



## County of Monterey, Office of the Public Defender

### Effecting Change in Circumstances

Diversion, Treatment and Support Services for Justice-Involved Adults  
and Youth with Mental Health or Substance Use Disorder Needs in  
Monterey County

#### LOCAL EVALUATION PLAN

Prop 47, Cohort IV

Prepared by the Institute for Community Collaborative Studies  
Department of Health, Human Services & Public Policy  
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# Project Background

The Institute for Community Collaborative Studies (ICCS) regional evaluator team at California State University, Monterey Bay was contracted by the Monterey County Public Defender's Office to conduct a local evaluation of their Effecting Change in Circumstances (ECC) project. This report documents the Local Evaluation Plan (LEP) for ECC.

Beginning with Prop-47, Cohort 1 in 2017, the Board of State and Community Corrections (BSCC) has funded three Prop-47 projects that have been successfully implemented by the Monterey County Health Department, Behavioral Health Bureau. These multi-year projects have provided justice-involved individuals with added support via the expansion of existing mental health and substance use disorder (SUD) programs, case management and support services including housing and legal assistance. Additionally, these projects have led to the development of a vital collaborative network of local nonprofit health and human services providers and public agencies. Over time, continued engagement in Prop-47 projects has strengthened these system-wide relationships and sharpened collaborative focus on the primary goal of reducing recidivism and improving the lives of participants, their families and the community, primarily in the underserved rural area of "South County".

For this fourth round of funding, the Monterey County Public Defender's Office, which has served as a provider in the previous three projects, will take on the role of lead agency in order to implement the "Effecting Change in Circumstances (ECC)" project. ECC will utilize best practices learned through the implementation of the previous three cohorts, while also addressing additional areas of need. ECC will continue providing vital mental health and substance-use disorder (SUD) services to justice-involved individuals in Monterey County through a cohesive and collaborative network of local nonprofit community-based organizations and public sector agencies (developed through cohorts 1-3), but will also increase attention to several diversion-related service gaps and expand programmatic focus to include new demographic groups and geographic areas, as summarized below.

Geographic Service Area: To ensure continued success in Southern Monterey County, individuals served through ECC will include those living in this high-need rural region but will also expand to include all Monterey County residents, with a primary focus on additional underserved and high-need regions identified in the Monterey County Community Health Needs Assessment (CHNA) in 2022. As shown in Table 1, CHNA data from several areas of the County indicate a similar or more significant need to the South County region. For example, 47% of individuals in North Monterey County report "fair" or "poor" mental health, but only 8% are currently receiving mental health treatment. Additionally, 27.6% of North Monterey County and 18% of Salinas residents stated that they were unable to obtain mental health services when needed in the past year. The rates of illicit drug use (14.2%) and excessive drinking (28.6%) are also highest in North Monterey County when compared with other regions, but only 1.7% of North County residents have ever sought treatment. To address these broader geographic and population needs, ECC will expand on

the work of previous cohorts by serving justice-involved individuals with a mental health and/or SUD need across additional underserved areas of Monterey County.

**Table 1. Mental Health and SUD Findings of Monterey County’s Health Needs Assessment (2022)**

<b>Monterey County’s Health Needs Assessment (CHNA) - 2022 (Self-Reported)</b>	<b>North Monterey County</b>	<b>South Monterey County</b>	<b>Salinas</b>	<b>Monterey Peninsula</b>	<b>Monterey County</b>	<b>U.S.</b>
<b>Current Status of “Fair” or “Poor” Mental Health</b>	46.6%	34.2%	33.3%	25.1%	34.3%	13.4%
<b>Currently Receiving Mental Health Treatment</b>	8.0%	12.6%	18.0%	18.8%	14.9%	16.8%
<b>Unable to Get Mental Health Services When Needed in Past Year</b>	27.6%	14.7%	18.0%	14.8%	18.8%	7.8%
<b>Illicit Drug Use</b>	14.2%	2.8%	3.6%	4.2%	6.1%	2.0%
<b>Excessive Drinking</b>	28.6%	27.2%	23.1%	25.6%	18.0%	27.2%
<b>Ever Sought Professional Help for Alcohol/ Drug-Related Problem</b>	1.7%	4.4%	4.3%	7.7%	4.7%	5.4%

Populations of Focus: ECC will continue previous efforts to provide support for adults who are disproportionately impacted by the criminal justice system in Monterey County, but will also expand services to reach additional demographic groups. As evidenced by recent reports from local law enforcement agencies including the Monterey County Sheriff’s Office, Probation Department and local Police Departments, people of color continue to be disproportionately impacted by the criminal justice system in Monterey County. As shown in Table 2, while only 61% of the County’s population is Hispanic, 82% of adult cases were filed against Hispanic individuals in 2022-2023. This disparity is even greater for Hispanic youth, who comprise 84% of those involved with the juvenile justice system.

Table 2. Juvenile and Adults Cases by Race/Ethnicity in Monterey County, 2022-2023

Race/Ethnicity	Juvenile Cases by Race/ Ethnicity <sup>1</sup>	Adult Cases by Race/ Ethnicity <sup>2</sup>	County Population by Race/Ethnicity <sup>3</sup>
Asian	1%	0.4%	7%
Black	4%	3%	3%
Hispanic	84%	82%	61%
Pacific Islander	1%	0%	1%
White	8%	14%	28%
Other Unknown	2%	2%	7%

<sup>1</sup> Monterey County Probation Dept., 2022-2023

<sup>2</sup> Monterey County Sheriff's Office, Gonzales Police Department, Greenfield Police Department, Soledad Police Department, King City Police Department, 2022-2023

<sup>3</sup> U.S. Census Bureau, 2023

In order to address these disparities, ECC will expand the population of focus to include both adults and youth impacted by the criminal justice system, who are also experiencing a mental health or SUD need. One of the primary aims of this project is to increase diversion for individuals under the age of 18 by bridging systemic service gaps to provide restorative justice services. These services include the facilitation of dialogue between offenders and victims in an effort to: empower and give a voice to victims; increase accountability and empathy on the part of the offender; and to promote healing and reconciliation. When compared with incarceration, restorative justice services have the potential to positively alter the self-concept and life path of participants<sup>1</sup>. Early diversion efforts provide a crucial first step in the process of connecting justice-involved youth (and adults) with the resources they need to lead healthy and productive lives, thus reducing their risk for recidivism.

Areas of Focus: ECC will also build on efforts from previous cohorts in that it will focus primarily on addressing existing service gaps that result in unnecessary processing delays, prolonged incarceration and difficulties with obtaining diversion for adults and juveniles with mental health or SUD needs. Table 3 summarizes these existing service gaps and the ways in which ECC will address them.

