

# Monterey County Health Department Behavioral Health Bureau

## No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships

### Cohort I Final Evaluation Report



Institute for Community Collaborative Studies  
California State University - Monterey Bay

December 2021\*  
(Amended January 2022)

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## **EXECUTIVE SUMMARY**

The purpose of the No Zip Code Left Behind (NZLB) 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. Specifically, the project was designed to achieve three goals: 1) reduce regional inequity by assuring access to substance use treatment and diversion programs for individuals in need, 2) reduce recidivism by linking the reclassified and target population to services and supports, and 3) increase social functioning for program participants. This effort addresses wide-spread and severe service gaps and the resulting long-term health inequities in the South County area, and aligns with King City's Comprehensive Plan to End Youth Violence (2017).

## **Major Findings & Conclusions**

The NZLB project was implemented through a collaborative partnership between seven local agencies including MILPA, the Monterey County Public Defender's Office, the Sobering Center (offered by SunStreet Center), Sunstreet Center SUD Services, Monterey County Behavioral Health, Turning Point employment services and California Rural Legal Assistance, Inc. (CRLA). Prior to implementation, these agencies worked more independently to provide services; however, through the NZLB project, they have been able to build more closely tied relationships with comprehensive wraparound services aligned to improve outcomes for South County residents. The following table shows the number of clients served by each agency over the duration of the NZLB project:

**Table 1: Clients served by each service provider:**

<b>Service provider</b>	<b>Clients served</b>	<b>Unique clients served</b>
<b>MILPA</b>	272	272
<b>Public Defender</b>	497	225
<b>Sobering Center</b>	457	457
<b>SunStreet Center SUD services</b>	339	337
<b>Monterey County Behavioral Health</b>	159	0
<b>Turning Point</b>	88	88
<b>CRLA</b>	0	0

The success of this project was measured through both a process evaluation and an outcome evaluation. The analysis conducted during the process evaluation revealed that, although the establishment of the physical and organizational infrastructure for service delivery across the many providers proved a challenge, all providers, with the exception of CRLA, were able to implement their services and collaborate with each other through one cohesive program. Additionally, the analysis of client demographics conducted as part of the process evaluation showed that the project has served the intended populations, including those of Latino/Hispanic descent, and residents of the Salinas Valley.

The outcome evaluation measured the project's success in accomplishing three main goals; these goals, as well as a brief summary of findings and conclusions, are outlined below:

**Goal 1: Reduce regional inequity by assuring access to substance use treatment and diversion programs for individuals in need**

One of the main purposes of NZLB was to remedy the scarcity of SUD treatment services in south Monterey County. It is clear from the evaluation that implementation of the King City SUD Treatment Center had a large impact on this front. The Center was not only embraced by the community as a one-stop shop for supportive services, serving 339 residents in South County and facilitating the integration of SUD and Behavioral Health services for dual-diagnosis clients. Another successful component of the project is the Sobering Center which has provided a viable alternative for law enforcement dealing with individuals charged with a DUI (Driving under the influence) and facilitated a referral process into SUD and mental health treatment; both of which have contributed to a decrease in County Jail bookings for these charges. One example of its success is highlighted in the story of a client caught-up in the cycle of addiction and jail bookings, who started his journey to recovery at the Sobering Center, continued with SUD treatment at SunStreet Centers, and is currently living a sober life (Appendix i).

**Goal 2: Reduce recidivism by linking reclassified and target populations to services and supports.**

The recidivism analysis presented in this report suggests that clients who participated in the project experienced, on average, fewer arrests after they entered a NZLB service than before they entered the project. The reduction was more modest for clients of the Sobering Center, SUD treatment, and employment services than it was for clients that sought reclassification services. This difference was expected since typically clients that seek reclassification are further down the path to recovery than those entering diversion, SUD treatment, or employment services.

The analysis of recidivism using convictions data for clients that engaged in on-going SUD services revealed that while 47% of them experienced convictions of a misdemeanor or a felony during the Dec 2014 – Feb 2021 period, only 17% of them were convicted after entering SUD services.

Even though the methodology employed does not allow us to attribute a causal impact on the reduction of arrests for convictions to the program, the results are encouraging.

**Goal 3: Increase social functioning for program participants**

Through a series of focus groups at Sun Street Center's outpatient SUD program in King City, the evaluation revealed that most participants increased their social connectedness as measured by their perceived bonds with family, friends, and community. Their responses showed that they have increased their self-confidence and feel like they can be trusted by their families and community. This has made them feel more useful and dependable and in turn makes them feel closer to their family and community. An interesting finding was that some individuals were beginning to reassess their pre-treatment friendships (many intertwined with their substance use habit) and strengthen the friendship bonds with other members of their treatment group. The findings suggest that the treatment empowered clients and changed their perceptions of self in relation to their families, friends and community in a positive manner.

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. Clients interviewed at the end of their outpatient SUD treatment expressed, in general, a renewed sense of social connection as a result of their treatment. The King City Center and the Sobering Center provided services

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for hundreds of clients that would likely not have received SUD treatment and referrals in the absence of NZLB. Finally, the average number of arrests for NZLB clients matched to the jail database decreased, albeit modestly, for some services.

## **FULL REPORT**

### **I. Project Description**

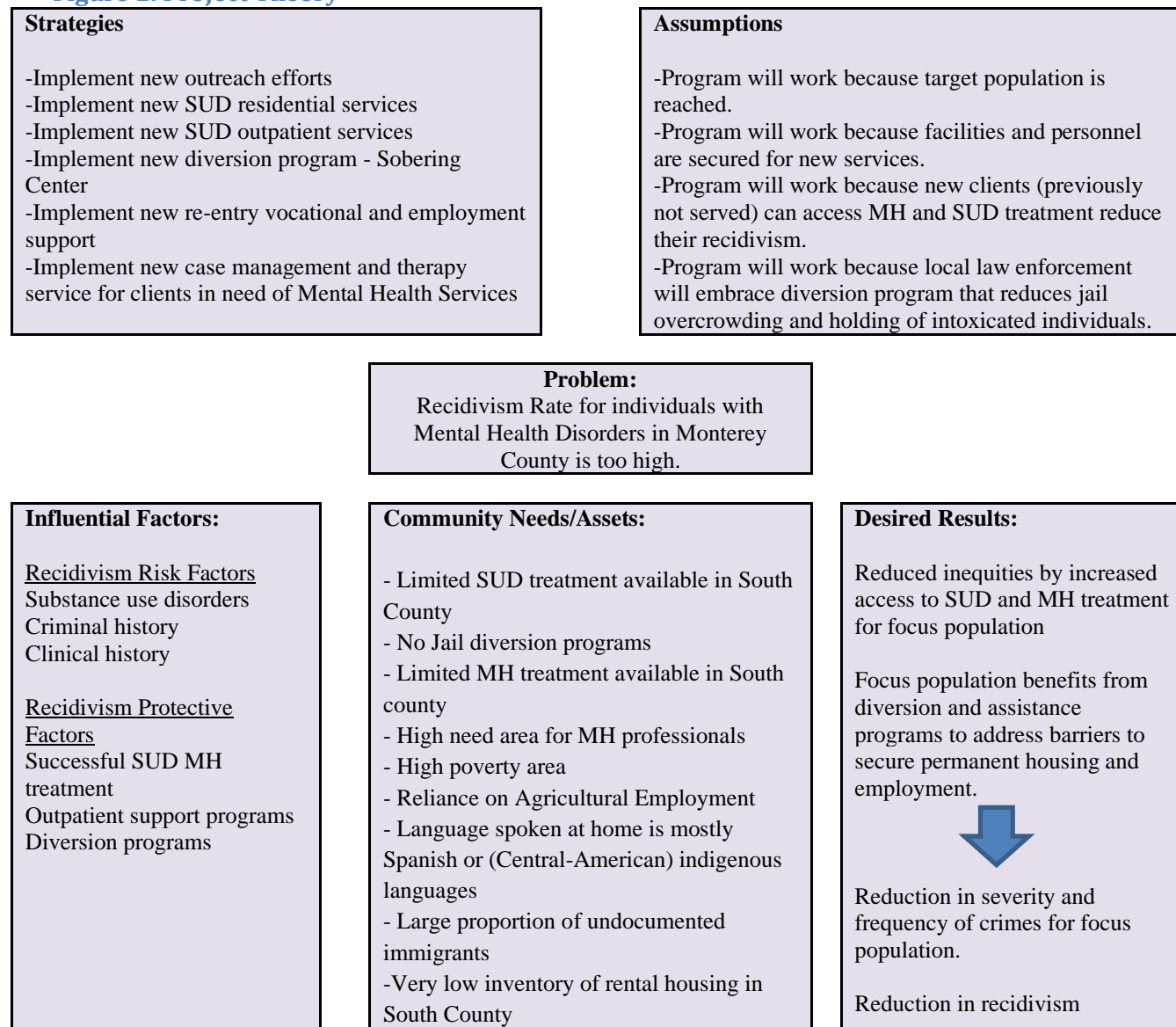
The Monterey County No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships (Prop 47) project has implemented new, and expanded existing, culturally and linguistically competent services, using evidenced-based interventions in underserved southern Monterey County (South County). These new services complement Board of State and Community Corrections (BSCC) funded services established through the Strengthening Law Enforcement Grant, awarded in 2016 to four South County cities. This includes two new sites in King City providing SUD treatment to a minimum of 100 individuals annually, and job training, civil legal services, and case management (social, legal and employment) supports in South County. In addition to these new South County services, a centrally located Sobering Center in Salinas diverts people from jail and provides an opportunity for intervention. This project has also incorporated innovative approaches into existing services to address our client population's social and cultural needs including culturally responsive transformational healing practices (e.g., La Cultura Cura) that have, for the first time, introduced the benefits of healing practices that are based on individual, family, and community cultural values.

Monterey County implemented an inclusive and collaborative project, distributing a large portion of the grant funding to community service partners (83%); 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 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 widespread and severe service gaps and the resulting long-term health inequities, and aligns with King City's Plan to End Youth Violence (2017). Figure 1 summarizes the project theory described in this section in graphical form.

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**Figure 1: Project Theory**



### **Project goals and objectives**

Table 1 summarizes the main project goals and objectives being used for this evaluation. As part of the project theory, the strategies are grouped into three main components: 1) Reduce alcohol and drug use among participating clients, 2) Reduce recidivism among participating clients, and 3) Increase social functioning among participating clients with related objectives.

Table 1. No Zip Code Left Behind - Project goals and process and outcomes measures
Goal 1: Reduce alcohol and drug use among participating clients
<ul style="list-style-type: none"><li>● At the end of their therapeutic program, enrolled SUD and trauma-affected clients will show signs of benefitting from evidence-based clinical treatments for withdrawal management, co-occurring diagnosis, and trauma/PTSD.</li><li>● At the end of their therapeutic program, enrolled SUD clients will show signs of benefitting from residential, outpatient, and intensive outpatient treatment and a sober living environment.</li></ul>
Goal 2: Reduce recidivism among participating clients
<ul style="list-style-type: none"><li>● Within six months, enrolled clients will show signs of benefitting from re-entry supports, restorative justice practices, sentencing reclassification, vocational training and job placement, and housing supports.</li></ul>
Goal 3: Increase social functioning among participating clients
<ul style="list-style-type: none"><li>● Within six months, enrolled clients will show signs of benefitting from trauma informed psychotherapy, anger management and coping skills, Motivational Interviewing, Cognitive Behavioral Therapy, culturally appropriate self-esteem and leadership training, and civic engagement opportunities to eligible enrollees.</li></ul>

## II. Current Logic Model

Figure 2 presents the project's logic model and shows the inputs or resources used to implement activities to produce results (outputs) that are expected to have a positive impact on participants' well-being and lower recidivism rates.

**Figure 2: No Zip Code Left Behind - Logic model**

Inputs	Activities	Outputs	Outcomes	Impact
New recruitment funds and strategies	Implement new outreach efforts	Number of new clients are recruited per year	50% of new clients complete Residential SUD treatment	Reduction in recidivism for participating clients
New facilities and services for SUD treatment	Implement new in-patient services	Number of new clients receive residential SUD	50% of new clients complete outpatient SUD treatment	
Location and personnel to administer and operate Sobering center	Implement new out-patient services	Number of new clients receive out-patient SUD treatment per year	Recidivism rates decreases for treated population	
Agreements with Local law enforcement regarding diversion practices	Implement new diversion program - Sobering Center	Number individuals diverted to Sobering Center instead of jail	Number of cases reclassified to Misdemeanors increases for treated population	
New facilities and services for MH treatment	Implement new re-entry vocational and employment support	Number individuals diverted to Sobering Center instead of jail	Number of jail bookings for treated population is reduced	
		Number of new clients receive case management and MH treatment per year		

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### III. Project Partners

To implement the proposed activities, Monterey County Behavioral Health developed collaborative partnerships with local community-based providers. Table 2 describes the partner agencies, the services they provided as part of the grant, eligibility criteria for clients and service completion indicators.

**Table 2. 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 re-classification under Prop 47 or petition for dismissal	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 re-classification under Prop47 or petition for dismissal	Participant has successful reclassification/ dismissal outcome in court
Monterey County Behavioral Health	Integrated mental health and SUD assessment, referral, case management, and mental health treatment.	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement.	Participant completes services as outlined in service plan.
	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.
Turning Point	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
CRLA	Community and individual education and assistance services including driver’s license reinstatement, housing related advocacy, employment advocacy and benefits appeals	Prop 47 eligible, low-income individuals residing in South County in need of legal representation.	Legal representation is provided until case is settled or resolved by the court.

## IV. Project Performance

During the December 2017-June 2020 period the NZLB project provided services for 1,812 clients. Some of these clients, by design, were served by more than one agency. As Table 3 presents, the project served 1,379 unique clients. This section describes the project outputs in terms of services provided during this period.

**Table 3: Clients served by each service provider December 2017-June 2020:**

Service provider	Clients served	Unique clients served
MILPA	272	272
Public Defender	497	225
Sobering Center	457	457
SunStreet Center SUD services	339	337
Monterey County Behavioral Health	159	0
Turning Point	88	88
CRLA	0	0
	1,812	1,379

MILPA: MILPA assessed cases for 272 individuals. Of those, 135 requested services for Prop 47 reclassifications, 60 were interested in petitions for dismissals, and 13 were interested in Prop 64 dismissals. Out of the 272 individuals that were screened for eligibility to NZLB reclassification/dismissal services, 163 were referred to the Public Defender's office for reclassification services.

Public Defender: The Public Defender served a total of 497 clients, including the clients referred by MILPA. Table 4 breaks down the types of petitions requested. Clients required services for a total of 980 court cases including 585 petitions for dismissals, 361 Prop 47 reclassifications, 18 petitions to seal records, and 16 Prop 64 dismissals. Once the cases were received, they were assessed for filing, and about 681 (70%) had all the requirements in place to be filed. Out of the petitions filed, 552 (81%) were granted, 80 (11%) were denied and the rest are still in process.

**Table 4. Cases served by the public defender.**

Type of petition	Received	Filed	Granted	Denied	Unknown
Pet for dis	585	445	342	73	30
Seal record	18	18	17	0	1
Prop 47	361	206	184	4	18
Prop 64	16	12	9	3	0
Total	980	681	552	80	49

SunStreet Centers SUD Services and Sobering Center: The Sobering Center, managed by SunStreet Centers, was the first service to be implemented using Cohort I funding. From December 2017-June 2020, the Center served 457 clients through 950 episodes. As explained in the outcome evaluation section of this report, the Center not only decreased the number of bookings in the local jail, but it also served as a referral point for SUD treatment and other services provided by the NZLB the grant. In addition, SunStreet Centers provided 339 clients with inpatient and outpatient services via the King City center.

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Behavioral Health: BHB provides services to the client population served through NZLB, but is not using grant funds for these services. An analysis of clients served by BHB during the project period was completed as part of the evaluation in an effort to quantify the number of clients served by other grant providers who were also receiving BHB services. This analysis was completed by matching clients served by other project providers with BHB records in AVATAR. As shown in Table 3, the analysis revealed that about 159 (47%) of the clients that received SUD treatment also received a service from BHB at some point.

Turning Point: The employment services agency served a total of 88 clients during the Cohort I grant period. While the agency had a promising start during the first two years of the project, their performance deteriorated during the third year of the grant. As a result, the agency is no longer a service provider for NZLB Cohort II. Employment services for the project are now provided by Goodwill Industries of Monterey County.

CRLA: Unfortunately, CRLA did not serve any clients using funds from NZLB. While they did provide services for clients in South County, they did so with other sources of funding. The agency's funding mechanisms created insurmountable challenges and limitations with regard to the types of clients they could serve, and types of services they could provide, using Prop 47 grant funds. This left only a small pool of clients who were eligible for CRLA services. As a result, CRLA is no longer a part of the NZLB project, though they are still a referral source and a great resource for providing specialized legal support to the community.

## **V. 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 2), were implemented.

The process evaluation was completed in August 2019. The evaluation revealed that the establishment of the physical and organizational infrastructure for service delivery across the many providers proved a challenge; however, all providers, with the exception of CRLA, were able to implement their services and collaborate with each other as a cohesive program. Additionally, the analysis of client demographics conducted as part of the process evaluation showed that the individuals served by each provider were mainly of Latino/Hispanic descent, and residents of the Salinas Valley, as was intended by the project. (See Process Evaluation Report in Appendix ii).

While establishing the complex service delivery infrastructure for Cohort I did lead to a few complications, this investment of time and energy proved beneficial as it laid the groundwork for a seamless transition into Cohort II funding, which Monterey County received in July 2020 in order to continue the No Zip Code Left Behind project. As the project transitioned into Cohort II, most services continued without interruption, despite the exit of CRLA due to challenges with recruiting eligible clients, and the replacement of Turning Point with Goodwill Industries following the end of the Cohort I contract.

## **Outcome Evaluation**

The outcome evaluation for this project included an analysis of three outcomes, each aligned to a project goal:

- 1: Reduce alcohol and drug use among participating clients
- 2: Reduce recidivism among participating clients
- 3: Increase social functioning among participating clients

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: Provision of treatment and diversion programs for individuals with SUD**

As explained in the project theory (Figure 1) the NZLB project was designed and implemented to address a serious void of services - including case management, SUD treatment, and criminal justice system diversion programs - in rural south Monterey County (South County). The existing gap in services prior to implementing the project has been well-documented. South County was home to 20% of the county's safety-net residents (Medi-Cal and undocumented), however, Monterey County Health Department Behavioral Health Bureau (Behavioral Health) was only serving 6% of these individuals in South County<sup>1,2</sup>. Additionally, before the project, only 5% of South County residents received SUD and trauma-informed treatment services, and the nearest SUD treatment center to King City [the largest city in south Monterey County (population 13,332)], was located 47 miles away.

