

Monterey County Behavioral Health

Local Evaluation Plan (November 15, 2017)

A. Project background - information essential to understanding the project

1. Overview of project

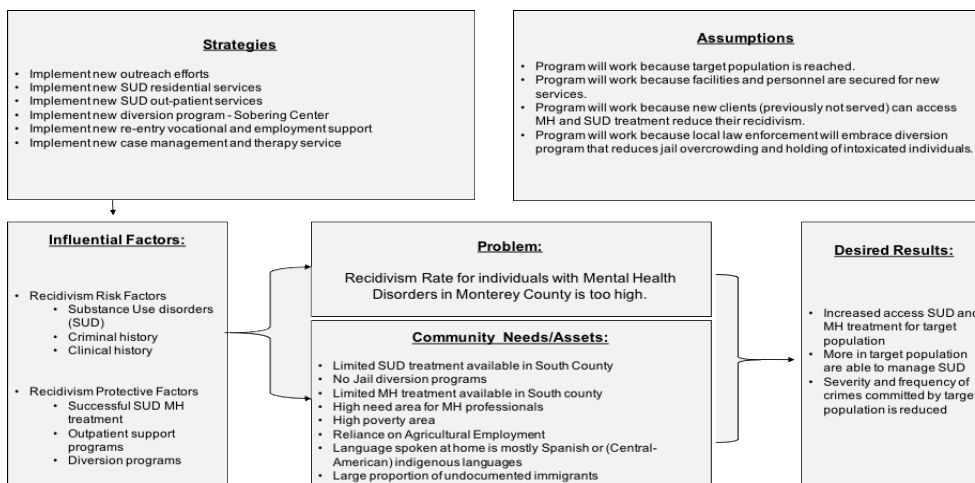
The Monterey County Prop 47 project will implement new and expand existing, culturally and linguistically competent services, using evidenced-based interventions in underserved southern Monterey County (South County). The new services include two new sites in King City providing substance use disorder (SUD) treatment to a minimum of 100 individuals annually, and provide job training, civil legal, restorative justice, and case management services that will provide social, legal and employment supports in South County, and a centrally located Sobering Center in Salinas that will divert people from jail and provide an opportunity for intervention. These elements of the project will 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. Additionally, we have incorporated innovative approaches to address our focus population’s social and cultural needs by including culturally responsive transformational healing practices (for example, La Cultura Cura) that will for the first time, allow us to introduce the healing benefits of Restorative Justice in rural South County.

Project leadership recognizes that the historic unmet need for substance use disorder (SUD) treatment, specialty mental health (MH) services, and supportive services in rural South Monterey County increases nonviolent drug offenders’ risks for repeat offenses and subsequent incarceration. Additionally, untreated Post Traumatic Stress Disorder (PTSD) among people with co-occurring disorders often increases 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 newly adopted Community Violence Reduction Strategic Plan.

Monterey County is committed to an inclusive and collaborative project development and implementation process that has resulted in the distribution of approximately 76% of the overall budget to our community service partners; with Behavioral Health providing clinical services and grant management. The project development effort has included a wide-range of community partners including the Prop 47 Local Advisory Committee, County health, social services and criminal justice leadership, South County elected Supervisor, and a new King City leadership team. The project partners are highly engaged and involved in project oversight and assessment and will use this opportunity to expand internal and shared capacity through their participation.

Figure 1 summarizes the program theory described in this section in graphical form

Figure 1: No Zip Code Left Behind – Program Theory



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2. Project goals and objectives as stated in the “Project Evaluation Plan” section of the proposal.

Table 1 summarizes the main project goals and process and outcome measures that will be used in the evaluation. As part of the program theory, the strategies are grouped into three main components: 1) Increase access to SUD and MH services in South Monterey County, 2) Decrease the recidivism rate to incarceration and increase linkages to support services, and 3) Operate a Sobering Center (diversion program). Each of these components has a unique set of process and outcome measures (outlined in table 1).