<sup>1</sup> Zeola, Guina & Nahhas, 2017; Tolou-Shams, et. Al, 2023

**Table 3. Service Gaps and Proposed ECC Interventions**

	<b>Service Gap</b>	<b>Proposed ECC Interventions</b>
1	During the “pre-arraignment” period (after an arrest and before the first court appearance), a 48–96-hour gap exists where screening and intake interviews to assess whether an individual is eligible and appropriate for diversion and other services are not being conducted, resulting in prolonged incarceration.	ECC’s Adult Rapid Response Team will close this gap by conducting in-custody eligibility screening and intake for adults arrested and/or charged with a non-violent, non-serious offense to identify whether they are eligible and appropriate for diversion and other services based on their mental health and/or SUD needs. This process will increase the Public Defender’s ability to secure an individual’s timely release at the initial court appearance and provide immediate referrals to and diversion into mental health and SUD treatment as well as wraparound social services such as supported housing and employment.
2	Currently, restorative justice programming, which diverts juvenile offenders from court proceedings, is limited due to funding, resulting in service gaps surrounding the school-to-prison pipeline, early intervention, and reintegration efforts to reduce recidivism.	ECC’s Juvenile Rapid Response Diversion will divert juvenile offenders who would otherwise become wards of the court into supportive restorative justice programming. Additionally, this program will provide reintegration support for juveniles who are reentering society, prioritizing services for youth with a high risk of recidivism. This component of the project will also connect youth with mental health, SUD and other support services, all of which have been shown to reduce recidivism among youth. <sup>2</sup>
3	Currently, individuals who are in-custody are unable to be assessed by a healthcare professional to identify mental health or SUD needs or eligibility for diversion due to the suspension of their Medi-Cal benefits (i.e., “lockout”). <sup>3</sup> This suspension means that healthcare providers are unable to bill Medi-Cal for diagnostic or assessment services to determine eligibility and appropriateness for mental health diversion or to develop case plans should the individual be granted diversion. This results in prolonged time in jail, impedes diversion efforts for eligible clients, and ultimately restricts access to needed services for the most vulnerable justice-involved populations.	The Mental Health Diversion component of ECC will provide funding for behavioral health licensed staff to conduct assessments, provide diagnoses, determine level of care required, develop care plans, and provide referrals to appropriate specialist(s) (e.g. outpatient or inpatient behavioral health practitioners, psychiatrists, etc.) for treatment, optimizing mental health diversion efforts and increasing capacity for mental health diversion clients. This component of ECC will allow individuals to exit custody, immediately begin needed treatment and connect with wraparound support services, and reduce the amount of time spent in incarceration.
4	The County’s diversionary Sobering Center currently only operates four days per week due to a lack of funding. This three-day gap results in individuals arrested for acute intoxication ending up in jail or the emergency room instead of being diverted to the safe space provided by the Sobering Center where they can be stabilized enough to be self-released and/or referred to needed services.	The Sobering Center estimates that the added ECC project funding will allow them to treat 150 new individuals annually with services provided 24/7, closing this service gap.

<sup>2</sup> Zeola, Guina & Nahhas, 2017; Tolou-Shams, et. Al, 2023

<sup>3</sup> California Dept. of Public Health Billing Manual, 2024

In summary, ECC will implement vital services and address existing gaps, reducing unnecessary delays and difficulties in delivering diversion services for adults and juveniles across Monterey County who have been arrested, charged with or convicted of a criminal offense. The project also seeks to address the underlying causes of unlawful behavior by altering conditions that lead to legal problems, improving participants' quality of life, and supporting their (re)integration into society, thus reducing their risk for recidivism.

## Project Description

In order to address the community needs described in the Project Background section, ECC will implement various activities in service of the project goals, which are to: 1) Reduce recidivism by linking the populations of focus to services, 2) Divert individuals with behavioral health needs from the criminal justice system to treatment and support services, and 3) Divert individuals with substance use disorders from the criminal justice system into treatment. ECC activities will include in-custody eligibility screening and intake to identify service needs, mental health and SUD assessments and diagnoses, case plan development and management, and referrals to appropriate services such as mental health and SUD treatment, housing support services, employment services and restorative justice services. Table 4 summarizes the objectives and process and outcome measures for each project goal that will be used in the evaluation of the ECC implementation.

Table 4. Project Goals, Objectives and Process and Outcome Measures

Process Measures	Outcome Measures
<b>Goal 1: Reduce recidivism by linking the population of focus to services.</b>	
<u>Objectives:</u> <ul style="list-style-type: none"> <li>A. Within 24-48 hours of arrest, screen the target population for mental health and substance abuse disorders, and implement a collaborative network of services.</li> <li>B. Reduce the time the target population spends in pretrial custody</li> <li>C. Increase the number of adult arrests that are diverted from prosecution</li> <li>D. Increase the number of juvenile arrests that are diverted from prosecution</li> </ul>	
<ul style="list-style-type: none"> <li>● Conduct in-custody screening and intake</li> <li>● Develop a collaborative network of providers to offer an array of services based on client needs</li> <li>● Provide case management to individuals and link them with appropriate services</li> <li>● Implement housing support services</li> <li>● Implement restorative justice services</li> <li>● Implement employment services</li> </ul>	<ul style="list-style-type: none"> <li>● Divert 25 adults from jail into services through rapid response</li> <li>● Divert 40 youth from juvenile detention or probation into services through rapid response</li> <li>● Provide housing for 10 individuals</li> <li>● 40 individuals participate in employment services</li> <li>● Reduce recidivism among the population of focus by at least 10%.</li> </ul>
<b>Goal 2: Divert individuals with behavioral health needs from the criminal justice system to treatment and support services.</b>	
<u>Objectives:</u> <ul style="list-style-type: none"> <li>A. Increase the number of persons in pretrial custody who are eligible and suitable for mental health diversion by supplying them with proposed treatment plans for their hearings</li> </ul>	
<ul style="list-style-type: none"> <li>● Provide client mental health diagnoses and assessments</li> <li>● Develop mental health diversion care plans</li> <li>● Implement bridge treatment</li> <li>● Provide case management to individuals and link them with appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>● Obtain mental health diversion for 25 felony clients.</li> <li>● Obtain mental health diversion for 40 misdemeanor clients</li> </ul>
<b>Goal 3: Divert individuals with substance use disorders from the criminal justice system to treatment and support services.</b>	
<u>Objectives:</u> <ul style="list-style-type: none"> <li>A. Operate the Sobering Center an additional 3 days per week, so services are available seven days a week, 24 hours a day</li> <li>B. Establish a team to transport clients from jail to residential treatment programs.</li> <li>C. Increase the number of arrestees with substance abuse disorders who are diverted to the Sobering Center in lieu of jail.</li> <li>D. Increase the number of arrestees with substance abuse disorders who are diverted to SUD treatment and services in lieu of jail.</li> </ul>	
<ul style="list-style-type: none"> <li>● Prop 47 case managers, staff and interns provide case management to connect individuals with services through rapid response or mental health diversion</li> <li>● Operate Sobering Center</li> </ul>	<ul style="list-style-type: none"> <li>● Divert 40 individuals per year from jail into substance use disorder treatment.</li> <li>● Divert 150 individuals per year to the Sobering Center in lieu of jail.</li> </ul>



As described in Figure 1 below, the project operates on the theory that recidivism rates among individuals involved in the criminal justice system are significantly influenced by untreated mental health and substance use disorders. The project aims to address the root causes of criminal behavior by providing strategic interventions including mental health assessments, diagnosis and counseling, substance abuse assessments and treatment opportunities, restorative justice services, and housing and employment supports. This approach assumes that identifying and addressing an individual's underlying health, social and economic needs will improve their ability to better manage their life through behavioral changes, making healthier choices, and successfully reintegrating into society, ultimately reducing their likelihood of re-offending. This theory also recognizes the importance of diverting individuals from traditional incarceration as early as possible and by offering supportive alternative pathways that focus on rehabilitation and avoid punitive measures.

