

Proposition 47 Grant Program, Cohort 4

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Grantee: County of San Diego -
Behavioral Health Services

Local Evaluation Plan

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Project Background

Introduction

According to the San Diego Association of Governments (SANDAG) *Adult Arrestee Drug Use in the San Diego Region Report* (June 2023), two in five (40%) of adult arrestees interviewed in the County reported a mental health diagnosis or psychiatric disorder. The report also found that two-thirds of respondents struggle with housing stability. Of those, two-thirds (65%) reported ever being homeless and almost one-third (31%) reported spending the first night after their most recent release on the streets. Proposition 47, passed in California in 2014, reclassified certain property and drug offenses from felonies to misdemeanors, aiming to address underlying substance use disorders (SUD) or mental health issues through community-based solutions rather than the justice system. According to the County-developed Behavioral Health Optimal Care Pathways (OCP) model, the region has experienced significant capacity loss across community-based care, perpetuating a cycle of higher-level care, homelessness, and incarceration.

The state savings generated following the implementation of Prop 47 are part of the Safe Neighborhoods and Schools Fund. Prop 47 mandates that 65% of these funds be awarded by the California Board of State and Community Corrections (BSCC) to public agencies to provide mental health services, substance use disorder treatment, and diversion programs for those in the criminal justice system. In 2024, the County of San Diego received a three-year Prop 47 grant to implement programming to address some of these underlying issues.

The County will use Proposition 47 grant funds to expand the established, evidence-based Assertive Community Treatment (ACT) model and create a Forensic Assertive Community Treatment (FACT) program—an approach currently absent from the Behavioral Health Continuum of Care in San Diego County. ACT is a community-based service delivery model for individuals with severe and persistent mental illness. It aims to help individuals manage their mental health, meet basic needs, improve social functioning, support employment, and enhance their ability to live independently in community settings. A transdisciplinary team of mental health and rehabilitation professionals collaboratively provides comprehensive, individualized, and integrated psychiatric treatment, rehabilitation, and support services, available 24/7. The key addition to ACT is that FACT addresses both behavioral health and criminal justice needs.

Given the complex needs of individuals involved with the criminal justice system, the FACT model will provide tailored adaptations to address criminogenic risks while bridging the behavioral health and criminal justice systems. The program will expand housing interventions and ancillary supports, embed criminal justice staff, and offer substance use services alongside flexible funding for individualized support. These enhanced forensic services aim to reduce time spent in detention, prevent psychiatric emergency room visits, increase housing stability and treatment engagement, and ultimately improve public safety.

More specifically, the County FACT program will embed forensic components designed to:

1. Address criminogenic risks and needs as part of treatment plans with the intent to reduce recidivism.
2. Integrate criminal justice partner(s) and persons with lived criminal justice experience with established mental health staff to navigate complex systems effectively.
3. Leverage sanctions and incentives to reduce the likelihood of recidivism.

These objectives will be achieved through flexible funding for tailored supports that address criminogenic needs, such as employment assistance, and the inclusion of specialized criminal justice and substance use staff—specifically Criminal Justice Peer Support Specialists and Substance Use Counselors with access to daily drug testing kits. Additionally, enhanced housing interventions with ancillary supports will help meet the needs of individuals living in high-cost areas, providing housing stability as they engage in critical services and treatment.

The project proposes to serve approximately 330 adult individuals (18-59 years of age) with serious mental illness (SMI) who are involved with the criminal justice system with medium to high criminogenic risk. These individuals may also have co-occurring substance use, physical health disorders, chronic homelessness, and a history of non-compliance with criminal justice mandates. Addressing the complex needs of this population requires a coordinated effort across multiple systems, including criminal justice, mental health, human services, and housing. The County FACT program will be wellness-focused, client-driven, and designed to integrate service experiences while demonstrating cultural competency and community collaboration. Its aim is to increase access for unserved and underserved individuals, reduce disparities in the service system, and decrease participants' likelihood of re-entering the justice system. Additionally, a gender and racial equity lens will ensure that services are equitably distributed to those most in need.

