) program," said PFII NF1. She describes herself as being a happy child, but by the time she was 15 she was sexually abused, raped and human trafficked to the point that she tried to commit suicide. Her sister found her in the bathtub after swallowing over 150 aspirin and she was then diagnosed with

bipolar disorder and severe depression. After years on lots of medication and inside treatment facilities, eventually hospitalization led to incarceration. PFII NF1 found herself in a horrible situation because of drug abuse and was facing 15 years to life. “God must have been looking out for me because I got 2 and a half years,” she said. Ever since then she knew she had to make changes. When she was released, she went to Time for Change Foundation and really got the help that she needed from the PFII program. She participated in weekly classes, therapy, work projects and got help with getting into a sober living. TFCF supported PFII NF1 for six months in the sober living while helping her to obtain her identifications, gain employment, a car, and eventually her own home! “My life has not always been easy but I’m thankful for my pain because I get to appreciate better blessings, I have in life today!”

**Success Story #2 – PFII BO1 Story:** “I was in prison for 34 years, and I never thought that people who do not even know you would want to support you and want to help you to be successful, but TFCF does. Everyone who works at TFCF is very friendly, kind, and genuinely concerned about my wellbeing, mental health along with my physical health. By being a part of the PFII program, everyday someone calls us here at the Mt. View shelter to see how I am doing. They do it to check to see if I need anything and that makes me feel incredibly cared for. Monday through Friday, we have groups online such as 12 Steps, Life Skills, Relapse Prevention, Woman’s Wellness, and Employment Development. Every Friday, we also have a house meeting to check-in. No matter how I feel or what I am going through that day, the program staff always seem to lift my spirits. Even though we are on quarantine, I thank God and the PFII program for a chance to become a better person and learn to live life on life’s terms. I feel stronger and more confident now because of the support from TFCF. By having them behind me, I know I will not fail. Today I am ready to reestablish myself in society and be a respectful and productive person. I’ve been here now for 4 months, and I feel like Alice in Wonderland when she fell down the hole to a beautiful place.”

## 7i. Innovative and Promising Practices

As discussed with the SAMHSA Cohort during the monthly meetings, TFCF offers an interactive process that engages its clients before they leave prison. Once Covid-19 made direct contact with prisoners pre-release impossible, TFCF launched its Pen Pal campaign. TFCF’s Pen Pal effort afforded one-on-one interaction with pre-release prisoners via letters. The successes of this campaign allowed TFCF to be able to sustain its recruitment pre-release and afforded TFCF to hit the program enrollment target. TFCF’s drug/alcohol free living (supported by permanent/supportive housing) that has catapulted its retention rate to 100% was also impacted by Covid-19. However, once again, TFCF adopted a very aggressive ‘stay at home’ interactive online platform that would help prevent ex-offenders from missing assigned counseling, treatment, skills building or life skills sessions and activities.

A big part of TFCF’s successful outcomes is due to its focus on building positive, supportive, healthy relationships. TFCF builds a community, not a cohort, of clients. A significant strategy in this endeavor is the provision of peer mentors. 90.1% of clients receive peer mentoring, which builds supportive social relationships and ensures consistent engagement with the program. This proved to be even more important in pandemic conditions, in which clients were more isolated from their usual social engagements. Peer mentoring maintains consistent, regular contact between clients, provides models of positive and healthy relationships, reduces social isolation, and keeps clients engaged in programmatic services. All of these

innovative and promising practices are being reviewed by an independent external evaluator (overseen by a university Institutional Review Board) as part of an overall TFCF model under consideration as a best practice model (including both pre and post natural and human-caused disasters, such as the current pandemic).

## 7j. Conclusions

TFCF is generally meeting or exceeding its outcomes objectives and qualitative data from the Client Satisfaction Survey indicates an overwhelming positive response from clients about the program. Clients demonstrate almost 100% abstinence at discharge across the two-year period and 0% recidivism. While their satisfaction with themselves, living spaces, and relationships decreases, their quality of life improves. Average frequency of symptoms of depression is cut in half, and average frequency of symptoms of anxiety is cut by 75%. Cognitive functioning issues are also cut by 75%. Additionally, there are reductions in clients' feelings of being bothered by mental health symptoms and increases in their engagement in supportive recovery groups and supportive relationships. Nearly all clients at discharged are housed outside of institutional or shelter care and sufficiency of income has doubled. Engagement in job training/educational programs more than doubled from intake to discharge, and employment is at nearly 50% despite pandemic conditions. Overall, TFCF's client outcomes are exceptional testimony to their dedication to provide evidence-based, compassionate service to a particularly vulnerable population.

