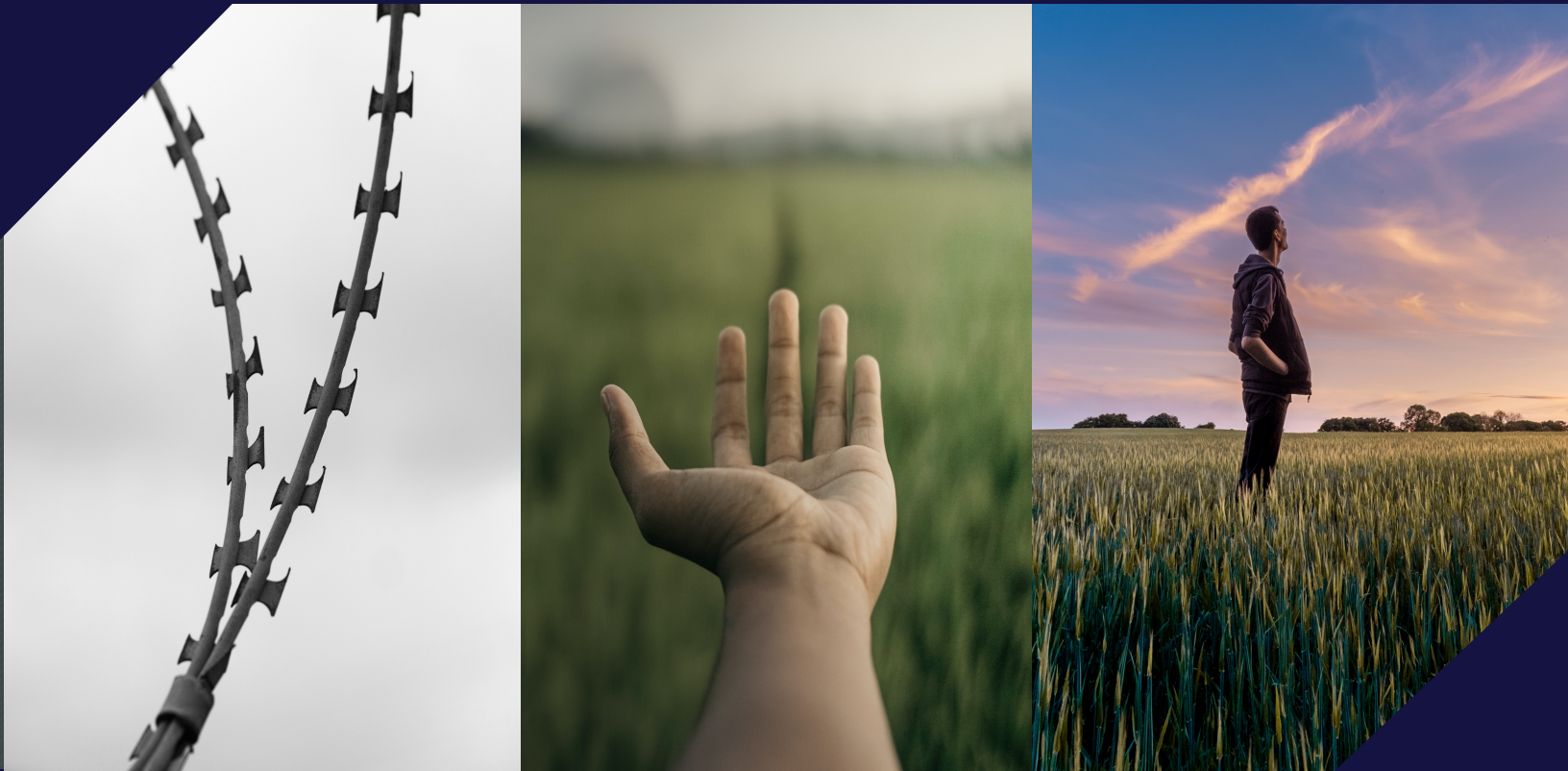


Monterey County Health Department Behavioral Health Bureau

No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships

Cohort III Local Evaluation Plan



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Project Background

Overview of Project

The Monterey County Prop 47 Cohort III project will continue to offer culturally and linguistically competent services including an outpatient and residential substance use disorder treatment program in King City; civil legal, restorative justice, and case management services, as well as an innovative transformational healing approach to extending restorative justice benefits, in South Monterey County (“South County”); and a centrally located Sobering Center in Salinas to divert people from jail and provide an opportunity for intervention. These programs serve 18% of the safety net population that had previously struggled to access care; in South County, 63% of the safety-net population is Latino and 22% are monolingual Spanish speakers. Additionally, 93% of the South County safety net population report to be of a race/ethnicity other than white.

