

Monterey County Health Department Behavioral Health Bureau

No Zip Code Left Behind: Addressing Inequities Through Collaborative Partnerships Cohort II

Second Year Preliminary Evaluation Report



Institute for Community Collaborative Studies
California State University - Monterey Bay

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TABLE OF CONTENTS

LIST OF TABLES:..... 2

LIST OF FIGURES:..... 2

ACKNOWLEDGMENTS 3

EXECUTIVE SUMMARY..... 4

 PROJECT PURPOSE..... 4

 MAJOR FINDINGS 4

 CLIENTS’ RECIDIVISM 5

 CONCLUSIONS 5

I. PROJECT DESCRIPTION..... 6

2. PROJECT GOALS, OBJECTIVES AND LOGIC MODEL..... 8

3. EVALUATION METHODS AND DESIGN 10

PROCESS EVALUATION 10

Process Measures and Methodology 10

OUTCOME EVALUATION 11

Recidivism Outcomes Data 11

Research Design to Evaluate the Effectiveness of the Project..... 12

Data Sharing/Collection Agreements 12

Participants with Multiple Interventions 12

4. PROJECT PERFORMANCE..... 13

 FUNDING FOR COHORTS 1 AND 2 13

 PROJECT IMPLEMENTATION OF COHORT 2..... 13

Motivating Individual Leadership for Public Advancement (MILPA)-..... 13

Monterey County Public Defender’s Office:..... 15

The Sobering Center 15

Sun Street Centers’ SUD treatment programs 16

The Housing Resource Center (HRC)..... 17

Monterey County Behavioral Health (MCBH)..... 17

Jail in-reach services..... 18

The outreach specialist..... 18

 NUMBER OF CLIENTS SERVED AND CROSS-AGENCY REFERRALS: 18

 CLIENT CHARACTERISTICS: 19

 CLIENT RECIDIVISM..... 20

5. CONCLUSIONS AND PROGRESS TOWARDS GOALS..... 20

APPENDIX – HIGHLIGHT STORY 22

LIST OF TABLES:

TABLE 1: NO ZIP CODE LEFT BEHIND GOALS AND OUTCOME MEASURES 8
TABLE 2: NZLB, PROVIDERS, SERVICES, ELIGIBILITY CRITERIA, AND PROGRAM COMPLETION INDICATORS 9
TABLE 3: CLIENTS SERVED UNDER COHORT 2 FUNDING BY AGENCY 13
TABLE 4: POST-CONVICTION RELIEF CASES RECEIVED AND FILED BY PUBLIC DEFENDER (JUL 2020-JUN 2021)..... 15
TABLE 5: CROSS-AGENCY REFERRALS 18
TABLE 6: DEMOGRAPHIC CHARACTERISTICS OF CLIENTS SERVED (N=408) 19
TABLE 7: JAIL BOOKINGS BEFORE AND AFTER ADMISSION TO NZLB SERVICES..... 20

LIST OF FIGURES:

FIGURE 1: NO ZIP CODE LEFT BEHIND - PROJECT THEORY 7
FIGURE 2: NZLB - LOGIC MODEL..... 9
FIGURE 3: MILPA-FLYER FOR AMENDS TALKING CIRCLES 14
FIGURE 4: GOODWILL CENTRAL COAST LOGO 14
FIGURE 5: KING CITY CENTER BEFORE AND AFTER RENOVATIONS..... 16
FIGURE 6: US REP. JIMMY PANETTA WITH SUN STREET CENTER PERSONNEL AT THE KING CITY CENTER..... 17

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We respectfully acknowledge that the study's activities took place on tribal lands

Cover page photos: Piktochart

EXECUTIVE SUMMARY

PROJECT PURPOSE

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 (MH) 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 and costly hospitalizations, jail-bookings, entitlement benefits, and supportive services. Specifically, the project is designed to achieve three goals: 1) reduce recidivism by linking the reclassified and focus population to services and supports, 2) divert individuals with behavioral health needs from the criminal justice system, and 3) reduce regional inequity by assuring access to substance use treatment.

MAJOR FINDINGS

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 such as housing, employment training, and 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.

It is difficult to overstate the challenges brought by the COVID 19 pandemic for both service providers and the served population. Despite these challenges, all providers in NZLB kept their services open and adapted their practices to continue supporting clients in need. In some cases, this required providing services via telehealth; in others, reducing capacity to comply with social distancing regulations, or providing rapid testing for clients and personnel. Even in the face of a pandemic, the project managed to add new services and expand existing ones in the areas of post-conviction relief assistance, sober living environments and housing services. This fall, the project will also add its new jail in-reach program to connect eligible clients with services as their period of incarceration comes to an end.

As each agency faced unique challenges providing services over the course of the project period, the point at which each expended Cohort 1 funds varied across agencies. As the Cohort 1 project ends on September 31, 2021, so too will the funding; transitioning to Cohort 2 funding only. This report, which only considers clients served under Cohort 2 funding, finds that the project served 408 unique individuals, with about 9% of clients served by multiple agencies, suggesting increased collaboration between agencies. The newly staffed outreach/service coordination, and jail in-reach positions which began in July 2021 are expected to expand collaborative efforts even further, by supporting provider linkages and assisting clients navigate accessing multiple services, as well as providing a new avenue of communication with the general public.

Client demographic characteristics show that the project is reaching the county's traditionally underserved population with the majority (82%) identifying themselves as Hispanic (of any race), 15% as White (non-

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

Hispanic), 1.5% as Asian/Pacific Islander and 1.2% as African American. About 77% of clients identified themselves as male, and 80% reported a level of education of high school or less. In addition, 33% report being unemployed, 7% report being homeless and 13% report living in friends/or relatives' homes. Finally, 31% of clients report having prior convictions and 16% report being currently on probation or out on parole.