In order to successfully implement the strategies identified in the project theory, ECC has established partnerships with several public agencies and local community-based organizations in Monterey County. Project partners are identified in Table 5, along with descriptions of the specific services to be provided through ECC, participant eligibility criteria, and service completion indicators.

Figure 1. ECC Project Theory

<b><u>Strategies (Implement new):</u></b>			<b><u>Assumptions (Program will work because):</u></b>	
<ul style="list-style-type: none"><li>- Implement a pre-arraignment support intervention that facilitates and increases access to services and diversion programs for youth and adults</li><li>- Provision of Restorative Justice interventions for eligible youth</li><li>- Provision of SUD interventions for eligible individuals</li><li>- Provision of MH interventions for eligible individuals</li><li>- Provision of housing support interventions</li><li>- Provision of employment support interventions</li></ul>			<ul style="list-style-type: none"><li>- Facilities/personnel are secured for new services</li><li>- New clients (previously not served) can access MH and SUD treatment to reduce their recidivism</li><li>- Local law enforcement and CHP continue to embrace diversion program that reduces jail overcrowding and holding of intoxicated individuals</li><li>- Probation department embraces collaboration with Public Defender and Restorative Justice partners</li><li>- Housing is secured for participants</li><li>- Employment is secured for participants</li></ul>	
		<b><u>Problem:</u></b> Incarceration rates for individuals with mental health and substance use disorders in Monterey County are too high.		
<b><u>Influential Factors:</u></b>				
<b><u>Recidivism Risk Factors</u></b> <ul style="list-style-type: none"><li>- Substance Use Disorders (SUD)</li><li>- Clinical history (MH disorders)</li><li>- Criminal history</li><li>- Barriers to stable employment</li><li>- Barriers to stable housing</li></ul>			<b><u>Community Needs:</u></b> <ul style="list-style-type: none"><li>- Limited access to jail diversion programs</li><li>- Limited SUD and or MH treatment available in the County (Medically underserved area (MH professionals))</li><li>- Predominantly agricultural employment resulting in high rates of seasonal employment and poverty</li><li>- Language spoken at home is mostly Spanish or (Central-American) indigenous languages</li><li>- Large proportion of undocumented immigrants</li><li>- Lack of access to affordable housing</li><li>- Lack of access to reliable transportation services</li></ul>	
<b><u>Recidivism Protective Factors</u></b> <ul style="list-style-type: none"><li>- Timely access to services</li><li>- Diversion programs</li><li>- Successful SUD &amp; Mental Health (MH) treatment</li><li>- Access to basic needs</li></ul>				<b><u>Desired Results:</u></b> <ul style="list-style-type: none"><li>- Increase access to SUD and MH services for youth and adults that come in contact with the justice system</li><li>- Increase number of individuals from population of focus who are able to manage SUD and MH disorders</li><li>- Reduce frequency/severity of crimes committed by population of focus</li><li>- Reduce participants’ recidivism by addressing SUD, MH, and basic needs</li></ul>

**Table 5. ECC Project Partners, Services, Participant Eligibility and Completion Indicators**

<b>Providers</b>	<b>Services</b>	<b>Eligibility Criteria</b>	<b>Program Completion Indicator</b>
Monterey County Public Defender's Office	Mental health diversion services	Public Defender clients who meet the eligibility and suitability criteria for Diversion of Individuals with Mental Disorders as outlined in Penal Code 1001.36	Participant granted Mental Health Diversion
Monterey County Behavioral Health	Mental Health Diversion evaluations, reports, treatment plans, progress reviews/updates, and case management	Public Defender clients who meet the eligibility and suitability criteria for Diversion of Individuals with Mental Disorders as outlined in Penal Code 1001.36	Participant granted Mental Health Diversion
	Integrated mental health and SUD case management, referrals, and treatment	Individuals who have been arrested, convicted of, or charged with a criminal offense and have a diagnosed or suspected SUD or MH need	Participant completes services as outlined in their service plan
Monterey County Workforce Development Board	Employment services	Individuals who have been arrested, convicted of, or charged with a criminal offense and have a history of MH issues or SUD	Participant completes goals as outlined in their service plan
Restorative Justice Partners	Juvenile diversion services via restorative justice programming	Minors who have been arrested or charged with a criminal offense and have a history of MH issues or SUD	Participant completes services as outlined in the restorative justice plan
California State University, Monterey Bay (CHHS Field Interns)	Pre-arraignment assessments to determine Prop. 47 eligibility, identify individuals for potential MH and SUD diversion, identify MH, SUD, housing and employment histories and needs, and provide assistance with case management and appropriate referrals	In-custody adults who have been arrested and/or charged with a non-violent, non-serious offense, but have not yet been arraigned; this excludes individuals (1) with pending warrants or holds from other jurisdictions, (2) with a parole, PRCS, or Mandatory Supervision hold, (3) who are on active probation, parole, or other supervision for a violent or serious felony as defined in Penal Code sections 1192.7(c) and 667.5(c), and (4) individuals with pending charges which could result in registration as a sex offender, arson offender, or gang member.	Participant participates in and completes the pre-arraignment screening and intake assessment
Housing-Provider TBD	Rental assistance, rapid rehousing, funding for temporary housing costs, and supportive case management to maintain housing	Individuals who have been arrested, convicted of, or charged with a criminal offense and have a history of MH issues or SUD	Participant meets housing goals as identified in their service plan
Sun Street Centers	Sobering Center	Individuals arrested by local police in Monterey County for penal code violations 647(f) (public intoxication) or 23152 (DUI)	Participant leaves center in a state of sobriety and receives information on available DUI and SUD services
	SUD assessments, outpatient and residential SUD treatment, transportation from jail to SUD program	Individuals who have been arrested, convicted of, or charged with a criminal offense and have a history of MH issues or SUD	Participant completes services as outlined in their treatment plan
	Sober Living Environment	Individuals who have been arrested, convicted of, or charged with a criminal offense and have a history of MH issues or SUD. Must be a graduate from an SUD treatment program or currently enrolled in an SUD treatment program.	Individual successfully transitions to sustainable permanent housing that is conducive to their recovery

## Evaluation Methods and Design

To achieve the project goals outlined in Table 4 (above), the Monterey County Public Defender's Office will implement ECC activities using BSCC's Prop 47 Cohort 4 grant funds along with leveraged funds from other funding sources, programs, and institutional resources, all of which are outlined in the "*Inputs*" column of the project's logic model presented in Figure 2 below. Figure 2 also summarizes the project *activities* that will result in tangible service *outputs* and in turn, will produce measurable *outcomes* for participating clients and long-term *impacts* for the Monterey County community.