Through the continued implementation of an intricate network of support services, Cohort III funding will address regional inequity and assist people who are struggling with mental illness and substance use disorders to avoid engagement with the criminal justice system. A 2021 needs assessment conducted by EVALCORP (an MCBH contractor) found that the primary mental health issues in Monterey County include anxiety, chronic stress, depression, alcohol/substance use, and trauma, concerns which are more prominent among the low-income population. Adult and teen focus groups conducted by MCBH in South County also identified a lack of access to substance use disorder and mental health services as significant barriers to healthy living. Cohort III funding will allow project partners to continue to offer trauma-informed and evidence-based treatment modalities, and integrated mental health and substance use assessment, to determine and connect eligible residents with appropriate services in South Monterey County. While recidivism data has not yet been finalized for Cohort II (pending the final report due May 15th, 2023), Cohort I findings indicated that participation in services offered through the project did result in a lower number of arrests for enrolled participants. Additionally, more than 1,300 individuals have been served at the Sobering Center, and thus diverted from the County Jail. Since reporting began at the start of Cohort I, 429 petitions for reclassification have also been granted with the support of the Monterey County Public Defender; of those, 65% were based on convictions related to substance use, with the remaining percentage being of charges which may be indirectly related to substance use/addiction. The Public Defender has also supported participants in obtaining 1,037 successful Petitions for Dismissal (1203.4), 35% of which were for charges indirectly related to substance use or addiction.

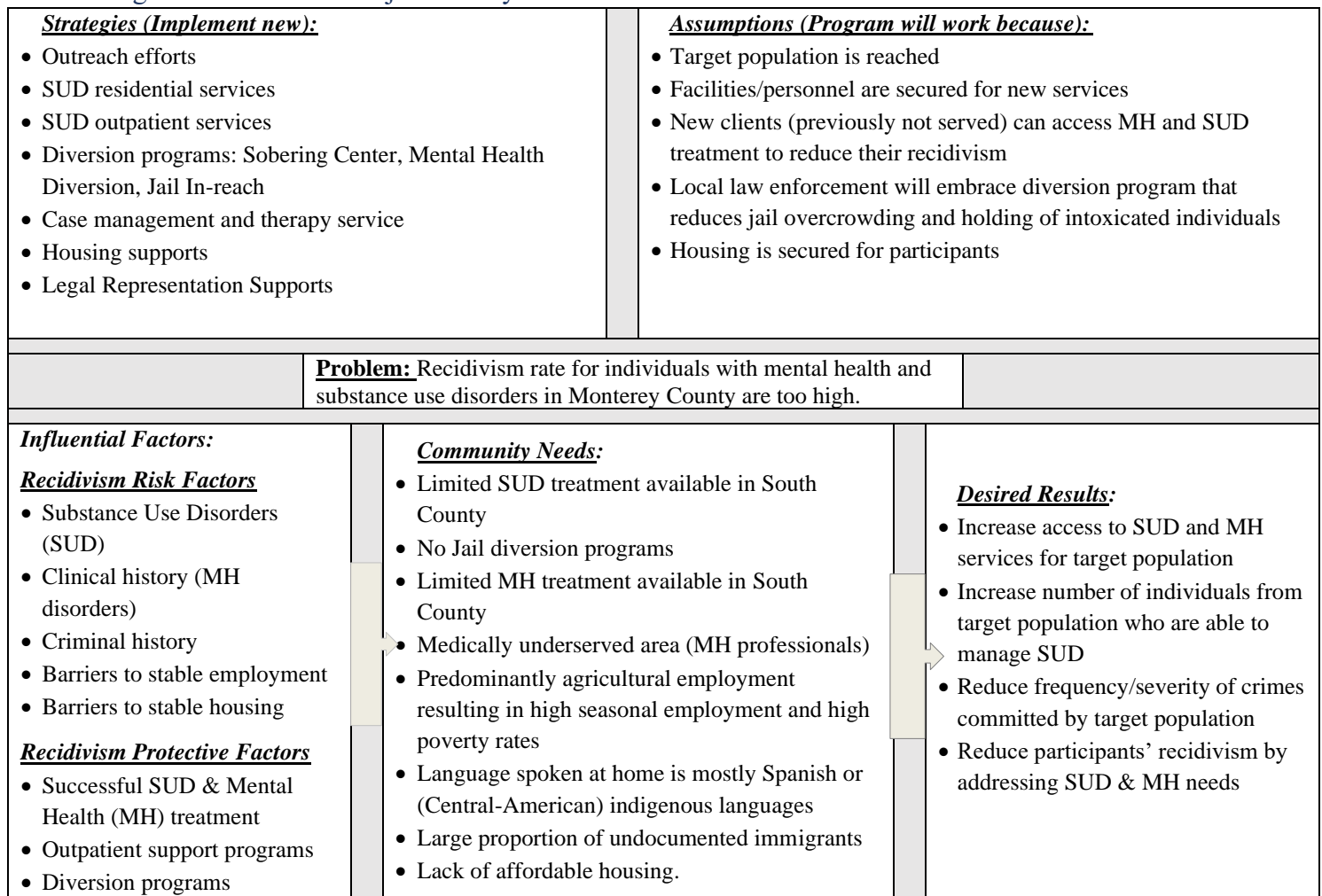
The complex nature of mental health and substance use disorders and their impacts on an individual’s risks for repeat offences underscores the importance of implementing an integrated system of treatment and support services. The agencies which comprise this integrated system, as well as services offered, eligibility criteria for participants, and program completion indicators for Cohort III, are described in detail in Table 1. Cohort III continuation funding will allow us to further expand services in rural South County including: implementation of a post-conviction relief program to provide Prop 47 reclassifications or dismissals, 17B motions, certificates of rehabilitation, and adult sealing of juvenile records; and the expansion of an alternative, culturally-informed healing model that will serve not only adults, but also juveniles, both through schools and on-site.