***The evaluator concludes that, on the whole, TFCF has met the standards for Objectives 13-18, and has met the standards for Goal #3.***

## 8. Disparities Analysis

Disparities analysis was conducted in order to have data for continuous improvement using GPRA data pulled in August 2020 (N=58 pre/post matched pairs). TFCF's overarching outcomes are excellent; disparities analysis compares sufficiently large demographic groups in order to understand how the program may impact clients differently. Disparities analysis was conducted by comparing aggregate pre/post data for each group across all 22 outcomes indicators. Demographic groups that were analyzed for disparities included: race/ethnicity, age group, education level, mental health diagnosis and services, and comparisons of mothers who did and did not lose child custody. While the program itself does not appear to have any significant disparities in its outcomes overall, there were significant findings in how different groups realized different outcomes at the individual indicator level – and particularly how these might relate to systemic inequalities (i.e., inequalities that are structural in United States society, not particularly related to TFCF's program).

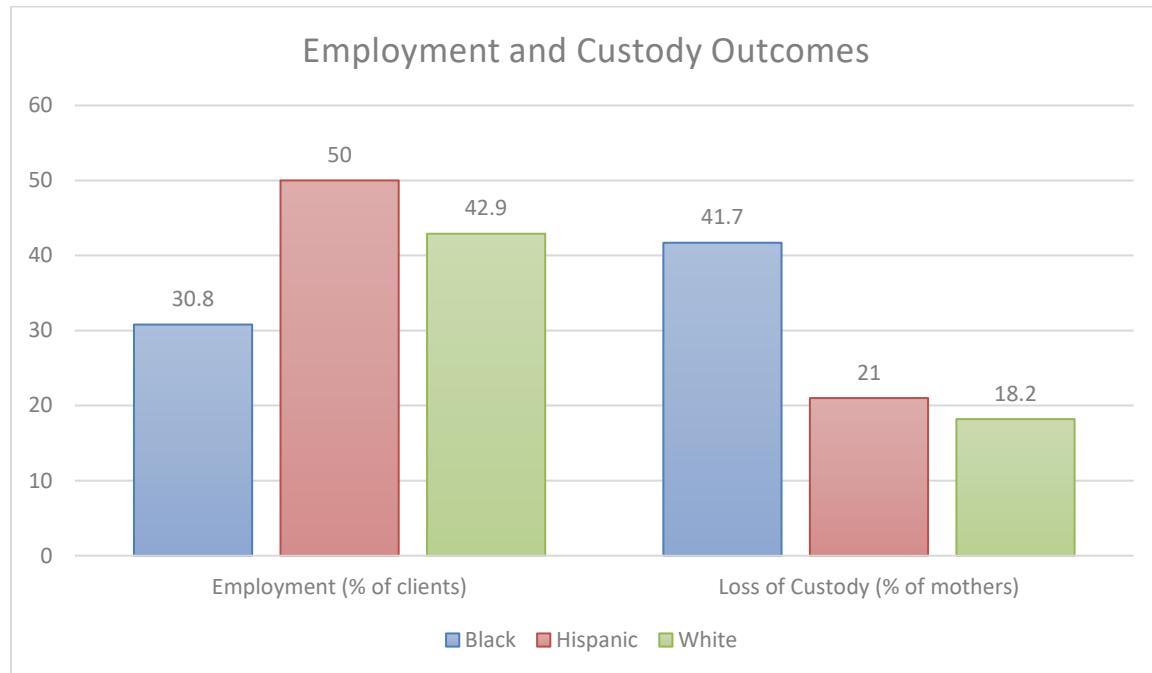
### 8a. Ethnicity/Race

Overall, in conducting an independent t-test comparing each of the sufficiently large ethnic/racial groups (Hispanic/Latino, Black/African-American, and white) to the entire cohort, the evaluator found no statistically significant evidence of disparities in overarching outcomes (i.e., in aggregate across all 22 indicators).

