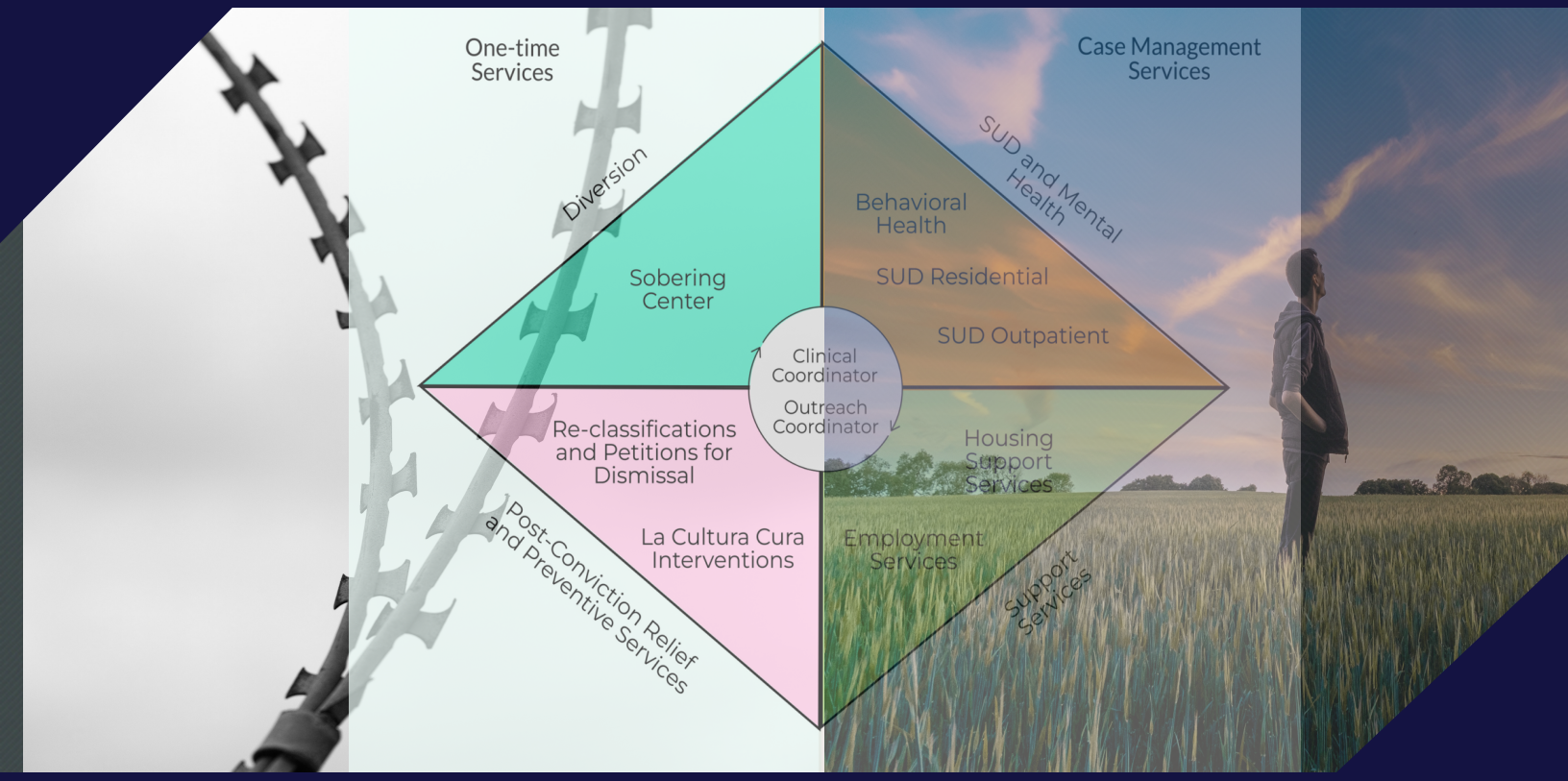
Monterey County Health Department
Behavioral Health Bureau

No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships

Cohort II
Final Evaluation Report



May 15th 2023

Institute for Community Collaborative Studies
California State University - Monterey Bay

Table of Contents

LIST OF FIGURES:

LIST OF TABLES:

ACKNOWLEDGEMENTS:

This evaluation report was written by Ignacio A. Navarro PhD., Kim Judson DrPH., and Jessica Liette MPA from the Institute for Community Collaborative Studies at California State University, Monterey Bay. We would like to thank Stacy Riley at BSCC for her guidance and prompt responses to our inquiries and to Phillip Sherwood, Rose Moreno, and Gabriel Saldivar from the Monterey County Health Department for their leadership and facilitation of agreements for data sharing with multiple partners and their commitment to data integrity and patient confidentiality. We would also like to thank Laura Henderson from the Monterey County Public Defender's office for conducting a case-by-case analysis of convictions that complemented the recidivism reports. Finally, we would like to extend our deepest gratitude to all the service providers and especially the data analysts from each agency for their efforts to produce timely data reports every quarter throughout the project period. All errors and omissions are the authors' sole responsibility.

EXECUTIVE SUMMARY

The No Zip Code Left Behind (NZLB): Addressing Inequities Through Collaborative Partnerships (Prop 47) project was designed to address the historic unmet need for substance use disorder (SUD) treatment, specialty mental health services, and supportive services in rural South Monterey County (South County). During its second funding period (2020-2023) the project continued to implement culturally and linguistically competent services, using evidenced-based interventions that included behavioral health treatments, a full array of SUD treatment, and employment and housing support services under a case management umbrella led by a service coordination team. In addition to the case management services available for South County residents, the project operated a Sobering Center that offered jail diversion services, and post-conviction relief services were provided by the local Public Defender's office.

During its second funding period, NZLB not only successfully implemented the activities it proposed in its theory of change but strengthened both its processes and its impact in the community. The implementation of a coordination team, expansion of services by the Public Defender, additional physical infrastructure for sober living treatment and community spaces, and the formalization of agreements with local law enforcement partners allowed the project to achieve its proposed goals and facilitated a more robust evaluation analysis of its process and outcome objectives.

Table 1: Project outcome objectives and outcomes achieved.

Goal	Proposed Outcome Measures	Outcomes achieved
Goal 1: Reduce Recidivism by linking reclassified and population of focus to services and supports.	Reduce the 2-year recidivism rate from current baseline of 38% to 28% in the population of focus (i.e. received case management services)	- Recidivism based on arrests during post enrollment period was 21% - Recidivism based on convictions with 2 years of enrollment was 8%
	Reclassify 100 individuals per year	-A total of 403 clients received post-conviction supports (133 per year)
	Place 25+ individuals in housing	-A total of 49 clients received housing assistance. At the time of analysis 20 were living in permanent housing.
Goal 2: Divert individuals with behavioral health needs from the criminal justice system.	Educate 200 incarcerated individuals about services available.	-147 Clients received more than 1 service within the project.
	Divert 100+ individuals from jail by operating a Sobering Center.	- A total of 676 clients received services at the Sobering Center instead of being booked at county Jail.
Goal 3: Reduce regional inequity by assuring access to substance use treatment	60% of individuals will complete treatment having met their goals.	-At the time of analysis, 81% of clients that received case management. completed at least one service.
	75% of individuals served will be Latino/Hispanic and reside in South County.	- About 79% of clients that received case management service self-identified as Hispanic of Latino.