Under this context, one of the main goals for the project was to provide SUD inpatient and outpatient services for South County residents in King City, and establish a diversion program (sobering center) that could serve as a referral point for further SUD treatment. The outcomes for this goal were the following:

#### ***Implementation of a diversion program- Sobering Center***

The Sobering Center was the first service to begin operating as part of the NZLB project (in December 2017). The Center, managed by Sun Street Centers, was the first of its kind and continues to be the only such center operating 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 located in the city of Salinas, about 2.2 miles away from the Monterey County Jail, and receives clients who have been detained by law enforcement agencies with DUI infractions (PC 32152(a/b)) or Public Intoxication (647(f)) charges.

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<sup>1</sup> US Census Bureau American Fact Finder, 5-year Estimates (2011-2015).

<sup>2</sup> Monterey County Health Department Behavioral Health Bureau AVATAR client database, 2017.

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From December 2017 through June 2020, the Sobering Center served about 950 episodes for 457 clients, the vast majority (about 86%) of whom were transported to the Center by the California Highway Patrol and the Salinas Police Department.

Beyond providing services for clients in a friendly environment and serving as a referral point for other SUD treatment programs in the NZLB, the Sobering Center may have also had a positive impact on the County Jail. As shown in Table 5, the average monthly jail bookings with charges similar to those served by the Sobering Center decreased after the Center began operating. Specifically, the average difference in monthly arrests before and after the Center began operating shows a decrease of about 77 bookings per month<sup>3</sup>. The Sobering Center serves an average of 30-40 clients per month. Thus, while it is not possible to attribute a direct causal relationship between the opening of the Sobering Center and the decrease in bookings for these charges, it is plausible that the Sobering Center has contributed to about 1/3 to 1/2 of this decline, creating significant savings for the County.

**Table 5. Average number of monthly arrests by year 647(f) and 23152(a/b)**

Year	647(f)	23152(a/b)	Combined	Mean before and after Sob Center opening
2014	108	599	707	579
2015	115	437	553	
2016	104	456	561	
2017	86	410	496	
2018	80	282	362	502
2019	108	491	599	
2020	64	387	450	
2021	66	457	523	

Source: Author's calculation using Monterey County jail bookings data

***Implementation of new SUD treatment programs***

Sun Street Centers' SUD treatment programs are a cornerstone of the NZLB project. In addition to managing the Sobering Center, they provide a range of (SUD) treatment services, prevention, and post-recovery services. A key component to providing these services to South County residents was Sun Street Centers' purchase and renovation of a former motel property in the heart of King City, using funds leveraged from the Cohort I grant, a grant from the Central Coast Alliance for Health (CCAHA), and other private and public donations. Figure 3 shows the transformation of the old motel building to the new NZLB/Sun Street Center facility.

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<sup>3</sup> This difference was statistically significant at the .05 level.

**Figure 3: King City Center before and after renovations**



At the King City Center, Sun Street Centers provided Outpatient SUD Services utilizing evidence-based and trauma-informed interventions. They also provided 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.

*Between January 2018 and June 2020, SunStreet Center served 339 clients with a combination of detox, residential and outpatient services in South County. It is very likely that these clients would not have received the services in the absence of the treatment facility and services provided through Prop 47 funding.*

The successes of the King City Center set the stage for a further expansion of services to include a Sober Living Environment (SLE), meant to support eligible clients in their treatment after completing residential services with Cohort II. In addition, and because the King City SUD treatment center has become a hub for other NZLB services including legal services (with MILPA), employment services (with Turning Point and currently Goodwill Industries) and housing supports (with Housing Resource Center), SunStreet center opened up a community center building to accommodate the increasing number of clients and services demanded.

### ***Implementation of Behavioral Health Treatment***

Before the implementation of NZLB, Monterey County Behavioral Health had a presence in South County, but faced the challenge of not being able to refer clients to locally available SUD treatment, as the closest SUD treatment center to King City before implementation of NZLB was 47 miles away.

The King City SUD Treatment Center not only facilitated referrals from Behavioral Health to SUD treatment, but it also created new referrals from the King City SUD Treatment Center to Behavioral Health services. Of all the clients that received SUD treatment from SunStreet centers under the NZLB project, about 50% also received behavioral health services.

### ***Conclusions:***

One of the main purposes of NZLB was to remedy the scarcity of SUD treatment services in South Monterey County. It is clear that implementation of the King City SUD Treatment Center had a large impact on this front. The Center was not only embraced by the community as a one-stop shop for supportive services, but it has provided services to 339 residents of South County. It has also facilitated the integration of SUD and Behavioral Health services for dual-diagnosis clients. Finally, the Sobering Center has provided a viable alternative for law enforcement dealing with individuals charged with DUI

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or driving under the influence. The Sobering Center has also facilitated a referral process into SUD and mental health treatment and has contributed to the decrease in jail bookings for these charges in the County Jail. This contribution is explained in the project highlight story featured in Appendix i, which describes the story of a client caught-up in a cycle of addiction and jail bookings, who started his journey to recovery from a SUD at the Sobering Center, continued with SUD treatment at SunStreet Centers, and is currently living a sober life.

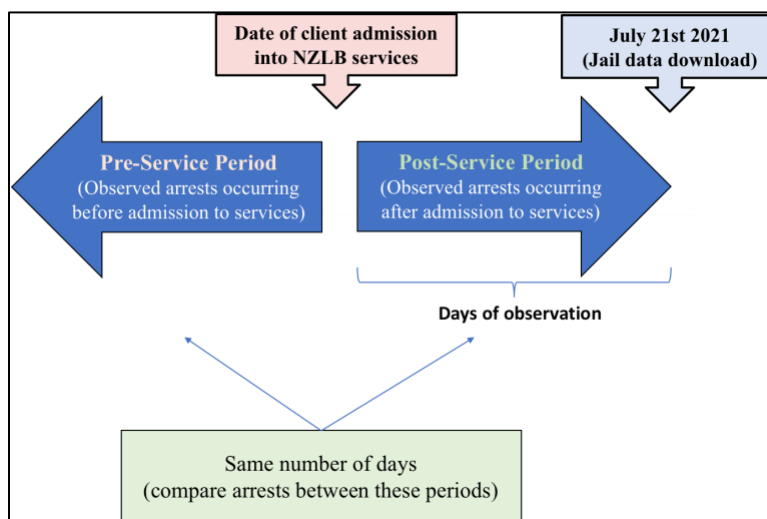
**Goal 2: Reduction in recidivism for clients served by NZLB.**

According to the project theory (Figure 1), the services provided by NZLB are expected to help clients reduce their probability of recidivism. For the purposes of this report, the local definition of recidivism considered a client to recidivate if they experienced a jail booking after they were admitted 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 and second, for clients matched by dates of birth, but not by name, a manual match was conducted to verify whether the match was correct.

**Methodology:**

In order 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 July 21, 2021 (the last jail data download received). In order 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 23, 2019, her post-service observation period was 820 days (the total number of days between April 23, 2019-July 21, 2021). We would then also observe the client's arrests in the 820 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 comparisons of arrests before and after service.**



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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 were included. 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.

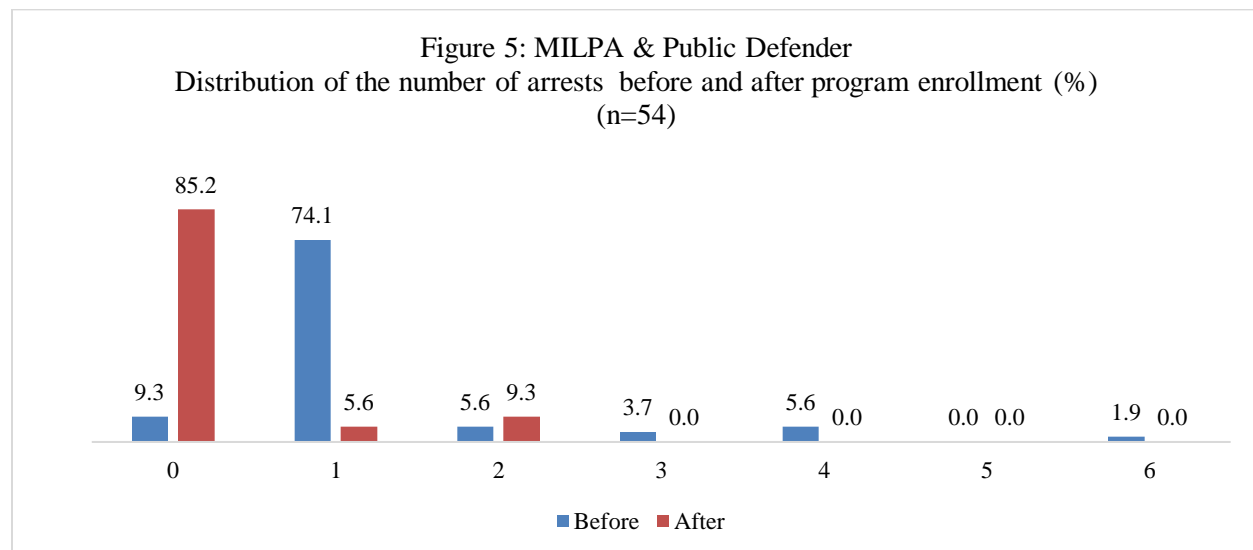
***Results:***

A preliminary analysis of jail booking history conducted during the process evaluation revealed wide variation in the characteristics of clients who visit different services providers. For example, clients seeking reclassification or petition for dismissal services were less likely to have recent arrests than clients that sought services for SUD treatment. For this reason, we present the analysis of recidivism by provider.

**MILPA and Public Defender:**

Out of the 497 clients served by MILPA and the Public Defender, 203 clients were matched to the jail data, meaning they experienced an arrest prior to the date they requested a service from MILPA or the Public Defender. Of these 203 clients, only 54 (27%) had at least one prior arrest during the observation period. The rest were arrests that took place at least 406 days before visiting either MILPA or the Public Defender to petition for reclassification or dismissal. The median observation period was 1033 days, the average was 973 and the range was 406 for minimum value and 1328 for maximum value.

For the 54 clients that experienced a jail booking during the observation period, the average number of arrests prior to entering the program was 1.3 (sd=1.1) and the average number of arrests after entering the service was .24 (sd=.6). The difference between post-arrests and prior arrests was 1.06. This difference was statistically significant at the .01 level. (paired t test (2-tail):  $t=5.5$ ;  $df=53$ ;  $p<.01$ ). The distribution of the number of arrests pre- and post-intervention is shown in Figure 5.



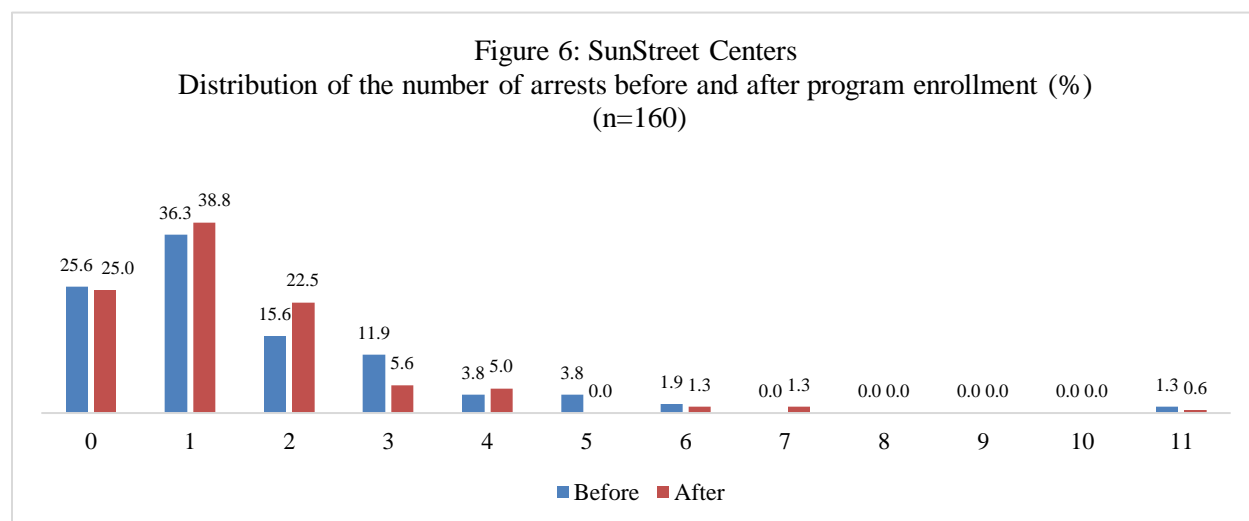
A total of eight clients (15%) had at least one jail booking after they filed their cases for reclassification or petition for dismissal. Out of these clients, 50% were referred by MILPA and 50% sought services directly from the Public Defender. The average time between the date of service and the subsequent booking was 200 days, and ranged from 17 to 576 days.

The post-service arrest charges included: Possession of Unlawful Paraphernalia (Misd), Willful Cruelty to Child (Misd), Violation of Probation (Misd), Fraud to Obtain Aid \$400+ (Fel), Possession of a Stolen Vehicle (Fel), Possession of a Controlled Substance (Fel), and Driving with a Suspended License (Misd).

#### SunStreet Center's SUD Treatment Services:

As described in previous sections, SunStreet Centers served a total of 339 clients from December 2017 through June 2020. Of these 339 clients, 160 (47%) were matched to the jail data and 47% of these matched cases also received BHB services. As opposed to the Public Defender/MILPA clients, all of the clients matched to the jail data that attended SUD services experienced a jail booking during their observation period after entering the service or before entering the service. The median observation period for this group was 699 days, the average was 769 days and the number of days ranged between 428 and 1328.

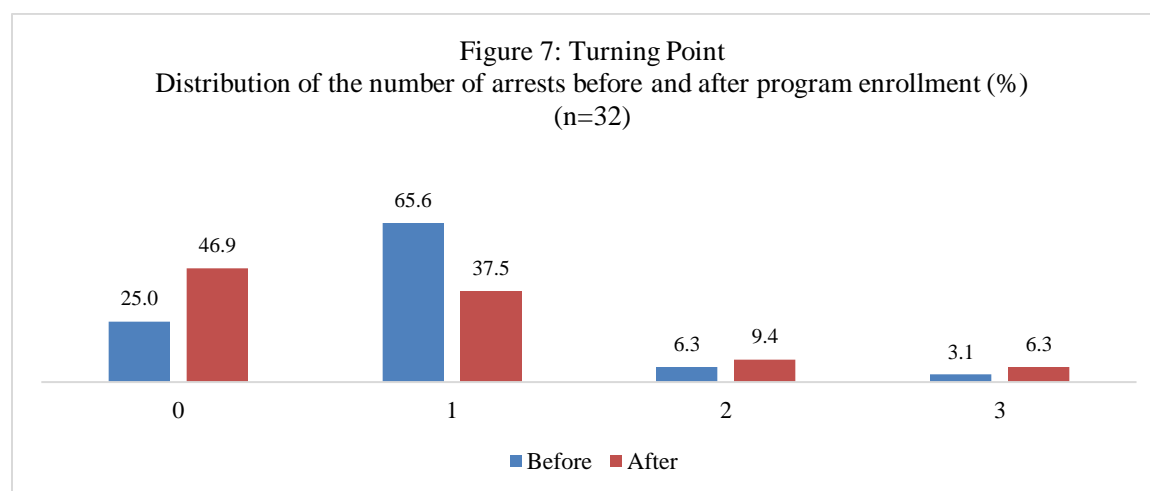
The pre- and post- jail bookings comparison for this group indicated the average number of arrests after the first service date was 1.43 (sd= 1.5) and the average number of arrests in the period prior to the first service date was 1.62 (sd=1.8). This indicates an average reduction in arrests of 0.2 after entering the program. However, the difference was not statistically significant at the .05 level (2-tailed paired t test:  $t=1.56$ ;  $df=159$   $p= 0.25$ ). The distribution of arrests before and after program enrollment are depicted in Figure 6.



#### Turning Point:

Unfortunately, Turning Point discontinued entering their data into the county AVATAR system in March 2019. Thus, the analysis of recidivism was performed with the most recent data received (that which was provided for the Two-Year Evaluation Report). The analysis revealed that 88 clients were served between December 2017 and March 2019. Of these 88 clients, 32 had a jail booking during the observation period, whether before or after enrolling in Turning Point services. For this group, the median observation period was 281 days; the average was 216 days with a range of 42 days (minimum) and 282 days (maximum).

The pre-/post- comparison indicated that the average number of arrests prior to service was 0.88 (sd=0.66) and the average numbers of arrests after service were 0.75 (sd=0.88). The difference was .13, but it was not statistically significant (2-tailed paired t test:  $t=0.66$ ;  $df=31$   $p=0.51$ ). The distribution of arrests before and after program enrollment is depicted in Figure 7.



#### Sobering Center:

As described in previous sections, the sobering center served a total of 457 unique clients from December 2017 through June 2020. Many of these clients were served multiple times. The average number of

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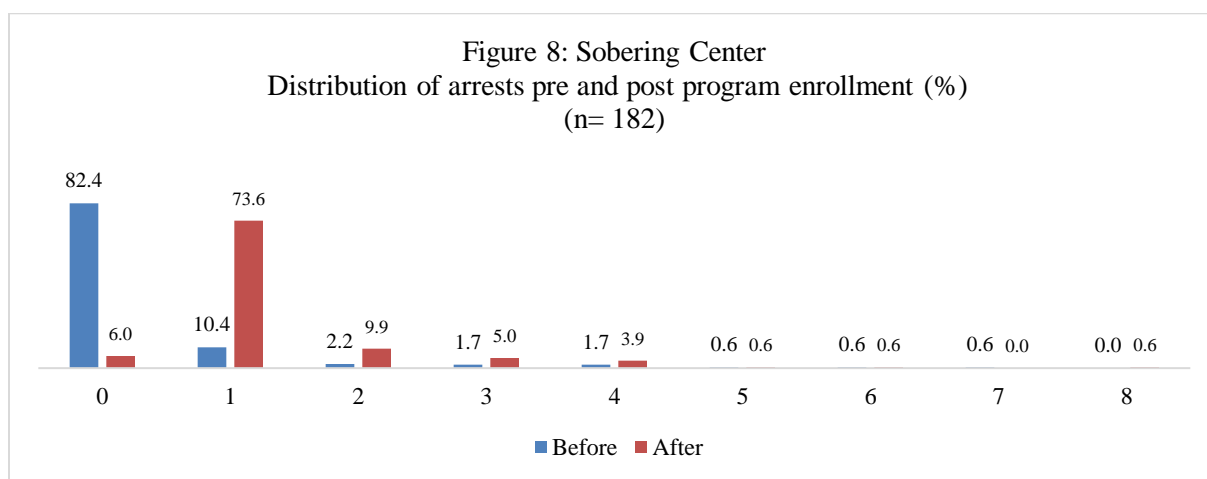
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episodes per clients was 2.1 and the total number of client episodes served by the sobering center was 950.