SANDAG's Criminal Justice Research Division (CJRD) will serve as the outside evaluator and conduct both a process and impact evaluation to inform implementation as well as document outcomes and success in achieving the intended goals.

Program Goals and Objectives

The following are the goals and objectives for the Forensic Assertive Community Treatment (FACT) program:

Goal 1: Improve outcomes related to employment/education, housing stability, and functionality for persons with serious mental illness who are involved with the criminal justice system through a Forensic Assertive Community Treatment (FACT) approach.

This goal will be accomplished by leveraging an established and evidence-based ACT program, funded through the Mental Health Services Act (MHSA), to provide complementary forensic efforts to be funded by the Proposition 47 Cohort 4 grant funds.

Objective 1: Within six months of award notification, procure or amend the County's Assertive Community Treatment (ACT) contract to provide FACT services by embedding customized criminogenic support and services (e.g., housing, flexible funding, specialized staff).

Objective 2: Serve approximately 330 unduplicated individuals experiencing SMI and involved with the criminal justice system, over the grant term.

Objective 3: SANDAG will share quarterly updates using data visualizations in presentations throughout the grant period.

Goal 2: Reduce homelessness and increase housing retention outcomes for persons with serious mental illness who are involved with the criminal justice system through customized housing interventions.

This goal will be accomplished by expanding access to housing interventions with ancillary housing-related supports and leveraging embedded ACT Housing Specialist and Housing Coordinator staff to ensure housing retention through on-going problem solving and other effective approaches.

Objective 4: Provide up to 56 additional housing interventions, short-, mid-, and longer-term

solutions, with deposit assistance and access to other individual housing supports through flexible funding.

Objective 5: Administer criminogenic assessments to 100% of participants upon referral, using assessment results and working collaboratively with multi-disciplinary team members to provide appropriate level of services and housing interventions.

Goal 3: Reduce recidivism by providing intensive behavioral health services, integrated multi-disciplinary teams with criminal justice representative and offer customized forensic services that address criminogenic risks and needs.

This goal will be accomplished by embedding criminal justice staff and persons with lived criminal justice experience with established mental health staff to navigate complex systems effectively and efficiently, including the criminal justice, mental health and housing systems.

Objective 6: Ensure that 75% of enrolled individuals are connected to an appropriate mental health and/or substance use disorder treatment within 30 days of program enrollment.

Objective 7: Reduce the number of convictions (and other indicators of criminal justice involvement such as arrests and bookings) per participant in the three years following admission to the program as compared to the three years prior to admission.

Objective 8: Achieve clinical and functional improvements for at least 75% of participants, as measured by multiple assessments (MORS, LOCUS, SATS-R).

Logic Model

Inputs	Outputs		Outcomes		Impacts
	Activities	Participation	Short-Term	Medium-Term	
Local Advisory Committee (LAC) composed of formerly incarcerated individuals, community leaders, and expert staff representing different agencies and departments across the criminal justice and public health fields	Quarterly LAC meetings designed to foster cross-agency collaboration and regular input from partners	Key stakeholders including staff from San Diego County Sheriff, Health and Human Services (HHSA) and its constituent agencies, Public Safety Group, SANDAG, and other relevant CBOs	<ul style="list-style-type: none"> Increase service providers' and stakeholders' knowledge of the FACT program model Foster discussions related to program procedures, progress, and recommendations 	Develop a well-coordinated, interagency and community-based approach to meet the needs of the population of interest	Improved general understanding of population of interest's needs and risks
<ul style="list-style-type: none"> Financial resources including state and County (MHSA) funding Multidisciplinary team (mental health professionals, peer support specialists, substance use counselors, housing coordinators, specialized criminal justice staff) 	<ul style="list-style-type: none"> Flexible funding for customized supports such as substance use counseling, pro-social engagement, and barrier removal (e.g., credit and housing challenges) Provide 24/7 care through the Assertive Community Treatment (ACT) model 	Serve approximately 330 individuals with serious mental illness (SMI) involved in the criminal justice system	All 3 referral pathways are fully developed and in use, with documented procedures in place prior to the start of programming	Participation increases by approximately 100 individuals each year, with a total of 330 individuals served by the end of the grant period	Increased capacity of County to accurately identify and effectively respond to needs of the population of interest
		Deliver services to at least 56 individuals needing housing interventions	Individuals with severe mental illness receive initial placement in stable housing	Participants show increased housing stability and fewer episodes of homelessness	Reduction in chronic homelessness among participants through successful housing interventions
Materials such as criminogenic assessments, drug testing kits, clinical/functional measurement tool	Administer criminogenic risk assessments at intake to assess participant risk factors and needs	100% of participants will receive criminogenic assessments	Based on assessment results, participants receive tailored interventions (e.g., therapy, job training, substance use treatment)	Participants engage in services that address their criminogenic needs, leading to lower reoffending likelihood	Participants experience less criminal justice involvement post-program participation