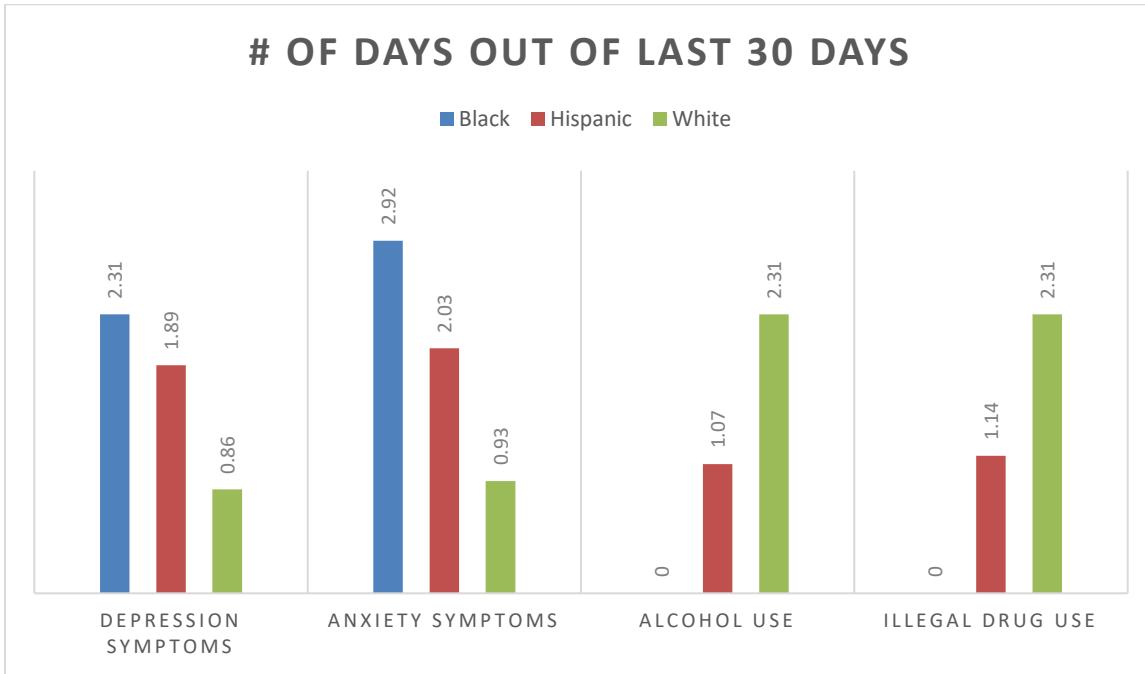
However, all ethnic/racial groups were statistically different from one another along individual indicators. That is, while all clients regardless of race or ethnicity experienced relatively the same positive outcomes on the whole, clients did experience differences in various specific outcomes based on their race/ethnicity (with Pearson  $r$  consistently indicating a large effect size). In short, clients differ in their specific outcomes, but not in a way that makes their overall success in the program any higher or lower based on their race or ethnicity.

However, specific post-program/discharge trends are worth discussing for TFCF to be aware of them, particularly as these trends are very likely related to systemic racism in the United States society as a whole:

- Women of color (Hispanic/Latino and Black/African American) experienced twice as much depression and anxiety as white women. Black women experienced three times higher anxiety as white women.
- Black women were slightly less likely to be employed than Hispanic or white women.
- Black women were twice as likely to lose their parental rights as Hispanic or white women, despite demonstrated lower continued alcohol and drug use and no criminal behavior.



*Figure 20: Differences in Specific Indicators by Ethnic/Racial Group  
(from GPRA data pulled August 2020, N=58)*



*Figure 21: Differences in Specific Indicators by Ethnic/Racial Group  
(from GPRA data pulled August 2020, N=58)*

None of the differential outcomes were necessarily related to TFCF's program, and in fact, there were indicators that TFCF's program assisted women of color (and especially Black women) in coping with these systemic inequalities. Black women's discharge rates of alcohol and drug use was lower than other ethnic/racial groups and they had comparable reductions in feeling bothered by their mental health symptoms, despite experiencing higher symptom frequencies.