As Table 1 presents, the project achieved 21% arrest and 8% conviction post-enrollment rates respectively, surpassing the goal of reducing the recidivism rate to 28%. These rates were also lower than the rates achieved during the previous project funding period. In addition, further analysis of re-arrest rates revealed that clients that received case management services experienced a reduction of arrests after enrollment in services. The project also surpassed its proposed goals with regard to service provision and service completion rates.

While the evaluation design did not allow for conclusive causal claims regarding the project's impact on client's change, the positive project outputs and outcome achievements suggest a successful implementation and a strong theory of change that brings substantial value and savings to the underserved community supported through this project.

FULL REPORT

I. PROJECT DESCRIPTION

The purpose of the "No Zip Code Left Behind (NZLB): Addressing Inequities Through Collaborative Partnerships (Prop 47)" project is to address the historic unmet need for substance use disorder (SUD) treatment, specialty mental health services, and supportive services in rural South Monterey County (South County) in an effort to decrease nonviolent offenders' risks for subsequent incarceration and to treat behavioral health disorders among people with co-occurring disorders to reduce the need for more frequent jail-bookings, entitlement benefits, and supportive services.

During its second funding period (2020-2023), the project continued to implement culturally and linguistically competent services, using evidenced-based interventions in underserved areas of southern Monterey County (South County). These included behavioral health, a full array of SUD treatment, and employment and housing support services under a case management umbrella led by a service and a jail in-reach coordination team. In addition to the case management services available for South County residents, a centrally located Sobering Center in Salinas offered services to divert people from jail, and provided an opportunity for intervention. Furthermore, the project expanded the implementation of approaches that address the client population's legal, social, and cultural needs by implementing culturally responsive transformational healing practices (e.g., La Cultura Cura) and offering reclassification and petition-for-dismissal services for all residents in Monterey County. Figure 1 presents a description of the project services in graphical form.

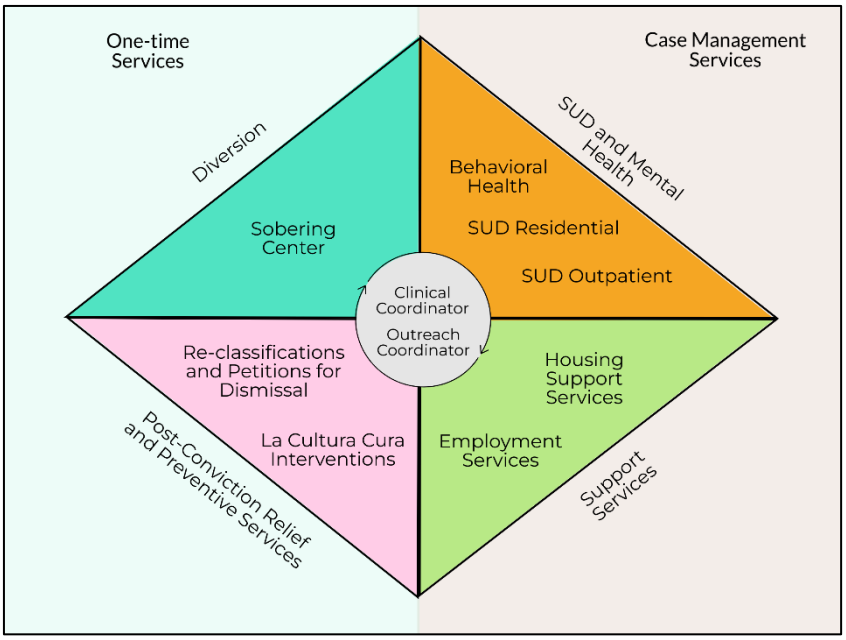


Figure 1: NZLB Services

Monterey County is committed to an inclusive and collaborative project, distributing most (71%) of the grant funding to community service partners; with Behavioral Health providing clinical services and grant management. Project leadership is committed to addressing the historic unmet need for SUD treatment, specialty mental health (MH) services, and supportive services in rural South County in an effort to decrease nonviolent drug offenders' risks for repeat offenses and subsequent incarceration and to treat behavioral health disorders among people with co-occurring disorders, to reduce the need for more frequent and costly hospitalizations, entitlement benefits, and supportive services. This effort addresses these wide-spread and severe service gaps and the resulting long-term health inequities. Figure 2 summarizes the project theory described in this section.