Table 1. Cohort III: Description of providers, services, eligibility criteria, and completion indicators

Providers	Services	Eligibility Criteria	Program Completion Indicator
MILPA	<ol style="list-style-type: none"> 1. Identify individuals eligible for post-conviction relief petitions and link to the Public Defender's Office. 2. Individuals are linked with La Cultura Cura talking circles 	<ol style="list-style-type: none"> 1. Individuals with felony charges eligible for re-classification under Prop47 or other post-conviction relief petitions. 2. Individuals currently residing or who have resided in the past 5-years in South County who have been arrested, convicted or cited, and who have experienced issues related to mental health and/or substance use. 	<ol style="list-style-type: none"> 1. Eligible participants are successfully linked to the Public Defender's Office. 2. Participant demonstrates significant engagement in talking circles as determined by program staff.
Public Defenders Office	Process Prop47 reclassifications & post-conviction relief petitions	Individuals with felony charges eligible for re-classification under Prop47 or other post-conviction relief petitions.	Participant is engaged with program staff and complies with necessary steps leading to the successful filing of a petition
Sobering Center	Diversion for those arrested w/DUI or public intoxication	Individuals arrested by local police with 647(f) or 23152(a/b)	Participant leaves center in a state of sobriety and receives information on available DUI and SUD services
Monterey County Behavioral Health	Integrated mental health and SUD assessment, referral, case management, and mental health treatment.	Individuals currently residing or who have resided in the past 5-years in South County with a diagnosed SUD or MH need and past contact with law enforcement (arrested, convicted, or cited).	Participant completes services as outlined in service plan.
	Monterey County Jail In-reach Program	Individuals that are incarcerated in Monterey County Jail with an expected release within 90-days.	Individual receives information about community services that the participant may be eligible for upon release to address mental health or substance use disorder needs
Sun Street Centers	Substance Use Disorder treatment, outpatient and residential	Individuals currently residing or who have resided in the past 5-years in South County with a diagnosed SUD or MH need and past contact with law enforcement (arrested, convicted, or cited).	Participant completes services as outlined in service plan.
	Sober Living Environment	Individuals currently residing or who have resided in the past 5-years in South County with a diagnosed SUD or MH need and past contact with law enforcement (arrested, convicted, or cited).. Either a graduate from an SUD treatment program or currently in an SUD treatment program.	Individual successfully transitions to sustainable permanent housing that is conducive to their recovery
Housing Resource Center	Rental assistance, rapid rehousing, and supportive case management to maintain housing	Individuals currently residing or who have resided in the past 5-years in South County with a diagnosed SUD or MH need and past contact with law enforcement (arrested, convicted, or cited). Must be currently open to Monterey County Behavioral Health for case management or a recent graduate from Sun Street Centers SUD programs.	When housing goals are met. Services can be provided for up to six months.