CLIENTS' RECIDIVISM

This project has facilitated an interagency agreement between Monterey County Behavioral Health (MCBH) and the Monterey County Sheriff's Office (SO) in Spring 2021, resulting in substantial progress made in its capacity to evaluate clients' recidivism. The agreement guarantees the sharing of jail booking data that can be used to match arrest data for participating clients.

A preliminary analysis of arrests for participating clients after they were enrolled in a NZLB program revealed that, overall, 12.3% of the clients experienced a jail booking incident after being admitted in the program. The percentage of arrests after admissions varied by provider and ranged from 0 for the Public Defender and Housing Resource Center to 14% for the Sobering Center. Six percent of Sun Street Centers residential and 3% of SCC outpatient clients were arrested following their quarter of enrollment in a service provided by the project.

Additionally, an analysis of arrests for a subset of individuals who had an arrest history prior to enrollment in a program revealed a higher post-admission arrest rate, with an overall rate of about 17% of clients with prior arrests experiencing a subsequent arrest after being admitted to a NZLB service. The highest re-arrest rates were for the Sobering Center (20%) and MCBH (21%).

While it is too early to make definitive conclusions about the project's long-term impact on recidivism rates, due in large part to the limited time most clients have been in the program (less than a year) and no control group for a comparison, the analysis suggests that the project is on track to be able to estimate recidivism rates for the final outcome evaluation to be conducted in 2023.

CONCLUSIONS

Despite the challenges posed by the COVID 19 pandemic, all NZLB providers remained open and adapted their practices to ensure that clients' needs were served. In some cases, this required providing services via telehealth; in others reducing capacity to comply with social distancing regulations, or providing rapid testing for clients and personnel. These challenges did not impede the ability of the project to provide and even expand services including mental health treatment, SUD treatment, and legal, employment, and housing supports in a severely underserved area.

It is also important to note that, under Cohort 2 funding, MCBH has secured a partnership with the Monterey County Sheriff's Office that was crucial for the preliminary analyses of client arrests for this report and for the final Cohort 1 evaluation. Finally, the effort to create and implement a data reporting system that tracks clients' services has allowed the evaluation team to conduct this preliminary analysis and to complete the quarterly progress reports required by BSCC while keeping client confidentiality. Not only is the project delivering services for those in need, but it is also strengthening its evaluation capabilities moving into the second part of Cohort 2 funding.