The goal of the project's evaluation is to assess if the proposed activities were implemented as expected, the outputs were achieved, and to measure the extent to which these activities and outputs produced the expected outcomes for project participants. This section describes the data and methods that will be used to achieve the evaluation goals.

## Process Evaluation

The process evaluation is ongoing and will use a mixed methods approach to explore the extent to which project activities are being implemented as proposed and the project 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.

## Process Measures and Methodology

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 (Figure 2). The main inputs for the process evaluation will come from: 1) qualitative data collected from providers on a quarterly basis, and 2) quantitative data collected electronically from providers via intake forms and quarterly data reports. The data collection processes and system are described in greater detail below.

## Qualitative Data

To assess the implementation of activities, the evaluation will collect qualitative data from providers on an ongoing basis throughout the project period via feedback forms (under development) distributed to program staff. Feedback forms will include questions about the services provided, barriers or challenges to implementation, accomplishments and successes, and "lessons learned" that may impact service delivery. Qualitative data will be collected by evaluators and shared with project leadership to inform internal fidelity monitoring and decision-making, and findings will be summarized in the final Local Evaluation Report (LER).

Figure 2. ECC Project Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
<b>BSCC Grant Funding</b> <ul style="list-style-type: none"> <li>CSUMB Interns</li> <li>Chief Deputy Public Defender</li> <li>Monterey County Behavioral Health services</li> <li>Monterey County Workforce Development Board services</li> <li>Housing provider services</li> <li>Sun Street Centers services</li> <li>Transportation services</li> <li>Sobering Center</li> <li>Restorative Justice Partners, Inc. programming</li> <li>Monterey County Information Technology Department services</li> <li>Collaboration with Monterey County Health Department, Monterey County Sheriff's Office, Monterey County Probation Department, Monterey County Homelessness Strategies and Initiatives Division, Door to Hope, Interim, Inc., and Monterey County Superior Court</li> <li>Local Advisory Committee</li> </ul>	<ul style="list-style-type: none"> <li>Provide in-custody screening and intake, identifying mental health and substance use disorders</li> <li>Provide assessments, diagnoses, case management and linkage to appropriate services</li> <li>Implement mental health treatment services</li> <li>Provide assessments and indicated outpatient, residential, and sober living SUD services</li> <li>Provide restorative justice services</li> <li>Provide mental health diversion assessments and develop mental health diversion care plans for presentation at hearings</li> <li>Implement bridge treatment</li> <li>Operate Sobering Center</li> <li>Implement employment services</li> <li>Implement housing services</li> <li>Provide transportation services from jail to residential SUD treatment programs</li> </ul>	<ul style="list-style-type: none"> <li>Divert 25 adults from jail into services through rapid response</li> <li>Divert 40 youth from juvenile detention or probation into services through rapid response</li> <li>Provide housing for 10 individuals</li> <li>40 individuals participate in employment services</li> <li>Obtain mental health diversion for 25 felony clients</li> <li>Obtain mental health diversion for 40 misdemeanor clients</li> <li>Divert 40 individuals from jail into substance use disorder treatment</li> <li>Divert 150 additional individuals per year to the Sobering Center in lieu of jail</li> </ul>	<ul style="list-style-type: none"> <li>Reduce recidivism for program participants by at least 10%</li> <li>At least 75% of youth successfully complete restorative justice program outcomes as measured by full participation in individual's restorative justice plan</li> <li>Provide treatment plans for 95% of mental health diversion clients</li> <li>75% of individuals will graduate mental health diversion</li> <li>Mental health diversion intake process to determine an individual's eligibility and suitability for diversion will increase capacity by 25%</li> </ul>	<ul style="list-style-type: none"> <li>Reduce incarceration rates</li> <li>Reduce stigma</li> <li>Reduce the school-to-prison pipeline</li> <li>Improve quality of life for participants</li> <li>Cost savings to the criminal justice system</li> </ul>
<b>Leveraged Funds/Programs</b> <ul style="list-style-type: none"> <li>Public Safety Realignment Act (AB109) funding for Project Director</li> <li>Medi-Cal funding</li> <li>California Workforce Development Board Prison to Employment Initiative</li> <li>Silver Star Youth Program</li> <li>California Reinvestment Grant/Community Reaching for Equity (CORE) Program</li> </ul>				
<b>Technology/Records</b> <ul style="list-style-type: none"> <li>Karpel Software</li> <li>Odyssey Software</li> <li>Netsmart Software</li> </ul>				

<ul style="list-style-type: none"> <li>• Computer Equipment</li> <li>• Monterey County Jail Custody Logs</li> </ul>				
<b>Public Defender Staff Time</b> <ul style="list-style-type: none"> <li>• Public Defender</li> <li>• Chief Assistant Public Defender</li> <li>• Assistant Public Defender</li> <li>• Chief Deputy Public Defender</li> <li>• Psychiatric Social Worker II</li> <li>• Management Analyst III</li> <li>• Management Analyst II</li> </ul>				
<b>Legislation</b> <ul style="list-style-type: none"> <li>• Mental Health Diversion (PC 1001.36)</li> <li>• Drug Diversion (PC 1000)</li> <li>• Military Diversion (PC 1001.80)</li> <li>• California Health &amp; Safety Code § 11395</li> </ul>				