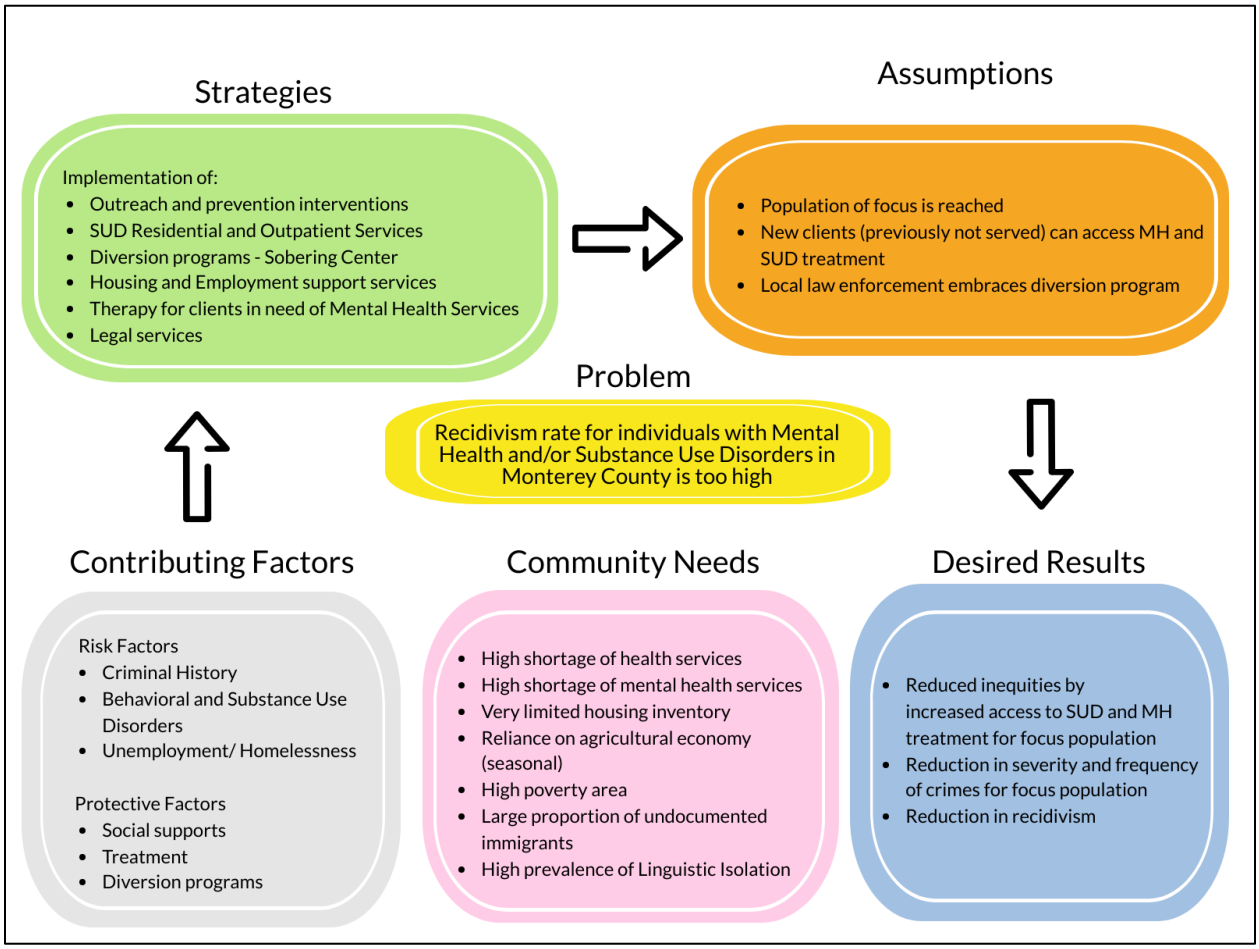


Figure 2: Program Theory

II. PROJECT GOALS, OBJECTIVES AND LOGIC MODEL

As described in the program theory (Figure 2), the desired results involve reducing recidivism in the county by linking the target population to a wide range of services including diversion programs, SUD and MH treatment, legal assistance, and employment and housing supports. These desired results are operationalized into Goals in Table 2. As the table presents, the goals for NZLB are:

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.

Each of these goals has a set of process measures that indicate whether the project activities are being implemented as designed to achieve the project goals and a set of outcome measures that operationalize what the project aims to specifically accomplish by the end of implementation period. This section of the report focuses on the process and outcome measures devised by NZLB to assess the extent to which the project is being implemented as proposed.

Table 2: Project Goals

Process Measures	Outcome Measures
Goal 1: Reduce Recidivism by linking reclassified and population of focus to services and supports.	
Provide a full array of services to help the reclassified and target population rebuild their lives and engage in needed treatment and recovery services and supports.	• Reduce the 2-year recidivism rate from current baseline of 38% to 28% in the reclassified and target population. • Reclassify 100 individuals per year • Place 25+ individuals in housing
Goal 2: Divert individuals with behavioral health needs from the criminal justice system.	
• Develop a jail liaison program. • Operate sobering center	• Educate 200 incarcerated individuals about services available. • Divert 100+ individuals from jail by operating a Sobering Center.
Goal 3: Reduce regional inequity by assuring access to substance use treatment	
• Provide residential services to at least 40/yr • Provide outpatient treatment and recovery services to 75 individuals per year.	• 60% of individuals will complete treatment having met their goals. • 75% of individuals served will be Latino/Hispanic and reside in South County.

To achieve the proposed goals, NZLB utilized Cohort 2 funds to implement a set of activities that were expected to produce the desired project outcomes. Figure 3 presents the logic model guiding the NZLB project. The figure details the inputs or resources that are being used to implement activities which will produce results (outputs) that are expected to have a positive impact on participants' well-being and decrease recidivism rates.

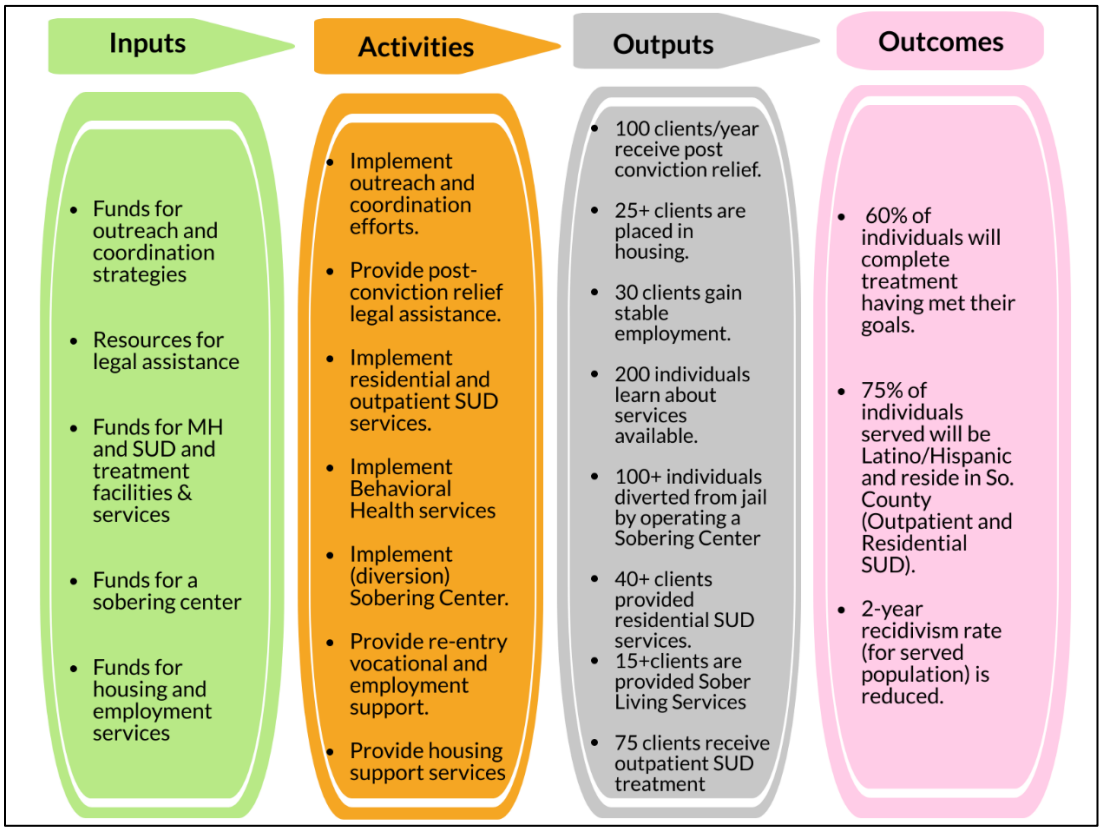


Figure 3: Logic Model

To implement the proposed activities, Monterey County Behavioral Health developed partnerships with local providers. Some of the providers continued from the first funding cohort including MILPA, the Public Defender's Office, and Sun Street Centers (SSC). Agencies that were new to the Cohort 2 project included the Housing Resource Center (HRC) and Goodwill of the Central Coast, which provide the housing and employment support services, respectively. Table 3 describes the partner agencies, the services they provide as part of the grant, eligibility criteria for clients and service completion indicators.