## 8b. Age Group

There were some interesting disparities found among age groups, three of which were significantly different from the cohort based on an independent t-test between each age group and the cohort (and in each case, the *r* value indicated a large effect size). The following trends were noted:

- Older women (age groups 4+) maintained total abstinence for all women in the groups; only younger women had continued challenges with drug and alcohol use (though very few of them did so).
- Quality of life increases with age.
- Depression decreases with age.
- Sufficiency of income increases with age.
- However, satisfaction with self, relationships, and living space decrease with age.

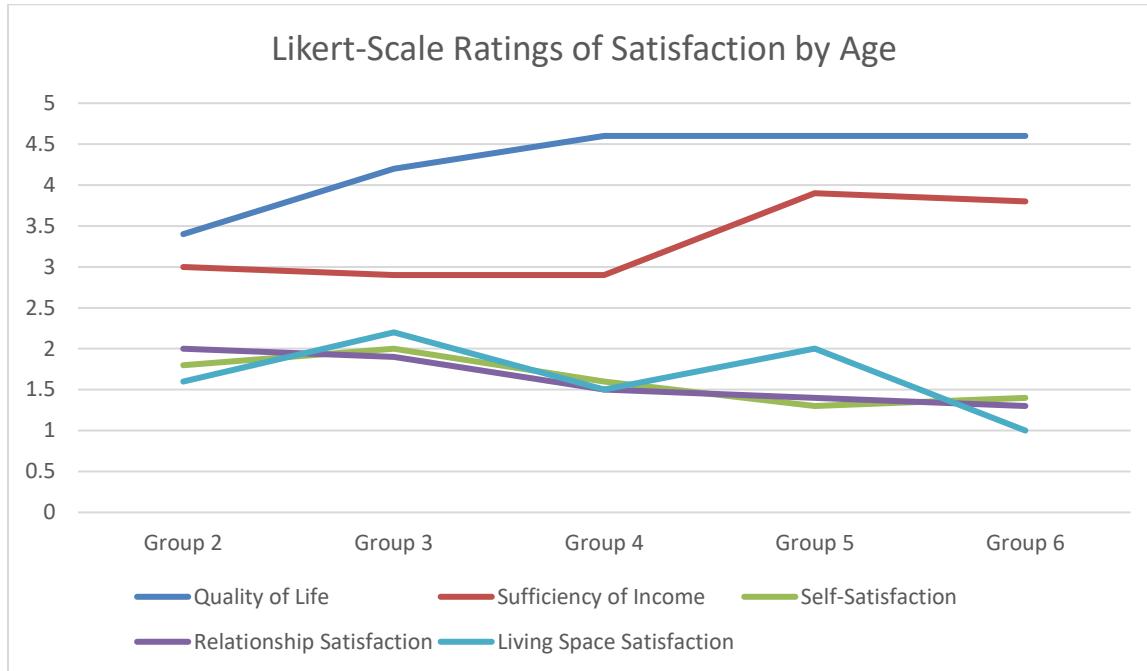


Figure 22: Differences in Specific Indicators by Age Group  
(from GPRA data pulled August 2020, N=58)

Essentially, along multiple tangible indicators of success, older women do somewhat better than younger women. However, they consistently rank their satisfaction as lower than younger women. This may be due to perceptions of a shorter future and less time to change one's life. Without further qualitative data (from, for example, focus groups), it is difficult to assess why this trend would be. However, it is worthwhile to note this for clinical intervention and support group dynamics.

### 8c. Education Level

Overall, in conducting an independent t-test comparing clients with educational attainment of a high school diploma or higher to those with less than a high school diploma, the evaluator found no statistically significant evidence of disparities in overarching outcomes (i.e., in aggregate across all 22 indicators). However, the two educational groups were statistically different from one another along individual indicators. That is, while all clients regardless of educational attainment experienced relatively the same positive outcomes on the whole, clients did experience differences in various specific outcomes based on their educational attainment (with  $r$  value indicating large effect size). In short, clients differ in their specific outcomes, but not in a way that makes their overall success in the program any higher or lower based on their educational attainment. Clients varied very little across most indicators, however, employment strongly correlated with educational level. While those without a high school diploma only attained 36.8% employment, those with a high school diploma or higher attained 48.6% employment. The higher the level beyond a high school diploma, the higher the employment rates were (combining full and part time employment). This is expected, given the job market. It also indicates a strong need for women who have below a high school diploma to be enrolled in GED or community college coursework in order to attain a higher educational level, which would lead to greater employment opportunities. Additionally, it is worth

noting that women with a lower educational attainment were more likely to lose their parental rights (35.7% compared to 24% among women with a high school diploma or higher).