Inputs	Outputs		Outcomes		Impacts
	Activities	Participation	Short-Term	Medium-Term	
	Administer clinical functional assessments at intake and every 6 months to track progress over time	All participants will receive a clinical/functional assessment at intake and every 6 months to track progress	At least 75% of participants show improvement in their clinical and functional capabilities, as measured by the MORS, LOCUS, and SATS-R assessments	Participants maintain or improve their mental health, substance use recovery, or daily functioning over time	Improved health management for participants in the program results in fewer crises interventions, emergency room visits and hospitalizations
Community and criminal justice system partners (pretrial services, courts, jails, law enforcement, Behavioral Health Court)	Integrate court order compliance and other legal requirements into participant case management plans, as relevant to individual goals	Engage a multidisciplinary team of specialized staff, including Peer Support Specialists with lived experience and criminal justice partners	Participant case management plans are tailored to help individuals meet the requirements of their court orders where applicable	Participants demonstrate improved compliance with court orders, including attending treatment and probation meetings	Improved collaboration between treatment staff and legal entities leads to a more seamless, supportive system for participants
Evaluation partner tasked with data collection and analysis	<ul style="list-style-type: none"> Develop a local evaluation plan to monitor program implementation and measure success Collect and track participant data, including progress in treatment, recidivism rates, housing stability, etc. 	Collaborate with team to track participant data over time and monitor program implementation	Use data to inform program implementation based on survey results from providers and stakeholders	Reduction in convictions (and other indicators of criminal justice involvement, such as arrests and bookings) in the three years following program admission, compared to the three years prior to admission	Factors associated with successful criminal desistance and treatment outcomes are identified
Community interest, participation, and feedback	Gather input from program participants, stakeholders, and community members to monitor, inform, and improve programming through the use of surveys	Solicit regular feedback from program participants, service providers and community stakeholders	Regular input from stakeholders fosters ongoing improvements in coordination	Continuous feedback ensures that services evolve based on real participant experiences and stakeholder input	Program is tailored to participants' specific needs, making services more effective and responsive

Process Evaluation Method and Design

Research Design

SANDAG CJRD will evaluate the project's effectiveness by monitoring outcomes and providing regular updates at Local Advisory Committee (LAC) meetings. Using a mixed-method research design that combines quantitative and qualitative data, the evaluation will assess the project's goals and objectives as outlined in the Work Plan and grant application. SANDAG will work collaboratively with the LAC and County staff throughout all phases of the project—from implementation to close-out—focusing on tracking progress, assessing program effectiveness, and capturing overall learnings.

SANDAG CJRD will lead both process and outcome evaluations, engaging from the start of program development to ensure accurate measurement of program goals. This includes developing data collection tools, setting research timelines, and establishing evaluation protocols. Data collection methods will include reviewing participant activity and/or treatment information, justice system data, pre- and post-assessments of needs and risks, and feedback from surveys or focus groups with participants, staff, and community stakeholders. Additionally, existing data systems will track arrests, citations, and other criminal justice data to measure recidivism.