Table 3: NZLB, providers, services, eligibility criteria, and program completion indicators

Providers	Services	Eligibility Criteria	Program Completion Indicator
MILPA	Recruit individuals eligible for Prop47 reclassification to misdemeanors. Identify individuals eligible for petitions for dismissal.	Individuals with felony charges eligible for Post-Conviction relief petitions.	Participant has successful reclassification/ dismissal outcome in court
	Implement "La Cultura Cura" prevention interventions	Adult individuals residing in south county	Participants attend intervention sessions
Public Defenders Office	Process Prop47 reclassifications & petitions for dismissal	Individuals with felony charges eligible for Post-Conviction relief petitions.	Participant has successful reclassification/ dismissal outcome in court
Monterey County	Integrated mental health and SUD assessment, referral, case management,	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law	Participant completes services as outlined in service plan.

Behavioral Health	and mental health treatment.	enforcement. Additionally, Prop 47 enrolled participants receiving mental health services through Monterey County Behavioral Health.	
	Jail In-reach program	Incarcerated individuals that are about to be released	Participant is linked to services provided by project as needed.
Sun Street Centers	Operate Sobering Center that serves individuals arrested w/DUI or Public Intoxication	Individuals arrested by local police with 647(f) or 23152(a/b)	Participant leaves center on state of sobriety and receives information on available DUI and SUD services
	Substance Use Disorder treatment, outpatient and residential	Individuals residing (or history of) in South County with a diagnosed SUD or MH need and past contact with law enforcement.	Participant completes services as outlined in service plan.
	Sober Living Environment	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement. Either a graduate from SUD treatment programs or currently in a SUD treatment program.	Individual successfully transitions to permanent housing. Services can be provided for up to six months.
Goodwill Central Coast	Employment Services	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement.	Individual obtains and maintains employment for 90 days
Housing Resource Center	Rental assistance, rapid rehousing, and supportive case management to maintain housing	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement. Must be currently open to Monterey County Behavioral Health for case management or a recent graduate from Sun Street Centers SUD programs.	When case goals are met. Services can be provided for up to 12 months.

III. PROJECT PERFORMANCE

The NZLB project received funding from BSCC's first and second cohort of Prop 47 grants and has been in operation since December 2017. The project received a no-cost extension of one year and closed its funding cycle under Cohort 1 in September of 2021. The project, however, also received BSCC's Prop 47 Cohort 2 funding and began utilizing this funding source in July of 2020. Following BSCC guidance, this evaluation report only considers clients served with Cohort 2 funds.

Implementation

Under Cohort 2 funding, the project served a total of 1,486 unique clients. Each of them was asked to provide demographic information at intake. Table 4 shows self-reported client characteristics at intake. As Table 4 presents, most of clients served (75%) identified themselves as Hispanic (of any race), 18% of clients identified themselves as white (non-Hispanic), and 1.6% and 3.2% as Asian/Pacific Islander and African American respectively. About 72% of clients identified themselves as male, and 59% reported a level of education of high school or less. In addition, 36% reported being unemployed, 23% reported

being homeless and 13% reported living in friends' or relatives' homes. Finally, 47% of clients who were served reported having prior convictions and 18% reported being currently on probation or parole.

Table 4: Client Characteristics (self-reported at intake) (n=1,486)

Client Characteristics		#	%
Race/Ethnicity	Hispanic/Latino	1097	74.75
	White	264	17.96
	African American	48	3.24
	Asian/Pacific Islander	24	1.62
	Unknown	17	1.15
	Other	12	0.81
	Native American/Ala..	6	0.41
	Prefer not to state	1	0.07
Gender	Male	1046	71.26
Educational Attainment	Elementary or less	113	7.69
	Middle school	22	1.5
	Some high school	190	12.93
	High school/GED	537	36.55
	Other	371	25.3
	Some college or more	235	16.03
Employment Status	Employed	807	55
	Unemployed	531	36.2
	Other/Unknown	129	8.79
Housing Status	Independent Living/Housed.	788	53.65
	Homeless	333	22.66
	Family/Relative homes	187	12.73
	Other	161	10.96
Probation/ Parole	No	1155	78.67
	Yes	266	18.11
	Unknown	25	1.71
	Unsure	22	1.51
Prior Arrests	Yes	773	52.69
	No	662	45.07
	Unsure	25	1.7
	Unknown	5	0.34
	N/A	3	0.2
Prior Convictions	No	726	49.46
	Yes	695	47.35
	Unsure	35	2.38
	Unknown	9	0.61
	N/A	3	0.2

Motivating Individual Leadership for Public Advancement (MILPA) is an outstanding local resource led by formally incarcerated individuals who outreach into the community using healing-informed, relationship-centered approaches. MILPA conducts extensive outreach into the community to identify individuals that qualify for post-conviction relief benefits. They then link these individuals to the Monterey County Public Defender's Office to file the petitions with the courts. They provide La Cultura Cura groups which is a trauma informed treatment for transformational health and healing. These groups are used to address trauma in a culturally informed manner that promotes healing.

MILPA began receiving Cohort 2 funding in September of 2021. MILPA's outreach and prevention efforts were severely affected by the COVID pandemic. Traditionally MILPA used creative ways to engage with clients by organizing community events or attending local festivals, schools, churches, etc. When these activities were disrupted by health restrictions caused by the COVID 19 pandemic, MILPA adapted its outreach and prevention services to an online environment and gradually returned to its traditional delivery methods after the pandemic restrictions were lifted. Under Cohort 2 funding, MILPA was able to serve 96 clients.

Goodwill Employment Services were included as an integral part of the NZLB project under Cohort 2 funding. These services were provided by Goodwill of the Central Coast, with a goal of expanding services into South County, and providing comprehensive services to increase employment, as well as improve employee retention, earnings, and occupational skills. Goodwill provided assessments, pre-employment skills training, individual and group counseling, supportive services, intensive case management, and follow-up services.

Unfortunately, the profound effect of the COVID-19 pandemic on the local labor market impeded Goodwill from fulfilling its goals as the agency itself experienced high turnover.

During Cohort 2 funding, Goodwill served a total of 69 clients. Out of 69 clients served, 58 reported being unemployed at intake. By the time of the last assessment, 10% of the clients that reported being "unemployed" at intake upgraded their status to "employed."

The Monterey County Public Defender's Office was able to hire a full-time attorney using Cohort 2 funds. This attorney's time was dedicated to researching, filing, and going to court when needed, for post-conviction relief services. The attorney also provided support in the misdemeanor court by defending individuals whose felony charges were downgraded to misdemeanors via Prop 47. Another important change for Cohort 2 was the funding of LiveScans that facilitated more accurate and speedier filings.

From July 2020, the Public Defender's office served 403 clients. An analysis of a sample of cases filed revealed that most of the cases filed by the Public Defender's office corresponded to petitions for dismissals (PC 1203.4; 73%), followed by Prop 47 reclassifications (16%) and petitions to seal records (PC 851.91; 10%). At the time of analysis, about 90% of petitions that were filed were granted, .5% were denied and the rest were pending a decision.