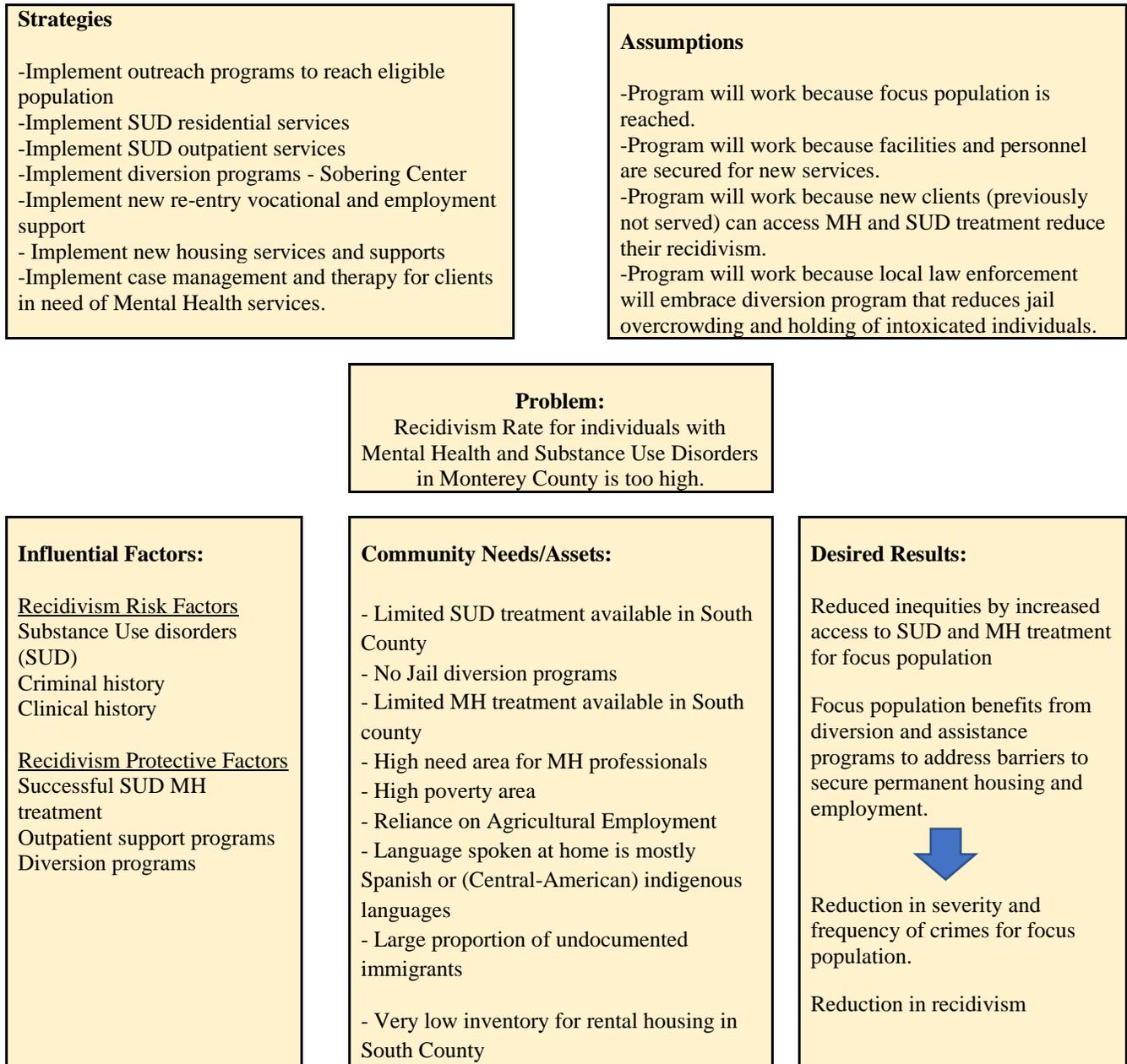
FULL REPORT

I. PROJECT DESCRIPTION

The Monterey County No Zip Code Left Behind (NZLB): 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 the 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, housing 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 (71%) of the grant funding to community service partners; with Behavioral Health providing clinical services and grant management. Project leadership is committed to addressing the historic unmet need for SUD treatment, specialty mental health (MH) services, and supportive services in rural South County in an effort to decrease nonviolent drug offenders' risks for repeat offenses and subsequent incarceration and to treat behavioral health disorders among people with co-occurring disorders to reduce the need for more frequent and costly hospitalizations, entitlement benefits, and supportive services. This effort addresses these wide-spread and severe service gaps and the resulting long-term health inequities, 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: No Zip Code Left Behind - Project theory



2. PROJECT GOALS, OBJECTIVES AND LOGIC MODEL

As described in the program theory (Figure 1), the desired results involve reducing recidivism in the county by linking the focus population to a wide range of services including diversion programs, SUD and MH treatment, legal assistance, and employment and housing supports. These desired results are operationalized into Goals in Table 1. As the table presents, the goals for NZLB are:

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

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

Table 1: No Zip Code Left Behind Goals and outcome measures

Process Measures	Outcome Measures
Goal 1: Reduce Recidivism by linking the reclassified and focus population to services and supports.	
Provide a full array of services to help the reclassified and focus population rebuild their lives and engage in needed treatment and recovery services and supports.	<ul style="list-style-type: none"> • Reduce the 2-year recidivism rate from current baseline of 38% to 28% in the reclassified and focus population. • Reclassify 100 individuals per year • Place 25+ individuals in housing
Goal 2: Divert individuals with behavioral health needs from the criminal justice system.	
<ul style="list-style-type: none"> • Develop a jail liaison program • Operate sobering center 	<ul style="list-style-type: none"> • Educate 200 incarcerated individuals about services available. • Divert 100+ individuals from jail by operating a Sobering Center.
Goal 3: Reduce regional inequity by assuring access to substance use treatment	
<ul style="list-style-type: none"> • Provide residential services to at least 40 individuals/year • Provide outpatient treatment and recovery services to 75 individuals per year. 	<ul style="list-style-type: none"> • 60% of individuals will complete treatment having met their goals. • 75% of individuals served will be Latino/Hispanic and reside in South County.

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

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

Figure 2: NZLB - Logic Model

Inputs	Activities	Outputs (per year)	Outcomes
<ul style="list-style-type: none"> Funds for outreach and coordination strategies Resources for legal assistance Funds for MH and SUD and treatment facilities & services Funds for a sobering center Funds for housing and employment services 	<ul style="list-style-type: none"> Implement outreach and coordination efforts Provide post-conviction relief legal assistance Implement SUD residential services Implement new SUD outpatient services Implement (diversion) Sobering Center Provide re-entry vocational and employment support Provide housing support services 	<ul style="list-style-type: none"> 100 clients are reclassified 25+ clients are placed in housing 30 clients gain stable employment 200 individuals learn about services available 100+ individuals diverted from jail by operating a Sobering Center 40+ clients provided residential SUD services 15+clients are provided Sober Living Services 75 clients receive outpatient SUD treatment 	<ul style="list-style-type: none"> 60% of individuals will complete treatment having met their goals. 75% of individuals served will be Latino/Hispanic and reside in So. County (Outpatient and Residential SUD). 2-year recidivism rate (for served population) is reduced.

To implement the proposed activities, Monterey County Behavioral Health developed partnerships with local providers. Some of the providers continued from the first funding Cohort; these include MILPA, the Public Defender’s Office, and Sun Street Centers (SSC). Agencies that are new to the project include the Housing Resource Center (HRC) and Goodwill of the Central Coast which provide the housing and employment support services respectively. Table 2 describes the partner agencies, services they provide 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 in state of sobriety and receives information on available DUI and SUD services

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

	Substance Use Disorder treatment, outpatient and residential	Individuals residing (or history of) in South County with a diagnosed SUD or MH need and past contact with law enforcement.	Participant completes services as outlined in service plan.
	Sober Living Environment	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement. Either a graduate from SUD treatment programs or currently in a SUD treatment program.	Individual successfully transitions to permanent housing. Services can be provided for up to six months.
Goodwill Central Coast	Employment Services	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement.	Individual obtains and maintains employment for 90 days
Housing Resource Center	Rental assistance, rapid rehousing, and supportive case management to maintain housing	Individuals residing in South County with a diagnosed SUD or MH need and past contact with law enforcement. Must be currently open to Monterey County Behavioral Health for case management or a recent graduate from Sun Street Centers SUD programs.	When case goals are met. Services can be provided for up to 12 months.

3. EVALUATION METHODS AND DESIGN

PROCESS EVALUATION

The process evaluation discussed in this report looks at the extent to which all project activities are being implemented and whether the proposed outputs are being achieved as planned. Additionally, the process evaluation provides an assessment of the data collection mechanisms put in place to facilitate the outcome evaluation.

PROCESS MEASURES AND METHODOLOGY

The process evaluation describes how the project’s activities were implemented and the level to which the outputs are being achieved. For this task, the evaluation used quantitative and qualitative data collected on an ongoing basis from each provider, with the measures for the process evaluation following directly from the activities and outputs described in the logic model. In addition to these measures, the evaluation collected demographic information that allowed a description of the population being served in terms of gender, age, ethnic background, employment, and housing situation among others. To track these measures the evaluation relied on quantitative and qualitative data as described below:

QUANTITATIVE DATA: All providers involved in the collaborative that composes the Monterey County Prop 47 project are current contractors with the MCBH (many of whom are already providing services since Cohort I of the project). As a result, privacy and data sharing agreements have already been established in each provider’s contract with the majority already having received training in recording and reporting client data.