Table 1: No Zip Code Left Behind - Project goals and process and outcome measures

Goal 1: Increase access to SUD services in underserved region of Monterey County (South County)	
Process measures	Outcome measures
<ol style="list-style-type: none"> 1. Provide Residential Services to 40 individuals per year 2. Provide Outpatient Services to 60 individuals per year 	<ol style="list-style-type: none"> 1. 50% of individuals will complete the residential program 2. 50% of individuals will complete outpatient services
Goal 2: Decrease the recidivism rate to incarceration and increase linkages to services.	
Process measures	Outcome measures
The full array of recidivism support services are fully operational within one month of the contract services including: MILPA, CRLA, and Turning Point	<ol style="list-style-type: none"> 1. # enrolled clients who have not committed a new felony at their 6-month anniversary 2. # of community awareness activities offered through outreach/engagement opportunities. 3. # of cases reclassified from felonies to misdemeanors per year (estimated to be approximately 700). 4. # of jail bookings per year
Goal 3: Operate a Sobering Center	
Process measures	Outcome measures
Provide local law enforcement agencies with information regarding the sobering center as a diversion to incarceration.	<ol style="list-style-type: none"> 1. # of individuals to be diverted from jail. 2. # of individuals referred to SUD Treatment

B. Plan for collecting and evaluating baseline and outcome data. Include and describe any data sharing agreements and indicate if those agreements are in place.

External Evaluator

Behavioral Health is contracting with the Institute for Community Collaborative Studies (ICCS) at California State University, Monterey Bay to serve as the external evaluator for the No Zip Code Left Behind project and will contribute expertise in research design, data collection and management, and quantitative and qualitative data analysis to assess the project’s overall effectiveness and provide recommendations.

Data Sharing Agreements

Data collection/sharing agreements have been included with each of the project’s service provider’s contracts. Data sharing will be facilitated by using a universal program release of information to be signed by each participant upon entry into the program. All providers will enter the needed data points into the client’s electronic medical record.

Data Collection

Data collection/sharing agreements will be established with the project’s service providers and individual evaluation activities and measurement metrics will be collaboratively developed to put into place an individual

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evaluation plan for each organization that includes data sharing processes, metrics for process and quantitative outcome measures, opportunities to provide qualitative data, and periodic progress updates.

At the service provision level, each provider will utilize the same intake form that identifies Prop 47 participants and collects basic demographic, referral and treatment information. These measurement metrics and reporting requirements will be made part of data collection/sharing agreements. In addition, partners will be trained in the use of pre- and post-surveys to assure anonymity, confidentiality, accuracy, and credibility of baseline and outcome measurements.

Behavioral Health will work with ICCS and project partners to complete periodic reports on available data and report to BSCC on a quarterly basis, with copies made available to our collaborative partners and the Prop 47 Local Advisory Committee. At the service provision level, data such as number of enrollees and number of participants completing programs or trainings, will be collected by service providers through routine program records and reported to the external evaluator.

Recidivism Outcomes Data

Recidivism rates will be measured using county jail booking data from the Monterey County Sheriff's Office (SO) which will be made available through Behavioral Health's and the SO's existing data sharing agreement which consists of sharing reports containing all jail bookings that were processed through the county jail; reports identify those who have been arrested and receiving services from Behavioral Health using a matching procedure based on individual's age and full name. For the purposes of this project, this agreement will be expanded to include more details on jail bookings history for project participants, monthly data updates and a possible comparison group.

c. A clear description of the Project's outcome measure – Recidivism Reduction, as required by the grant, per page 77 of the RFP.

The basic measure of recidivism used in the evaluation will be defined by "the number of jail bookings" for program participants. These data will be obtained from the Monterey County Sheriff's Office. In addition, the measure of the number of bookings will be supplemented with information on the offense type (violations, property, drug, person, traffic, etc.), offense severity (felony vs. misdemeanor) and length of stay.

d. Description of research design to be used to evaluate the effectiveness of the project.

To assess the program's impact on recidivism the evaluation will look at participant's history of jail bookings over a period of 1 year; 180 days before program adjudication and 180 days immediately following program adjudication. The evaluation will compare the number and type of bookings in the pre-adjudication period to the number and type of bookings in the post-adjudication period to obtain aggregate effects on program participants.

To supplement the measure of program effects on recidivism the evaluation will include measures on participant's satisfaction using surveys and administrative data on participants' received services (dosage) and engagement with program services during the pre- and post-adjudication periods.

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E. Methods of tracking changes and project performance over time.

As described in the data collection and recidivism sections, participant’s recruitment, services received and jail bookings will be compiled by service providers, and reported quarterly to BSCC. Quarterly reports will include the status of each of the following components to ensure that the project components are being carried out as expected.

- Implementation of planned activities and documented outputs and outcomes
- Recruitment of the focus population
- Collaboration with project service partners including local police departments
- Prop 47 project service integration with other existing programs

The quarterly reports will be descriptive in nature and will guide the project’s overall implementation plan and serve as a timely source of information for continuous project improvement.