The Sobering Center was the first service to begin operations as part of the NZLB project (in December 2017). Managed by Sun Street Centers, the Sobering Center is the first of its kind in Monterey County. It was established through this project to provide men and women with a location where they can safely recover from intoxication under the supervision of trained facility staff. Referrals are received from local law enforcement with no processing taking place in the jail. This type of intervention with adult inebriates shifts the emphasis away from treating public intoxication as a criminal offense and towards a

diversion treatment model, improving care and health outcomes for individuals while reducing costs to the local criminal justice system and hospitals. The Sobering Center is in the city of Salinas, about 2.2 miles from the Monterey County Jail and receives clients that have been detained by law enforcement agencies with DUI infractions (PC 32152(a/b)) or Public Intoxication (647(f)) charges.

Under Cohort 2 funding, since July 2020, the Sobering Center has served 676 clients.

Sun Street Centers' Sud Treatment Programs have been a cornerstone of the NZLB grant since Cohort 1. In addition to managing the Sobering Center, they provide a range of (SUD) treatment services, prevention, and post-recovery services. During Cohort 2, Sun Street Centers continued to provide outpatient SUD Services that utilize evidence-based and trauma-informed interventions such as motivational interviewing and the Matrix Model. Sun Street Centers also provide residential SUD services that include detox treatment and individual and group counseling 24 hours/day, in a new 22-bed facility located in King City.

With Prop 47 Cohort 2 funding, Sun Street Centers began offering Sober Living Environment (SLE) services to help eligible clients in their treatment after they completed residential services. For the first year of Cohort 2, Sun Street Centers began operating its SLE services with a single two-bedroom apartment, but in subsequent years of the project, Cohort 2 funding allowed the agency to acquire two additional four-bedroom houses in South County to increase service availability. In addition, Sun Street Centers renovated a space in King City to serve as a "community room", which provided a space for families to visit patients and clients during treatment, and for providers to meet with the project coordination team. Finally, Sun Street Centers added a discharge coordinator to serve as a liaison between clients and the project's coordination team.

During the evaluation period, 94 clients received SUD outpatient services at Sun Street Centers. Out of the 94 clients served, 68 (72%) completed services at the time of this analysis. The average treatment length for clients that completed the service was 84 days and the median 91 days.

In addition, 97 clients received SUD residential services at the King City location. Out of 97 clients served, 79 had completed their treatment at the time of this analysis; the average length of treatment was 73 days.

The Housing Resource Center (HRC) is an independent non-profit housing resource agency that uses evidence-based models recommended by the federal Department of Housing and Urban Development to assist families and individuals at risk of homelessness. HRC entered the project under Cohort 2 funding in July 2020 and has been providing reclassified and post-recovery clients with rental assistance (for up to one year), rapid rehousing (for up to 12 weeks), and supportive case management to maintain housing. Throughout the duration of this project, staff at Behavioral Health and Sun Street Centers referred clients that were both in recovery and experiencing homelessness to HRC where they would continue their recovery and transition to permanent housing. The client service database indicates that HRC provided services for 49 clients.

As Table 5 shows, HRC achieved very positive outcomes for many of its clients. From the time of intake to the last observation, there were substantial changes in the percentage of clients that reported being homeless (19% to 6%), living with family or friends (15% to 8%) and living in rapid rehousing units or sober living (48% to 43%). Additionally, only 19% of clients were living in independent housing at intake, compared with 43% at last observation.

Table 5: Distribution of reported housing status at intake and last observation (n=49)

Housing Status	At Intake %	At last observation %
Family/Relative homes	14.58	8.16
Homeless	18.75	6.12
Independent Living/Housing	18.75	42.86
Rapid Rehousing/Sober Living	47.92	42.86

Monterey County Behavioral Health (MCBH) provides both clinical services and grant management on the project via Cohort 2 funding. In their clinical role, MCBH staff continued to provide eligible clients with integrated mental health and substance use services, utilizing an intake assessment that addresses trauma and determines needed services. Individuals could be self-referred into the program or referred by one of the other providers. MCBH provided services for 216 clients with Cohort 2 funding.

As grant administrators, MCBH staff also provided leadership and support in the development of a new data reporting system for Cohort 2. The new system allowed partner agencies and the evaluation team to collaborate in collecting de-identified client data required for reporting to the BSCC while maintaining HIPAA client privacy standards. In addition, MCBH designed and implemented the "coordination team" component of the project, which is staffed by a clinical coordinator working under MCBH and an outreach coordinator working under SCC:

The Clinical Coordinator was identified as a crucial position that needed to be both created and filled for Cohort 2 after service providers expressed their challenges with reaching potential clients as they transitioned from jail or other project services. This service was launched in August of 2021. MCBH staffed this position with a clinician (Psychiatric Social Worker) whose role included reaching out to eligible clients, providing education on available services, conducting assessments, and providing a "warm hand-off" to ensure that clients are connected to other needed services.

The Outreach Coordinator whose role is to facilitate referrals across services and to conduct community outreach, was also identified as an essential component of the Cohort 2 project. This position was filled in July 2021, with similar responsibilities as the Clinical Coordinator, but housed under Sun Street Centers.

Number of clients served and cross-agency referrals.

As explained in the project description section, the deployment of the service coordination team to facilitate client referrals to various services within the project is at the heart of the theory of change. During implementation of the Cohort 2 project, the team streamlined referral processes between services, eliminated bottlenecks and waiting lists, and provided individual support to clients in their transition to other services.

Findings showed that the coordination team was able to have a significant impact throughout the implementation of the Cohort 2 project. For example, more clients received services from multiple providers in Cohort 2 than during the previous funding cohort; while 1,486 unique clients were served, findings showed a total of 1,700 client contacts. Table 6 presents a matrix of clients served by multiple agencies. The first row presents the total number of client contacts carried out by each agency, while

the second row shows the percentage of clients that were shared with other agencies during Cohort 2. As the table shows, clients that received case management services were more likely to engage with multiple services than clients who received one-time interventions (such as a visit to the Sobering Center or a post-conviction consultation). Most notably, about 75% of clients that received SUD Residential treatment also received services from other agencies. The matrix shown in the lower panel of Table 4 shows that clients that received SUD Residential treatment also received Outpatient treatment, housing support from HRC, employment training from Goodwill, post-conviction guidance from MILPA, and behavioral health therapy from MCBH. In total, 147 clients received more than one service that included case management. In other words, 40% of the 363 clients that received case managed services received more than one service. This estimate is likely lower than the actual number of shared clients because some clients that received services with Cohort 1 funding but received services from other agencies during Cohort 2 are not counted in this analysis.