Prop 47 Cohort I and II funding has been successfully utilized to establish ongoing, collaboratively delivered services in the underserved, rural, mainly Latino region of South County, and also leveraged resources to attract millions of new local dollars to help implement the “No Zip Code Left Behind” Project. This third round of funding will allow our community-based organizations to continue providing services in this region in a manner that would otherwise, have been impossible. Cohort III funding will help us to continue utilizing and building upon long-standing collaborative relationships with our public and private non-profit community partners, to support people struggling with mental illness and substance use disorders, and encourage them to remain in treatment and avoid engagement with the criminal justice system. Continued support for this project allows us to reduce regional health inequities and ultimately, reduce recidivism in Monterey County. Figure 1 summarizes the Prop 47 Cohort 3 project theory described in this section in graphical form.

Figure 1. Cohort III: Project Theory



Project Goals and Objectives

As part of the program theory, the strategies are grouped into three main components: 1) Reduce recidivism by linking the reclassified and target population to services and supports, 2) Divert individuals with behavioral health needs from the criminal justice system, and 3) Reduce regional inequity by assuring access to substance use treatment. Table 1 summarizes the process and outcome measures for each project goal that will be used in the evaluation of the Cohort III implementation. Figure 2 outlines the project logic model including the inputs, activities, outputs and expected outcomes.

Table 1. Cohort III: Project Goals and Process and Outcome Measures

Process Measures	Outcome Measures
Goal 1: Reduce Recidivism by linking the reclassified and target population to services and supports.	
<ul style="list-style-type: none"> • Within six months of reclassification, engage population in the network of care that includes treatment and housing supports to reduce recidivism • Provide community education about opportunities to reclassify 	<ul style="list-style-type: none"> • Complete 100+ reclassifications and/or dismissal of charges per year • Provide housing support to 25+ individuals per year from the target population
Goal 2: Divert individuals with behavioral health needs from the criminal justice system.	
<ul style="list-style-type: none"> • Provide mental health triage assessments to 50+ individuals in the target population per year and provide group and/or individual therapy to 25+ individuals per year • The jail liaison (In-Reach) program will provide resource presentations to 200 individuals in jail who have a planned release date within 3 months; additionally, the liaison will complete 50 “warm handoffs”, taking individuals from jail directly to treatment • Operate Sobering Center 	<ul style="list-style-type: none"> • Divert 40 individuals per year from the criminal justice system into needed treatment. • Educate 200 incarcerated individuals about services available. Link 40 individuals from the jail directly into services • Divert 100+ individuals from jail by operating a Sobering Center.
Goal 3: Reduce regional inequity by assuring access to substance use treatment	
<ul style="list-style-type: none"> • Operate residential and outpatient substance use services in the South County region, including use of trauma-informed, evidence-based practices • Operate Sober Living Environment Homes 	<ul style="list-style-type: none"> • Operate 10-bed residential facility serving a minimum of 40 individuals per year • Operate outpatient services, serving at least 60 individuals per year • Operate Sober Living Environment Home, serving at least 10 individuals per year

Figure 2. Cohort III: Project Logic Model

Inputs	Activities	Outputs (per year)	Outcomes
<ul style="list-style-type: none"> • SUD treatment facilities & services • Sobering Center services • Housing services • Diversion programs • Post-conviction relief programs • Mental health treatment services 	<ul style="list-style-type: none"> • Expand outreach, education, and engagement efforts • Provide residential housing services • Implement Mental Health Diversion program • Implement Jail In-reach program • Operate Sobering Center • Implement residential and outpatient SUD services • Implement Sober Living Environment Home 	<ul style="list-style-type: none"> • 100 clients/year are reclassified • 25+ clients are placed in housing • Divert 40 clients/year from criminal justice system into treatment • 200 incarcerated individuals learn about services available • 40 individuals from jail are directly linked into services • 100+ individuals diverted from jail by operating a Sobering Center • 40+ clients provided residential SUD services • 60+ clients provided outpatient SUD services • 10+ clients are served through the Sober Living Environment Home 	<ul style="list-style-type: none"> • 60% of individuals will complete treatment having met their goals. • 75% of individuals served will be Latino/Hispanic and reside in So. County. • 2-year recidivism rate for clients served is lower than recidivism rate for comparison group.