As part of the evaluation, progress updates will be shared with the LAC in public meetings, along with a final evaluation report. Once completed, these reports will be shared with impacted stakeholders and made publicly available.

Process Measures

The process evaluation will document which program components were employed and if they were implemented as designed. Data will be gathered from multiple sources with the cooperation of project partners to describe the population served, referrals received and services connected to, attrition and completion rates, client satisfaction with services received and program implementation, lessons learned, and barriers to service provision faced by program providers. The process evaluation will use this data to address the following questions:

1. Within six months of the finalized contract amendment, were all necessary FACT services integrated? How many specialized staff were onboarded and trained? Was staff capacity filled? (Measures Objective 1)
2. How many unduplicated individuals with SMI and criminal justice involvement were served on a quarterly basis? What is the demographic breakdown (age, gender, race/ethnicity) of participants? (Measures Objective 2)
3. Are all key outcomes being tracked via the quarterly presentation (e.g., mental health status, housing status, criminal justice involvement, treatment participation, etc.)? (Measures Objective 3)
4. How long, on average, did participants remain housed, regardless of fluctuations in the level of care received? (Measures Objective 4)
5. What percentage of participants completed the criminogenic assessment within a designated timeframe (e.g., 30 days of program entry)? How were the services and housing interventions tailored based on the criminogenic risk levels of participants? (Measures Objective 5)
6. What percentage of participants were successfully connected to an appropriate mental health and/or substance use disorder treatment within 30 days of program enrollment? (Measures Objective 6)
7. What processes are in place for collecting participant data on criminal justice system

involvement? How often is this collected? (Measures Objective 7)

8. What percentage of participants completed a clinical/functional assessment tool at intake? What percentage of participants completed a follow-up assessment? (Measures Objective 8)

To address these process research questions, data will be gathered from multiple sources. Table 1 summarizes the data sources that will address each process question.

Table 1: Process Outcomes and Measurements

Process Outcomes	Process Measures	Variables	Data Sources
Goal 1, Objective 1: Within six months of award notification, procure or amend the County's Assertive Community Treatment (ACT) contract to provide FACT services by embedding customized criminogenic support and services (e.g., housing, flexible funding, specialized staff).	Within six months of the finalized contract amendment, were all necessary FACT services integrated? How many specialized staff were onboarded and trained? Was staff capacity filled?	Whether all necessary FACT services were integrated within six months; Number of specialized staff hired and trained	County Service providers
Goal 1, Objective 2: Serve approximately 330 unduplicated individuals experiencing SMI and involved with the criminal justice system, over the grant term.	How many unduplicated individuals with SMI and criminal justice involvement were served on a quarterly basis? What is the demographic breakdown (age, gender, race/ethnicity) of participants?	Number of unique individuals served quarterly; Participant demographics	County Service providers
Goal 1, Objective 3: SANDAG will share quarterly updates using data visualizations in presentations throughout the grant period.	Are all key outcomes being tracked via the quarterly presentation (e.g., mental health status, housing status, criminal justice involvement, treatment participation, etc.)?	Various outcome measures and performance indicators derived from the quarterly report	Service providers SANDAG
Goal 2, Objective 4: Provide up to 56 additional housing interventions, short-, mid-, and longer-term solutions, with deposit assistance and access to other individual housing supports through flexible funding.	How long, on average, did participants remain housed, regardless of fluctuations in the level of care received?	Length of time participants remained in housing (regardless of fluctuations in level of care)	County Service providers
Goal 2, Objective 5: Administer criminogenic assessments to all participants, using assessment results and working collaboratively with multi-disciplinary team members to provide appropriate level of services	What percentage of participants completed the criminogenic assessment within a designated timeframe (e.g., 30 days of program entry)? How were the services and housing interventions tailored based on the criminogenic risk levels of participants?	Number of participants who completed an assessment within a set timeframe; How services were tailored based	Service providers