Proposition 47 No Zip Code Left Behind Project - Cohort II Two-Year Preliminary Evaluation Report (August 15, 2021)

As a part of the Cohort I project implementation process, MCBH created customized modules in AVATAR (the Electronic Medical Record system managed by Monterey County Health Department [MCHD]) to collect information on all individuals served by each of the contractors. AVATAR, however, proved to be an inefficient method of tracking clients for Cohort 2 because this application was originally created as a billing system, and was not flexible enough to allow for changes that accommodated the additional client data fields required by BSCC in Cohort 2. To address this challenge, MCBH designed its own data reporting system for the NZLB project.

This new reporting system consists of a client intake and referral database that stores client information entered by providers and generates a unique numeric identifier (KA number) for each client the first time they are entered into the system. From this point, they can be referred to any service (provider). In addition to the intake and referral database capabilities, this new reporting system allows entries for client services where each provider reports on each of their client's status and the services they received on a quarterly basis. The forms providers complete for each client include all the fields required by BSCC's Smartsheet in its quarterly reporting system. In addition to the client intake and service reporting databases, MCBH also keeps a database of jail bookings in the Monterey County Jail going back to January 1998. This information is matched with the intake and referral database to track recidivism outcomes every year as required by the grant.

QUALITATIVE DATA: In addition to the administrative data used for quantitative analysis, the evaluation will collect qualitative data in two forms: (1) Interviews with representatives from each of the providers to assess fidelity in the implementation of their programs as established in their contractual agreements as well as implementation barriers and successes and; (2) client interviews with participants in selected programs to gain client perspectives on the quality of services provided.

OUTCOME EVALUATION

The outcome evaluation (final report due on May 15th 2023) will explore the extent to which the project had an impact on recidivism. The evaluation also assesses the impact of project services on other contributing factors to recidivism, such as clients' success in reducing or abstaining from alcohol and the extent to which participants from underserved areas were reached. The outcome measures follow directly from the logic model presented in Figure 2. The main outcome measure is client's recidivism. To measure programs' impact on recidivism, the evaluation will assess if participants are arrested for a (new) crime within a two-year period after their initial intake into any of the Prop 47 grant funded programs.

RECIDIVISM OUTCOMES DATA

The measure of recidivism used in the evaluation will be based on participant's bookings in Monterey County. The evaluation will use data provided by the Monterey County Jail to assess new arrests. The jail bookings data will be supplemented with information on the offense type (violations, property, drug, person, traffic, etc.), offense severity (felony vs. misdemeanor), length of stay, and court case number associated with the booking. Recidivism rates will be measured using County Jail booking data from the Monterey County Sheriff's Office provided to MCBH quarterly. The jail bookings data will be matched to program participants by name and date of birth. MCBH already has historical jail booking data dating back to January 1998. Once a participant enters the program, their name and date of birth will be run

against the jail bookings database to record all jail bookings and charges since 1998 until the date of the final report.

RESEARCH DESIGN TO EVALUATE THE EFFECTIVENESS OF THE PROJECT

To assess the programs' impact on recidivism, the evaluation will conduct two types of analysis:

PRE-POST EFFECT ANALYSIS: To assess the project's impact on recidivism, the evaluation will compare participant's jail bookings/convictions over a period of three years before access to Prop 47 project services to participant's jail bookings/convictions two years immediately following their initial enrollment in the project. 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.

PROGRAM VS. COMPARISON GROUP EFFECTS ANALYSIS: Client participation is voluntary in all of the Prop 47 project-related programs. For this reason, an experimental design that could assess the causal impacts of program participation will not be feasible for this evaluation. However, the evaluation will still attempt to approximate program impacts by comparing the recidivism of clients served by the Prop 47 project related programs to the recidivism of clients with "similar" gender, age, and past jail booking history who did not receive such services. This comparison group will be obtained from the jail bookings data described in the last section using a nearest neighbor matching procedure that matches each program participant with other individuals of the same gender, age, number of past jail bookings, and date of last jail booking.

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 the NZLB databases. To ensure anonymity and confidentiality of medical records, data matches have been performed by MCBH personnel and then submitted to the ICCS evaluation team for analysis.

Beyond contractual agreements with agency providers, the most important agreement for the evaluation is the additional data sharing agreement with the Monterey County Sheriff's Office to share periodic (quarterly) reports on jail bookings. We are pleased to report that the MCBH reached an agreement with the Sheriff's Office in the spring of 2021. The agreement ensures the sharing of jail data for the duration of this project.

PARTICIPANTS WITH MULTIPLE INTERVENTIONS

One of the project's main objectives is for clients to be able to receive all the services they need regardless of their entry point into the project. In some cases, clients will receive only one service while others may receive multiple services. For example, a client entering the project through the Public Defender's Office may also obtain SUD treatment, employment services, and/or housing assistance. It is impossible to forecast at this point which combination of programs and services clients will need due to their individual circumstances, which they will seek out and receive, and which they will make progress on and/or complete. Regardless, it is important to assess if different services and combinations of services

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

had different impacts on recidivism outcomes. For this purpose, the evaluation will use multivariate models to predict probabilities of recidivism as a function of different services and combinations of services.

4. PROJECT PERFORMANCE

FUNDING FOR COHORTS 1 AND 2

As explained in the first section, the No Zip Code Left Behind Project received funding from BSCC’s first Cohort of Prop 47 grants and has been in operation since December 2017. The project received a no-cost extension of one year and will close its funding cycle under Cohort 1 in September of 2021. The project, however, also received BSCC’s Prop 47 Cohort 2 funding and began using this second round of funding in January of 2020. As agencies expended all of their Cohort 1 budgeted amounts, they began receiving Cohort 2 funds. Table 3 shows the approximate dates by which agencies switched from Cohort 1 to Cohort 2 funding. As the table presents, the Public Defender’s office, MILPA, and the Employment Services agency have yet to begin using Cohort 2 funds, while the remaining agencies are already using Cohort 2 funds.