## Quantitative Data

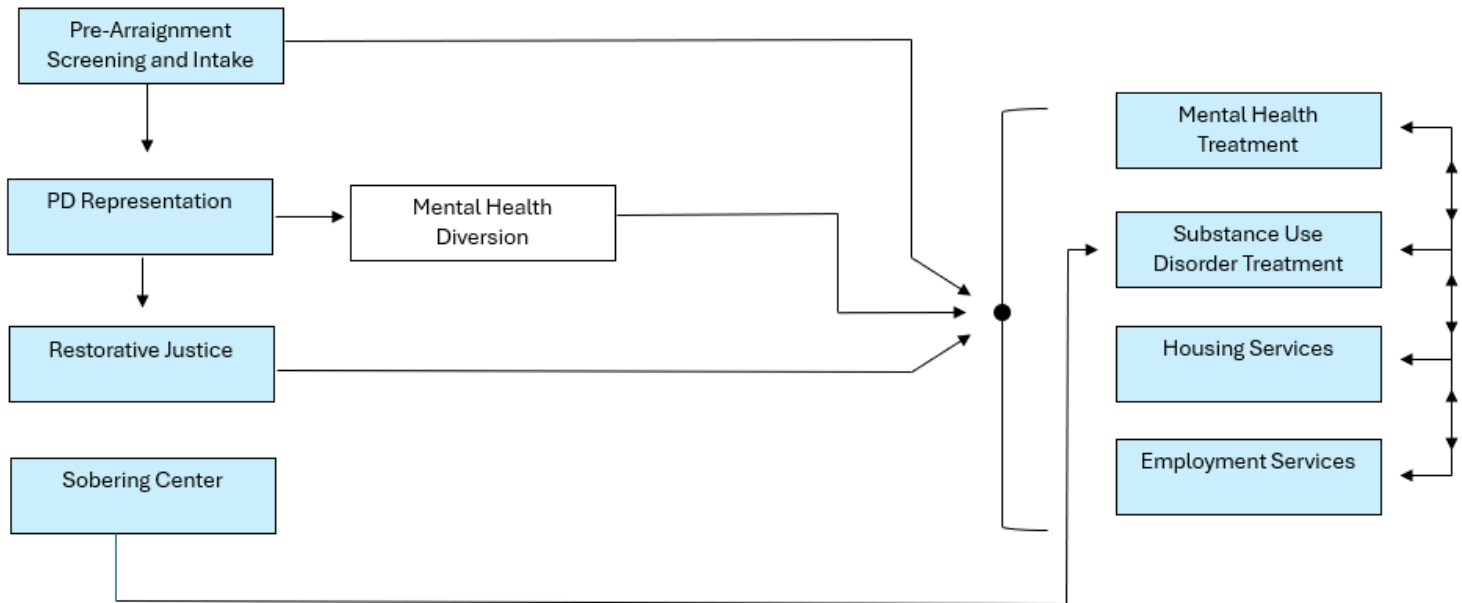
Quantitative data will be collected at intake for each client and through quarterly and recidivism reporting. Additional data to measure progress toward outputs (and outcomes) may also be collected via feedback forms, email or other communication with providers, if the required information is not already collected through quarterly or recidivism reports. In order to ensure the privacy of client information, data sharing agreements are established with each partner agency at the time that MOUs and agreements are completed. During the implementation period, project leadership at the Public Defender's Office has worked closely with the County of Monterey Information Technology Department (MCITD) to establish a comprehensive and secure electronic data collection and monitoring system that will ensure the safety, privacy and confidentiality of client information. The Public Defender's Office will provide onboarding, training and ongoing technical support to providers to ensure the quality and security of client data. The main sources of and systems used to collect quantitative data are described below:

*Client Intake System and Database:* The process flow of the ECC project, shown in Figure 3 below, identifies the various entry points into ECC programming and the potential pathways of clients as they move from enrollment into services. Intake will be completed for all clients served under ECC and can occur at any of the entry points, identified with a blue highlight on Figure 3. A closer examination of the process flow provides clarification about the points at which quantitative data will be collected for the ECC project and the types of information that will be gathered.

- For those clients receiving adult rapid response services, screening and intake will be conducted at the jail and/or the Monterey County Superior Court by students from the Collaborative Health and Human Services degree program at California State University, Monterey Bay, who are serving as interns with the Public Defender's Office. Intake information is collected at the pre-arraignment phase in order to assess a client's service needs and identify their eligibility for Prop 47 services including mental health and/or SUD diversion, as well as additional supports such as housing and employment. The Pre-Arraignment Screening and Intake Form (Appendix A) is used to obtain client information including demographics, housing status, employment status, financial status, family and social supports, substance use and mental health history, justice system involvement and personal goals. Responses to these questions are used to determine whether an individual is eligible for Prop 47 services, identify which services they may need, and to identify appropriate referrals. (\*Note that only the Public Defender's Office and interns will utilize the Pre-Arraignment Screening and Intake Form due to its level of detail and the time required to collect such information from a participant.)
- For all other points of entry, the Prop 47 Intake Form (Appendix B) will be used by program staff to gather preliminary client information. This intake form will also assess Prop 47 eligibility and ensure that all enrollment information required on the BSCC quarterly reporting spreadsheet, including demographics, housing status, employment status, and educational attainment, is gathered for each client. (\*Note that the intake

information is gathered upon client enrollment, while the “services” information required for quarterly reporting will be gathered separately and at the end of each quarterly service period.)

**Figure 3. Effecting Change in Circumstances (ECC) Process Flow**



**Completing Intake Using the Electronic Client Database:** Data collected on the Prop 47 Intake Form (and the corresponding data collected on the Pre-Arrestment Screening and Intake Form) will be available electronically using a data collection and monitoring system developed by MCITD. All providers will have access to and be required to log into a secure web application where they will input client information. All providers will utilize the system to input data collected on the Prop 47 Intake Form or the corresponding data on the Pre-Arrestment Screening and Intake Form. Within the electronic client database, partner agencies will only have access to intakes and service records of clients their individual agency has served, but client records from all providers will feed into a master client database housed with the Public Defender’s Office, ensuring fidelity monitoring of provider data and the data collection system.

**De-Identification of Client Data:** Once a provider has entered client data into the secure web application, the system will generate a unique identifier (CY number) that the provider will use to track the client over the service period. Upon entering client data, the system will identify whether the client is already enrolled in ECC programming by matching existing data with newly entered data, utilizing such data points as name, date of birth, race/ethnicity, gender, contact information, and personal identification numbers (driver’s license number, social security number, United States Citizenship and Immigration Services (USCIS) number, etc.) as points of comparison. If the individual is new to ECC services, a new CY number will be generated by the system. If the individual has already received or is currently receiving services from another ECC provider, the database will generate the preexisting CY number for that individual, ensuring each individual is only assigned one CY number. This centralized database mitigates the



duplication of clients and maintains a comprehensive record of services received by each client. To ensure fidelity of the system, the Public Defender's Office will regularly monitor data input, with capabilities to perform manual adjustments and participant account merging as needed. The ECC client database will also be used for the recidivism analysis, matching Monterey County Superior Court conviction data with Prop 47 participant data.

**Quarterly Reporting Using the Service Database:** All ECC providers are required to complete, on a quarterly basis, a report for clients served during that quarter. For the ECC project, the electronic client database will be used to collect all BSCC-required information from intake through program completion. In order to complete quarterly reports, providers will log into the electronic client database at the end of each quarter to update participation status for each CY number they've served since program inception. Providers will identify services the client received during the reporting period or identify completion information (completion date and employment/housing status upon completion). For any clients served by multiple agencies within a quarter, the electronic client system will notify the Project Director that reconciliation is needed. The Project Director will manually review these clients' records to ensure each record contains the accurate participation status for that client and a comprehensive representation of all services received by that client for the quarterly report submitted to the BSCC. Once the reconciliation process is completed, the final quarterly report will be shared with the evaluation team for review and submission to the BSCC. The evaluation team will utilize the information from the client service database to measure project outputs on an ongoing basis, to provide periodic progress reports to project leadership, partner agencies and stakeholders as needed, and to complete all BSCC-required reporting.