Table 6: Client contacts by agency

	Beh. Health	SUD Residential	SUD Outpatient	Housing R.C.	Goodwill	Pub. Defender	MILPA	Sobering Center
Clients contacts	216	97	94	49	69	403	96	676
Clients shared*	41%	73%	50%	88%	83%	2%	27%	3%
Beh. Health		29	28	20	19	6	5	17
SUD Residential			15	24	42	1	18	2
SUD Outpatient				14	12	0	6	1
Housing R.C.					19	1	5	1
Goodwill						1	16	1
Pub. Defender							3	0
MILPA								1
Sobering Center								

* This percentage includes only shared clients under cohort 2 funding (Actual shared numbers are likely higher).

Further analysis also revealed that the number of services accessed by clients receiving case management has been steadily increasing year-over-year from an average of 1.4 in 2020, to 1.6 in 2021, and to 1.7 in 2022. This increase coincided with the implementation of the coordination team in the spring of 2021. This increase in service coordination benefited clients that previously faced barriers caused by the fragmentation of services. An example of this benefit is described in the project's highlight story (Appendix 1).

IV. EVALUATION RESULTS

Process evaluation

The project evaluation consisted of two main components: a process evaluation and an outcome evaluation. The process evaluation involved the development of a thorough description of the services provided by the project, including an analysis of client demographics, as well as an analysis of the extent to which the project's inputs, activities and outputs, as described in the logic model (Figure 3), were implemented.

The process evaluation was completed in August 2021. The evaluation revealed that despite the challenges posed by the COVID 19 pandemic, all providers in NZLB kept their services open and adapted their practices to serve clients in need. In some cases, this required providing services via telehealth, in others reducing its capacity to comply with social distancing regulations and providing rapid testing for clients and personnel. These challenges

did not impede a seamless transition from Cohort 1 to Cohort 2 funding or kept the project from expanding its services to provide Mental Health, SUD treatment, and legal, employment, and housing supports in a severely underserved area.

In addition to maintaining and expanding services the project added a coordination team at the time the process evaluation was completed. The team has been in place for 2 years and has already likely increased the number of referrals across different services as shown in the previous section (Table 6). The addition of the coordination team completed the NZLB model as it was conceived at the beginning of the Cohort 2 funding proposal.

Outcome Evaluation

The outcome evaluation for this project included an analysis of three outcomes, each aligned to a project goal (see Table 2):

1. Reduce recidivism by linking the reclassified and population of focus to services and support.
2. Divert individuals with behavioral health needs from the criminal justice system.
3. Reduce regional inequity by assuring access to substance use treatment

The remainder of this report describes the methodology employed to measure the extent to which the project had an impact on each outcome and the results obtained.

GOAL 1: Reduce Recidivism by linking the reclassified and population of focus to services and support

According to the project theory (Figure 2), the services provided by NZLB were expected to help clients reduce their probability of recidivism. The outcomes proposed for this goal included:

- Assisting more than 100 clients per year with post-conviction relief services,
- Placing at least 25 clients in independent living housing, and
- Reducing recidivism for participating clients to 28%.

As described in the project performance section of this report, the first outcome was met as the Public Defender successfully assisted 403 clients. The second outcome was nearly met as the Housing Resource Center placed or kept 20 of their clients in permanent housing. Yet, considering the challenges faced by the client population and the extremely low housing inventory in the region, we believe the increase in housing stability provided for the clients as shown in the project performance section (Table 5) is commendable.

The outcome related to recidivism set an objective reducing the recurrence of recidivism to 28% of the total number of clients. For the purposes of this report, the project considered **a client to recidivate if they experienced a jail booking after admittance into any of the project's services**. The jail booking data was provided by the Monterey County Sheriff's Office (SO) following an agreement secured by MCBH as part of the NZLB project. The jail data was matched to project client data using a two-step process. First, a matching procedure was conducted using clients' names and dates of birth. Then, for clients matched by dates of birth, but not by name, a manual match was conducted to verify whether the match was correct.

Project's impact on client recidivism:

To assess the project's impact on client recidivism, we conducted a pre-post analysis that compared the number of arrests clients experienced before admission to NZLB services with the number of arrests they experienced after admission. The post-service observation period was determined by calculating the number of days between the date of admission and March 30th, 2023 (the last jail data download received). To achieve a comparable pre-service observation period, evaluators reviewed client arrest records for the same number of days prior to their admission into NZLB services. For example, if a client was first served on April 11, 2021, her post-service observation period was 719 days (the total number of days between April 11, 2021-March 30th, 2023). We would then also observe the client's arrests in the 719 days prior to enrollment in services for comparison, to identify whether there was any change in the number of arrests before and after receiving NZLB services (see Figure 4). Clients that did not have an arrest in the pre- or post- comparison periods were not included in the analysis.

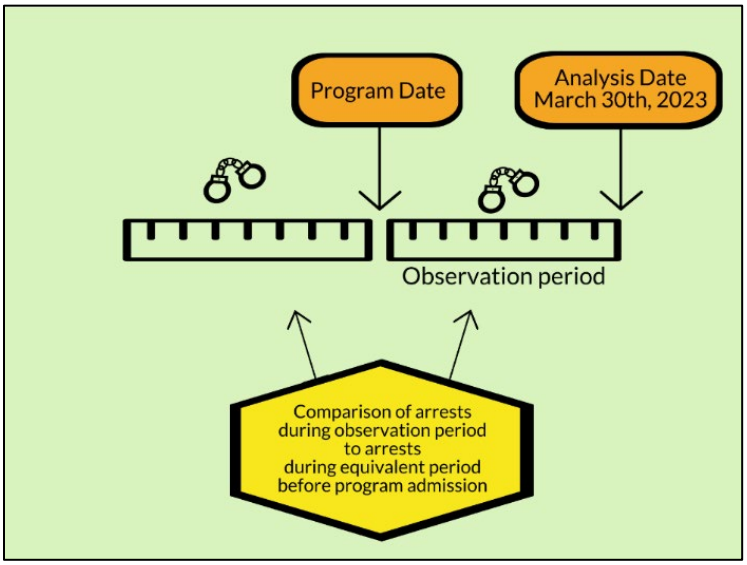


Figure 4: Methodology for assessing project's reduction in clients' recidivism.

We used this methodology for two reasons: first, we needed to balance the pre- and post-observation periods. Some clients were observed for only one year, others for two years and some for three years. By using this methodology, all clients meeting the criteria were included in the analysis. Second, many of the clients that received services experienced arrests many years before receiving a service. Thus, for these clients, it is not likely that the project would have an impact on recidivism and including them would have biased the results positively.

It is important to note that a pre-post comparison methodology is insufficient to assess the existence of "causal" impact of program participation on recidivism. The absence of a control group and random assignment into treatment or control groups does not allow us to assess if the changes observed on recidivism for clients served is different than that of other individuals that did not receive the services or if there were client characteristics other than program participation that caused the observed changes.

Table 7 presents the percentage of clients that experienced at least one jail booking during the period between admission to services and March 30th, 2023 (when the last jail data download was received). As the table shows, **the post-admission arrest rate for all clients served by the project during Cohort 2**

was 20%. Further, about 21% of the clients that received at least one service that involved case management experienced a jail booking after they were admitted to a service. The post-admission jail booking rate for most services was 21% or lower, except for clients that were admitted to Behavioral Health treatment (29%) and the Sobering Center (31%).