For reporting purposes, and under BSCC guidance, this evaluation report only considers clients served with Cohort 2 funds. Thus, clients that were served by the Public Defender’s office, MILPA and the employment services agency are not included in the client counts presented this report.

Table 3: Clients served under Cohort 2 funding by agency

Provider Services	Still receiving Cohort 1 funding	Quarter it started Cohort 2	Client contacts under Cohort 2
MILPA Prop 47 Outreach	Yes	-	-
Employment Services	Yes	-	-
Public Defender	Yes	-	-
SSC Sobering Center		Jul 2020	293
SSC Outpatient SUD Groups		Oct 2020	49
SSC Residential SUD services		Jan 2021	24
Housing Resource Center		Oct 2020	12
Behavioral Health		Oct 2020	73
Total client contacts			451
Unique client count			408

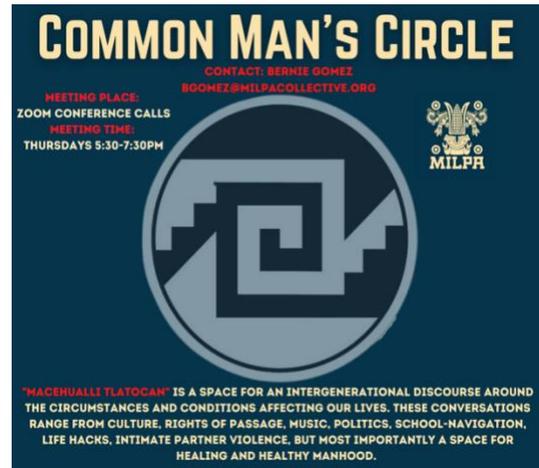
PROJECT IMPLEMENTATION OF COHORT 2

MOTIVATING INDIVIDUAL LEADERSHIP FOR PUBLIC ADVANCEMENT (MILPA)- Is an outstanding local resource lead by formally incarcerated individuals who provide outreach into the community using healing-informed, relationship-centered approaches. MILPA’s extensive outreach efforts seek to identify individuals who qualify for post-conviction relief benefits and then link them to the Monterey County Public Defender’s Office to file the petitions with the courts. They also provide La Cultura Cura groups which use a trauma-informed treatment approach for transformational healing and health promotion, to address trauma in a culturally-informed manner that promotes healing.

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

As noted in Table 3, MILPA is still receiving Cohort 1 funding and will begin receiving Cohort 2 funding in September of 2021. MILPA’s outreach and prevention efforts were severely affected by the COVID pandemic. Traditionally MILPA used creative ways to engage with clients by organizing community events or attending local festivals, schools, churches, etc. When all of these activities were disrupted by health restrictions caused the COVID 19 pandemic, MILPA adapted its outreach and prevention services to an online environment. Since April 2020, MILPA has experimented with different social media marketing options for their outreach efforts. They found success with short informational videos on Facebook that have led to 130 leads for new clients since April 2020 and 33 referrals to the Public Defender’s office, (of which 22 were filed).

Figure 3: MILPA-Flyer for Amends Talking Circles



On the prevention front, as County schools closed during the COVID pandemic, MILPA was not able to implement their “Joven Noble” prevention intervention for youth groups. As a result, MILPA began implementing weekly “Amends Talking Circles” for their clients (see figure 3). These circles (inspired by La Cultura Cura interventions family) are open to all adult males in the County and provide a space for education and healing. As the County resumes its normal activities again after the pandemic, MILPA will continue its online outreach and prevention activities but will also set up their information office at the King City SUD treatment center and resume in-person outreach at local events.

EMPLOYMENT SERVICES are an integral part of the NZLB project. During Cohort 1, these services were provided by **Turning Point of Central California’s** Adult Employment Program. With funding from this grant, they expanded their employment services to South County, focusing on integrated, comprehensive services to increase employment, retention, earnings, and occupational skills. This was provided through basic needs assessments, pre-employment skills training, individual and group counseling, supportive services, intensive case management, and follow-up services.

However, the disruption caused by the COVID 19 pandemic limited Turning Point’s ability to provide services. Employers were not hiring and clients stopped reaching out to the agency as they sheltered in place. As the economy reopens, Turning Point has resumed its employment services in South County. Several employers have reached out to Turning point for clients, but most of them are for restaurants and other entry-level jobs.

Figure 4: Goodwill Central Coast Logo



For Cohort 2, NZLB will discontinue its partnership with Turning Point and has signed an agreement with **Goodwill of the Central Coast** to provide its employment services beginning in September 2021. Goodwill will provide the same services as Turning Point, and increase its outreach activities with an

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

outreach coordinator who will be responsible for educating the community about the grant programs, identifying qualified individuals, and linking them to the appropriate resources. These services are provided throughout the County and will be vital to individuals who are in jail and need linkage to resources prior to and after their release.

MONTEREY COUNTY PUBLIC DEFENDER’S OFFICE: With Prop 47 grant funds, the Public Defender’s Office maintains 1.5 FTE attorneys dedicated to providing post-conviction relief services. These services include researching cases, filing petitions, and going to court on the client’s behalf when needed. The attorneys also provide support in court by defending individuals whose current misdemeanor charges were felonies prior to Prop 47. Since July 2020, the Public Defender’s office served 231 individuals on 458 cases. About 22 of these individuals were referrals from MILPA, which works closely with the Public Defender’s office.

As Table 4 shows, the majority of these cases (73%) corresponded to petitions for dismissals (PC 1203.4) followed by Prop 47 reclassifications (16%) and petitions to seal records (PC 851.91) (10%). The Public Defender’s Office filed 386 cases. Of all the filed petitions, 87.5% were granted, 12% are pending a decision and only 2 (.5%) were denied.