For the recidivism analysis we used data from 182 clients served between May 2019 and June 2020. Of these 182 clients, all had a jail booking during the observation period, whether before or after being admitted to the Sobering Center. For this group, the median observation period was 773 days; the average was 762 days with a range of 533 days (minimum) and 920 days (maximum).

The pre-/post- comparison indicated that the average number of arrests prior to the first visit to the Sobering Center was 0.33 (sd=1.04) and the average numbers of arrests after service were 1.34 (sd=1.042). The difference was -0.98 and it was statistically significant (2-tailed paired t test:  $t=-10.1$ ;  $df=181$   $p<.01$ ). The distribution of arrests before and after program enrollment is depicted in Figure 8.



It is not entirely clear why clients served by the Sobering Center were more likely, on average, to have more jail bookings after their service than before. The data seems to suggest that the law enforcement agencies that use the sobering center are more likely to use the service for “first-time” DUI or disorderly conduct offenders (as table 8 presents 82.4% of clients that visited the sobering center had not prior arrests), but clients that were served by the sobering center that reoffended were less likely to be sent to the sobering center again (as table 8 shows, 94% of clients that reoffended after being served by the sobering center were booked in jail).

#### *Recidivism analysis 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 we included clients that engaged in on-going SUD services provided by SunStreet Centers. The names and dates of birth for 191 clients that engaged in inpatient or outpatient SUD services were introduced in the Monterey County Superior court database system to search for convictions during the December 12/1/2004 and 2/15/2021 period (3 years before and 3 years after the grant began).<sup>4</sup> This analysis revealed that 43% of clients experienced a felony or misdemeanor conviction

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<sup>4</sup> This process was conducted by personnel from the Monterey County Public Defender’s office. The Public Defender is a provider for the NZLB project and maintains a client confidentiality protocol agreement with the county in accordance to HIPAA regulations.

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during the study period. However, when considering only convictions that occurred after clients' admissions to SUD services only, the conviction rate was 17%.

#### **Conclusions:**

The recidivism analysis presented in this report suggests that clients who participated in the project experienced, on average, a lower number of arrests after they entered a NZLB service than before they entered a service in the project, with the exception of clients served by the sobering center. The reduction was more modest for clients of SUD treatment and employment services than it was for clients that sought reclassification services. This difference was expected since typically clients that seek reclassification are further down the path to recovery than those entering SUD or employment services. Even though the methodology employed does not allow us to attribute a causal impact on the reduction of arrests to the program, the results are encouraging.

The analysis of recidivism using convictions data for all clients that engaged in on-going SUD services revealed that while 47% of them experienced convictions of a misdemeanor or a felony during the Dec 2014 – Feb 2021 period, only 17% of them were convicted after entering SUD services.

It is important to note that the analysis presented in this report is not measuring the reduction in probability of arrests for participating clients after they entered a service, but the change in re-arrests for participating clients. Thus, only clients that were matched to the jail data during the observation period were included in the analysis. Only including clients that were matched to the jail dataset and excluding clients that were not matched may have had an impact on the direction of results. NZLB clients with long histories of jail bookings are more likely to be matched to the jail data and these clients are also more likely to recidivate, therefore, the recidivism analysis, by design, is likely to include clients with higher propensity to recidivate.

It is also important to note that the observation period in the recidivism analysis included a period during which the country experienced the impact of a COVID-19 pandemic. In March 2020, the state of California imposed a series of public health mandates that forced many private and public services to close and individuals to “shelter in place.” The impact of these restrictions on recidivism may be mixed. For some individuals the uncertainty of the pandemic may have triggered anxiety which in turn affected clients' mental health, sobriety and recidivism. For others, the shelter in place may have reduced their chances to recidivate. It is not yet clear how the pandemic may have affected chances of recidivism at the population level.

#### **Goal 3: Program impact on increasing social functioning (connectedness) for program participants**

Social connectedness is considered an “attribute of the self that reflects cognition of enduring interpersonal closeness with the social world” (Lee and Robins, 1995). According to Galliher (2006), the feeling of social connectedness considers all areas of social interaction (family, friends and community).

To explore the extent to which the Sun Street Center's outpatient SUD treatment groups provided in King City had an impact on participants' feelings of social connectedness, we implemented a series of focus groups that asked participants to reflect on their social connectedness and whether they felt participation in the SUD treatment had changed their perception of their relationships with others.

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***Measuring Participant's Perceptions of Changes in Social Connectedness:***

To collect information on participants' level of social connectedness and their perception of how the groups have affected their social connectedness, we implemented a nine-item questionnaire asking each participant if they felt “a part of” a family, group of friends and their community; “how close” they felt to their family, group of friends, and community; and whether they felt these SUD treatment groups have helped them feel “closer” to their family, group of friends, and community (see first column of Table 6).

During each focus group session, a coordinator asked the questions, facilitated the discussion, and instructed participants to write their answers in a journal. Because we wanted the participants to freely express their ideas, participants were asked not to include any personal identifiers in the journals and all answers remained anonymous. The focus groups were implemented at two points during the project's implementation: in June 2019, (two months prior to the Two-Year Evaluation report) and in January 2021 (six months before the Final Evaluation Report).

In total, four focus groups were conducted with a total of 20 participants. The June 2019 groups included two groups in Spanish ( $n_1=8$ ,  $n_2=4$ ) and one in English ( $n_3=2$ ), while the January 2021 group was in Spanish ( $n_4=6$ ).

***Results***

Table 6 presents the percentage of positive, negative, or ambiguous responses, and the percentage of respondents who did not respond to the respective questions.

**Table 6. Social Connectedness Survey Results (n=20)**

Question	Positive %	Negative %	Ambiguous %	No Answer %
Do you feel like you're a part of your family?	75	10	5	10
How close do you feel to your family?	65	15	10	10
Do you think that this group has changed how close you feel to your family?	80	5	10	5
Do you feel like you're a part of your group of friends?	30	15	40	15
How close do you feel to your friends?	50	15	10	25
Do you think that this group has changed how close you feel to your friends?	45	5	25	25
Do you feel like you're a part of your community?	60	10	5	25
How close do you feel to your community?	45	20	5	30
Do you think that this group has changed how close you feel to your community?	55	15	5	25

**The family dimension:**

The majority of respondents (75%) responded in a positive manner that they felt “part of” their family; 10% felt that they did not feel as part of their family and 15% did not answer the question or answered ambiguously. When asked about their thoughts about how the group has helped them get closer to their family 80% responded positively, 5% responded negatively and 15% gave an ambiguous answer. Or did not answer.

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An analysis of participants' answers regarding their feelings of closeness to their family revealed two themes that seem to explain how the treatment (?) groups have brought them closer to their families: First they expressed that the groups have allowed them to "spend more time with family and to communicate more." Responses that reflect this item are shown in Box 1.

<b>Box 1: Comments on "time spent and communication" theme within - Family Dimension</b>	
<b>Original Comment</b>	<b>Translation</b>
<i>"...este grupo me ha ayudado a estar más cerca a mi familia porque pasó más tiempo con ellos ahora que ya no bebo."</i>	<i>"This group has helped me be closer to my family because I spend more time with them now that I don't drink"</i>
<i>"...el grupo me ha ayudado a sentirme más cerca de mi familia porque les doy más atención y los trato mejor."</i>	<i>"...The group has helped me feel closer to my family because I give them more attention and treat them better"</i>
<i>"...porque cuando regreso a casa me pongo a platicar de lo que aprendí"</i>	<i>"...Because when I go back home I talk about what I learned"</i>
<i>"tengo mas comunicación con ellos aunque estan muy lejos (en Mejico)"</i>	<i>"I have more communication with them even though they are far away (in Mexico)"</i>

A second theme that emerged from participants' responses regarding family was that of "trustiness and self-love." Participants felt that they are closer to their families because they feel that they can be "trusted" (now that they are not using) and that they have learned to "love themselves," therefore allowing others to love them. Responses that reflect this item are shown in Box 2.

<b>Box 2: Comments on "trustiness and self-love" theme within - Family Dimension</b>	
<b>Original Comment</b>	<b>Translation</b>
<i>"...este grupo me ha ayudado a sentirme más sereno con mi familia porque saben que ya no estoy usando drogas."</i>	<i>"This group has helped me feel calmer with my family because they know I'm not using drugs"</i>
<i>"...porque en primer lugar recuperas todo empezando por tu confianza y creer más en mi."</i>	<i>"Because in the first place you get back everything beginning with trust and believing in yourself"</i>
<i>"ps me a ayudado a valorar las acciones y el tiempo de mis seres queridos"</i>	<i>"Well, it helped me value the actions and the time I have with my loved ones"</i>
<i>"...my ways have drastically changed I have seen the error of my ways and it was totally up to me to change them in order to see a change in my family. It had to be me first."</i>	
<i>"...To choose to not get help and fix the issue from the start you break the trust."</i>	
<i>"...I only feel close to some of my family because most of them are fake."</i>	

**The friends dimension:**

Table 6 shows that only about 30% felt part of a group of friends and 44% reported that the SUD treatment groups have brought them closer to their groups of friends. About 40% of them answered ambiguously about belonging to a group of friends and getting closer to them as a result of the group. An analysis of their responses revealed that their participation in the groups made several of them "reassess" the value of their old friendships given that they used to drink or use drugs with them. Box 3 presents examples of their responses expressing how some left their former group of friends.

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<b>Box 3: "Separation form old friendships" theme within Friends dimension</b>	
<b>Original Comment</b>	<b>Translation</b>
"Pues, creo que mas bien me he alejado un poco de mis amistades porque creo que haci me retiro de la tomada."	"Well, I think I have actually distanced myself a bit from my friends because that way I can avoid the drinking"
"...los amigos que segun eran mis amigos no eran los verdaderos"	"The friends I believed were my friends were not real friends"
"...no me siento tan cerca de mis amigos ahora que ya no bebo porque muchos ya no están. "	"I don't feel close to my friends now that I don't drink because many are not here anymore"
"El grupo me ha ayudado a pensar dos veces antes de actuar oh estar con ellos. En pocas palabras, a no juntarse con gente que me van a traer problemas."	"The group has helped me think twice before acting or being with them. In a few words, to not hang with people that will bring me trouble"
"No, I feel out of place around eight user friends. I feel inadequate around sober friends (no job, no house, no car, no money)."	N/A
"This group has made me think clearly and choose friends wisely."	N/A

Another interesting pattern within the “friends” dimension is that many respondents expressed that other participants within the treatment group had become good friends as they shared a common experience and felt gratitude. Examples of these ideas are presented in Box 4.

<b>Box 4: "Friendship Bonds" theme within Friends dimension</b>	
<b>Original Comment</b>	<b>Translation</b>
"Muy cerca, (como de mi familia) porque aquí es donde me han ayudado."	"Very close (like family) because here is where I got help"
"Ellos son parte de mi y yo de su grupo porque de algunas cosas que vivimos hemos compartido que hemos vivido algo similar."	"They are part of mine and I am part of their group because of the things we lived we shared a lot in common"
"...Pero ya tengo nuevos amigos que son mis compañeros de las clases [en SunStreet]. Nos llevamos muy bien."	"...But I now have new friends that are the members of my [SunStreet] group, we get along very well"
"Yo me siento tan tranquilo cuando atiendo los grupos y saber que tenemos mucho en comun"	"I feel so calm when I attend the groups knowing that we have so much in common"
"Amigos son los de SunStreet."	"Friends are those from SunStreet"

**Community Dimension:**

As presented in Table 6, 60% of participants felt “part of their community” and 55% felt that the groups have brought them closer to the community. A review of their responses revealed that they felt closer to the community because (now that they are sober) they are seen as “useful” and “productive” members and this ability to contribute allows them to feel closer to it. These ideas are clearly exemplified in Box 5.

<b>Box 5: Perception change on "how community views them as a more useful member" theme within Community dimension</b>	
<b>Original Comment</b>	<b>Translation</b>
"La comunidad se siente muy cerca a mi ahora que me siento recuperado."	"The community feels much closer to me now that I am recovered"
"He cambiado mi comportamiento... Porque yo ya trabajo con diferentes personas, limpio yardas... Y yo miro que las personas me tratan mejor."	"I have changed my behavior... Because I now work with different people, I do yard work... and I see people treat me better"
"...me siento más cercano a mi comunidad porque ya no soy un consumidor que usa drogas y produce fruta mala. En lugar, un productor que construye relaciones positivas y produce frutas buenas."	".. I feel closer to the community because I am not a drug user that produces bad fruit. On the other hand, I'm a producer that builds positive relationships and produces good fruit."
"...porque ya no ando haciendo drogas y ando haciendo las cosas buenas."	"Because I am not doing drugs and I am doing positive things"

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<i>"...creo que me ha ayudado mucho este programa a sentirme muy cerca de la comunidad. Con todos nos comunicamos mucho porque yo les hablo mejor a todos."</i>	<i>"I think the program has helped me feel closer to the community, we all communicate more because I speak better to everyone"</i>
<i>"...porque hoy en día sin drogas se que puedo ser útil para mi comunidad..."</i>	<i>"Because today, without drugs I know I can be useful for my community"</i>
<i>"ps simplemente un ciudadano de provecho"</i>	<i>"Well, simply a productive citizen"</i>

**Conclusions:**

The focus groups revealed that most participants have increased their social connectedness as measured by their perceived bonds with family, friends, and community. Their responses revealed that they have increased their self-confidence and feel like they can be trusted by their families and community. This has made them feel more useful and dependable and in turn makes them feel closer to their family and community. An interesting finding was that as they were finishing their treatment, they were reassessing their old friendships (as many of them contributed to or also participated in a substance use habit) and strengthening the friendship bonds with other members of their treatment group.

Additionally, clients' perceptions may change after they finish treatment. Nevertheless, the findings suggest that the treatment empowered those who completed the treatment and changed their perceptions of self in relation to their families, friends and community in a positive manner.

## **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. Specifically, the project was designed to achieve three objectives: 1) Increasing social functioning for program participants 2) reducing regional inequity by assuring access to substance use treatment and diversion programs for individuals in South County, and 3) reducing recidivism by linking the reclassified and target population to services and supports.

**Project Implementation:**

The process evaluation study (June 2019) revealed that the project was implemented as intended. The project successfully contracted out with service providers and facilitated the development of both physical infrastructure in the form of a renovated location for comprehensive SUD treatment in King City and the equipment and operation of a new Sobering Center, and soft infrastructure in the form of a collaborative network of services that operated independently prior to the program's implementation. The implementation of this infrastructure was instrumental for the addition of new services (housing supports, and jail liaison services) that came with Cohort II funding. Only one service provider (CRLA) was not able to serve clients as part of the project, and one (Turning Point employment services) was replaced by another provider (Goodwill Industries).

It is important to note that the COVID-19 pandemic that disrupted the functioning of most public and private services around the world impacted the final three months of implementation of the project under

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Cohort I funding (April-June 2020). During these three months, services remained open, but, in some cases, providers were forced to reduce their capacity or adapt their service delivery mode.

**Evaluation Data and Methods:**

As NZLB was launched, the project leadership decided to use the Monterey County billing and service system (AVATAR) to collect data on clients served by the grant. However, during the third year of implementation, the County decided against the use of AVATAR to collect data for the project. This coincided with a change in project leadership and the development of a new data system designed for the collection of client information related to Cohort II. These changes produced an uneven migration of data from the old to the new system. Some providers decided to maintain their own recordkeeping of data during the transition period, while others did not. Given this context, compiling all the data required for the Cohort I evaluation and analysis required an extraordinary effort on the part of County data system analysts to recover old data, migrate it to the new system and conduct the necessary jail matches, especially given the COVID-19 pandemic challenges and the fact that many of the programmers who had worked on the original development of the AVATAR codes and portals for the project have since left the County or shifted to new positions within the agency.

It is unlikely that these challenges will emerge again for Cohort II as the new data system is working optimally and participating agencies and leadership have learned from experiences with Cohort I. Additionally, the quarterly reporting in the Smartsheet has allowed the County and the evaluation team to have additional levels of data sharing.

Just as Cohort I was instrumental in developing physical infrastructure for service delivery and collaborative frameworks between providers, it was also instrumental in the development of an evaluation infrastructure where personal, medical, and jail data are safely and efficiently shared through the utilization of established agreements with the Monterey County Sheriff's Office. This achievement cannot be overstated as it is the first agreement of its kind in Monterey County.

**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. Clients interviewed at the end of their outpatient SUD treatment expressed, in general, a renewed sense of social connection as a result of their treatment. The King City Center and the Sobering Center provided services for hundreds of clients that would likely not have received SUD treatment and referrals in the absence of NZLB. Finally, the average number of arrests for individuals that were matched to the jail database decreased, albeit modestly, for some services, for NZLB clients.

## **Appendix i: Project highlight**

Sobering Center “Success Story”

by Eddie Hathcock - Sobering Center Manager

A Salinas Police Officer had an encounter with a young man in his early 30's who was at the time homeless, obviously heavily intoxicated and definitely in a bad way while breaking several minor laws. After the officer made contact with him while trying to understand what he was saying which was difficult due to his level of intoxication the officer chose to bring him to the Sobering Center instead of taking him to county jail which he could have easily done and would have done before having the option of the Sobering Center services.

The officer made a decision not to arrest or even cite this person if we would be willing to admit him into the Sobering Center and hopefully get this person some much needed help. The night staff performed an initial assessment with him and did decide to accept him into our program. During the intake process he had made several comments of wanting help and has tried countless times to get himself into different programs with no success mostly because of his homelessness and chronic drugs, opiates and alcohol addiction issues.

Over the course of the night staff kept monitoring his condition closely due to the fact of his admitted heroin usage upon admission along with his alcohol intoxication which could very well be a deadly combination. In the morning staff noticed his breathing had become labored and was not responding well to staff's commands or attempts to speak with him. Staff made the most critical decision and probably a lifesaving decision to call 911 at that point and then administer NARCAN which we keep in our office.

During the next couple of minutes EMTs arrived along with local ambulance personnel who took over and revived our client and took him to the local hospital Natividad Medical Center where he was admitted and stayed for the next few days. As a result of the admission process and staff remembering and documenting his desire to get help for his addiction issues, staff contacted our men's residential program and informed them of a potential person seeking help and asked if they could go see him while in the hospital.

Men's residential staff did go to the hospital the next day. They met with this patient and performed an initial assessment and informed him they would be back to get him after his discharge from the hospital and take him to the residential program. Three days later residential staff picked him up from the hospital and transported him to our men's residential program where he began his recovery. This client excelled in the program while making huge progress completing everything that was required of him and more then graduated from the program 90 days later a new man.