## 8d. Mental Health Diagnosis and Services

Overall, in conducting an independent t-test comparing clients with and without a mental health diagnosis, the evaluator found no statistically significant evidence of disparities in overarching outcomes (i.e., in aggregate across all 22 indicators). However, the two groups were statistically different from one another along individual indicators. That is, while all clients regardless of mental health diagnosis experienced relatively the same positive outcomes on the whole, clients did experience differences in various specific outcomes based on their mental health (with  $r$  value indicating large effect size). In short, clients differ in their specific outcomes, but not in a way that makes their overall success in the program any higher or lower based on their mental health diagnosis. It is worth noting these trends, which support TFCF's positive impact on all clients, perhaps particularly those who have mental health challenges:

- While clients with a mental health diagnosis are much more likely to have persistent frequency of depression and anxiety symptoms, their coping capacity (indicated by feeling bothered by mental health symptoms, F11) is the same post-program as those without mental health diagnosis. Additionally, those with a mental health diagnosis are even more likely to be abstinent.
- Those with a mental health diagnosis are less likely to be employed (33.3% compared to 50% of those without a mental health diagnosis), and half as likely to be employed full-time (16.7% compared to 30% of those without a mental health diagnosis). This results in a lower sufficiency of income (ranked 2.8 out of 5 compared to 3.4 for those without a mental health diagnosis).
- Those with a mental health diagnosis are three times more likely to lose parental rights (46.7% compared to 14.3% for those without a mental health diagnosis).

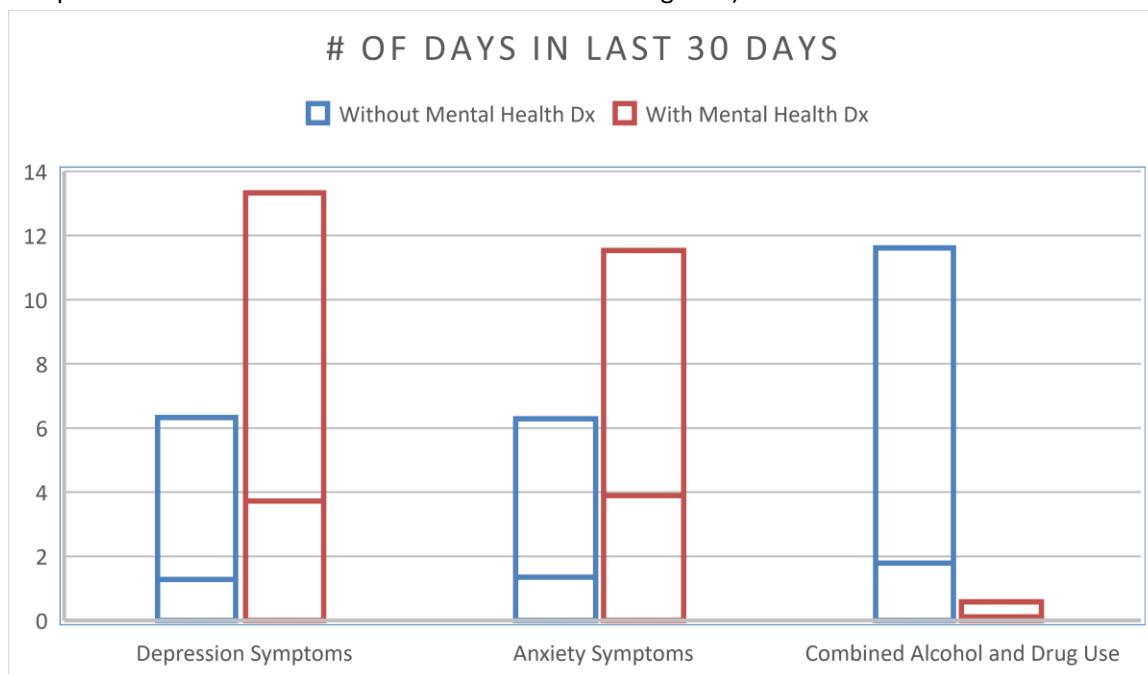
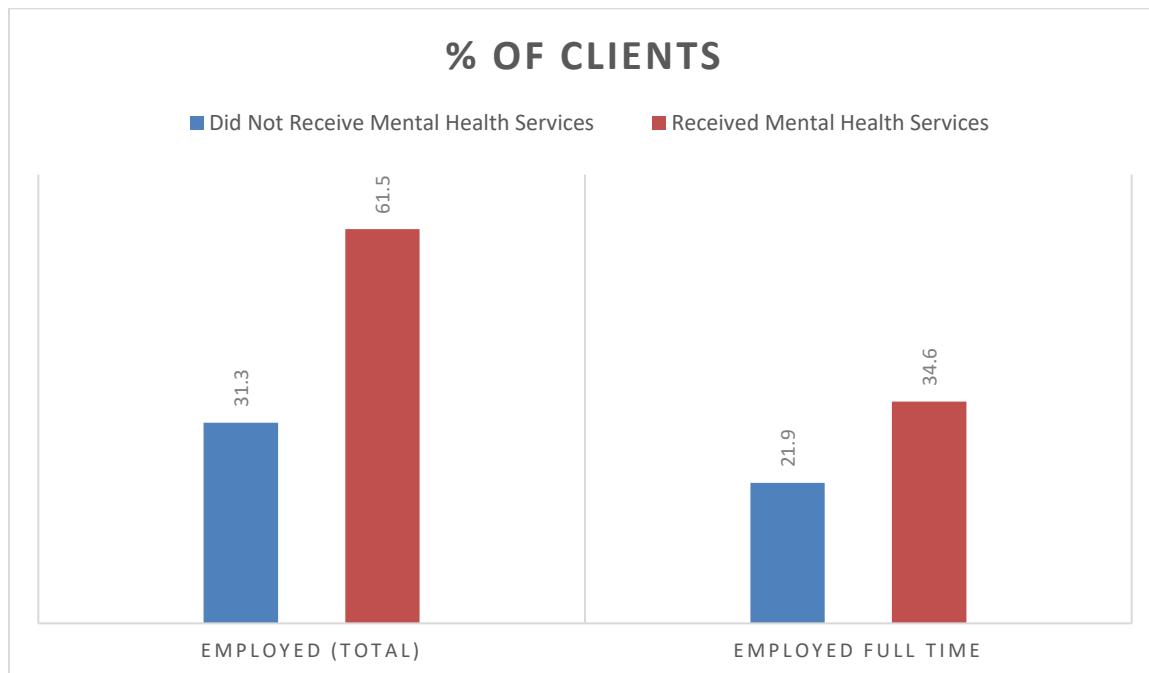