Table 4: Post-conviction relief cases received and filed by Public Defender (Jul 2020-Jun 2021)

Type of post-conviction relief	# of cases Received	# of cases Filed	# of cases Denied	# of cases Granted
Certificate of Rehabilitation	1	0	0	0
PC 1203.4 (Petition for Dismissal)	332	279	2	242
PC 851.91 (Petition to Seal records)	46	46	0	42
PROP 64 (Reclassification)	4	4	0	4
PROPOSITION 47 (Reclassification)	75	57	0	48
Total	458	386	2	336

As demonstrated in Table 4, the post-conviction relief program funded by the Cohort 1 grant has been successful during the July 2020-June 2021 period. The addition of a dedicated lawyer for these services and the funding of LiveScans has expedited post-conviction relief services significantly and increased their success rate from Cohort 1. It is important to note that during the COVID 19 restrictions, the courts in Monterey County and the Public Defender’s Office were closed to the public for months. This did not hinder the work of the Public Defender’s Office in a significant way, but it did reduce their processing speed. As access to technology has been imperative for communication during the pandemic, one of the most difficult aspects of filing cases during COVID 19 restrictions was obtaining and collecting paperwork from clients with no reliable scanning devices and/or internet services. For this reason, the Public Defender’s Office is currently planning to locate a secure drop box for documents at the King City SUD Center. The Public Defender’s Office will begin receiving Cohort 2 funds in September of 2021.

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, is the first of its kind in Monterey County. It was established through this project to provide men and women with a location where they can safely recover from intoxication under the supervision of trained facility staff. Referrals are received from local

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

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.

Since July 2020 (for Cohort 2 funding only), the Sobering Center has served 293 clients; the vast majority (about 86%) of whom were transported to the Center by the California Highway Patrol and the Salinas Police Department. During the COVID 19 pandemic health restrictions, the center adjusted its protocols to comply with social distancing and testing measures, but did not close its doors and continued serving clients. With COVID 19 restrictions being lifted, the Sobering Center has resumed its outreach efforts to increase referrals from police departments in South County, the Peninsula, and, especially, the Sheriff's Office.

SUN STREET CENTERS' SUD TREATMENT PROGRAMS are a cornerstone of the NZLB grant since Cohort 1. In addition to managing the Sobering Center, they provide a range of (SUD) treatment services, prevention, and post-recovery services. 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 1 grant, a grant from the Central Coast Alliance for Health (CCAH), and other private and public donations. Figure 5 shows the transformation of the old motel building to the new NZLB/Sun Street Center facility.

Figure 5: King City Center before and after renovations



In Cohort 2, Sun Street Centers continued to provide **Outpatient SUD Services** that utilize evidence-based and trauma-informed interventions. Sun Street Centers also provide **Residential Substance Use Disorder Services** that include detox treatment and individual and group counseling 24 hours/day, in a new 22-bed facility located in King City.

With Prop 47 Cohort 2 funding, Sun Street Centers began offering **Sober Living Environment (SLE)** services to help eligible clients in their treatment after completing residential services. For the first year of Cohort 2, SLE services were provided via a single two-bedroom apartment, but Sun Street Centers is now in the process of securing two additional four-bedroom houses in South County to expand these services.

As Table 3 presented, 49 clients received outpatient services and 24 clients received residential services under Cohort 2 funding. None of the SUD services were interrupted during the COVID 19 pandemic

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

restrictions. However, social distancing regulations caused a reduction in available beds for the detox, residential, and SLE services. They also had to discontinue family visitations and implement rapid testing procedures that allowed them to serve patients and avoid outbreaks during the most critical periods of the pandemic. Beyond these changes in their practices, Sun Street Centers' personnel expressed that the stress caused by the pandemic likely affected patient rehabilitation outcomes. It also caused other community agencies providing SUD services (Beacon House and some of the Door to Hope services) to close their doors permanently, which has increased the need for SUD services in the community even more.

A positive aspect of the pandemic restrictions was that it allowed Sun Street Centers to broaden its use of remote treatment using telehealth technologies with their outpatient services. The agency had been using telehealth for a while before the pandemic shelter-in-place restrictions and the pandemic provided an opportunity to expand the use of the services with clients who had reliable internet connections and spaces that provided privacy for their sessions.

During this period, the Center also began to add decorative murals and art exhibitions in its King City facility in collaboration with the Arts Council of Monterey County and South County youth as a way to lift community spirits (see figure 6). In this very short period, the King City Center became a hub, not only for all services provided by the Prop 47 grant, but for information and informal referrals to other social services not provided by the Center. Its importance for the community did not go unnoticed; through the leveraging of grant funds and public and private donations, the agency is in the midst of renovating another building in King City that will serve as a community center.

Figure 6: US Rep. Jimmy Panetta with Sun Street Center personnel at the King City Center



THE HOUSING RESOURCE CENTER (HRC) is an independent non-profit housing resource agency that uses evidence-based housing support models recommended by the federal Department of Housing and Urban Development. Since July 2020, HRC has been providing reclassified and post-recovery individuals with rental assistance (for up to one year), rapid rehousing (for up to 12 weeks), and supportive case management to maintain housing. During Cohort 1 funding, it became clear that providing housing was crucial for many clients' long-term recovery. Under Cohort 2, Behavioral Health and Sun Street Centers can now refer clients in recovery who are also experiencing homelessness to HRC, so they can continue their recovery and transition to permanent housing.

As Table 3 indicates, HRC is currently providing housing assistance to 12 clients in South County. The COVID-19 pandemic has exacerbated an already existing housing shortage in Monterey County; thus, securing housing for individuals in recovery has become even more challenging. This grant has allowed HRC to increase its presence in South County with office space in the Sun Street Center's King City facility, strengthening local connections in the region and positioning the agency to better serve homeless clients during their recovery.

MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH) provides clinical services and grant management. Under Cohort 2 funding, MCBH continues to provide services to eligible clients utilizing established programs, under which individuals are provided with an integrated mental health and

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

substance use assessment that addresses trauma and determines appropriate services. Individuals can be self-referred into the program or referred by one of the other providers. As Table 3 presented, MCBH provided services for 73 clients with Cohort 2 funding. MCBH did not stop providing services during the COVID 19 pandemic restrictions, as the agency already had the infrastructure in place to provide telehealth and was able to pivot to online services quickly after training providers and clients. The main challenges identified with switching to an exclusively online environment were clients’ lack of reliable technology and the availability of private spaces where they could receive potentially confidential services, while sheltering in place with other family members, friends, or roommates.

As the grant manager, MCBH provided leadership in the development of a data reporting system that the evaluation team could use to report client services data to BSCC in a timely manner while maintaining HIPAA client privacy standards. In addition, MCBH designed and recruited two new full-time positions to serve as jail in-reach and service coordinators, as described below.

JAIL IN-REACH SERVICES were identified as a crucial need for this project as service providers expressed the challenge of reaching potential clients as they leave jail. This service is scheduled to be launched using Cohort 2 funding in August of 2021. MCBH staffed this position with a clinician (Psychiatric Social Worker) who will reach eligible clients at the jail, provide education on available services, conduct assessments, and provide a warm hand-off, picking up clients as they are released from jail to ensure they get into needed treatment early and to reduce their risk for recidivism.

THE OUTREACH SPECIALIST position that facilitates referrals across services and conducts community outreach was also identified as an important need for the project. To address this need, this position was filled in July 2021, and will operate under the joint supervision of MCBH and Sun Street Centers.

NUMBER OF CLIENTS SERVED AND CROSS-AGENCY REFERRALS:

Our analysis of client data revealed that NZLB project agencies served 408 unique clients using Cohort 2 funding (Table 3). The 408 clients received 451 agency contacts, meaning that some clients received services from more than 1 agency within the project. Specifically, 36 clients (9%) received services from more than one agency. Further analyses revealed that, 30 clients received services from two agencies, five clients received services from three agencies and one client received services from four agencies. Table 5 presents a matrix of cross-agency referrals, showing Behavioral Health with a total of 35 clients shared with other agencies, HRC shared all of their 12 clients with other agencies, and SCC Residential and outpatient services shared 83% and 55% of all their clients respectively.

Table 5: Cross-agency referrals

Agency	Public Defender	Behavioral Health	HRC	SSC - Residential	SSC- Outpatient	Sobering Center	Total clients served
Behavioral Health	0	-	5	9	15	6	73
HRC	0	5	-	3	4	0	12
SSC - Residential	0	9	3	-	7	1	24
SSC- Outpatient	0	15	4	7	-	1	49
Sobering Center	0	6	0	1	1	-	293
Total (shared)	0	35	12	20	27	8	-

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

Shared as % of served 0 47.9 100.0 83.3 55.1 2.7

CLIENT CHARACTERISTICS:

All providers are required to collect client demographic characteristics required by the BSCC reporting system. The demographic information provided by the agencies (n=408) is summarized in Table 6. As the Table presents, the majority of its clients served (82%) identify themselves as Hispanic (of any race), 15% of clients identified themselves as White (non-Hispanic), and 1.5% and 1.2% as Asian/Pacific Islander and African American respectively. About 77% of clients identified themselves as male, and 80% reported a level of education of high school or less. In addition, 33% report being unemployed, 7% report being homeless and 13% report living in friends/ or relatives' homes. Finally, 31% of clients served report having prior convictions and 16% report being currently in probation or parole.

Table 6: Demographic characteristics of clients served (n=408)

Demographic characteristics		#	%
Race Ethnicity	Hispanic	335	82.2
	White	61	15
	Asian/Pacific Islander	6	1.5
	African American	5	1.2
	Other	1	0.3
Gender	Male	315	77.2
	Female	80	19.6
	Unknown	13	3.2
Education level	Graduate Degree	4	1.0
	College Graduate	20	4.9
	Some College	42	10.3
	High School Grad	137	33.6
	GED	10	2.5
	Some high school	60	14.7
	Other	121	29.7
	unknown	14	3.4
Employment status	Employed, Full Time	205	50.2
	Employed, Part Time	44	10.8
	Unemployed	135	33.1
	Other	9	2.2
	Not in labor force	2	0.5
Housing Status	unknown	13	3.2
	Housed	104	25.5
	Independent living/housing	189	46.3
	Permanent Supportive Housing	2	0.5
	Family/relative homes	55	13.5
	Sober Living Homes	3	0.7
	Rapid Rehousing	3	0.7
	Other	10	2.5
Homeless	28	6.9	
Prior convictions	unknown	14	3.4
	No	261	64.0
	Yes	125	30.6
	Unsure	9	2.2
Probation/Parole	Unknown	13	3.2
	None	320	78.4
	Parole	65	15.9
	Probation	1	0.2
	Unsure	9	2.2
	Unknown	13	3.2

CLIENT RECIDIVISM

The focus of this report is not to quantify the project’s impact on arrests, however, in anticipation of the final evaluation report we calculated the arrest rate for clients served by each provider in the period between their admission to a service that received Cohort 2 funding and June 31st 2021. These figures are presented for each provider in Table 7, which shows the percentage of clients who were booked in the County Jail sometime between their quarter of admission to a provider and June 31st 2021. As the Table shows, the arrest rates by provider ranged from 0 (for the public defender and HRC) to 14% for the Sobering Center. SCC Residential and SCC Outpatient had 6% and 3% of their clients arrested respectively after their quarter of enrollment in the program.

To further explore clients’ recidivism, we measured arrest rates after admission to a NZLB service only for those who had a prior arrest before being admitted to the NZLB service. As Table 7 presents, 287 clients (70% of the total unique client count) could not be matched to the Monterey County Jail database (which contains all jail bookings dating back to 1998). This could be the case for clients who don’t have prior arrests in the Monterey County Jail. Thus, a measure of re-offense could not be calculated for these clients. The arrest rate for clients served by the grant when considering only clients with prior arrests is presented in the last column of Table 7. As the table presents, about 17% of clients with prior arrests experienced a subsequent arrest after being admitted in a NZLB service. The highest re-arrest rates were for Behavioral Health (21%) and the Sobering Center (20%).