After his successful completion of the program he was worried about staying in this area and possibly relapsing due to old friends and places so he found employment on a fishing boat in Alaska making good money and where he has stayed up to this point doing well and not returning to his previous lifestyle. He has given us a call at the Sobering Center 3 times since he left this area just to let us know how grateful he is to us for getting him the life-saving help he needed during his darkest times (his words) and thanking us for believing in him while connecting him to the residential program even after he left us at the Sobering Center...

We at the Sobering Center are so very happy and proud of this client having made the most of his recovery opportunities and staying in contact with us while so far away.....

## Appendix ii: Process Evaluation Report

### Executive Summary

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#### Project purpose

The purpose of the No Zip Code Left Behind project is to address the historic unmet need for substance use disorder (SUD) treatment, specialty mental health (MH) services, and supportive services in rural South Monterey County (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 wide-spread and severe service gaps and the resulting long-term health inequities, and aligns with King City's Comprehensive Plan to End Youth Violence (2017).

#### Major findings & Conclusions

Given the dearth of services in South County, ensuring that the client population has access to a wide range of services has been significant. This project has made it possible to implement services closer to a client's home in South County (Gonzales, Soledad, and King City), reducing transportation barriers. Implementation of services (e.g., outpatient and residential SUD treatment services, and other social services, i.e., housing, employment training, and civic legal) has taken time, as each agency develops or expands on collaborative relationships needed to refocus their ongoing work in different ways to address the challenges faced by the client population. For example, although the upfront investment of time needed to implement the Sun Street Center's (SSC) King City facility (including developing, renovating and applying for licensing), has seemed like an obstacle to achieving goals and objectives more quickly, the project is well on its way to providing needed services and showing the potential for positive impacts on the client population and ultimately, a reduction in recidivism rates. Another important element of establishing new services is program promotion, especially in an area that has been historically underserved. This has been addressed, in part, by each of the contracted partners presenting project information at a variety of community events, as well as providing access to their services to a wider audience of residents and potential clients at more easily accessible locations.

Although it is too early to provide a summative assessment of the project's overall "achievement" of goals, the data collected in these first two years of operations shows that the grantees have made substantial progress implementing the project activities and producing the expected outputs as established in the project's theory of change. Table 1 presents the number of clients (831 unique individuals) served by March 31<sup>st</sup> 2019 by each provider funded by the grant. Data from all providers shows that 114 clients received services by more than one provider. Unique clients were attributed to the provider with the earliest date of service; which varies by provider; with three not yet providing services under the grant.

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**Two-Year Preliminary Evaluation Report (August 15, 2019)**

**Table 1. Number of clients served and arrest rate by provider (March 31st 2019)**

Provider Services	Date of First Admission	Clients Assessed	Clients Served	Unique Clients Served	% Arrested between Admission Date and March 31st 2019 (%)
SSC Sobering Center	Dec 2017	248	248	248	13%
MILPA Prop 47 Outreach	Jan 2018	184	184	182	17%
Public Defender	Jan 2018	362	362	250	14%
TP Employment Services	Mar 2018	88	88	88	19%
SSC Outpatient SUD Groups	Dec 2018	39	28	28	4%
MILPA LCC Groups	Feb 2019	35	35	35	N/A
SSC Residential SUD services	N/A	0	0	0	N/A
CRLA	N/A	0	0	0	N/A
Behavioral Health*	N/A	117	117	0	N/A
Total:*		956	945	831	

\*Note: Direct Services provided by BH were not grant-funded; thus, BH clients are not included in total sum.

Table 2 shows the number of clients served by each of the providers aligned with each of the grant goals. As the table presents, a total of 276 unique clients received services designed to “reduce alcohol and drug use,” 151 clients received services designed to “increase social functioning” and 831 clients received services designed to “reduce recidivism” among participating clients.

**Table 2. Unique clients served by Grant Goals**

Provider Services	Grant Goals		
	#1. Reduce alcohol and drug use among participating clients	#2. Reduce recidivism among participating clients	#3. Increase social functioning among participating clients
SSC Sobering Center	248	248	
SSC Out Patient SUD Groups	28	28	28
TP Employment Services		88	88
MILPA Prop 47 Outreach		182	
Public Defender Reclassification/Dismissals		250	
MILPA La Cultura Cura Groups		35	35
	276	831	151

To quantify the project’s impact on recidivism, we calculated the arrest rate for clients served by each provider in the period between their admission and March 31<sup>st</sup> 2019. This measure is different than the recidivism definition provided by the BSCC (which defines recidivism as a “Conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (PC Sec. 6046.2(d))”). Our measure of progress towards reducing recidivism for this report is limited to “arrests during the period of first accessing a grant service and March 31st 2019.” These figures are presented for each provider in Table 1, which shows the percentage of clients who were booked in the County Jail sometime between their date of admission and March 31<sup>st</sup> 2019. The arrest rates ranged from 4% for SSC SUD clients to 19% for Turning Point. The Sobering Center, MILPA, and Public Defender had 13%, 14% and 17% arrest rates after being admitted to services, respectively.

For the project to succeed, one of the main goals of providing services in a severely underserved, rural geographical area has required a substantial level of infrastructure development; including acquiring or

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renovating and refurbishing physical spaces for a Sobering Center and a SSC SUD residential and outpatient treatment facility, as well as investing a significant amount of time in community outreach, relationship building, and inter-agency collaboration. The effort required to build this infrastructure cannot be understated, nor can its importance to project success, as these investments have resulted in improved communication and collaboration and the integration of these new services into the social fabric of this underserved rural area of Monterey County.

One major success has been the SSC SUD treatment facility in King City which has quickly become a one-stop shop for a range of project services delivered by multiple agencies, increasing access for residents of South County, raising the visibility of these services and establishing new avenues for communication between providers that used to operate separately in other areas of the county. The presence of multi-agency services has also increased each provider's leverage to establish relationships with community leaders and employers that will, in turn, make it easier for new future providers. A second important example is the strong collaboration that has been established between MILPA and the County Public Defender's Office which has resulted in an increase in referrals for reclassification and improvement in processing referrals. Their regular project meetings have improved efficiency and their ability to cross agency jurisdictions to increase options for their respective constituencies.

# Full Report

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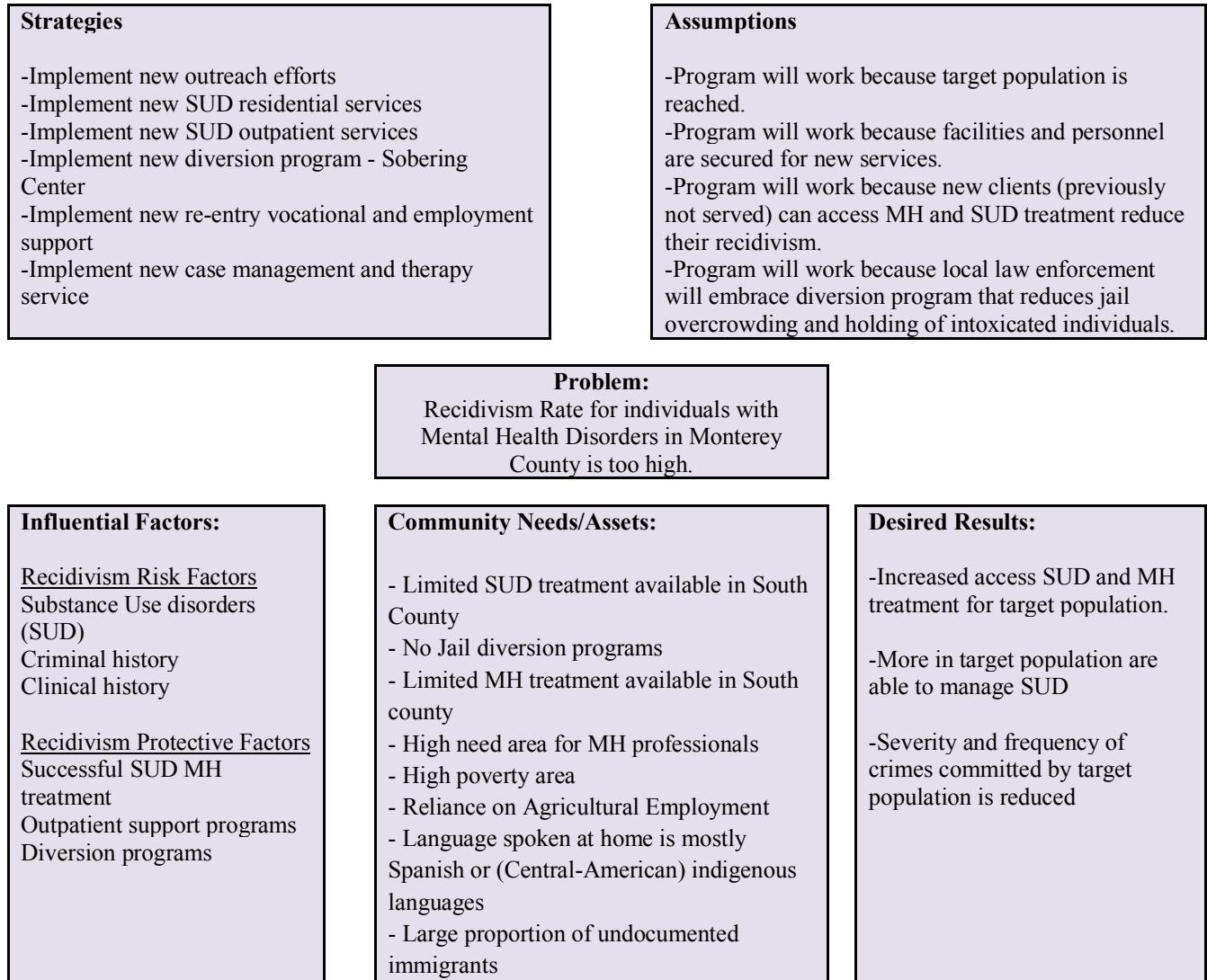
## I. Project Description

The Monterey County No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships (Prop 47) project has implemented new and expanded existing, culturally and linguistically competent services, using evidenced-based interventions in underserved southern Monterey County (South County). These new services complement Board of State and Community Corrections (BSCC) funded services established through the Strengthening Law Enforcement Grant, awarded in 2016 to four South County cities. This includes two new sites in King City providing substance use disorder (SUD) treatment to a minimum of 100 individuals annually and job training, civil legal services, and case management (social, legal and employment) supports in South County. In addition to the new services in South County, a centrally located Sobering Center in Salinas diverts people from jail and provides an opportunity for intervention. Additionally, for this project, innovative approaches to addressing our client population's social and cultural needs have been incorporated into existing services including culturally responsive transformational healing practices (e.g., La Cultura Cura) that have for the first time, introduced the benefits of healing practices that are based on individual, family, and community cultural values.

Monterey County is committed to an inclusive and collaborative project, distributing most (83%) of the grant funding to community service partners; with Behavioral Health providing clinical services and grant management. The Prop 47 Local Advisory Committee, comprised of representatives from Monterey County Health, Social Services, and Criminal Justice agencies, a South County elected Supervisor, and a new King City leadership team, is highly engaged and involved in project oversight and assessment and has expanded the project's reach through their participation.

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, and aligns with King City's Plan to End Youth Violence (2017). Figure 1 summarizes the project theory described in this section in graphical form.

**Figure 1: Project Theory**



### Project goals and objectives

Table 3 summarizes the main project goals and objectives being used for this evaluation. As part of the project theory, the strategies are grouped into three main components: 1) Reduce alcohol and drug use among participating clients, 2) Reduce recidivism among participating clients, and 3) Increase social functioning among participating clients with related objectives.

**Table 3. No Zip Code Left Behind - Project goals and process and outcome measures**

Goal 1: Reduce alcohol and drug use among participating clients
<ul style="list-style-type: none"><li>• At the end of their therapeutic program, enrolled SUD and trauma-affected clients will show signs of benefitting from evidence-based clinical treatments for withdrawal management, co-occurring diagnosis, and trauma/PTSD.</li><li>• At the end of their therapeutic program, enrolled SUD clients will show signs of benefitting from residential, outpatient, and intensive outpatient treatment and a sober living environment.</li></ul>
Goal 2: Reduce recidivism among participating clients
<ul style="list-style-type: none"><li>• Within six months, enrolled clients will show signs of benefitting from re-entry supports, restorative justice practices, sentencing reclassification, vocational training and job placement, and housing supports.</li></ul>
Goal 3: Increase social functioning among participating clients
<ul style="list-style-type: none"><li>• Within six months, enrolled clients will show signs of benefitting from trauma informed psychotherapy, anger management and coping skills, Motivational Interviewing, Cognitive Behavioral Therapy, culturally appropriate self-esteem and leadership training, and civic engagement opportunities to eligible enrollees.</li></ul>

## II. Current Logic Model

Figure 2 presents the logic model for the project and shows 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 lower recidivism rates.

Figure 1. No ZIP Code left behind - Logic model

Inputs	Activities	Outputs	Outcomes	Impact
New recruitment funds and strategies	Implement new outreach efforts	Number of new clients are recruited per year	50% of new clients complete Residential SUD treatment	Reduction in recidivism for participating clients
New facilities and services for SUD treatment	Implement new in-patient services	Number of new clients receive residential SUD	50% of new clients complete outpatient SUD treatment	
Location and personnel to administer and operate Sobering center	Implement new out-patient services	Number of new clients receive out-patient SUD treatment per year	Recidivism rates decreases for treated population	
Agreements with Local law enforcement regarding diversion practices	Implement new diversion program - Sobering Center	Number individuals diverted to Sobering Center instead of jail	Number of cases reclassified to Misdemeanors increases for treated population	
New facilities and services for MH treatment	Implement new re-entry vocational and employment support	Number individuals diverted to Sobering Center instead of jail	Number of jail bookings for treated population is reduced	
		Number of new clients receive case management and MH treatment per year		

### III. Description of methodology

#### Process and outcome evaluations

The project evaluation consists of two main components: a process evaluation that describes the extent to which the project was implemented as planned and an outcome evaluation that determines the extent to which the project's services are associated with a reduction in participants' recidivism. The process evaluation describes how the project's inputs, activities and outputs, as described in the logic model (Figure 2), were implemented, using data collected on an ongoing basis and then analyzed and submitted in quarterly reports; the goal of which is to provide periodic feedback to BSCC program personnel on project service implementation. The final 2021 evaluation report will include a description of the project's success in implementing the proposed activities, reaching its focus population and achieving its proposed outputs.

The outcome evaluations explore the extent to which the project has had an impact on recidivism. The evaluation also assesses the impact of project services on other contributing factors, such as clients' success in reducing or abstaining from alcohol and drug use and improvements in their overall social functioning including employment status and housing stability. SUD treatment is one of the keystone components of the project's services and is therefore, included as part of the evaluation.

#### Recidivism outcomes data

The measure of recidivism used in the evaluation will be based on participant's bookings in the Monterey County Jail and data from the Superior Court of Monterey County to assess convictions associated with jail bookings. The jail bookings data will be supplemented with information on the offense type (violations, property, drug, person, traffic, etc.), offense severity (felony vs. misdemeanor) and length of stay. Recidivism rates will be measured using county jail booking data from the Monterey County Sheriff's Office (SO).

#### Research design used to evaluate the effectiveness of the project

To assess the project's impact on recidivism, the evaluation will compare participant's jail bookings over a period of three years before access to project services to participant's jail bookings' 180, 360, 720, and 1,080 days immediately following service utilization. The evaluation will also compare the types of bookings and convictions in the pre- and post-project admission periods to determine aggregate effects on project clients. To supplement the measure of these effects on recidivism, the evaluation will include measures on the project's impact on participants' service utilization and increased social connectedness using administrative data and by collecting qualitative data including focus groups.

#### Data Sharing/Collection Agreements

To ensure consistent data reporting, data collection/sharing agreements have been included in each of the project's service provider's contracts. Providers enter client information directly into AVATAR (the Electronic Medical Record (EMR) system managed by the Monterey County Health Department) or submit individual-level data from their own internal information systems. To ensure anonymity and confidentiality of medical records, data matches have been performed by Monterey County Health Department personnel and then submitted to the ICCS evaluation team for analysis.

## IV.1 Project Performance

### **Modifications that have been made to the project since its start; problems or unexpected events that were encountered and how they were addressed**

Monterey County Behavioral Health (MCBH) began to develop and implement the new programs proposed in the grant (BSCC 543-17) as soon as the grant was awarded. However, given the extent of the grant being used for new services by community-based agencies, a number of challenges have been identified which have necessitated modifications within this initial (2-year) implementation period including:

1. Expectations for the initiation of new services had to be adjusted due to the length of time needed to develop and approve new contracts for the various partnering agencies.
2. Although an initial definition of the project's potential participants was narrowly focused on individuals who were reclassified under Prop 47, the eligibility criteria were widened to include any South County resident who has a history of being cited, charged, convicted of a crime and has a need for mental health and/or substance use disorder related services.
3. To address the length of time it took for the review of reclassification petitions, Live Scans were added to help decrease the amount of time needed to process each petition.
4. As it became clear that many individuals in the client population were only interested in accessing one of the project's services, incentives were introduced to encourage participation in additional services provided by three of the agencies – Turning Point, SSC King City outpatient treatment, and Behavioral Health mental health services. These include food and fiscal incentives such as snacks at community meetings, \$10 gas gift cards, and \$10-\$50 store gift cards, provided for participation in and successful completion of select services.
5. The County of Monterey's General Fund has a significant budget shortfall this and (projections for) next year, which has impacted MCHD's ability to implement two positions that were planned to be partially funded by this grant. To address this challenge, MCHD is providing the (mental health) treatment services with existing staff without billing the grant and has redirected the project funds to Turning Point to develop an Outreach Specialist position to serve as a liaison between the community and health care and social service agencies engaged with this project and to Sun Street Centers to renovate the Sober Living Facilities in King City which will house six to ten individuals. The Outreach Specialist will help to identify and refer individuals who qualify for project services and who may need SUD and/or mental health project services.

### **Factors that have affected the progress of project goals:**

Given the historic dearth of services in South County, ensuring that the client population has access to a wide range of services has been significant. This project's funding has made it possible to create service options to be delivered closer to a client's home at two sites in South County: Gonzales which is midway between Salinas and King City and a new facility in King City. A third site in Soledad provides three service locations for outpatient SUD treatment, reducing transportation barriers for many. Additionally, some of providers are able to meet with individuals in other community spaces (when appropriate) to further decrease transportation barriers.