and housing interventions.		on risk levels	
Goal 3, Objective 6: Ensure that 75% of enrolled individuals are connected to an appropriate mental health and/or substance use disorder treatment within 30 days of program enrollment.	What percentage of participants were successfully connected to an appropriate mental health and/or substance use disorder treatment within 30 days of program enrollment?	Number of participants connected to a mental health or substance use disorder treatment; Date connected to treatment	Service providers
Goal 3, Objective 7: Reduce the number of convictions per participant in the three years following admission to the program as compared to the three years prior to admission.	What processes are in place for collecting participant data on criminal justice system involvement? How often is this collected?	Processes for collecting participant data; Frequency of collection	SANDAG (ARJIS database, Sheriff's HUB database)
Goal 3, Objective 8: Improve clinical and functional improvements and stabilization through developed measurement tools.	What percentage of participants completed a clinical/functional assessment tool at enrollment? What percentage of participants completed a follow-up assessment?	Number/percentage of participants who completed assessments at enrollment and follow-up	Service providers

Impact Outcome Measures

The outcome measures are individual in nature and will focus on how effective the project was and for whom. The outcome evaluation will address the following questions:

1. What was the rate of client connection to services? What type of services were received (e.g. mental health or Substance Use Disorder treatment, housing services)? Were any factors predictive of successful connection and continued engagement in these services? (Measures Objectives 2-8)
2. Was the goal of 56 housing interventions fully allocated by the end of the grant term? How long did participants remain housed, on average? (Measures Objective 4)
3. What percentage of participants experienced a reduction in the number of convictions, bookings, and arrests in the three years following program admission compared to the previous three years? What types of convictions (e.g., misdemeanor, felony) did participants experience before and after program admission, and has the frequency of more serious offenses decreased? (Measures Objective 7)
4. What is the overall average improvement in clinical functioning pre- and post- participation? What percentage of participants demonstrated improvement in functional outcomes (e.g., symptom severity, social relationships, daily living skills), as measured by the MORS, LOCUS, and SATS-R assessments? (Measures Objective 8)

To address these outcome research questions, data will be gathered from multiple sources. Table 2 below summarizes the data sources that will address each process question.

Table 2: Outcomes and Measurements

Impact Outcomes	Impact Outcome Measures	Variables	Data Sources
Goal 1, Objective 2: Serve approximately 330 unduplicated individuals experiencing SMI and involved with the criminal justice system, over the grant term.	What was the rate of client connection to services? What type of services were received (e.g. mental health or Substance Use Disorder treatment, housing services)? Were any factors predictive of successful connection and continued engagement in these services?	Number of clients connected to services, types of services received, predictive factors of successful service engagement	<ul style="list-style-type: none"> Service providers SANDAG (logistic regression, chi-square)
Goal 2, Objective 4: Provide up to 56 additional housing interventions, short-, mid-, and longer-term solutions, with deposit assistance and access to other individual housing supports through flexible funding.	Was the goal of 56 housing interventions fully allocated by the end of the grant term? How many individuals successfully moved from transitional housing to permanent/stable housing within the grant term?	Number of housing interventions allocated; Number of individuals moved from transitional to permanent/stable housing	Service providers
Goal 3, Objective 7: Reduce the number of convictions (and other forms of criminal justice involvement) in the three years following admission to the program as compared to the three years prior to admission.	What percentage of participants experienced a reduction in the number of convictions, bookings, and arrests in the three years following program admission compared to the previous three years? What types of convictions (e.g., misdemeanor, felony) did participants experience before and after program admission, and has the frequency of more serious offenses decreased?	Number of participants with criminal justice system contact post-program participation; Types of offenses; Severity of offenses	SANDAG (ARJIS database, Sheriff's HUB database)
Goal 3, Objective 8: Improve clinical and functional improvements and stabilization through developed measurement tools.	What is the overall average improvement in clinical functioning pre- and post- participation? What percentage of participants demonstrated improvement in functional outcomes (e.g., symptom severity, social relationships, daily living skills), as measured by the MORS, LOCUS, and SATS-R assessments?	Number/percentage of participants showing improvement in functional outcomes	Service providers SANDAG

Data Collection Sources and Process

Below is a more detailed description of each of the data sources and how data will be collected to address all the research goals. During the startup process, great effort will be made to use existing databases whenever possible. All service data will be maintained in the service provider and County databases and securely transferred to SANDAG on a quarterly basis from this system.