Table 7: Percent of clients with arrests after admission to NZLB services.

Agency	Clients served	Experienced at least 1 jail booking after admission to services*	
		#	%
Beh. Health	216	62	29%
SUD Residential	97	13	13%
SUD Outpatient	94	20	21%
Housing R.C.	49	8	16%
Goodwill	69	12	17%
Any Case MNGMT	363	77	21%
Pub. Defender	403	18	4%
MILPA	96	4	4%
Sobering Center	676	210	31%
ALL CLIENTS	1,486	294	20%

* Up to March 30th, 2023

While the overall post-admission jail booking rate presents a picture of overall outcomes, it is not a very accurate measure for program's impact on recidivism. Table 8 presents the differences in arrests before and after admissions using an equivalent observation period as explained in the methodology section above. As the table shows, the average number of bookings for clients that received any service with case management decreased by 1.2in, and the median number of jail bookings in the post-admission period decreased by 1 compared to their pre-admission period. The average observation period for this group of clients was 664 days. The most substantial decreases in average number of jail bookings were observed for clients that received services in Behavioral Health and SUD Residential treatments at 1.35 and 1.31 respectively. All the reductions in average and median number of arrests for clients in case management services were statistically significant at the .05 level. The reductions in arrests experienced by clients of the Public Defender and MILPA were not statistically significant.

Table 8: Change in number of jail bookings post service

Agency	Clients served	Jail match	Observation period (days)	Average number of bookings			Median number of bookings		
				Prior	Post	difference	Prior	Post	difference
Beh. Health	216	113	704	2.37	1.03	-1.35*	2	1	-1¥
SUD Residential	97	32	528	2.03	0.72	-1.31*	2	0	-2¥
SUD Outpatient	94	40	628	1.35	0.68	-0.68*	1	0.5	-.5¥
Housing R.C.	49	21	610	1.38	0.52	-0.86*	1	0	-1¥
Goodwill	69	22	441	1.68	0.86	-0.82*	1.5	1	-.5¥
Any Case Mgmt.	363	149	664	2.11	0.91	-1.2*	2	1	-1¥
Pub. Defender	403	25	430	0.96	0.96	0	1	1	0
MILPA	96	8	232	1.38	0.63	-0.75	1	0.5	-0.5
Sobering Center	676	222	667	0.46	1.25	0.79*	0	1	1¥

* Significant at the .05 level using a t test of difference in means assuming unequal variances.
¥ Significant at the .05 level using Wilcoxon matched-pairs signed-rank test for difference in medians.

Interestingly, Table 8 shows that the average number of post admission jail bookings increased by clients served by the Sobering Center compared to their pre-admission period. This seemingly counterintuitive finding can be explained by how the law enforcement partners utilize the Sobering Center. A previous analysis of the data conducted during the process evaluation found that police and California Highway Patrol (CHP) officers tend to use the Sobering Center as opposed to the jail for clients with no prior arrests. In fact, only 5% of clients that were served by the Sobering Center had an arrest prior to services (compared to 36% of clients receiving any case management services). Thus, the increase in arrests for the Sobering Center after admission may be explained by a regression to the mean bias (a.k.a "the-only-way-to-go-is-up" bias).

Project's recidivism using BSCC definition:

In addition to the recidivism analysis using the local definition (which is based on re-arrests), and in compliance with BSCC grant reporting guidelines, we examined a measure of recidivism based on convictions. For this analysis **participants were considered to recidivate if they 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 determine convictions, a list of clients that were arrested after being admitted to services was analyzed by the Public Defender's Office. During this assessment, the Public Defender's analyst identified which jail bookings resulted in convictions using the Monterey County Superior Court's system. The resulting dataset for this step was a table identifying each participant's date of offense and date of convictions. This analysis was only performed for clients that received on-going case management services.

Table 9 presents the summary of the arrest outcomes for clients that received ongoing case management. As the table shows, 77 of the 363 clients that received case management services experienced a jail booking after their enrollment date. However, only 28 of those clients had arrests that resulted in a conviction of a new crime within two years after enrollment. The rest of arrests had no open case (charges were likely dropped) (16); or were arrested for offenses that took place before enrollment, more than two years after enrollment (21) or have an open case, but no conviction yet at the day of analysis (12). **Thus, the overall percentage of case management clients convicted of a new crime within two years of enrollment at the date of analysis was 7.7%**

Table 9: Analysis of convictions for clients that received case management services.

Agency	Total Number of clients served	Clients arrested after enrollment	No case opened	Offense was before program or 2 years after enrollment	Open case but no conviction yet	Convicted of a new offense within 2 years of enrollment	
						#	%
Beh. Health	216	62	12	16	10	24	11.1
SUD Residential	97	13	2	6	2	3	3.1
SUD Outpatient	94	20	6	6	2	6	6.4
Housing R.C.	49	8	2	0	0	6	12.2
Goodwill	69	12	3	3	2	4	5.8
Any Case Mgmt.	363	77	16	21	12	28	7.7

GOAL 2: Divert individuals with behavioral health needs from the criminal justice system.

The main diversion component of the project was implemented by the Sobering Center. The proposed outcome objective was for the project to divert at least 100 clients per year. The Center served about twice the number of individuals it set out to serve. From July 2020 through March 2023, the Sobering Center served 676 clients; the majority (about 86%) of them were transported to the Center by the CHP and the Salinas Police Department.

As described in the "Project Performance" section of this report, the Center's main role is to provide services for clients in a comfortable environment and to serve as a referral point for other SUD treatment programs in the NZLB. However, the Sobering Center also has a positive impact on the County Jail. In the absence of the Sobering Center, individuals detained on charges of disorderly conduct or driving under the influence (DUI) would be booked at the County Jail. Thus, while an analysis of cost saving is beyond the scope of this evaluation, it is safe to state that the county saves the costs of booking 20-30 individuals per month.

GOAL 3: Reduce regional inequity by assuring access to substance use treatment.

NZLB's purpose is to address the historic SUD and mental health treatment needs in rural South Monterey County. According to the US Census Bureau, South County's population, for the most part, identifies as Hispanic or Latino, has relatively lower educational attainment levels, and relies mostly on agricultural employment, which is characterized by low wages and high seasonality. To adequately address the needs of the South County community, the NZLB project set out to serve a client population of whom 75% identified as Hispanic or Latino.

Table 3 in the 'Project Performance" section shows that about 75% of the clients served identified as Hispanic or Latino at intake. However, this number also includes diversion and post-conviction services which require no referral. When looking only at services that required a referral and case management, the proportion of clients that self-identified as Hispanic or Latino was about 79%. Table 10 presents the percentage of clients served that self-identified as Hispanic or Latino by agency. As the table shows, 75% or more clients in all services except for Goodwill employment support self-identified as Hispanic or Latino.