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During the past two years, the project has implemented a wide range of services, from outpatient SUD treatment to other social supportive (i.e. employment, training, and legal) services which has taken time to establish by individual agencies. Additionally, agencies have had to develop or expand on collaborative relationships needed to refocus their ongoing work in different ways to address the challenges faced by the client population. During the first two-year period, implementing the various services and developing, renovating and applying for licensing of the Sun Street Center's facility has taken time. Over the long term, this will seem insignificant compared with the added value provided to the South County community. However, within the required timeframe for this grant, this upfront investment of time has seemed like an obstacle to achieving goals and objectives more quickly, and more importantly, to alleviating individual's suffering. With a number of hurdles overcome more recently such as establishing MOU's between agencies for more efficient processing and data sharing, and acquiring building permits and licensing, the project is well on its way to providing needed services and demonstrating the potential for positive impacts on the client population and ultimately, a reduction in recidivism rates.

Finally, program promotion is an important element of establishing new services, especially in an area that has been historically underserved. A number of efforts have been launched to address the need to make the project more visible in these rural communities. First, this has been, in part, addressed by each of the contracted providers presenting at a variety of community events, on an ongoing basis, to provide information and access to these new services to a wider audience of residents and potential clients to more easily access information in different locations including, for example, project presentations in Greenfield (20 minutes from King City and 45 minutes from Salinas) for individuals from the indigenous population from Oaxaca, Mexico, the development of the Outreach Specialist position and creation of a marketing plan that will include a single brochure with information on all the providers, using PSAs on the radio and/or TV advertising, and an informational webpage.

#### **Description of data collected to track client episodes and demographic characteristics:**

To assess the project's progress and performance for the process and outcome evaluations, each provider in the project is required to enter data on each client they serve. Their client data is entered into an online form in AVATAR, the Electronic Health Record system maintained by the Monterey County Health Department. One important aspect of this system, is that AVATAR allows for customized forms for each provider; allowing each agency to collect the most important service data. For example, some providers (SCC and BH) are required to enter data on each episode of contact and others are only required to enter their initial date of contact, depending on the type of service they provide.

This system requires all providers to enter personal identifiers (names and date of birth), demographic characteristics (gender, sex orientation, race/ethnicity, education level), and other characteristics (housing status, region of residence within the county), as well as follow-up data customized by provider (e.g. court decisions on reclassification cases, graduation from SUD treatment, employment status after placement, etc.).

For this evaluation report, five service providers entered their data into the AVATAR system including the Monterey County Health Department Behavioral Health Bureau, the Sobering Center, MILPA, Sun Street Center's SUD outpatient treatment center in King City, and Turning Point. In addition, the Monterey County Public Defender's Office provided client level data from their own administrative

system (in spreadsheet format). For confidentiality reasons, California Rural Legal Assistance (CRLA) will share aggregate-level data only with the evaluation team as they begin serving clients.

### **Recidivism outcomes**

As described in the methodology section, to track recidivism outcomes, the project obtained data on every Monterey County Jail booking since January 1998, including data on individual identifiers (names and date of birth), information on all charges (type and code), dates of booking and release, and court case numbers. Jail booking data was matched to individual project clients using names and date of birth.

### **Qualitative data**

In addition to the administrative data used for quantitative analysis, the evaluation collected qualitative data in two forms: (1) a series of interviews with representatives from each of the providers to assess their implementation barriers and successes and (2) focus groups with participants of the King City SUD outpatient treatment groups to assess participants' opinions on the group's impact on their social connectedness.

### **Data management and client confidentiality**

To preserve client confidentiality, client information entered into AVATAR is treated as a medical record and is protected by safeguards used by the Monterey County Health Department. The de-identified data for each client is shared with the evaluation team with a unique identifier based on their names and date of birth. The individual client match with jail booking data is performed by Monterey County Health Department personnel.

In the case of the Public Defender, the individual client data is matched to the jail booking data by the evaluation team using court case numbers and names and date of birth.

### **Reporting**

Because this project is comprised of a group of providers serving clients with different types of services, we present progress results separately in the following subsections. Overall project progress with counts of unique clients and outcomes by grant goal is reported in section IV.3, page 38.

## **IV.2 Individual Provider Reports**

### **1. MILPA**

#### **Agency Description**

The purpose of MILPA (Motivating Individual Leadership for Public Advancement) is to cultivate change makers for the next seven generations by improving the health and well-being of the most impacted communities. Their collective provides innovative and culturally relevant approaches that support resident civic engagement and work to end mass incarceration. MILPA uses healing-informed, relationship-centered approaches to incubate the next generation leadership and infrastructure while striving for racial and social justice.

### **Description of Services for Project**

MILPA's primary role for this project is to recruit individuals who have felonies that might be eligible for reclassification to misdemeanors under Proposition 47. MILPA representatives meet monthly with the Public Defender's Office to share information and discuss new referrals. MILPA also provides a unique program for the community, La Cultura Cura (LCC0). LCC is an overarching program including Cara y Corazon, El Joven Noble, and Xinachtli. La Cultura Cura (LCC) is a unique cultural teaching experience that facilitates transformational healing for Latinos. Results for this approach include clients' healing through a renewed sense of pride in their cultural roots, an increased sense of responsibility and improved connections with family and community. For this project, LCC practices address the impact of trauma on the client population and provide prevention to vulnerable youth. Cara y Corazón is a family strengthening, leadership development program that maintains there are resiliency factors for every culture, community, family, and parent that can be accessed to assist parents and family members to build positive, healthy relationships with their children and themselves. El Joven Noble and Xinachtli are comprehensive indigenous-based, youth leadership development programs that support and guide young men and women through a "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure.

### **Referrals Between Agencies**

Referrals are received from Sun Street Centers as well as self-referrals. MILPA refers their clients to the Public Defender's Office. MILPA also provides information on the other project partners and will link individuals who express an interest in their services.

### **Achievements/Success to Date in Implementation**

MILPA has received 260 client intakes since January 15, 2018 to June 24, 2019; 60 of which have received approval for some form of reclassification. As a result of the collaborative relationship MILPA has established with the Public Defender's Office through this project, they have referred 106 clients to their office for processing. Another achievement is MILPA's organization of three Prop 47 public information sessions in the rural South County communities of Gonzales, Soledad, and Greenfield. They also attended and presented at a Prop 47 community information session held in King City. Finally, part of MILPA's services for this project includes implementation of groups using the La Cultura Cura approach. MILPA continues to implement their ongoing La Cultura Cura youth programs in South County and will introduce *Cara y Corazón* to South County as part of this project. As facilitators, MILPA's approach is rooted in empathy, storytelling, strength-based principals, and restorative practices to address challenging behaviors, street mentality, and institutional norms that negatively impact the social and emotional well-being of youth. Through this project, nine young men and eleven young women participated and successfully graduated from this 10-week program that promotes character development, while focusing on the reduction and prevention of substance abuse, unplanned pregnancies, and community violence.

### **Barriers/ Challenges to date in Implementation**

Initially, one of the biggest challenges faced by MILPA was being able to reach the South County population since their office is located in Salinas. However, with the opening of Sun Street Centers in

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King City, MILPA was provided with office space to be able to offer services eight hours a week in King City to accommodate the needs of South County residents. Another barrier faced by MILPA was accessing clients with unstable forms of communication, since many are transient, living with addiction problems, and/or living in poverty. To address this issue, they have changed their outreach strategy to focus on reaching out to individuals with more stability. This includes conducting outreach at rehabilitation centers and presenting at community information sessions, as well as Parole and Community Team (PACT) meetings. These monthly meetings are designed to connect Parolees with services they may need after being released from prison. This has helped with service provision and client communication.

### MILPA Data Report (March 31, 2019)

MILPA has been serving clients for this project since January 2018. This report describes the demographic characteristics and preliminary outcomes for clients served by the organization as part of its outreach program using data collected by the Monterey County Health Department and the Monterey County Jail during the January 2018-March 2019 period. In addition, we present data collected by MILPA regarding El Joven Noble and Xinachtli groups in South County.

### Clients' Served

During the January 2018-March 2019 period, MILPA served a total of 184 unique individuals for the project. MILPA's contracted services include reaching out to eligible individuals and guiding them through the Prop 47 reclassification and/or petitions for dismissal processes in close collaboration with the Monterey County Public Defender's Office. When clients visit MILPA they receive an initial assessment of eligibility for reclassification and/or dismissal, and then are referred to the Public Defender's Office to begin the reclassification process. By March 31, 2019, MILPA had 184 unique clients with completed forms in the AVATAR system.

Figure 3 presents, about 52% of these clients were between 26 and 43 years of age; 39% were between 44 and 64 years of age; 5% were between 18 and 25 years old; and 1% were 65 years or more. The majority of clients served by MILPA were male (60%).

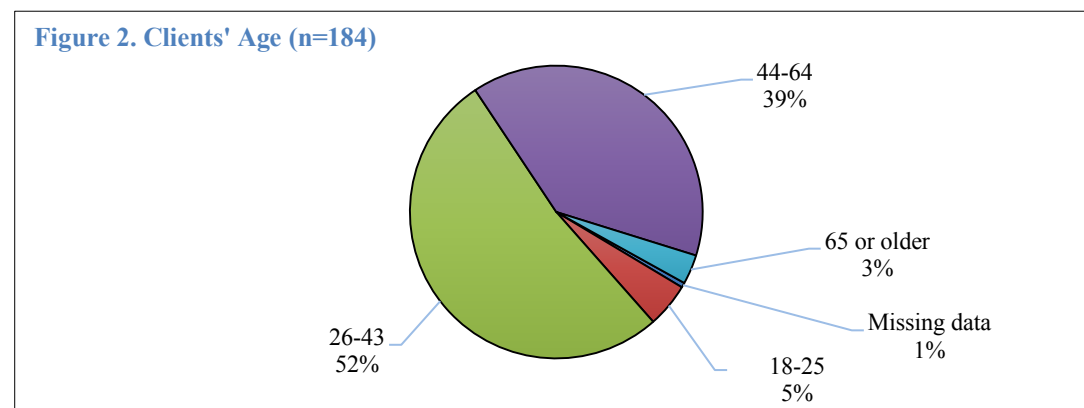
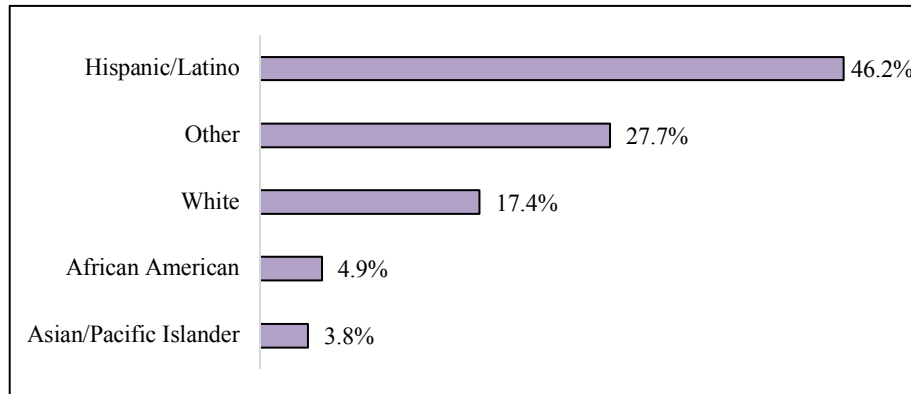


Figure 4 shows that 46% of clients served identified as Hispanic/Latino; 17% as white; 5% as African American; 4% as Asian/Pacific Islander, and nearly 28% from "other" ethnic/race groups.

**Figure 3. Clients' Race/Ethnicity (n=184)**



As presented in figure 5, the majority of clients reported residing in the Salinas Valley (52%); followed by the coastal region (17%); South County (15%); and 6% and 10% in North County and other regions, respectively.

**Figure 4. Clients' Region of Residence (n=184)**

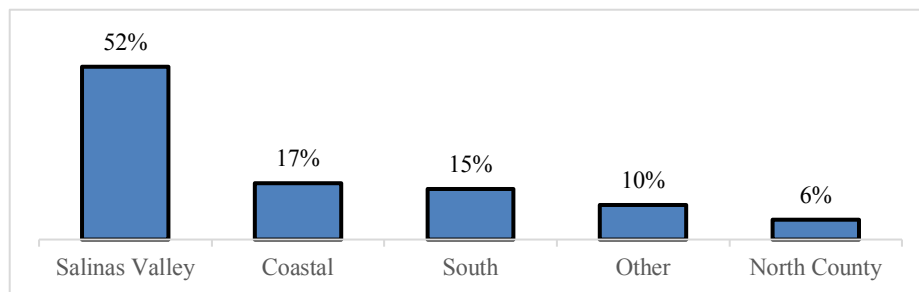
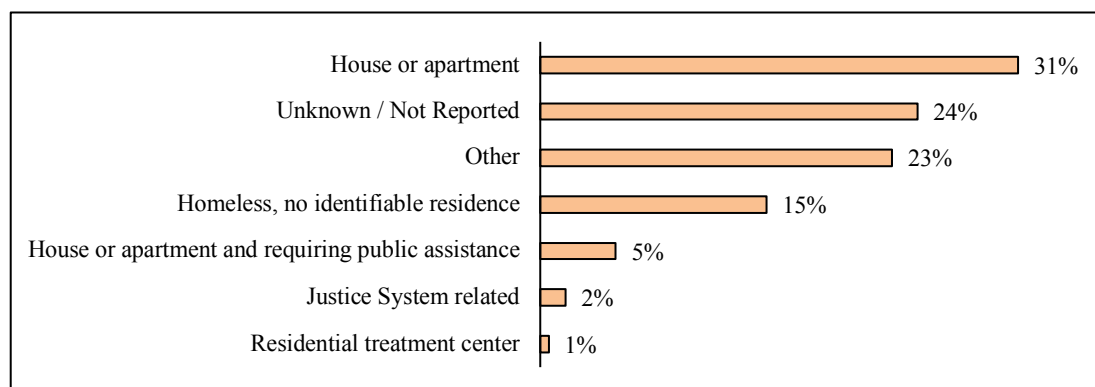


Figure 6 shows that a majority of clients (31%) reported living in a house or apartment, about 15% reported no identifiable residence or being homeless, 24% did not report their housing arrangements, 5% reported living in a house or apartment using public assistance, 2% reported living in a correctional institution, and 23% reported “other” type of housing arrangement.

Figure 5. Clients' Housing Arrangements (n=184)



Finally, when asked about their primary language, the majority of clients indicated English (84%); followed by Spanish (9%); Tagalog (1%); and 6% did not report a preferred language.

## 2: Clients' Petition Outcomes and Subsequent Jail bookings

Of the 184 clients with completed admission forms by March 31, 2019, 24 had a recorded outcome for their petition and of these, 63% were granted their petitions for reclassification or dismissal; 33% were not eligible or were not admitted by the Public Defender Office, and 4% were denied by the court.

In addition, and to gain a better understanding of these 184 clients, we looked at their history of bookings in the Monterey County jail, by matching their first and last names, and dates of birth to records of bookings since 1998. To maintain client confidentiality, the matchings were performed by Monterey County Health Department personnel. Out of the 184 clients admitted into this project, 132 clients (72%) had at least one arrest in the Monterey County jail since 1998, 32 (17%) had a jail booking after their admission date and 21 (11%) had a jail booking with a felony charge after their admission date. These results are summarized in table 4.

Table 4. Jail booking before and after admission

Group	#	%
Number of unique clients	184	100
Clients with at least one booking	132	72
Clients with at least one booking before admission	132	72
Clients with at least one booking after admission	32	17
Clients booked with at least one felony charge after admission	21	11

## 3: La Cultura Cura group interventions

In addition to their outreach services, MILPA conducted sessions with young men and women of South County as part of their *La Cultura Cura* intervention which uses curricula from the National Compadres Network. The group sessions are designed to empower youth to grow and develop their character with

cultural values. Between January 2018 and March 2019, MILPA conducted 2 groups. The first group intervention, *Joven Noble*, was implemented in Greenfield High School and consisted of 10 weekly sessions. *Joven Nobles'* curriculum is "rooted in empathy, storytelling, strength-based principals, and restorative practices to address challenging behaviors, street mentality, and institutional norms that negatively impact the social and emotional well-being of youth."<sup>1</sup> The group started with 14 young men in the cohort, 9 of whom graduated from the program. The second group intervention, *Xinachtli*, is a "comprehensive indigenous-based, youth leadership development program that supports and guides young women through their female "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure"<sup>1</sup>. The *Xinachtli* intervention consisted of 12 weekly meetings and was also implemented in Greenfield High School. It began with a cohort of 21 participants, 11 of whom graduated.

#### **4: Conclusions and future steps**

MILPA has been providing services to clients from all regions of the county and for a wide range of age groups. As indicated by their client's housing situation and prior contacts with the correctional system, it is clear that these clients face substantial barriers to gain employment and therefore can benefit immensely from MILPA's guidance with their petitions for reclassifications and dismissals. In addition, MILPA's prevention services through "La Cultural Cura" youth groups are designed to have an impact on South County's youth so they can make decisions from a place of empowerment and community. We look forward to analyzing data from these unique social support groups in the future.

## **2. Public Defender's Office**

### **Agency Description**

The Monterey County Public Defender's Office is dedicated to ensuring that the constitutional right to counsel is not simply an empty promise. Their guiding principle is that each client is entitled to the best outcome legally attainable. Their attorneys, investigators, and support staff provide a consistently high level of service and effective defense for all clients regardless of charges or circumstances.

### **Description of Services for Project**

As a direct result of this project, the Public Defender's Office has developed a highly effective collaborative partnership with MILPA, including meeting monthly to facilitate reclassification and dismissal applications, which has significantly improved processing of Prop 47 reclassifications and petitions for dismissal. The processes for reclassifications or dismissals include the following: 1) MILPA provides a referral form and a financial declaration form requesting a filing fee waiver (if necessary and depending on the process), 2) the Public Defender's Office prepares the case for the Prop 47 Attorney, 3) the Prop 47 Attorney receiving the case, conducts an investigation to determine if the client's case qualifies for a Prop 47 reclassification and or a petition for dismissal, and 4) for Prop 47 reclassification, the attorney receives a minute order in approximately 30-45 days which states the court's decision. For a petition for dismissal, the client receives a court date and 5) the Public Defender's Office notifies MILPA of the court's decision and 6) MILPA notifies the client.

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<sup>1</sup> This curriculum overview was provided by MILPA.

### **Referrals Between Agencies**

The Public Defender's Office receives referrals from MILPA, but does not make referrals to other agencies.

### **Achievements/Success to Date in Implementation**

One example of a success story for the Public Defender's Office was a client who qualified for reclassification under Prop 47 and successfully filed a petition for dismissal so he could fulfill his dream of becoming a firefighter; a position for which he would have been ineligible without reclassification under Prop 47. Another client lost custody of her child for more than a year and was being held by immigration officials due to a 2008 drug charge. Her attorney contacted the Public Defender's Office who filed a petition for dismissal. This request was granted and she was released and reunited with her five-year-old child. Finally, through MILPA's outreach efforts, individuals have been identified who qualify for the classification who did not even know this option was available for them.