**Implementing Best Practices & Lessons Learned:** Using best practices and lessons learned from implementation of previous Prop 47 cohorts (1, 2 and 3) in Monterey County, the Public Defender's Office, in collaboration with MCITD, have put in place several strategies to ensure data integrity is maintained at intake and during quarterly reporting, in order to reduce the need for troubleshooting and/or manual reconciliation of collected data:

1. In previous cohorts, data was collected via Excel spreadsheets. Various technological factors, including the "file type" saved by the user, the version of Microsoft Office being used on their computer, and whether the file had been shared, downloaded and reopened via email, among others, sometimes caused drop-down menus within the document to malfunction or be omitted entirely. This allowed some providers to manually input a wide variety of responses that didn't match the allowable response options prescribed in the BSCC quarterly reporting template. Evaluators were then required to follow up and work with agency staff to retroactively correct the inputted information or identify the best choice of the "allowable" responses. Ongoing training and reminders were also necessary to ensure the quality of reported data, especially among community-based organizations with high rates of project-related staff turnover. While ongoing training, communication and maintenance will still be necessary for the ECC project, utilization of electronic forms will ensure drop-down options and pre-programmed responses are operational,

thus eliminating manual inputs and reducing errors and the need for frequent troubleshooting.

2. The electronic data collection system will also increase the efficient use of staff time. For instance, if a client has already completed the Prop 47 intake process at one agency and is then referred to a partner agency, the referral to the partner agency will include the client's preexisting CY number. When the referred client engages with the partner agency, the agency will utilize the preexisting CY number for that client to access that client's previously obtained intake information. This will eliminate duplication of intake interview and data entry efforts, save valuable staff time (and corresponding funding), optimize integrity of CY number assignments to individual clients, and allow partner agencies to serve Prop 47 referrals more quickly. Additionally, the electronic client database creates a bridge between intake and quarterly reporting, avoiding problems experienced in prior cohorts where these systems were separate, which resulted in program staff duplicating information obtained from the intake system in the quarterly reporting spreadsheet. It will also ensure that all BSCC-required demographic data is collected prior to quarterly reporting, eliminating the need to obtain missing demographic data from partner agencies during the quarterly reporting process. The system created by MCITD will allow providers to collect all intake and service information for each client in one place, optimizing data integrity and saving staff time and effort.
3. In cases where an agency is completing an intake for a new client and the information very closely matches the record of another ECC client, the ECC electronic record system will have a feature to identify whether the client may have potentially been duplicated in the database. The system will flag the two similar records and send a notification to the Project Director, who will reconcile whether the records are representative of two separate clients or duplicate records. Should the records be duplicative, the Project Director will have the ability to manually merge duplicate records, ensuring only one record exists per client.

If any additional measures are needed to ensure the quality and accuracy of data, the Project Director, in collaboration with MCITD, will be responsible for the merging and reconciliation of records, purging of duplicate records and other troubleshooting of the data collection system as needed.

## Outcome Evaluation

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 cohort 4-specific underserved groups 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 3-year period after their initial intake into any of the ECC interventions.*

## Recidivism Measures

To track client recidivism, the ECC project will use data from the Superior Court of Monterey County's Odyssey database which is a "case-based" data system that tracks the outcomes of each case treated by the court. For the annual recidivism analysis, the Public Defender's Office will match data from the Odyssey database with ECC participant data, identifying which ECC participants have been convicted of a new felony or misdemeanor since enrollment in the ECC program. Data matching will rely on comparison points such as name, date of birth, race/ethnicity, gender, address, and personal identification numbers (driver's license number, social security number, USCIS number, etc.). For each ECC participant who has been convicted of a new felony or misdemeanor since enrollment in the ECC program, a report will be generated that outlines the date the offense occurred, whether the charge was for a misdemeanor or felony, the case number, and the date and details of conviction. Prior to submission of this report to the evaluation team for analysis, the report will be de-identified by substituting all identifying participant information with that participant's corresponding CY number.

## 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 ECC services and recidivism outcomes from individuals that are statistically identical to participants, but did not receive ECC services. In a classic randomized controlled trial, this is achieved by randomly assigning participants into a 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 ECC services are voluntary and are offered to all clients that meet the eligibility criteria. For this reason, the outcome evaluation will follow a pre-post comparison analysis of each participant's convictions over a period of three years before enrollment into ECC project services to participant's convictions in the three years immediately following program intake.

For outcome measures other than recidivism, the service completion data and demographic information will primarily come from the client intake system and the client service database. Additional data will be collected through quarterly feedback forms when possible, or through interviews, meetings and/or email messages with providers as needed.

## Data Collection and Reporting Timeline

To conduct the process and outcome evaluations, data will be collected at different points in time and reported to both the Project Director and the BSCC as required. Table 6 summarizes the evaluation activities that will take place during each phase of the ECC project including: 1)

development of the tools, systems and processes needed for data collection; 2) ongoing qualitative data collection through provider feedback forms; 3) ongoing quantitative data collection through quarterly and recidivism reporting in each service year; and 4) a final analysis that includes a process evaluation, an outcome evaluation and an assessment of progress made toward project-related goals and objectives.

Table 6. Project Evaluation and Monitoring Plan

Phase		Implementation Phase	Service Delivery - Year One	Service Delivery - Year Two	Service Delivery - Year Three	Evaluation and Closeout
Dates		Oct 3, 2024 - Mar 31, 2025	Apr 1, 2025 - Mar 31, 2026	Apr 1, 2026 - Mar 31, 2027	Apr 1, 2027 - Mar 31, 2028	Apr 1, 2028 - Jun 30, 2028
Process Evaluation	Data Collection System Planning & Implementation	Develop data collection tools & processes for process and outcome evaluation, including recidivism analysis	Collect feedback on implementation of data collection system from providers Adapt processes and tools as needed →			Summarize processes, lessons learned in LER Summarize findings in LER
	Training	Provide onboarding and training on data collection system and processes, and quarterly reporting template	Continue onboarding and training as needed Meet w/agency partners as needed before quarterly report deadlines for Q & A session Review submitted quarterly reports and provide feedback, request updates as needed →			
	Qualitative Data Collection & Reporting	See “Data Collection System Planning & Implementation” and “Training” above	Distribute and collect provider feedback forms to monitor implementation of activities including challenges, successes and lessons learned Attend meetings with providers to collect information on implementation			
	Quantitative Data Collection & Reporting		Collect data from providers; clean and add data into client service database; compile data for submission to BSCC			
			Submit quarterly reports using BSCC database			
Outcome Evaluation	Recidivism Analysis & Reporting		Public Defender matches project participants with Monterey County Superior Court conviction records Public defender sends de-identified data to ICCS ICCS conducts analysis and reports findings			Summarize findings in LER
			June 30: Recidivism analysis	June 30: Recidivism analysis		
	Quantitative Data Collection & Reporting		Additional outcome data collected via feedback forms and/or meetings, email, interviews, etc. as needed			
Narrative Reports to BSCC		Local Evaluation Plan, due March 31, 2025				Local Evaluation Report (LER), due June 30, 2028

## Conclusion

The Local Evaluation Plan for the ECC project reflects an in-depth analysis that is made possible through the extensive inter-agency partnerships and data systems that have been established through previous Prop 47 projects in Monterey County and which have evolved and been improved over time. ECC will use best practices and lessons learned from earlier Prop 47 projects to implement a comprehensive evaluation of activities, outputs, treatment and recidivism outcomes for participants. The results of this evaluation will contribute to our understanding of the effectiveness of interventions geared toward reducing recidivism in Monterey County.