Figure 23: Differences in Specific Indicators by Mental Health Diagnosis  
(from GPRA data pulled August 2020, N=58)

In comparing those with and without mental health diagnosis, it is likely that the outcomes which differ substantially (employment and child custody) reflect stigma and broader challenges indicative of our society in the United States as a whole. Given the combination of persistent symptoms when clients have a mental health diagnosis and the challenges they face in employment and parenting, it is particularly remarkable that their rates of abstinence and coping capacity are as high or higher than their counterparts who do not have a mental health diagnosis.

Interestingly, mental health services seem to substantially positively impact those who receive them (with or without a mental health diagnosis, as more people received mental health services than were formally diagnosed with a mental health disorder). As was in the case with mental health diagnosis, while clients who received services were not statistically significantly different in their outcomes in aggregate from those who did not, they did differ on some key indicators, most notably employment.



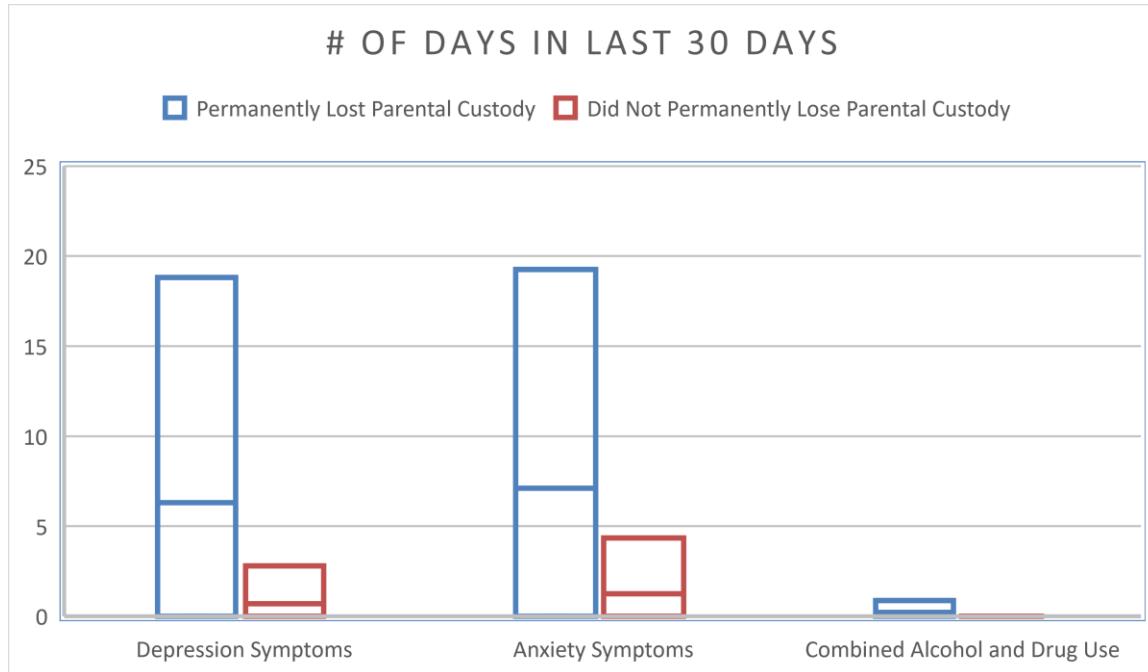
*Figure 24: Differences in Employment by Mental Health Services Provision  
(from GPRA data pulled August 2020, N=58)*

Those who received mental health services were more likely to enroll in educational or job training programs, twice as likely to be employed, and more likely to be employed full time. This results in a higher sufficiency of income. This connection between mental health services, which were predominantly delivered through individual counseling, and employment rates is worth exploring as a meaningful connection.

## 8e. Mothers

Mothers make up the vast majority of TFCF's clients. Considering the high rates of permanent loss of custody, an independent t-test was conducted to compare mothers who had custody and those who lost custody. While there were no statistically significant differences in outcomes, three trends are worth noting:

- Mothers in general, regardless of whether or not they lost custody, were more likely than child-free women to be completely abstinent.
- Mothers who lost custody of their children had symptoms of depression at 10 times the rate of women who did not lose parental rights. They had symptoms of anxiety 6 times higher than women who did not lose parental rights.



*Figure 25: Differences in Mental Health Symptoms by Custody  
(from GPRA data pulled August 2020, N=42 discharged mothers)*

## 8f. Conclusions

Overall, TFCF's Positive Futures II Program demonstrates no statistically significant disparities in overarching outcomes based on any demographic categories. That is, all clients are equally responsive to the programmatic services in terms of aggregate outcomes. At the same time, there are significant differences in their outcomes in society along specific indicators (most notably, those which more completely depend on socioeconomic forces outside the client, including employment and child custody). These are worthwhile to recognize, particularly for the negative mental health symptoms they can cause, so that TFCF can plan for any additional supports necessary for women in these groups experiencing these wider structural and systemic inequalities.

## 9. Evaluation Summary

TFCF staff's dedication to proactively working with the Evaluation Team for continuous improvement and their consistency in continuing personnel development in evidence-based practices through training is reflected in their excellent quality of services and support they provide. Despite the challenging conditions of the COVID-19 pandemic, which occurred approximately halfway through the second year of the Positive Futures II Program, Time for Change Foundation achieved even stronger outcomes than they did in Year 1

along almost every objective indicator. TFCF met or exceeded 16 of 18 of its objectives, and nearly met the remaining two objectives. TFCF had stronger enrollment numbers for year 2 despite the disruption of face-to-face recruitment and outreach strategies due to COVID-19, testimony to TFCF's capacity to rapidly and effectively adapt to challenging circumstances. TFCF also realized equivalent or greater outcomes in client success, including 100% retention and 100% completion of the program. TFCF's clients indicate through both quantitative GPRA measures and overwhelmingly positive qualitative remarks that the Positive Futures II Program makes a meaningful and lasting impact on their lives. In fact, despite structural and systemic inequalities in society as a whole, the Positive Futures II Program provides women with the skills they need to achieve extraordinary outcomes in housing, employment, psychological and emotional coping, abstinence, and avoiding recidivism. The evidence for the TFCF model of service delivery, the cornerstone of which is compassionate and personalized support combined with clear programmatic structure, is becoming only clearer in year 2 of the program.