Program minutes: All project partners, including SANDAG, will meet quarterly during LAC meetings to discuss project implementation, prior month activities, challenges, and successes. These meetings will be documented through minutes completed by County staff and will be used to inform the process evaluation.

Pre-post clinical assessment surveys of participants: A clinical assessment will be used to measure changes in clinical and functional outcomes before and after program participation. This assessment will be a combination of the MORS, LOCUS, and SATS-R. Assessments will be conducted at intake, to establish participants' initial clinical status, and every six months thereafter to measure changes.

Program provider satisfaction surveys: A satisfaction survey will be provided to program providers on an annual basis to assess program implementation, lessons learned, and any barriers to service provision.

Stakeholder survey: To solicit information about program implementation, what worked, and what could be improved, a survey of key program staff will be administered. The survey will be administered electronically using Survey Monkey or Qualtrics twice over the course of the project to inform mid-course program adjustments and program maturation.

Crime data: To monitor participants' criminal justice involvement, individual-level criminal history data will be collected by research staff three years prior to and up to three years post program participation. Data collection will include level and type of crimes, as measured by data gathered from the Automated Regional Justice Information System (ARJIS) and Sheriff's HUB databases. These data will be the primary source for the impact evaluation assessing recidivism and criminal desistance outcomes.

Data Analysis Plan

The analysis conducted will involve a mixed-methods research design that employs both qualitative and quantitative research methods. To ensure a comprehensive education, data will be gathered from multiple sources in collaboration with project partners. This includes service engagement from service providers, pre- and post- treatment outcomes from clinical assessments, satisfaction surveys from providers and stakeholders, and criminal activity from the ARJIS and Sheriff's HUB databases. Additionally, housing stability indicators will be tracked over time, assessing placement retention and transitions between housing types.

To evaluate program effectiveness and impact, this design employs a single group, pre-test/post-test design that will compare measures before and after Cohort 4 program participation. This quasi-experimental approach will allow researchers to measure the progress of each program participant, which will be measured against their pre-program baseline; observed changes in key measures can be compared against the baseline to determine the individual impact of program participation. Additionally, tests will be performed to determine whether certain subpopulations tend to face greater challenges in terms of assessed need, connection to care, continued engagement, or successful outcomes.

Client satisfaction surveys and qualitative interviews with both participants and service providers will complement quantitative findings, offering insights into program implementation, barriers to service access, and the perceived effectiveness of interventions. These qualitative components will help contextualize statistical outcomes and identify areas for improvement. SANDAG will also meet regularly with program staff to help inform the process and allow for any mid-course adjustments.

Summary

The San Diego County Forensic Assertive Community Treatment (FACT) program, funded by the County's Proposition 47 grant, aims to expand the existing Assertive Community Treatment (ACT) model to address the unique needs of individuals with serious mental illness (SMI) and experience in the criminal justice system. The FACT program integrates mental health, substance use, and criminogenic risk services to provide a comprehensive approach to supporting participants. The program's primary objectives are to reduce homelessness, improve housing stability, and decrease recidivism by delivering specialized services that bridge the gap between mental health and the criminal justice system.

The FACT program aims to serve approximately 330 adults in the county (ages 18-59) with SMI who face medium to high criminogenic risk. To assess the effectiveness of the FACT program, a mixed-methods evaluation plan will be implemented. This approach combines quantitative data, such as pre- and post-assessments, service engagement metrics, and housing stability indicators, with qualitative insights from client satisfaction surveys. These assessments will track key outcomes such as clinical improvements, reductions in criminal justice involvement, and housing stability over time. By the conclusion of the grant period, the goal is for the FACT program to have reduced the frequency of psychiatric emergency room visits, improved housing stability, lowered recidivism rates, maintained participant engagement in treatment, and ultimately contributed to enhanced public safety.