Evaluation Methods and Design

Process Evaluation

The process evaluation is ongoing and will look at the extent to which all project activities are implemented and whether the proposed outputs are being achieved as planned. Additionally, the process evaluation will assess the extent to which the data collection mechanisms, that will facilitate the outcome evaluation, are being implemented as required. The data collection, fidelity monitoring and research design for this evaluation are described in detail below.

Process Measures and Methodology

The ongoing process evaluation will describe how the project's activities are implemented and the level to which the outputs are being achieved. For this task the evaluation will use quantitative and qualitative data collected on an ongoing basis from each provider, with the measures for the process evaluation following directly from the activities and outputs described in the logic model. The main inputs for the process evaluation will come from qualitative data collected from providers on a quarterly basis and quantitative data from the quarterly data reports each provider submits to the evaluation team to populate the client services database.

Qualitative Data:

To assessing the implementation of activities, the evaluation will collect qualitative data from the providers during the quarterly provider meetings. These meetings are designed to openly share ideas on how to improve services and discuss implementation barriers and successes from each provider. In addition to these meetings, the evaluation team schedules meetings with individual providers and the service coordinators when needed to learn about implementation methods and activities.

Quantitative Data:

All providers involved in the collaborative that composes the Monterey County Prop 47 project are current contractors with MCBH (all of them are already providing services for the Cohort II project and many are still providing services since the first funding cohort). As a result, privacy and data sharing agreements have already been established in each provider's contract and agencies have already received training in recording and reporting client data in the evaluation databases. However, the project director and the evaluation team will be holding a data protocol training scheduled for January 31st, 2023 to ensure that every provider is up to date with the data reporting requirements before the launch of Cohort III implementation. The main sources of quantitative data are described below:

Prop 47 Client Database and Unique Identifiers: Each client admitted for services by a Prop 47 provider in Monterey County is entered into the Prop 47 client database; during this process, the system identifies whether the individual is already enrolled in other Prop 47 services or is a new client, using names and date of birth. If the individual is new to Prop 47 services, the database will generate a unique identifier (KA number) that the provider will use to track the client over the time he or she receives services. If the client has already received or is receiving services from another Prop 47 provider, the database will notify the provider that that individual already has an existing KA number that should be used for that client over the course of the services. This centralized database allows the evaluation team to avoid duplication of clients and maintain a record of referrals between providers. The Prop 47 client database is also used for the recidivism analysis for matching clients to the Monterey County Jail database.

Prop 47 Service Database: All Prop 47 providers are required to complete a report for clients served on a quarterly basis. The report consists of a spreadsheet containing each client's KA number, demographic characteristics at enrollment, number of days enrolled, services received, and client status for that quarter. Quarterly reports from each provider are compiled into a service database and processed by the evaluation team. Information for existing clients is updated, while information for new clients that begun receiving services that quarter is added to the database. The service database is used to measure project outputs,

keep a history of client services across multiple providers and allows the evaluation team to make accurate updates to the BSCC reporting tool.

Jail Booking Data: Client recidivism is one of the main outcomes being tracked by the evaluation. For this reason, Monterey County Behavioral Health established a data sharing agreement with the Monterey County Sheriff in the spring of 2021. Under the agreement, the Sheriff's Department sends periodic updates of all County Jail bookings. The reports update a jail database that is then matched to Prop 47 clients to assess their arrest history within the County. The jail data stored in the County for this project dates back to April 1998 and is updated every month.

Conviction Data: In addition to tracking clients' jail bookings, the evaluation tracks convictions related to jail bookings. Conviction data comes directly from the Monterey County Superior Court via the Public Defender's Office. In addition to providing post-conviction relief services as a Prop 47 provider, the Public Defender's Office plays a role in the evaluation by compiling conviction histories for Prop 47 clients that were arrested after being admitted into the project. The detailed process for assessing recidivism and the Public Defender's role is described below in the Outcome Evaluation section.

Outcome Evaluation and Recidivism Measures

The outcome evaluation will explore the extent to which the project had an impact on recidivism. The evaluation also assesses the impact of project services on other contributing factors to recidivism, such as clients' service completion rates and the extent to which participants from underserved areas were reached. The outcome measures follow directly from the logic model presented in Figure 2. The main outcome measure for this project is client's recidivism. To measure program impact on recidivism, *the evaluation will assess if participants are convicted of a (new) crime within a 2-year period after their initial intake into any of the on-going case management Prop 47 programs.*

To track client recidivism the Monterey County Prop 47 team has devised a procedure that involves four steps designed to minimize error and ensure clients' (medical) information is kept confidential. Each step is described below:

1. Jail Match: The analysis of recidivism for individual clients begins with a soft matching procedure between the Monterey County Jail booking database and the Prop 47 client database. A soft match is required at this stage because names tend to vary widely in the jail booking database. Once all possible matches are identified, the Project Director confirms or discards the matches manually. The resulting dataset for this first matching step contains KA numbers matched to all information contained in the jail database for each matched client since 1998 (booking dates, type and description of charges, court case numbers, and release dates).