Table 7: Jail bookings before and after admission to NZLB services

Agency	Not matched to Jail data [A]	Has priors arrests only [B]	Has post arrests only [C]	Has arrests prior and post service [D]	Total Served [E]	% with arrests after services for all [(C+D)/E]	% with arrests after services for those with priors [D/(B+D)]
Beh. Health	21	31	0	8	60	13.3	20.5
HRC	5	2	0	0	7	0	0
SSC - Residential	11	5	0	1	17	5.9	16.7
SSC- Outpatient	27	9	1	0	37	2.7	0.0
Sobering Center	223	24	34	6	287	13.9	20.0
Total	287	71	35	15	408	12.3	17.4

5. CONCLUSIONS AND PROGRESS TOWARDS GOALS

It is too early to provide a summative assessment of the project’s impact on its proposed goals. However, the data collected in the first year of operations under Cohort 2 shows that the NZLB project has made substantial progress implementing the activities and producing the outputs proposed in the project’s logic model. Despite the challenges posed by the COVID 19 pandemic, all providers in NZLB kept their services open and adapted their practices to serve clients in need. In some cases, this required providing services via telehealth; in others, reducing capacity in an effort to comply with social distancing regulations, and the provision of rapid testing for clients and personnel. These challenges did not impede the ability of the project to provide and even expand the provision of Mental Health services, SUD treatment, and legal, employment, and housing supports to 643 individuals in a severely underserved area.

**Proposition 47 No Zip Code Left Behind Project - Cohort II
Two-Year Preliminary Evaluation Report (August 15, 2021)**

Sun Street's King City center is becoming a community fixture where clients can gain access to not only SUD treatment, but all the services provided by this project. The completion of Sun Street Center's new community center, and additional houses for SLE, will further reduce inequities in access to services present in Monterey County (Goal #3).

In addition to the expansion of services under Cohort 2 funding, there is increasing evidence of stronger collaborative ties across providers. MILPA's collaboration with the Public Defender has strengthened with the addition of a full-time lawyer dedicated to post-conviction relief in the Public Defender's Office¹. Similarly, Behavioral Health's clients are increasingly benefitting from all services provided by Sun Street Centers and HRC, and vice-versa. The addition of a jail in-reach coordinator and a service coordinator is designed to further strengthen these collaborative ties to reduce recidivism (Goal#1)

The Sobering Center has continued to serve the County by diverting individuals from the County Jail into a less threatening environment where clients can be connected to other services (Goal#2). The Center, which served about 300 clients with Cohort 2 funding, has diverted about 1,100 clients from the County Jail since opening its doors in December 2017. The Center has also strengthened its collaborative ties with local and state law enforcement agencies, which have slowly begun to recognize the personal and economic benefits of taking publicly intoxicated individuals into the Center rather than booking them in jail.

Finally, it is important to note that under Cohort 2 funding, the MCBH has secured a partnership with the Monterey County Jail that was crucial for the preliminary analyses of client arrests for this report and for the final evaluation of Cohort 1 funding. In addition, the effort to create and implement a data reporting system that tracks clients' services has allowed the evaluation team to conduct this preliminary analysis and to complete the quarterly progress reports required by BSCC while maintaining client confidentiality. Not only is the project delivering services and making progress towards achieving proposed goals, but evaluation capabilities have also been strengthened moving into the second part of Cohort 2 funding.

¹ Based on an analysis of clients served by the Public Defender's office during the last year of Cohort 1 funding.

APPENDIX – HIGHLIGHT STORY

No Zip Code Left Behind (NZLB) served 643 unique clients with Cohort 2 funds. Each of them represents a unique story encompassing challenges, successes and hope. For this report, we chose the story of Julia (the client's real name changed for privacy), which shows the NZLB project working at its best when individual providers work as a collaborative health and human services organization to address clients' needs in their quest for sobriety and independence.

Julia had struggled with homelessness and addiction for many years before entering Sun Street Centers (SCC) in-patient program. Aware of the client's lack of permanent housing and knowing the client was eligible to receive assistance from the Housing Resource Center (HRC) through this grant, SCC was able to make a referral. HRC worked with SCC to coordinate the timing of the client's graduation from SLE into a rapid-housing program and subsequently into a permanent housing situation. Julia is now employed and, nearly able to take over financial responsibility for her apartment without assistance. In her letter to the Housing Resource Center, Julia wrote:

"I have been homeless for three years. I went to (Sun Street Center's) in-patient program and got connected with Housing Resource Center (HRC). Since I met Antonio (HRC's case manager), he seemed determined to help me find housing. I had to finish my program first, then I went to an SLE for a couple of months and when I left the SLE I went back to the same situation I had come from before entering SLE, I was homeless once more. Antonio helped put me in a motel for three weeks and then met Violet (HRC's housing specialist). I had to go to my grandmother's house after the three weeks and I shared the living room with two other relatives and slept on the floor. Violet was good about helping me find places to apply for and was really on top of things by helping me fill out applications and keeping me updated. I reached out to Antonio because I felt really overwhelmed by being so crowded at my grandmothers, I felt like I could not last that much longer. Antonio was able to get two more weeks approved at the motel. Violet reached out to me letting me know that there was a possible house we could look at and by the end of those two weeks at the motel, I got the news of a meeting with the landlord for an apartment. Violet and I had the meeting, and we were told the apartment was mine and that I could move in the next day. I truly am grateful for Violet Orozco, Antonio Cardona, and the Housing Resource Center. I now have a two-bedroom apartment of my own for me and my 7-year-old son. I truly have been blessed. Thank you."