One of the overarching goals of this round of funding is the sustainability of the model and services provided by Prop 47 projects. The ECC project evaluation will contribute to this goal by providing timely and accurate information for decision makers. The evaluator will provide the Public Defender's Office with reports for the ECC Project's 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 the Public Defender's Office, 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 evaluation reports will further assist collaborative partners, including those providing ongoing services under this fourth BSCC 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.

## Appendix A. Pre-Arraignment Screening and Intake Form



## PRE-ARRAIGNMENT SCREENING AND INTAKE FORM

DATE OF INTAKE: \_\_\_\_\_ NAME OF SCREENER: \_\_\_\_\_

GENERAL INFORMATION			
NAME (LAST, FIRST MIDDLE)			
DATE OF BIRTH		COUNTRY OF CITIZENSHIP	
COUNTRY OF BIRTH		PREFERRED LANGUAGE	
EMAIL ADDRESS		PHONE NUMBER(S)	
PHYSICAL ADDRESS	Street: City: _____ State: _____ Zip Code: _____		
EMERGENCY CONTACT	Name:		
	Relationship:		
	Contact Information:		
GENDER		MILITARY SERVICE	
MARITAL STATUS		SOCIAL SECURITY #	
SEXUAL ORIENTATION		DRIVER'S LICENSE #	
RACE/ETHNICITY	American Indian/Alaska Native		Asian
	Black/African American		Native Hawaiian/Pacific Islander
	Middle Eastern/N. African		Other Identified Ethnic Origin, Ethnicity, or Race
	White		Two or More Races
	Hispanic/Latino/Spanish		Decline to State      Unknown

HOUSING			
HOUSING STATUS			
SUMMARY OF LIVING CONDITIONS			
HOW LONG HAVE YOU HAD THIS HOUSING STATUS?			
RENT/HOUSE PAYMENT	\$ _____	HOME EQUITY	\$ _____
ADDITIONAL NOTES			



## PRE-ARRAIGNMENT SCREENING AND INTAKE FORM

EMPLOYMENT/EDUCATION	
HIGHEST LEVEL OF EDUCATION	
EMPLOYMENT STATUS	
IF CURRENTLY EMPLOYED	
EMPLOYER	
OCCUPATION	
DATES OF EMPLOYMENT	
TAKE HOME PAY/INCOME	\$
IF CURRENTLY UNEMPLOYED	
HAVE YOU EVER BEEN EMPLOYED?	Yes No
PREVIOUS OCCUPATION	
DATES OF EMPLOYMENT	
IF INDIVIDUAL HAS A SPOUSE/DOMESTIC PARTNER	
SPOUSE'S EMPLOYMENT STATUS	
SPOUSE'S OCCUPATION	
SPOUSE'S TAKE HOME PAY/INCOME	\$
ADDITIONAL NOTES	

FINANCIAL INFORMATION			
PUBLIC ASSISTANCE	SSI	CalFresh	
	SSDI	Medi-Cal	
	CalWORKs/AFDC	General Assistance (GA)	
	WIC	Other Benefits	
BANK/DEPOSIT ACCOUNTS	\$		
CAR PAYMENT	\$	CAR VALUE	\$
OTHER ASSETS			
OTHER DEBTS			
ADDITIONAL NOTES			



## PRE-ARRAIGNMENT SCREENING AND INTAKE FORM

FAMILY/SUPPORT DYNAMICS			
DO YOU HAVE ANY TYPE OF SUPPORT SYSTEM? PLEASE DESCRIBE.			
ARE YOU A FORMER FOSTER YOUTH?	Yes	No	
DO YOU HAVE CHILDREN?	Yes	No	HOW MANY OF YOUR CHILDREN LIVE WITH YOU?
NAME(S) OF CHILDREN	CUSTODIAL PARENT	CONTACT INFORMATION	
HAVE YOU BEEN COURT ORDERED TO PAY CHILD SUPPORT?	Yes	No	IF YES, WHAT COUNTY/STATE ISSUED THE ORDER?
DCSS CASE NUMBER (IF KNOWN)			
ADDITIONAL NOTES			

SUBSTANCE ABUSE		
DO YOU HAVE AN ALCOHOL/SUBSTANCE ABUSE PROBLEM? PLEASE DESCRIBE.		
DRUG(S) OF CHOICE		
METHOD(S) OF USE (SMOKE, SNORT, INJECT)		
ARE YOU MANDATED TO A DRUG TREATMENT PROGRAM? IF YES, PLEASE EXPLAIN.		LENGTH OF PROGRAM
ARE YOU MANDATED TO ATTEND DUI CLASSES? IF YES, PLEASE EXPLAIN.		
ARE YOU IN RECOVERY OR ATTENDING ANY 12-STEP, NA/AA, SELF-HELP MEETINGS?		
ADDITIONAL NOTES		





## PRE-ARRAIGNMENT SCREENING AND INTAKE FORM

MEDICAL/MENTAL HEALTH	
DO YOU HAVE ANY HEALTH CONCERNS? PLEASE DESCRIBE.	
DO YOU CURRENTLY HAVE HEALTH INSURANCE? PLEASE DESCRIBE.	
ARE YOU CURRENTLY TAKING MEDICATION(S)? IF YES, WHAT TYPE OF MEDICATION(S)?	
DO YOU HAVE ANY MENTAL HEALTH ISSUES? PLEASE DESCRIBE.	
ARE YOU CURRENTLY BEING TREATED FOR (OR HAVE YOU BEEN PREVIOUSLY TREATED FOR) MENTAL HEALTH ISSUES? PLEASE DESCRIBE.	
DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? PLEASE DESCRIBE.	
CAN YOU INDEPENDENTLY PERFORM ACTIVITIES OF DAILY LIVING (ADL)?	
ADDITIONAL NOTES	