2. Client Data Match: Once a jail booking dataset has been created for all Prop 47 clients, the evaluation team reconciles the KA numbers in the jail match to the service database to identify which jail bookings occurred before and/or after each client received Prop 47 services. In addition, this step allows the evaluation team to identify which clients are receiving on-going case management services (e.g. SUD of BH treatment) or one-time services (e.g. Sobering Center or reclassification services). The resulting report from this step consists of a dataset containing the KA numbers, booking dates, and court case numbers for clients that experienced a jail booking after they were admitted for on-going Prop 47 case management services.

3. Conviction Report: The list of KA numbers identifying clients that were arrested after being admitted to services is then analyzed by the Public Defender's Office. During this assessment, the Public Defender's analyst identifies which jail bookings resulted in convictions using the Monterey County Superior Court's system. The resulting dataset for this step is a dataset that contains date of offense and date of convictions for each of the clients matched in step 2.

4. Recidivism Report: The final step in the recidivism analysis consists of creating a report that includes a list of KA numbers that received a conviction within two years of being admitted to ongoing Prop 47 services in Monterey County. These data are then used to update the recidivism reports in the BSCC data reporting tool and for analyses in the outcome evaluation.

Outcome Evaluation Design

The main research question being answered by the outcome evaluation is whether the project had an impact on clients' recidivism. Answering this question requires a comparison between recidivism outcomes for participants in Prop 47 services and recidivism outcomes from individuals that are statistically identical to participants, but did not receive Prop 47 services. In a classic randomized controlled trial, this is achieved by randomly assigning participants into treatment or control group and comparing their outcomes after the intervention has taken place. Unfortunately, such a design is not feasible in this project because Prop 47 services are voluntary and are offered to all clients that meet the eligibility criteria. For this reason, the outcome evaluation will follow a quasi-experimental design taking advantage of a geographical residence eligibility requirement.

To be eligible for Prop 47 services, a client must be a resident of South County or have lived in the South County region during the five years prior to receiving services. This means that ***clients who would be eligible for Prop 47 services, but are excluded due to their geographic residency, could serve as a comparison group.*** The potential pool for this comparison group would come from a group of clients that receive Behavioral Health services, and would otherwise be referred to Prop 47 services if they met the residency requirement.

This design would allow the evaluation to compare recidivism outcomes between clients that receive the Prop 47 services to clients that receive any other intervention available where they reside. This design would not capture the entire impact of Prop 47 services because, in the absence of Prop 47, residents of South County would have no services available to them where they reside. Nevertheless, this design would give the evaluation an important estimate of the impact of the collaboration between services offered by Prop 47 compared to equivalent treatment approaches available to non-south county residents.

Conclusion

The Local Evaluation Plan for Cohort III funding reflects the evolution in the depth of analysis the team will be able to explore in comparison to previous funding cohorts. The inter-agency partnerships and data systems put in place will allow the project not only to carefully measure treatment and recidivism outcomes for participants, but also to contrast these outcomes with a comparison group. The results of this evaluation will contribute to our understanding of the effectiveness of interventions geared to reduce recidivism in rural areas.

As stated in the funding proposal, one of the overarching goals of this funding round is the sustainability of the model and services provided by its Prop 47 project. The evaluation will contribute to this goal by providing timely and accurate information for decision makers. The evaluator will provide MCBH with reports for the Prop 47 Local Advisory Committee, service providers, and the Monterey County Board of Supervisors as required by the project director. In addition, to the extent approved by the BSCC and MCBH, the evaluator will present the program design, research methodology, and outcomes at annual conferences, such as the American Public Health Association or the American Evaluation Association, to support the respective communities of practice.

Finally, the Local Advisory Committee has been highly engaged in advising both Cohort I and Cohort II project implementation, witnessing transformation in South County individuals, and sharing in program outcomes as reported by the evaluation team. The evaluation reports will further assist collaborative partners, including those providing ongoing services under this third grant, to continue to build capacity through strengthening existing and establishing new relationships, addressing barriers, and improving services and outcomes through their participation in this evaluation process.