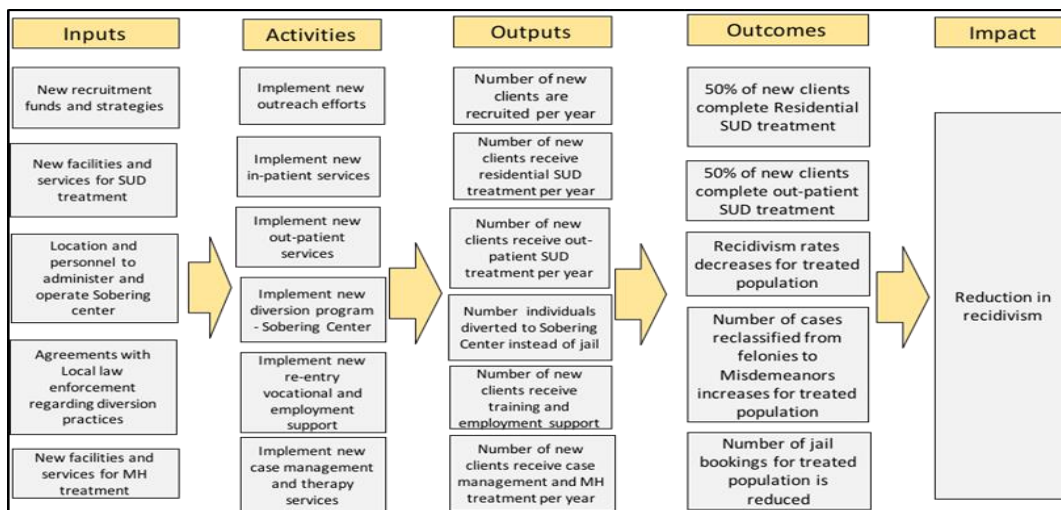
Monitoring Intervention Fidelity

The proposed interventions are best practices for working with the focus population to better resonate with our rural South County demographic and ethnic cultures. Behavioral Health manages program fidelity through training and consistent service delivery, with periodic Plan, Do, Study, Act (PDSA) participatory analysis to examine areas for improvement. Supporting that effort will be the Prop 47 quarterly data reports. As an example of our experience with program fidelity, Behavioral Health has practiced PDSA and applied its results for 4 years and has delivered Seeking Safety for 10 years, Motivational Interviewing for 5 years, Cognitive Behavioral Therapy (including trauma-informed CBT) for 5 years, and La Cultura Cura for 6 years). Behavioral Health delivers a wide variety of ongoing professional development opportunities and trainings for service delivery staff, as originally provided through its Mental Health Services Act Workforce Education and Training program. Many of these trainings are also available to our community partners, and their clients, family members, and the general public.

F. Logic Model

Figure 2 presents the proposed logic model for the No Zip Code Left Behind project and shows the inputs or resources that will be 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 2: No ZIP code left behind – Logic model



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A description of the process and outcome evaluations.

The project evaluation will consist of two main components: a process evaluation that will describe the extent to which the project was implemented as planned and an outcome evaluation that will determine the extent to which the project's services were associated with a reduction in participants' recidivism.

The process evaluation will describe how the project's inputs, activities and outputs, as described in the logic model (figure 2), were implemented. The process evaluation will be conducted using data that is collected on an ongoing basis and then analyzed and submitted in quarterly reports; the goal of which is to provide periodic feedback to program personnel on project service implementation (see the "Methods of tracking changes and project performance over time" in section E). The final process 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 evaluation will explore the extent to which the project had an impact on participants' recidivism. Additionally, as presented in figure 2 and table 1, the evaluation will also assess the impact of project services on other contributing factors, such as participants' success in reducing or abstaining from alcohol and drug use and improvements in their overall social functioning including employment status and housing stability. As stated in the program theory in figure 1, SUD treatment is one of the keystone components of the project's ability to serve the Prop 47 population and will therefore, be included as part of the evaluation.

G. Conclusion

The evaluator will provide Behavioral Health with quarterly and annual reports. These reports will be written at a moderate literacy level using graphics as appropriate for greater understandability. All reports will be shared with the Prop 47 Local Advisory Committee as well as the Collaborative Justice Committee headed by our County Therapeutic Court Judge; these two committees will provide a venue for learning and collaboration. Additionally, annual reports will be presented to the Monterey County Board of Supervisors. To the extent approved by the BSCC, MCBH and its evaluator will present the program design, research methodology, and outcomes as annual conferences, such as the American Public Health Association and American Evaluation Association, to support the respective communities of practice.

The Prop 47 Local Advisory Committee is eager to be highly engaged in advising the project implementation, witnessing transformation in South County individuals, and sharing in program outcomes. All our collaborative partners, even seasoned ones, will build internal and shared capacity through their participation in Prop 47 and evaluation.