JUSTICE SYSTEM INVOLVEMENT				
PRIOR ARRESTS	Misdemeanor	Felony	N/A	
PRIOR CONVICTIONS	Misdemeanor	Felony	N/A	
ARE YOU CURRENTLY ON:	Probation	Post-Release Community Supervision (PRCS)		
	Parole	Mandatory Supervision (MS)	N/A	
NAME OF SUPERVISING PROBATION, MS, PRCS, OR PAROLE OFFICER				
ARE YOU MANDATED TO:	Domestic Violence Classes	Anger Management Classes	N/A	
REGISTERED STATUS:	Sex Offender	Arson	Gang	N/A
DO YOU HAVE ANY EXISTING OR PENDING RESTRAINING ORDERS AGAINST YOU? PLEASE EXPLAIN.				
ADDITIONAL NOTES				



## PRE-ARRAIGNMENT SCREENING AND INTAKE FORM

GOALS/REFERRALS			
IS EMPLOYMENT A PERSONAL GOAL? PLEASE EXPLAIN.			
ARE YOU INTERESTED IN EMPLOYMENT ASSISTANCE?	Yes	No	Referral Given
IS EDUCATION A PERSONAL GOAL? PLEASE EXPLAIN.			
ARE YOU INTERESTED IN EDUCATION ASSISTANCE?	Yes	No	Referral Given
IS HOUSING A PERSONAL GOAL? PLEASE EXPLAIN			
ARE YOU INTERESTED IN HOUSING ASSISTANCE?	Yes	No	Referral Given
ARE YOU INTERESTED IN SIGNING UP FOR MEDI-CAL?	Yes	No	N/A Referral Given
ARE YOU INTERESTED IN GETTING HELP FOR ALCOHOL, DRUGS, OR OTHER SUBSTANCE ABUSE?	Yes	No	Referral Given
ARE YOU INTERESTED IN CONNECTING WITH COUNTY BEHAVIORAL HEALTH FOR MENTAL HEALTH SERVICES?	Yes	No	Referral Given

FOR INTERNAL USE ONLY	
COHORT IV ID	
LOCATION OF PARTICIPANT	<div> <div>North Monterey County</div> <div>South Monterey County</div> <div>Salinas</div> </div> <div> <div>Monterey Peninsula</div> <div>Other:</div> </div>
DATE OF BOOKING	
CHARGES	
ARRESTING AGENCY	
ADDITIONAL NOTES	

PROP 47 COHORT IV  
INTAKE FORM

NAME*	FIRST	MIDDLE	LAST
DATE OF BIRTH*			HOME NUMBER
EMAIL ADDRESS			MOBILE NUMBER
ADDRESS*	STREET		
	CITY	STATE	ZIP CODE*
SOCIAL SECURITY #	DRIVER'S LICENSE ID #		
OTHER ID #	<div><input type="checkbox"/> Passport</div> <div><input type="checkbox"/> State ID</div> <div><input type="checkbox"/> Military ID</div> <div><input type="checkbox"/> Permanent Resident/Green Card</div>		

GENDER* (SELECT ONE)	RACE/ETHNICITY* (SELECT ONE)
<div><input type="checkbox"/> Gender non-binary</div> <div><input type="checkbox"/> Man</div> <div><input type="checkbox"/> Transgender man</div> <div><input type="checkbox"/> Transgender woman</div> <div><input type="checkbox"/> Two-spirit</div> <div><input type="checkbox"/> Woman</div> <div><input type="checkbox"/> Prefer to self-define</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Prefer not to state</div> <div><input type="checkbox"/> Unknown</div>	<div><div><div><input type="checkbox"/> American Indian/Alaska Native</div><div><input type="checkbox"/> Asian-Chinese</div><div><input type="checkbox"/> Asian-Japanese</div><div><input type="checkbox"/> Asian-Filipino</div><div><input type="checkbox"/> Asian-Korean</div><div><input type="checkbox"/> Asian-Vietnamese</div><div><input type="checkbox"/> Asian-Asian Indian</div><div><input type="checkbox"/> Asian-Laotian</div><div><input type="checkbox"/> Asian-Cambodian</div><div><input type="checkbox"/> Asian-Other</div><div><input type="checkbox"/> Black or African American</div></div><div><div><input type="checkbox"/> Hispanic, Latino, or Spanish</div><div><input type="checkbox"/> Middle Eastern/North African</div><div><input type="checkbox"/> Native Hawaiian/Pacific Islander-Native Hawaiian</div><div><input type="checkbox"/> Native Hawaiian/Pacific Islander-Guamanian</div><div><input type="checkbox"/> Native Hawaiian/Pacific Islander-Samoan</div><div><input type="checkbox"/> Native Hawaiian/Pacific Islander-Other</div><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Two or more races</div><div><input type="checkbox"/> Other identified ethnic origin, ethnicity, or race</div><div><input type="checkbox"/> Unknown</div><div><input type="checkbox"/> Decline to State</div></div></div>

# PROP 47 COHORT IV

## INTAKE FORM

### PROP 47 ELIGIBILITY\*

1. Have you been charged with, convicted of, or arrested for a criminal offense?\*
2. Have you had any previous arrests prior to the incident that brought you to this program?\*
3. Have you had any previous convictions prior to the incident that brought you to this program?\*
4. Are you currently on Probation, Mandatory Supervision (MS), Parole, and/or Postrelease Community Supervision (PRCS)?\*
5. Do you currently have a mental health issue and/or substance use disorder?\*
6. Do you have a history of mental health issue(s) and/or substance use disorder(s)?\*

\_\_\_\_ Charged      \_\_\_\_ Convicted  
\_\_\_\_ Arrested      \_\_\_\_ N/A

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unknown

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unknown

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unknown

\_\_\_\_ Yes      \_\_\_\_ No

\_\_\_\_ Yes      \_\_\_\_ No

### HOUSING\*

Do you have a housing goal?\*

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unknown

### CURRENT HOUSING STATUS\* (SELECT ONE)

- ☐ Independent living/housing
- ☐ Family/relative's home
- ☐ Foster care
- ☐ Permanent Supportive Housing
- ☐ Transitional or Bridge Housing
- ☐ Rapid Rehousing
- ☐ Residential Treatment Program
- ☐ Sober Living Home
- ☐ Homeless
- ☐ Other

### HIGHEST LEVEL OF EDUCATION\*

- ☐ Enrolled in middle school
- ☐ Enrolled in high school
- ☐ Enrolled in vocational training
- ☐ Enrolled in 2/4 year college
- ☐ Completed some middle school
- ☐ Completed some high school
- ☐ High school graduation or GED
- ☐ Completed some college
- ☐ College graduate (4 year degree) or higher
- ☐ Vocational Training Certificate or Degree
- ☐ Other
- ☐ Unknown
- ☐ Decline to State

### EMPLOYMENT STATUS\*

Do you have an employment goal?\*

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Unknown

### CURRENT EMPLOYMENT STATUS\* (SELECT ONE)

- ☐ Employed, full time
- ☐ Employed, part time
- ☐ Not working due to age, disability, student, volunteer or homemaker
- ☐ Unemployed
- ☐ Other

LANGUAGE PREFERENCE \_\_\_\_\_

ENROLLMENT DATE\* \_\_\_\_\_

CY NUMBER\* \_\_\_\_\_