### **Barriers/Challenges to date in Implementation**

A challenge faced by the Public Defender's Office was the lack of a structure for handling cases for reclassification and dismissals. In addition, they faced challenges with how the referral process with MILPA was going to be structured within their new collaborative partnership. In order to overcome these challenges, they implemented a formal procedure which structured how the cases of reclassification and dismissals were processed. The second challenge of the referral process with MILPA was addressed by meeting with them on a monthly basis to discuss referrals of new clients and providing updates on their current client cases.

### **Public Defender's Data Report**

The Public Defenders' Office started offering services for this grant in January of 2018. They use a MS Excel spreadsheet to keep track of all the petitions they receive and file in the Superior Court for this project. This data report presents an analysis of the data collected by the Public Defender's Office corresponding to petitions received during the January 2018 – March 2019 period.

#### **Petition types**

As table 5 presents, the Public Defender's Office received a total of 714 petitions for reclassification or dismissal of charges during this period which corresponds to 677 unique cases. Of the total, 310 (44%) of the petitions were submitted for reclassification under Prop 47, 1 (less than 1%) for reclassification under Prop 64, and 403 (56%) for dismissal of charges. About 35% of the petitions that reached the Public Defender's Office during this period were referrals from MILPA.

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**Table 5. Petition types (January 1, 2018 – March 31, 2019)**

	MILPA	PDEF	TOTAL
PROPOSITION 47	170	140	310
PC 1203.4	82	321	403
PROPOSITION 64	0	1	1
TOTAL	252	462	714

As table 6 presents, of 714 petitions that reached the Public Defender's Office, 493 (69%) were filed by March 2019, some of which (149 petitions or about 21%) did not fit the eligibility requirements for filing under Prop 47 reclassification or petitions for dismissal, under the Monterey Superior Court, did not meet the eligibility requirements.

**Table 6. Petitions by eligibility**

	MILPA	PDEF	TOTAL
Filed	147	346	493
Not Eligible	54	95	149
Not filed by March 2019	51	21	72
TOTAL	252	462	714

As Table 7 presents, a total of 336 petitions were granted by the Superior Court which represents 68% of all filed petitions and 80% of all petitions with a court decision. MILPA referrals were just as likely to be granted as the self-referrals that reached the Public Defenders' Office.

**Table 7. Petition Outcomes**

	MILPA	PDEF	TOTAL
Granted	96	240	336
Denied	15	69	84
No outcome by March 2019	36	37	73
Filed	147	346	493

### **Individual beneficiaries**

As table 8 presents, the petitions filed by the Public Defender's Office corresponded to 362 unique individuals; 219 (60%) of whom were granted at least one of their petitions by the court by the time this report was completed. It is important to note that 35 (10%) of all the individuals with petitions reported living in the southern region of the county.

**Table 8. Unique individuals filing petitions**

	MILPA	PDEF	TOTAL
Number of clients (unique names)	112	250	362
Clients with granted petitions	64	155	219
South County Residents	17	18	35

## **Conclusion**

The baseline analysis of Prop 47 petitions to the Monterey County Superior Court conducted by the evaluation team in March 2018 found that a total of 1,103 cases corresponding to 719 individuals were filed for Prop 47 reclassifications during the 2014-2018 period. This report is evidence that the grant has dramatically increased the number of reclassifications and petitions for dismissal. During this first year of operation, the Public Defenders' Office, in close collaboration with MILPA, has been able to more than double the yearly average number of petitions during the 2014-2018 period.

## **3. Sun Street Centers**

### **Agency Description**

Sun Street Centers' mission is to prevent alcohol and drug addiction by offering education, prevention, treatment and recovery to individuals and families regardless of income level. Their vision is to inspire their participants and community to value an alcohol- and drug-free life.

### **A. Sobering Center**

#### **Description of Services for Project**

The Sobering Center was newly 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. This Sobering Center creates an opportunity for long-term systems change by addressing addiction in a facility other than jail; thereby reducing incarceration for the only disease for which people go to jail.

#### **Referrals Between Agencies**

Referrals are received from local law enforcement and parole. The Sobering Center makes referrals to Sun Street Centers' outpatient and residential SUD treatment programs and DUI Treatment Program, as well as other community agencies.

#### **Achievements/Success to Date in Implementation**

The Sobering Center is continuing to develop a process to provide referrals that link clients released from their facility to the most appropriate service providers for treatment. For example, referrals to Sun Street Centers' programs have resulted in 55 clients being referred to their DUI program. One client who was referred to Sun Street Centers' woman's residential treatment program, successfully graduated with more than 90 days of sobriety.

### Implementation Barriers/Challenges to-date

A barrier faced by the Sobering Center was the decrease of clients referred by the California Highway Patrol (CHP). In June 2018, a client was taken to the facility by CHP. After the client was released, they filed a complaint with CHP that there was a discrepancy in the amount of cash the client had from the time he was in the Sobering Center to when he was released. The Sobering Center staff was unaware that this incident had taken place and that a complaint was filled to CHP. As a result, CHP stopped taking individuals to the Sobering Center from June 2018 to April 2019. During this time, the number of clients referred to the Sobering Center by CHP dropped, with the overall average decreasing from 35 clients per month to 15 clients per month. The Sobering Center resolved the issue by giving the affected individual the amount of cash they claimed was missing. Once this issue was resolved, the Monterey Sheriff's Office created a Memorandum of Understanding that established an official relationship between the agencies and formalized the process for officers to use the Sobering Center's services, in lieu of the jail. Since the memorandum was distributed, CHP resumed using the Sobering Center's services and as of April 2019, the number of clients has increased to an average of 40 clients per month.

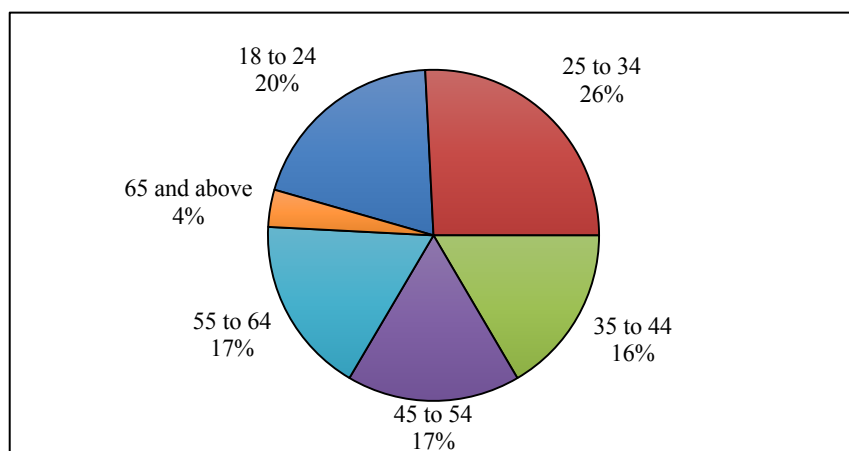
### Sobering Center Data Report (December 2017-March 2019)

The Monterey County's Sobering Center opened its doors on December 1, 2017. This report presents an analysis of data collected by the Monterey County Health Department and the Monterey County jail from its opening until March 31, 2019. The report describes: 1) demographic characteristics of clients served by the Sobering Center, 2) the types of services provided to clients, 3) client recidivism outcomes after their first visit to the Sobering Center, and 4) an initial exploration of the Sobering Center's impact on utilization of the county jail during this 16-month period.

### Clients' Demographic Characteristics:

Between December 2017 and March 2019, the Sobering Center served 248 unique clients with 267 treatment episodes. About 77% of the clients were male and as figure 7 presents, the largest age group served was 26-34 (26%) followed by 18-24 (20%), and nearly equal percentages for three older age groups; 35-44, 45-54, and 55-64.

Figure 6. Clients' Age (n=248)

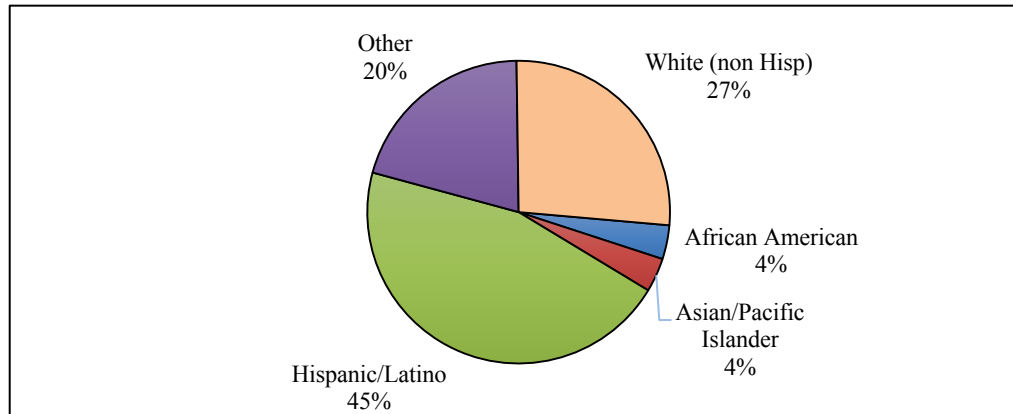


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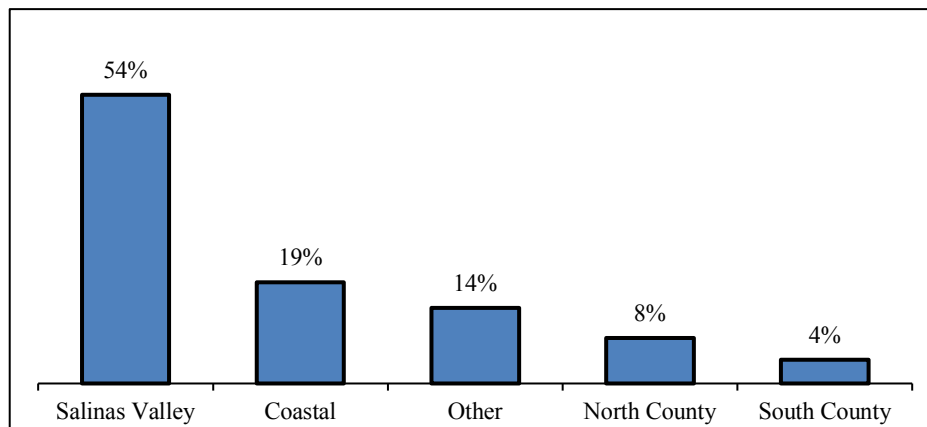
The majority (45%) of clients served identified themselves as Hispanic/Latino, about 27% identified as White (non-Hispanic), 4% as African American, 4% as Asian/Pacific Islander, and 20% as “other” (see figure 8). Also, when asked about their primary language, 76% reported English, 21% reported Spanish, and 3% reported other languages including Chinese, Farsi and Tagalog or did not respond.

**Figure 8. Clients' Race/Ethnicity (n=248)**



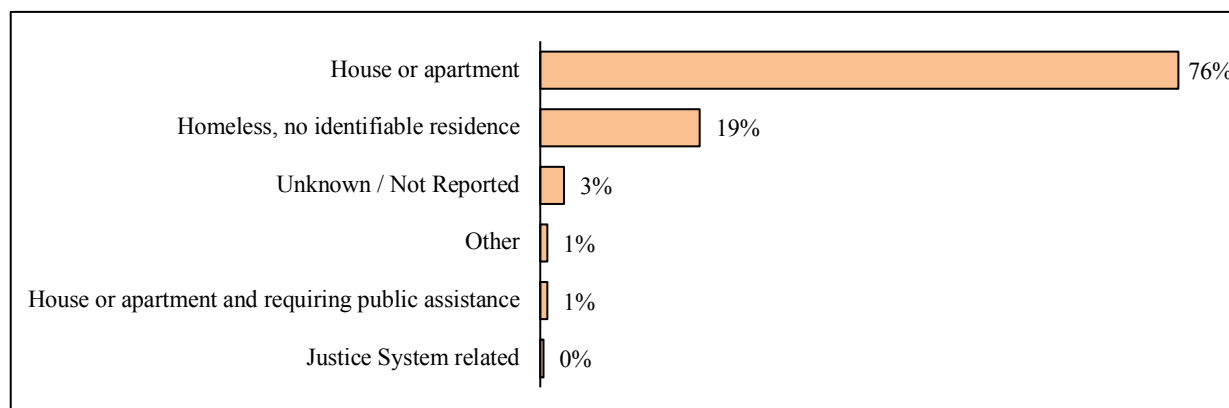
The majority (54%) of clients reported that they reside in the Salinas Valley region of the county, 19% in the Coastal region, 8% and 4% in the North and South County regions, respectively, and 14% residing outside the county (other regions) (see figure 9)

**Figure 9. Region of Residence (n=248)**



When asked about their living arrangements at the time of their first visit, 76% reported living in a house or an apartment, 19% reported being homeless or with a non-identifiable address, 2% reported living in public housing or under other arrangements, 3% did not respond (see figure 10).

Figure 10. Clients' Housing Arrangements (n=248)



### Services Provided by the Sobering Center

The Sobering Center receives clients that are under police custody with a substance use charge. Specifically, it accepts clients with “Public Intoxication” or “Driving Under the Influence (DUI)” charges. During the December 2017 - March 2019 period, the charges for clients brought to the Sobering Center were evenly distributed. As table 9 presents, out of the 260 episodes with data on charges and length of stay, 134 (52%) corresponded to DUI charges and 126 (48%) to public intoxication charges. The most common length-of-stay time at the Sobering Center was 4-8 hours with (59%) followed by 8-12 hours (19%). Length of stay, however, varied by citation type, with about 87% of clients with DUI charges staying less than 8 hours and 50% of clients with public intoxication charges staying more than 8 hours.

Table 9. Length of stay by citation type

Length of Stay	Citation Type (%)		
	DUI	Public Intoxication	Total
Less than 4 Hours	8.96	11.11	10
4-8 Hours	78.36	38.89	59.23
8-12 Hours	9.7	28.57	18.85
12-16 Hours	1.49	13.49	7.31
16-20 Hours	1.49	4.76	3.08
20-23 Hours	0	3.17	1.54
Total (n)	134	126	260

Before discharge from the Sobering Center, clients have a conversation with staff to complete a short questionnaire and discuss referral options. Data from these interviews revealed that the preferred drug of abuse for most Sobering Center clients was alcohol (98%) followed by cocaine (1%) and other drugs (1%). This information is used to refer clients to other services in the community. As table 10 presents, out of the 267 episodes, 270 referrals corresponding to 177 individuals were recorded in the system. The most common referral to services was for SUD treatment at Sun Street Centers (39%), other (non-specified) community agencies (31%) and the DUI program at Sun Street Centers (20%). These three types of referrals accounted for about 90% of the total.

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**Table 10. Client Referrals at Discharge**

Referral to...	#	%
Sun Street Centers	105	38.9
Sun Street DUI Program	55	20.4
Other Community Agencies	84	31.1
Whole Person Care	15	5.6
Door to Hope	5	1.9
Monterey County Behavioral Health	3	1.1
Law Enforcement	2	0.7
Community Human Services	1	0.4
Total	270	100

**Recidivism for Sobering Center clients**

To determine recidivism rates for clients from the Sobering Center, an analysis was conducted using Monterey County Jail Bookings data dating back to January 1998 matched to Sobering Center clients. To maintain confidentiality the matching procedure was conducted by Monterey County Health Department personnel. Out of the 248 (34%) individuals served by the Sobering Center, 85 (34%) could be matched using dates of birth and first and last names in the jail data. Most of the matches corresponded to past arrests, with 78 (92%) individuals showing past bookings in the Monterey County jail. Many had multiple past arrests, over a number of years; some as recent as 1 day before and some as early as 18.6 years before their first visit to the Sobering Center. The median time for the most recent arrest before their first visit to the Sobering Center was 1.4 years and the mean was 4.3 years.

To measure outcomes after the first visit to the Sobering Center we counted subsequent episodes of jail time after the date of first visit to the Sobering Center. Table 11 shows that 33 clients (13%) experienced at least one jail booking after their first visit to the Sobering Center; with the time of their most recent arrest from their first visit to the Sobering Center ranging from 81 to 365 days, with a median of 154 days and a mean of 180 days. In addition, 10 clients (4%) returned to the Sobering Center at least once after their first visit and 5 clients returned to both the jail and the Sobering Center at least once after their first visit.

**Table 11. Jail-bookings and subsequent visits after first Sobering Center visit**

Group	#	%
Number unique clients in Sobering Center (SC)	248	100.0
Matched to jail data for at least 1 booking	85	34.3
Had at least 1 jail booking prior to first SC visit	78	31.5
Had at least 1 jail booking after first SC visit	33	13.3
Returned to Sobering Center at least once after 1 <sup>st</sup> visit	10	4.0
Returned to Sobering Center and jail at least once after first SC visit	5	2.0

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**Impact on County Jail use**

Since the Sobering Center opened its doors in December 2017, it has served as a diversion program for 267 episodes of substance use related citations. As shown in Table 12, the CHP utilized the Sobering Center for 119 (45% of all) episodes; the Salinas Police Department utilized the Sobering Center for 113 (43% of all) episodes; Police Departments in the Coastal region utilized the service for 24 (9% of all) episodes; and Police Departments in the South County region utilized the service for 6 (3% of all) episodes.

**Table 12. Sobering Center Use by Arresting Agency**

<b>Arresting Agency</b>	<b>#</b>	<b>%</b>	<b>Regional #</b>	<b>Regional %</b>
California Highway Patrol	119	44.7		
County Sheriff's Department	3	1.1	Countywide	45.9
CSUMB PD	1	0.4		
Carmel PD	2	0.8		
Marina PD	15	5.6		
Monterey PD	2	0.8		
Seaside PD	2	0.8		
Pacific Grove PD	4	1.5	Coast	9.8
Salinas PD	113	42.5	Salinas Valley	42.5
Soledad PD	4	1.5		
Gonzalez PD	1	0.4	South County	1.9
Total	266	100		100

Figure 11, on the following page shows the monthly episodes of Sobering Center referrals (yellow line); with the highest number (35) of clients in May 2018, prior to the CHP temporary policy change (described under “Challenges” section on page 22) and then a steady decline during the June – December 2018 period after the policy change. Once an agreement was reached between the Sobering Center and the CHP in January 2019, the number of client episodes increased to its highest monthly number (39 episodes).