A second outcome measure for Goal #3 was that at least 60% of clients completed SUD or behavioral health treatment services. As Table 10 presents, 76% of clients that received Behavioral Health treatment, 81% of clients that attended SUD residential services and 69% of clients that attended outpatient SUD treatment completed services by March 30th, 2023.

Table 10: Race/Ethnicity by services.

Agency	Clients served	% that self-identified as Hispanic or Latino at intake	% clients that completed services by March 30th 2023
Beh. Health	216	80.5%	76%
SUD Residential	97	75%	81%
SUD Outpatient	94	84.04%	69%
Housing R.C.	49	75.5%	59%
Goodwill	69	69.1%	38%
Any Case Mgmt.	363	78.5%	81%*

*Completed any service that required case management.

V. GENERAL CONCLUSIONS AND LESSONS LEARNED

The No Zip Code Left Behind project was designed and implemented to address the historic unmet need for SUD treatment, specialty mental health services, and supportive services in rural South Monterey County (South County) with the goal to decrease nonviolent offenders' risks for subsequent incarceration and to treat behavioral health disorders among people with co-occurring disorders to reduce the need for more frequent jail-bookings, entitlement benefits, and supportive services. In its second cohort of funding (July 2020-June 2023), the project proposed three goals: 1) Reducing recidivism by linking the population of focus to services and supports, 2) Diverting individuals with behavioral health needs from the criminal justice system, and 3) Reducing regional inequity by assuring access to substance use treatment. As this report demonstrates, the project met the goals and objectives set out in the proposal for Cohort 2 funding. The project also experienced significant consolidation of its implementation, evaluation, and objective processes from its operation in Cohort 1.

Project Implementation:

The process evaluation study (May 2021) revealed that the project was not only implemented as intended but has solidified its operations and presence in the community. During Cohort 2, the project successfully contracted out with service providers and completed needed upgrades in both its physical infrastructure for SUD residential and Sober Living Treatment in King City, and soft infrastructure in the form of a collaborative network of services that operated independently prior to the program's implementation. Specifically, the introduction of the coordination team elevated the projects' case management approach and made significant progress in strengthening the relationship between providers from simple cooperation to a collaboration model where agencies not only share activities and physical space, but share clients and responsibilities to the project.

In addition, the expansion of services at the Public Defender's office and resources for LiveScans allowed the agency to handle new types of post-conviction relief services (including more petitions for dismissal) and increase the range of clients they were able to assist. An indication of this is that the Public Defender's office was able to serve a similar number of clients as it served in Cohort 1, even though the courts were closed due to COVID 19 pandemic restrictions during a segment of the Cohort 2 implementation period.

Unfortunately, the employment services component of the project did not achieve its expected outcomes. While many clients were referred to employment services, those referrals did not result in sustainable jobs in South County. A combination of factors may have influenced Goodwill's performance, including a regionally tight labor market, COVID-19 restrictions, and high internal employee turnover.

Finally, during Cohort 2, the Sobering Center solidified its presence in the City of Salinas and broadened its relationships with law enforcement. While it took a few years for law enforcement agencies to embrace the diversion approach, the number of local agencies utilizing the Sobering Center increased during Cohort 2. In addition, initial fears regarding the Center's presence have been eased for neighbors and local officials from the City of Salinas during the first several years of operation.

Evaluation Data and Methods:

After the lessons learned during Cohort 1, the data systems implemented during Cohort 2 resulted in a significant improvement for the evaluation. Three significant changes were introduced that resulted in a substantial positive difference: 1) The formalization of agreements with the Sheriff's and the Public

Defenders' offices to share jail booking data and conviction research respectively; 2) the creation of an intake and client database that was separate from other county databases, and 3) the refining of data sharing protocols between providers, project leadership and the evaluation team for quarterly reporting into the BSCC Prop 47 SmartSheet and for analysis of client recidivism.

These three improvements that came about as a result of lessons learned in Cohort 1 significantly improved the evaluation capabilities and have opened up the possibility for more complex evaluation designs in the future. During Cohort 3, the data reporting and sharing protocols are being further refined and streamlined and the evaluation plan now includes a comparison group to estimate the project's treatment effect.

Project Outcomes:

Even though the data and the methodology available for the evaluation did not allow for an analysis of the project's causal impact on its proposed objectives for participating clients, the results presented in this report suggest that, overall, the project was successful in achieving its proposed objectives. The larger number of clients served, and the consistency of the data allowed for the evaluation to articulate the project's impact on the community more clearly.

Moving forward, the project's leadership is more ambitious about the type of project outcomes it will measure. While the past two evaluations focused mainly on process outcomes and project outputs, the leadership is now focused on higher-level outcomes related to sustainability, inter-agency collaboration and causal impacts. This shift in the outlook for future project evaluations reflects an optimism that surely emanated from the project's continuity of personnel, maturation of the project processes and increased confidence in the project's theory of change that resulted from a successful implementation of Cohort 2 funding.

APPENDIX 1 - PROJECT HIGHLIGHT:

The following lines were written by a client that received case management services from the NZLB Prop 47 project. We include it as a highlight because it clearly reflects that clients' needs are often multi-faceted and services are scarce and, when available, are usually fragmented.

Before I got into Sun Street Centers I was drinking and homeless and didn't know how I was going to pick myself back up. I was beginning to lose hope because all of the rehabilitation centers and homeless shelters in my county were telling me that they were all filled up with no beds available. Then Sun Street Centers answered and they were willing to take me in. At first, I was very hesitant to turn myself into a rehabilitation center because I was afraid that I was going to just waste my time by doing the program and then after I graduate just end up right back in my homeless situation and most likely that would lead to me drinking again. I was then notified by a job that I applied for that they were going to hire me and my thinking process was to take the job, be homeless, save up, and then get back on my feet from there. I was going to take the job and go that route but I just couldn't trust myself. I knew that my urge to drink was too powerful at that time and I would never get out of that situation, so as much as I didn't want to, I chose to go to Sun Street Centers because it was the right thing to do and I needed discipline. Once I got into Sun Street Centers counselors started talking to me about Prop. 47 and how, after successful completion of the program, it helps you with housing and pays for your rent for a year. I was so relieved when I found out about this because my fears of just being left back out on the streets after graduating the program were gone and I actually had a path to look forward to. Fast forward to today, I have completed the entire program and currently have my own place. HRC has been so helpful with the entire process from the start. They contacted me about a place that was available because it lined up with the location of where I wanted to live. From there, the entire process was so quick and so smooth. Everything from the paperwork to them transporting me to my new place. I hate asking for help, but HRC has gone above and beyond to making sure my move in transition was smooth. They've helped me out with things that I thought I was going to have to pay for myself such as a bed, pillows and blankets, towels, and even a tv which was very unexpected. Sun Street Centers, Prop. 47, and HRC saved my life. They have sparked a new life in me and have given me an opportunity to get back on my feet and I feel so motivated. I'm so thankful for all of the help I've received and words are not enough to express my gratitude.--