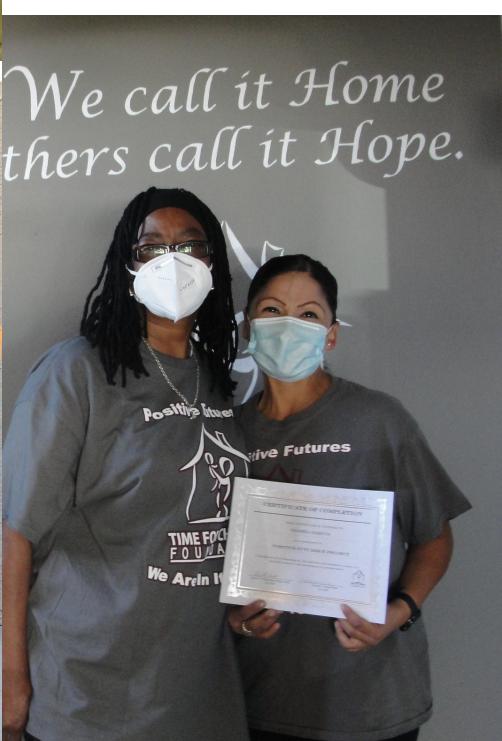
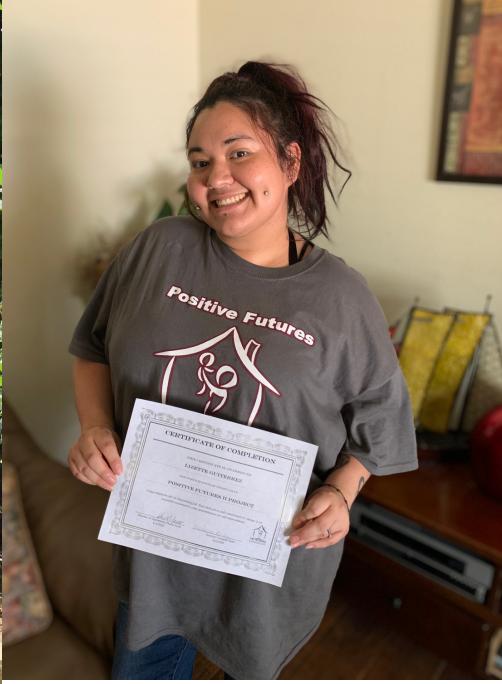
# About the Evaluator

Kimberly Kirner, PhD, is a Professor and cultural anthropologist at CSU Northridge specializing in applied anthropology. As an applied anthropologist, her research primarily focuses on using anthropological approaches, theories, and methods to solve problems in human well-being and health. More specifically, her research is in the application of cognitive anthropology (decision-making studies, cultural model theory, ethnoscience) to policy and organizational studies. The author of *Introduction to Ethnographic Research* and *Doing Ethnographic Research: Activities and Exercises*, she is passionate about teaching students and community members about how to use qualitative and mixed methods in service to solving real-world problems. In addition to her academic work, she is a practicing anthropologist and consultant in program design, needs assessment, program and project evaluation, and fund development for the non-profit and local government sectors. Theoretically, she is interested in the relationships between cultural knowledge



systems, identity and community, and behavior. In practice, she works on how to harness cultural anthropological methods and concepts in service to social justice, equity, and human well-being. Her research has focused on diverse problems, including: land management, environmental change, and cultural heritage; urban climate change and heat islands; household environmental sustainability; mental health and social services programs for vulnerable populations; individual and community resiliency; and culturally competent health services. When not working, she can be found riding her horses, hiking, and creating visual art.





We call it Home  
others call it Hope



2020

# Annual Outcomes Evaluation Report

TIME FOR CHANGE FOUNDATION

We Call It Home,  
Others Call It Hope



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PO Box 12353  
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[www.TimeForChangeFoundation.org](http://www.TimeForChangeFoundation.org)

To Date TFCF has reunited 299 children with their mothers.