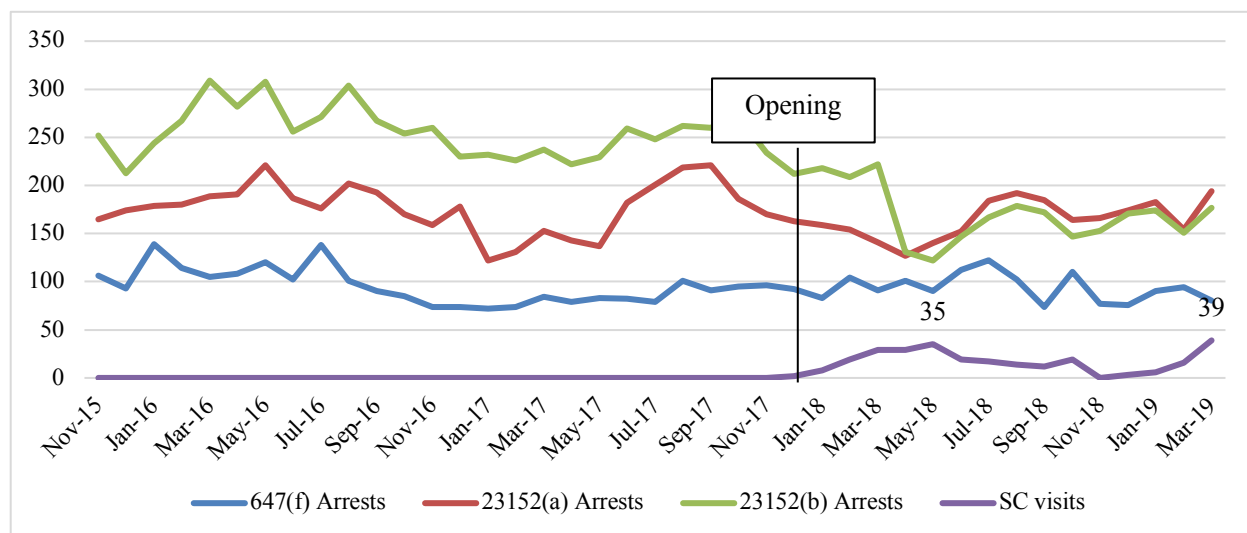
With only one complete year of data, it is too early to definitively assess the impact of the Sobering Center on the overall use of the County jail. As figure 11 shows, the monthly number of jail bookings with 647(f) (public intoxication) and 32152(a/b) (driving under the influence) charges fluctuate from month to month with high variability and a somewhat marked seasonal pattern. These fluctuations, combined with the temporary CHP policy change, during the high-use season (summer) impede a clear analysis of change using time series data at this point. However, the numbers in figure 11 depict a promising picture. During the November 2015-March 2019 period, the monthly average jail bookings with 647(f) and 32152(b) charges were 95 and 223 respectively. If the Sobering Center was utilized to serve 90 clients a month (well within its current capacity) it could potentially reduce 647(f) jail bookings by about a third and 32152(b) bookings by about 20%. In the recidivism analysis, we found that some clients served by the Sobering Center have been booked multiple times with about 7 percent of clients

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having had at least 10 arrests and as many as 44 arrests during the past 10 years. The majority of their charges are related to Substance Use Disorders and homelessness.

**Figure 11. Monthly SUD related jail bookings and Sobering Center use November 2015-March 2019**



## Conclusion

This report presents a descriptive analysis of data collected by the Sobering Center in its first 15 months of operation. The data shows that the Sobering Center is serving adult residents from all regions of Monterey County and from diverse backgrounds. The Sobering Center is used by 11 law enforcement agencies and provides clients with direct services as well as referrals to partnering agencies for SUD treatment and DUI education. Although it is too early to assess the Sobering Center's impact on reducing bookings in the County jail with just one year of data, it is safe to conclude that a considerable percentage of their 267 client episodes would likely have ended in a jail booking in the absence of this diversion program. As about 1/3 of the Sobering Center's clients had at least one jail booking in the past and many were frequent users of the County jail.

The Sobering Center offers an alternative to booking individuals in jail by providing services and referrals that may also have lasting impacts on their clients' health and well-being. The data shows evidence that some law enforcement agencies are using the Sobering Center with clients that are chronically intoxicated. The overall arrest rate for clients after the first visit to the Sobering Center is relatively low. In future evaluation reports, more data and more time will allow for a more detailed analysis of recidivism for different groups of clients. This data report, however, provides a very promising picture of the County's first Sobering Center.

## B. Sun Street Centers: King City SUD Treatment facility

### Description of Services for Project

Sun Street Centers developed this community-based residential and outpatient service center for the project to provide individual and group counseling. The residential program is a state-licensed recovery program that provides a supportive environment for clients seeking a life free from the devastating effects of drug and alcohol addiction. Certified counselors and recovery participants incorporate the principles of Social Model<sup>2</sup> recovery, which utilizes a peer-oriented, mutual help system that views the participant as a student, not a patient. Residents attend 12-step meetings, get a sponsor, and take personal responsibility for their own recovery. Residential recovery-based classes include recovery planning, communication skills, relapse awareness, motivational interviewing, and withdrawal management (as needed). Outpatient services assist individuals addressing attitudes and behaviors that fuel the cycle of addiction. The Matrix Model<sup>3</sup> is also used to promote behavioral change necessary for successful recovery.

### Referrals Between Agencies

Referrals are received from Sun Street Centers: Sobering Center, Monterey County Probation Department, Behavioral Health, court cases with DUI's, as well as self-referrals. The outpatient program refers their clients to MILPA, CRLA, Turning Point, and Behavioral Health.

### Achievements/ Success to Date in Implementation

Sun Street Centers' King City outpatient program has produced an interesting social support structure that is unique from any of their other sites. Participants attending the outpatient treatment appear to be engaging in ongoing voluntary social connections with staff and newer clients including spending additional time at the site, volunteering to help with maintenance, facility clean-up and promotional activities (i.e., taking out the trash, sweeping floors and folding agency flyers). Additionally, former clients who have completed their treatment are returning to the site to volunteer their time at events or meetings in support of new participants. Sun Street Centers also emphasized that one of their accomplishments is being able to collaborate with different agencies to provide services to the client population in South County.

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<sup>2</sup> Polcin, et al. (2014) describe the social model of recovery as a model that: (1) uses 12-step or other mutual-help group strategies to create and facilitate a recovery environment;(2) Involves program participants in decision making and facility governance: (3) Uses personal recovery experience as a way to help others; (4) and emphasizes recovery as an interaction between the individual and their environment.

<sup>3</sup> The California Evidence-Based Clearinghouse for Child Welfare (CEBC) describes the *Matrix Model Intensive Outpatient Program* as an "intensive outpatient treatment approach for substance abuse and dependence. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath-alcohol testing delivered over a 16-week period. Patients learn about addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored by urine testing. It is a cognitive/behavioral approach imbued with a motivational interviewing style" (CEBC,2018)

### Barriers/Challenges to Date in Implementation

A barrier faced by Sun Street Centers is providing out-patient services to clients who are only monolingual Spanish-speaking. They were having trouble offering accessible times for meetings that would accommodate their Spanish-speaking clients. Many Spanish-speaking clients are employed in the agriculture industry which requires them to work until 5:00pm; limiting their attendance at meetings until later in the evening. Sun Street was able to address this barrier by surveying clients to determine what times would best accommodate their schedules; which resulted in a collaborative agreement to hold meetings twice a week from 6:00pm to 7:30pm in the evening.

### Sun Street Centers: King City SUD Treatment: Data Report (March 31, 2019)

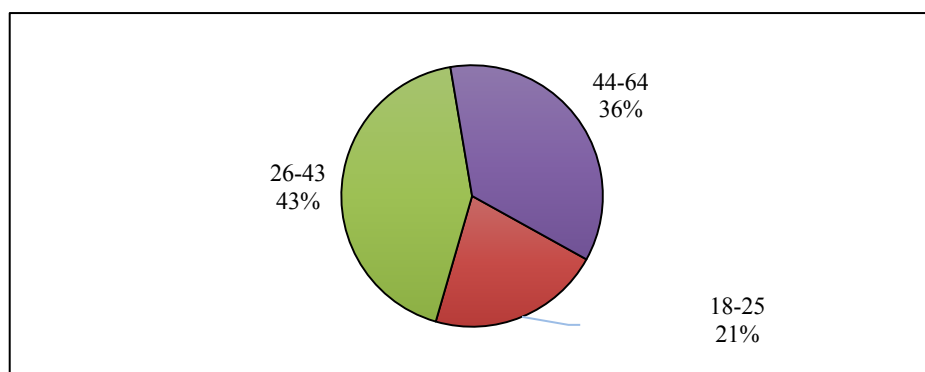
The Sun Street Centers SUD treatment facility in King City opened its door to outpatient services in December 2018. This report describes the demographic characteristics and preliminary outcomes for clients served by the agency using data collected by the Monterey County Health Department and the Monterey County Jail during the December 2018-March 2019 period.

#### Clients' Served

During the December 2018-March 2019 period, the King City Center conducted assessments with 39 unique individuals under the grant. When clients visit the King City Center, they receive an initial assessment to determine the level of care needed. During the period of analysis for this report, the Center offered outpatient SUD group counseling treatment to 28 unique clients. This data report is based on these 28 clients with a completed form in AVATAR.

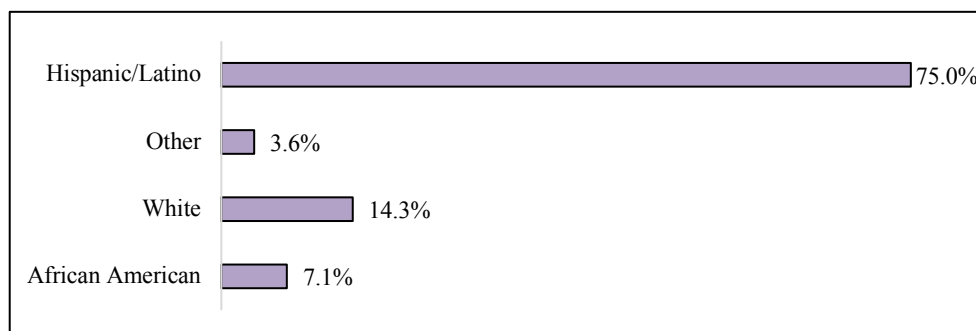
As figure 12 presents, about 43% of the clients were between 26 and 43 years of age; 36% were between 44 and 64 years of age; and 21% were between 18 and 25 years old.

**Figure 12. Clients' Age (n=28)**



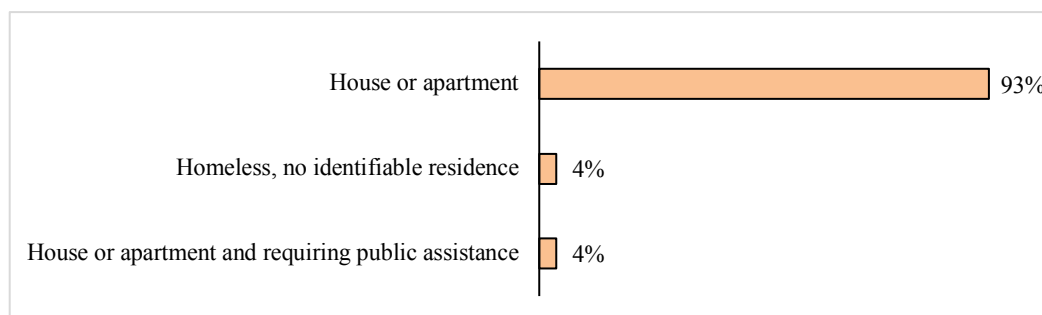
As figure 13 shows, the majority (75%) of clients identified themselves as Hispanic/Latino; 14% as White; 7% as African American; and about 4% from “other” ethnic/race groups. The majority of clients served by the center were male (93%). Also, when asked about their primary language, 50% of clients indicated English; 43% Spanish; and 7% indicated other languages.

**Figure 13. Clients' Race/Ethnicity (n=28)**



When asked about their region of residence, 27 clients (96%) reported living in the South region of the County and 1 (4%) reported living in the Salinas valley region. Figure 14 shows that a majority of clients (93%) reported living in a house or apartment, about 4% reported being homeless or having no identifiable residence, and 4% reported living in a house or apartment using public assistance.

**Figure 14. Clients' Housing Arrangements (n=28)**



### **Clients' Prior and Subsequent Jail bookings**

To gain a better understanding of the clients served at the Center, we looked at their history of bookings in the Monterey County Jail, by matching their first and last names, and dates of birth to records of bookings since 1998. To maintain client confidentiality, the matchings were performed by Monterey County Health Department personnel. Table 7 shows that of the 28 clients admitted into the program, 19 clients (68%) had at least one arrest in the Monterey County Jail since 1998 prior to their admission to the Center. Only 1 client (4%) had a jail booking after their admission date. None of the charges for that booking was a felony, as shown in table 13.

**Table 13. Jail booking before and after admission**

<b>Group</b>	<b>#</b>	<b>%</b>
Number of unique clients	28	100
Clients with at least one booking	19	68
Clients with at least one booking before admission	19	68
Clients with at least one booking after admission	1	4
Clients booked with at least one felony charge after admission	0	0

### **Assessing Social Connectedness on Participants:**

To collect information on participants' level of social connectedness and their perception of how the groups have affected their social connectedness, we implemented a 9-item questionnaire asking each participant if they felt "a part" of a family, group of friends and their community; "how close" they felt to their family, group of friends, and community; and whether they felt these SUD treatment groups have helped them feel "closer" to their family, group of friends, and community. The group coordinator asked the questions, facilitated the discussion, and instructed participants to write their answers in a journal. Because we wanted the participants to freely express their ideas, participants were asked not to include any personal identifiers in the journals and all answers remained anonymous. The questionnaire was implemented with 3 groups and a total of 14 participants during one of the last meetings of their outpatient treatment; two groups were conducted in Spanish ( $n_1=8$ ,  $n_2=4$ ) and one in English ( $n_3=2$ ).

The focus groups revealed that most participants increased their social connectedness as measured by their perceived bonds with family, friends, and community. Their responses revealed that they have increased their self-confidence and feel like they can be trusted. This has made them feel more useful and dependable and in turn makes them feel closer to their family and community. An interesting finding was that as they were finishing their treatment, they were reassessing old friendships (with those who were part of their substance use habit) and strengthening friendship bonds with members of their treatment group.

### **Conclusions and future steps**

The Sun Street Centers SUD treatment facility in King City opened its doors for outpatient SUD treatment in December 2018. The purpose of the Center is to provide services to a population that did not have access to SUD treatment close to their residence. As indicated by the client's region of residence and housing situation, it is clear that the Center is serving the local population as intended. Moving forward with the evaluation, we look forward to analyzing additional data for the Center's Sober Living services as they get implemented.

## **4. Turning Point**

### **Agency Description**

Turning Point of Central California, Inc. currently operates over 40 employment education, on-the-job training, direct placement, and job retention programs for 11,715 clients annually in 10 California counties including Monterey. Their mission is to provide public benefit through helping people develop skills, personal motivation, and resources to become productive members of society. They do so by helping system-impacted clients reduce their social problems. They provide each program participant with the opportunity to establish a healthy and productive life as they work towards obtaining and retaining a job.

### **Description of Services for Project**

For the first time, TPCC has expanded services to South County, providing Prop 47 clients with comprehensive services to increase their occupational skills, employment opportunities, job retention, and income. Services include comprehensive assessment, development of individual employment plans, individual and group counseling, occupational exploration and career planning, case management, supportive services, occupational skills training, on-the job training, skills upgrading and retraining, job readiness and remedial training, soft skills training, pre-employment skills training, job placement and retention support.

### **Referrals Between Agencies**

Referrals are received from the Monterey County Probation Department and the Parole Office. Turning Point refers their clients to the Public Defender's Office, CRLA, Behavioral Health, and Sun Street Centers.

### **Achievements/Success to Date in Implementation**

Turning Point continues to build relationships with current and new community partners interested in hiring Prop 47 clients, especially in South Monterey County. Employment opportunities with the Waste Management Authority are an example of the types of stable jobs Turning Point is working to establish for project clients. They also provided follow-up supportive services for all (31) clients who successfully completed the program; eight of whom have had stable employment since June 2018; with full-time benefited positions and the employer is very satisfied with their partnership. Another example of a successful partnership is with the King City Manager who has been willing to work with Turning Point to link their clients with local employers. Finally, Parole has a South County Parole agent who sends referrals to Turning Point for client employment opportunities. This particular collaboration has been very positive, as Parole agents are excited to have an alternative in South County so their clients do not have to drive to Salinas.

### **Barriers/ Challenges to date in Implementation**

Turning Point continues to face challenges placing clients due to the general stigma associated with their client's system-impacted background. However, some employers who have a rapport with Turning Point

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staff continue to accept clients regardless of their background. Staff continue to develop and maintain close working relationships with other employment partners in South County to expand opportunities for clients and educate potential employers on the value of hiring Prop 47 clients. Transportation has also been a barrier for clients; however, Turning Point has been able to address this by providing bus passes as part of their supportive services.

#### Turning Point Data Report

Turning Point has been serving clients under this project since March 2018. This report describes the demographic characteristics of clients served by the agency using data collected by the Monterey County Health Department and the Monterey County Jail during the March 2018 – March 2019 period. As figure 15 presents, about 67% of their clients were between 26 and 43 years of age; 17% were between 44 and 64 years of age; and 16% were between 18 and 25 years old.

**Figure 15. Clients' age**

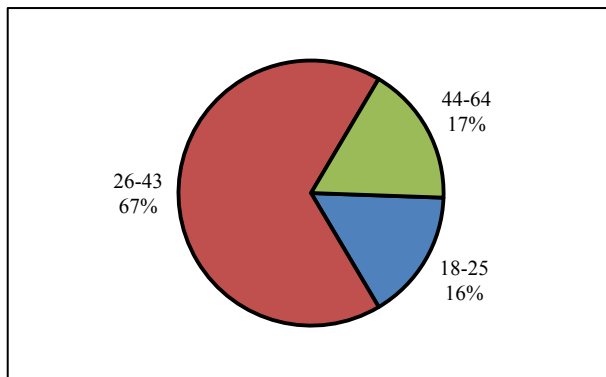
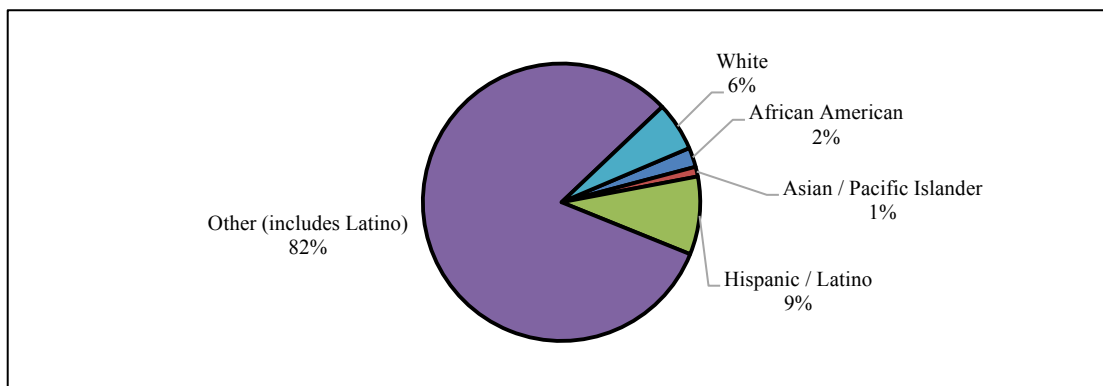


Figure 16 presents the distribution of clients' race and ethnicity. As the figure shows, 6% of clients identified as White; 2% as African American; 1% as Asian/Pacific Islander; and 9% as Hispanic/Latino. Interestingly, 82% of the clients were classified under the "Other" category, which includes Latino subgroups as options. Therefore, the percentage of Latino clients could be as high as 91%. Moving forward, the reason why so many clients were classified under this category will need to be addressed. Also, when asked about their primary language, most of the clients (89%) reported English.

**Figure 16. Clients' Race and Ethnicity (n=88)**

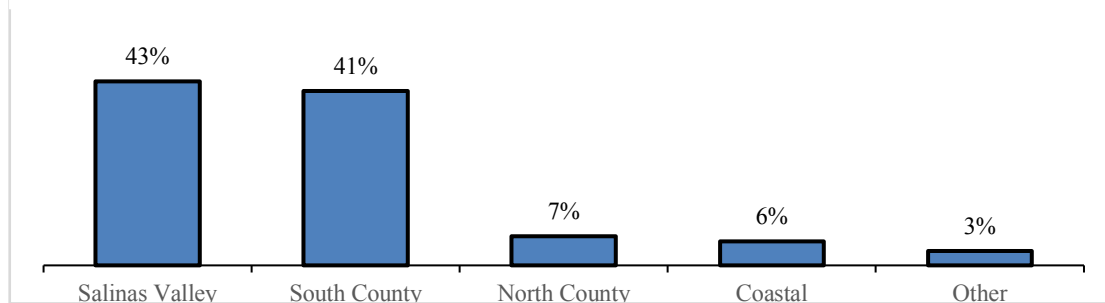


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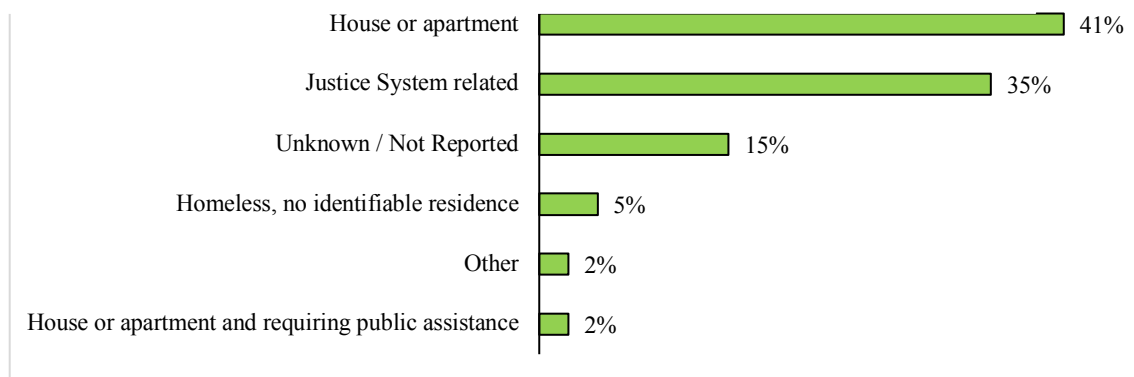
Figure 17 shows clients' most commonly reported region of residence was the Salinas Valley (43%), followed by South County (41%) North County (7%), Coastal region (6%), and other regions (3%).

**Figure 17. Clients' Region of Residence (n=88)**



When asked about their type of residence 41 % reported living in a house or apartment, 35% reported residing in a justice-related housing arrangement, 15% did not report their housing situation, 5% reported being homeless or having no identifiable residence, and 2% reported living with public assistance or other arrangements respectively (figure 18).

**Figure 18. Type of residence (n=88)**



To gain a better understanding of clients served by Turning Point, we looked at their history of bookings in the Monterey County jail. We did this by matching the clients' first and last names, and dates of birth to records of bookings since 1998 in the Monterey county jail. The matchings were performed by Monterey County Health Department personnel to maintain client confidentiality. Table 14 shows that 51 clients (58%) served by Turning Point had at least one arrest in the Monterey County jail since 1998. Out of the 88 clients admitted into the program, 17 (19%) had a jail booking after their admission date, and 16 (18%) had a jail booking with a felony charge after their admission date.

**Table 14. Jail booking before and after admission**

Group	#	%
Number of unique clients	88	100
Clients with at least one booking	51	58
Clients with at least one booking before admission	50	57
Clients with at least one booking after admission	17	19
Clients booked with at least one felony charge after admission	16	18

## **Conclusions**

Turning Point has been providing services to clients from all regions of the county and to a wide range of age groups. As indicated by the client's housing situations and prior contacts with the correctional system, it is clear that these clients face substantial barriers to employment and therefore, can substantially benefit from Turning Point's services. Moving forward with the evaluation, we are looking forward to analyzing the data that it is now being collected from Turning Point clients regarding the specific type of intervention provided and the follow-up outcomes.

## **5. California Rural Legal Assistance (CRLA)**

### **Agency Description**

CRLA's mission is "to fight for justice and individual rights alongside the most exploited communities in our society." They use advocacy strategies that (1) provide high quality, no cost legal services; (2) ensure the equitable distribution of resources in rural communities; and (3) protect the rights of low-income individuals that seek justice under the law.

### **Description of Services for Project**

To support their work for this project, CRLA hired an advocate that has been assigned specifically to South County. They will provide community and individual education and assistance services including driver's license reinstatement, housing related advocacy, employment advocacy and benefits appeals.

### **Referrals Between Agencies**

No current referrals between agencies for CRLA.

### **Achievements/Success to Date in Implementation**

Due to their late contract, CRLA is unable to provide information at this time.

### **Barriers/Challenges to date in Implementation**

Due to their late contract, CRLA is unable to provide information at this time.

## **CRLA Data Report**

No data was reported for this agency for this period.

## **6. Monterey County Behavioral Health**

### **Agency Description**

Monterey County Behavioral Health believes that high quality, holistic treatment assists the individual with recovery. Monterey County Behavioral Health services are individualized, flexible, and tailored to the care of the individual and their recovery. This approach emphasizes healthy decision-making and coping skills to strengthen family and community support systems. Monterey County Behavioral Health offers accessible and comprehensive services and links to other agencies and community resources. Whenever possible we involve clients, family members, and peer supports in planning and fulfilling wellness recovery goals.

### **Description of Services for Project**

General services provided by MCHD Behavioral Health Bureau (BHB) include outpatient mental health services, residential treatment services, crisis services, substance use services and recovery and wellness services. These programs may include outreach, supportive education, and community involvement. The Access to Treatment Team provides screenings and when appropriate comprehensive, integrated assessments of an individual's mental health and substance use needs. As a result of the screening and/or integrated assessment an individual will be connected to the resources available in their community-or to BHB for further treatment. Bilingual staff are available by phone or in person during walk-in hours at each of the regional offices.

### **Referrals Between Agencies**

The Access to Treatment and Adult System of Care Teams located in Soledad and King City, CA have received referrals from Sun Street Centers and Turning Point. These teams have provided referrals to CRLA, Turning Point, and Sun Street Centers.

### **Achievements/Success to-date in Implementation**

As presented in the MCHD BHB Data Report section, there have been several cases that overlap with BHB, Sun Street Centers, and Turning Point and although it is too early to report on outcomes, these individuals have been able to participate in a wider array of services than ever before to promote their recovery and stability in the community.

### **Barriers/Challenges to-date in Implementation**

The initial grant proposed that the MCHD BHB would develop two new master's level positions utilizing project funding. The BHB was unable to develop these new positions and instead the services are being provided by their existing teams. This includes the Access to Treatment and Adult System of Care teams in South County and collaborative court teams based in Salinas.

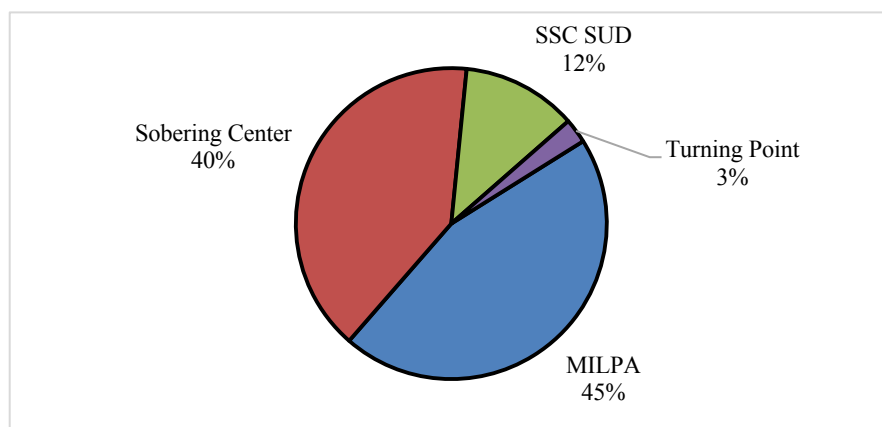
## MCHD-BHB Data Report

As explained in the project modifications section, BHB provides services to the project client population, but is not using grant funds for these services. We still did an analysis of project clients served by BHB since July 2017 with the purpose of quantifying how many clients that were served by other grant providers were also receiving BHB services. We did this by matching clients served by other project providers (MILPA, Sun Street Center, Turning Point) to BHB records in AVATAR. Thus, the clients served by BHB in this analysis were not unique project clients. Once the clients were identified, we filtered the services received by these clients to service codes pertaining to mental health services only (351, 301, 381, 361, 330, 331, 341, 391, 295).

## Results

The analysis showed that 117 clients served by grant providers also received services from BHB at some point between July, 2017 and March, 2019 and 36 received MH services after they received a service from another project provider. Further, as figure 19 shows, out of these 117 clients, 45% also received services from MILPA, 40% also received services at the Sobering Center, 12% from the SSC SUD treatment center at King City and 3% from Turning Point.

**Figure 19. Clients from grant providers also receiving MH services by grant provider (n=117)**



The 117 clients received a total of 3,708 service episodes with 2,311 (62%) of those episodes occurring before clients were admitted to services by one of the other project providers and 38% after they were initially served by another project provider. Table 15 shows the distribution of service episodes by time of service. As the third column shows, the majority (68%) of episodes involved non-billable activities and linkages and brokerage. Further, as table 15 shows, the distribution of services did not change significantly after clients were served by other providers.

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**Table 15. Distribution of MH Service Episodes before and after admission to other grant services**

<b>Service Description</b>	<b>Before %</b>	<b>After %</b>	<b>Total %</b>
Non-Billable Activity	39.4	41.7	40.3
Linkage/Brokerage	29.0	27.4	28.4
Assessment and Evaluation	8.2	5.8	7.3
Medication Support	6.0	8.4	6.9
Individual Counseling	7.8	4.9	6.7
Mental Health Rehab	4.0	3.7	3.9
Plan Development	3.6	3.7	3.6
Day Treatment Rehab Full Day	0.0	4.2	1.6
Group Rehab/Counseling	2.0	0.2	1.3
Total	2,311	1,397	3,708

## **Conclusions**

During the July 2017-March 2019 period, the BHB provided direct services to 117 clients served by other project providers. These clients represent 14% of the total number of unique clients served by at least one provider. About 1/3 of the 117 clients received MH services after they were served by another provider. These results show that the BHB is closely related to other grant providers and serves as an important source of referrals to and from other providers. Although it is too early to report on outcomes, these individuals have been able to participate in a wider array of services than ever before to promote their recovery and stability in the community.

## **IV.3 Overall Project Performance**

### **Description of the degree to which the goals and objectives have been achieved.**

It is too early to provide a summative assessment of “achievement” of goals. However, the data collected in these first 2 years of operations shows that the grant has made substantial progress implementing the project activities and producing the output established in the project’s theory of change. Table 16 presents the number of clients (831 unique individuals) served by March 31<sup>st</sup> 2019, by each provider funded by the grant. The number of unique clients was determined using clients’ names and dates of birth. Looking at data from all providers we found that 114 clients received services by more than 1 provider. Unique clients were attributed to the provider with the earliest date of service. For example, 2 clients were observed first in the SSC outpatient groups, then they were observed at MILPA outreach sessions. These 2 clients were attributed to the SCC outpatient groups.

The first column of table 16 presents each provider’s date of first client admission. As the table shows, not all providers started services at the same time. As explained in a previous section, the contracting process and development of physical capacity and administrative infrastructure has varied by service provider. Until March 31<sup>st</sup> 2019 CRLA and SCC residential treatment had not yet provided any services under the grant. BHB did provide services to project clients, but did not charge the grant. The 117 clients in table 16 reflect clients served by Behavioral Health that were also served by other providers in the project.

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**Table 16. Number of clients served and arrest rate by provider (March 31st 2019)**

Provider Services	Date of First Admission	Clients Assessed	Clients Served	Unique Clients Served	% Arrested between Admission Date and March 31st 2019 (%)
SSC Sobering Center	Dec-17	248	248	248	13%
MILPA Prop 47 Outreach	Jan-18	184	184	182	17%
Public Defender	Jan-18	362	362	250	14%
TP Employment Services	Mar-18	88	88	88	19%
SSC Outpatient SUD Groups	Dec-18	39	28	28	4%
MILPA LCC Groups	Feb-19	35	35	35	N/A
SSC Residential SUD services	N/A	0	0	0	N/A
CRLA	N/A	0	0	0	N/A
Behavioral Health*	Jul-17	117	117	0	N/A
Total*:		956	945	831	

\*Note: Direct Services provided by BH were not grant-funded, Thus BH clients are not included in total sum.

Table 17 presents the number of unique clients that received services under each of the grant goals. As table 17 shows, 276 unique clients received services designed to “reduce alcohol and drug use,” 151 clients received services designed to “increase social functioning” and 831 clients received services designed to “reduce recidivism” among participating clients.

**Table 17. Unique clients served by Grant Goals**

Provider	Grant Goal		
	#1. Reduce alcohol and drug use among participating clients	#2. Reduce recidivism among participating clients	#3. Increase social functioning among participating clients
SSC Sobering Center	248	248	
SSC Out Patient SUD Groups	28	28	28
TP Employment Services		88	88
MILPA Prop 47 Outreach		182	
Public Defender Reclassification/Dismissals		250	
MILPA La Cultura Cura groups		35	35
	276	831	151

**Project’s progress & performance towards reducing recidivism<sup>4</sup> over the last two years of the grant**

As discussed in the previous sections, the project has made progress in the implementation of services designed to reduce recidivism by providing SUD treatment, providing diversion services, and delivering services that increase social functioning for participating clients. By March 31, 2019, 831 unique clients had received these services.

<sup>4</sup> “Recidivism” is defined as conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (PC Sec. 6046.2(d)). “Committed” refers to the date of the offense, not the date of conviction.

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In an effort to quantify the project's impact on recidivism we calculated the arrest rate for clients served by each provider in the period between their admission and March 31<sup>st</sup> 2019 for each provider separately. This measure is different than the recidivism definition provided by the BSCC (which defines recidivism as a "Conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (PC Sec. 6046.2(d))"). For purposes of this report, we decided to use the arrest rate for each program separately for four reasons: (1) the majority of clients served by the grant were admitted less than a year before completion of this report, so a three-year window for recidivism would not be feasible, (2) we reported arrests rates by provider and not an overall "project" rate because, by design, not all the clients for this grant had the same needs or level of contact with the criminal justice system, e.g., some received reclassification services only, while others received SUD treatment, employment services, and/or a 5-hour stay at the Sobering Center, (3) we used the admission to project services date as the starting point because there is a wide variation in the timing of when clients had contacts with the criminal justice system, e.g., some only had previous convictions dating back 20 years, others had been released from the County Jail days before they received a service, and others had a first-time violation the day they received a service, and (4) because most of the clients received services less than 6 months before completion of this report, we used March 31, 2019 as the closing date for the arrest period.

As explained in the methodology section, the outcome evaluation report will present the 6 months, 1-year, and 2-year recidivism rates from the date of admission to project services and compare those rates with each individual's arrests in Monterey County before admission. However, for the reasons explained above, we limited our measure of progress towards reducing recidivism for this report to "arrests during the period of first accessing a grant service and March 31<sup>st</sup> 2019." These figures are presented for each provider in Table 16, which shows the percentage of clients who were booked in the County Jail sometime between their date of admission and March 31<sup>st</sup> 2019. The arrest rates ranged from 4% for SSC SUD clients to 19% for Turning Point. The Sobering Center, MILPA, and Public Defender had 13%, 14% and 17% arrest rates after being admitted to services respectively.

#### **Additional information relevant to the project's progress and performance.**

It is important to note that one of the main goals of this grant is to provide services in a severely underserved rural geographical area. For this reason, implementation of this project has required a substantial level of infrastructure development. This involves not only acquiring and refurbishing physical spaces for a Sobering Center and a SUD residential and outpatient treatment facility, but a significant amount of community outreach, relationship building, and meaningful inter-agency collaboration. The effort required to build this infrastructure and its importance to project success, cannot be understated. As the evaluation team, we understand this is crucial to project success and have observed immense progress on how these agencies have increased their level of communication and collaboration with each other and how their new services are quickly becoming integrated into the social fabric of this underserved rural area of Monterey County. Two concrete examples illustrate their remarkable progress.

First the Sun Street Center's SUD treatment facility in King City has quickly become a one-stop shop for social and legal services as Turning Point, CRLA, MILPA, and BHB have a physical presence in the facility. This has raised the visibility of these services and established new avenues for communication between providers that used to operate separately in other areas of the County. In turn, the presence of

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these services in the community is increasing each provider's leverage to establish relationships with community leaders and employers that will, in turn, make it easier for new future providers.

Another example of progress is the strong collaboration that has been established between MILPA and the County's Public Defender's Office. Before the grant, the Public Defender's Office did not invest significantly in reclassification efforts. As a result, they had a weak relationship with MILPA, a grassroots advocacy organization with strong ties to the Latino community. In the first two years of project implementation, the relationship between these two agencies has been formalized and significantly strengthened. MILPA now makes referrals to the Public Defender and the Public Defender is processing cases faster than in the past. Their regular meetings have improved efficiency and their ability to cross agency jurisdictions to increase options for their respective constituencies.

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