Project Report

San Gabriel Valley Crisis Assistance Response & Engagement (SGV CARE) Local Evaluation Plan

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Project Background

Introduction

In 2019, the San Gabriel Valley Council of Governments (SGVCOG), a joint-powers government agency representing 31 cities in eastern Los Angeles (LA) County, identified mental health and homelessness as key regional priorities. Of the nearly 5,000 people experiencing homelessness in the region, an estimated 18% live with serious mental illness and 36% have a substance use disorder (LAHSA, 2024). Without access to appropriate and timely behavioral health services, these individuals may seek assistance through 911, law enforcement, and emergency departments (Cantor et al., 2022; Santillanes et al., 2020), which can lead to adverse outcomes such as arrest or incarceration. Countywide, an estimated 64% of people experiencing homelessness have been involved in the criminal justice system (HPRI, 2020).

To address these challenges, the SGVCOG conducted a region-wide strategic planning and community engagement process and identified a need for an alternative crisis response program that shifts crisis care aware from police departments. In 2022, the San Gabriel Valley Crisis Assistance Response and Engagement (SGV CARE) program launched, with the Los Angeles Centers for Alcohol and Drug Abuse (LA CADA) providing a community-based response to people, both housed and unhoused, who experience a behavioral health crisis. The program includes both a co-response option, where clinicians and police respond together and police dispatch the clinical team either prior to responding to a call or once in the field, and an alternative response option, where clinician-only teams are dispatched directly by 911. Currently, five SGVCOG-member cities operate SGV CARE. The cities of Arcadia, San Marino, South Pasadena operate a co-response model, while La Verne and Monrovia operate alternative response models.

The San Gabriel Valley represents an opportune context to implement and evaluate alternative crisis response. The region is home to 1.8 million people and is one of the most racially and ethnically diverse areas in the U.S. (Greater SGV Hospital Collaborative, 2023). Through the SGVCOG, cities in the SGV often work together on emerging issues, share best practices and data on performance, and engage with a network of providers. The regional approach of the SGVCOG and SGV CARE is unique in that cities can operate the program alone or in partnership with neighboring cities, the latter of which can enhance the sharing and maximizing of resources. For example, one city that identifies a strong need for the program given 911 call volume could partner with a neighboring city that might not feel ready to launch the program alone, thereby enhancing regionwide participation.

Development of Prop 47 Services

With funding from the California Board of State and Community Corrections (BSCC) via Proposition (Prop) 47, SGV CARE is expanding to new cities with three additional clinical teams coming onboard, along with bridge housing and other additional services. To implement these changes, SGVCOG is procuring a second service provider (Sycamores) to operate SGV CARE in new cities, a provider for housing services (Support Solutions), and a provider for recidivism prevention-related services (to be determined).

Participants

Broadly, SGV CARE's Prop 47 services are targeted to adults with behavioral health conditions and justice system involvement. SGV CARE will also specifically target individuals who are unhoused or housing insecure (e.g., lacking stable housing or at risk of eviction). After conducting clinical assessments of all clients who come into contact with the program, the SGV CARE clinical teams will work with local law enforcement to determine which clients have been arrested or incarcerated in county jail or state prison. Although the primary source of referrals will be SGV CARE's co-response and alternative response teams, the program may expand to accept referrals from cities, police departments, or other service providers in the region. Once a client's justice system involvement is confirmed, they will be referred to a case manager for enrollment in Prop 47 services.

Those clients who are unhoused or at-risk of homelessness will be connected to the case manager at Support Solutions who will refer clients to the bridge housing site. This site is set up to accept clients regardless of mental health or substance use disorder or other factors such as having a pet.

Program Services and Completion

All individuals will receive behavioral health support from L.A. CADA or Sycamores and, for those who are unhoused or housing insecure, housing support through Support Solutions. In addition, each client will work with a case manager to develop a personalized care plan with individual goals. This plan may include the use of additional services such life skills training, legal assistance, job training, job placement, document preparation, or family reunification. SGV CARE defines client graduation as successful completion of 75 percent of the goals developed in the personalized care plan. For those in bridge housing, a goal will entail successfully moving into permanent housing.

Project Goals and Objectives

As outlined in the proposal to BSCC, SGV CARE established three goals for Prop 47 program clients:

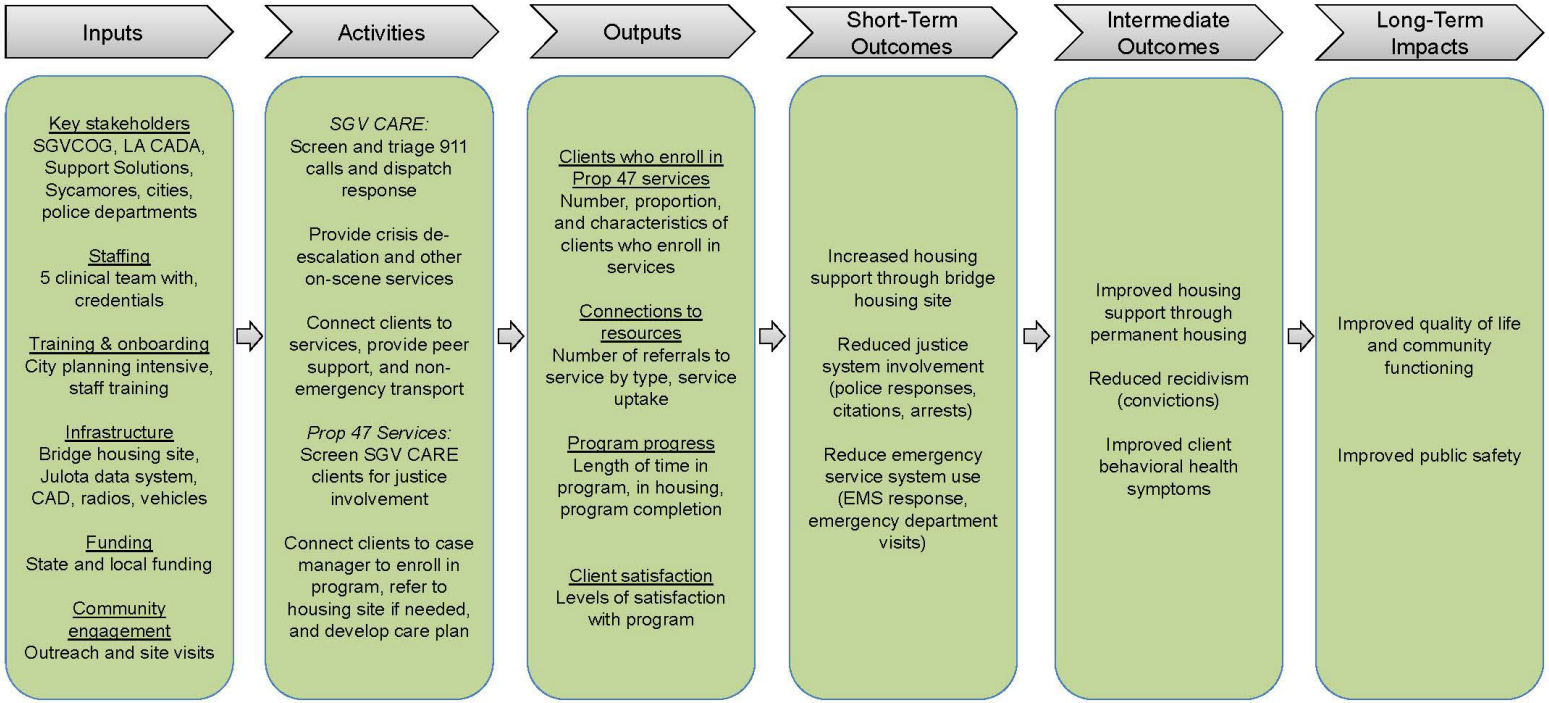
1. Reduce recidivism
2. Increase housing support
3. Expand services to where they are needed most

To achieve each goal, SGV CARE identified key objectives (see Table 1). For example, to increase housing support, SGV CARE will secure a housing site to house seven to ten clients at a time and connect clients to permanent housing within 90 days. To expand services to where they are needed most, the program will operate in new cities, particularly those that are historically underserved, such as South El Monte and/or Duarte. A logic model that depicts the association between program inputs, activities, and outputs and expected outcomes (which include the project goals) appears in Figure 1.

Table 1. SGV CARE Goals and Objectives

Goal	Objectives
Reducing Recidivism	• Establish a process for confirming criminal justice history with each city participating in the SGV CARE program • Connect Prop 47 clients to appropriate mental health and SUD treatment • Connect Prop 47 clients to housing • Reduce instances of recidivism among Prop 47 eligible clients
Increasing Housing Support	• Secure a master housing lease agreement for a housing site that could house 7 to 10 clients • Identify SGV CARE clients who are either unhoused or at risk of homelessness • Of those clients, screen for a history of criminal justice interventions to identify Prop 47 clients • Get clients connected to permanent housing in 90 days
Expanding Services to Where Needed Most	• Hire a fifth SGV CARE team • Expand SGV CARE services to Baldwin Park and/or West Covina

Figure 1. SGV CARE Logic Model



Research Design

Through this community-partnered evaluation, we will address the following research questions:

- Q1: Who does the program serve and what services do they receive?
- Q2: What are the barriers and facilitators to SGV CARE implementation?
- Q3: Has the program achieved its goals of reducing recidivism, increasing housing support, and expanding services to where they are needed most?

We propose a rigorous mixed methods research design (see Table 2) to 1) evaluate program implementation using an evidence-based implementation science framework, and 2) assess client outcomes using an observational (and if feasible, causal) approach along with client interviews. The proposed project is also informed by community-partnered research approaches. Accordingly, we will engage a Community Advisory Board (CAB) of people with lived experience of the mental health, homelessness, and crisis systems and advocates to understand community perceptions of the program, and to provide feedback on the research design and findings at all stages of the project.

Table 2. Research Design

		Data Sources		
	Research Questions	Administrative data	Client interviews	Leader and staff interviews
Process Evaluation	Q1: Who does the program serve and what services to they receive?	**X**	**X**	
	Q2: What are barriers and facilitators to implementation?		**X**	**X**
Outcome Evaluation	Q3: Has the program achieved its goals of reducing recidivism, increasing housing support, and expanding services to where they are needed most?	**X**	**X**	

Process Evaluation

The process evaluation will use administrative data and interviews to address the following research questions:

- Q1: Who does the program serve and what services do they receive?

- Q2: What are the barriers and facilitators to SGV CARE implementation?

Data Sources

Administrative data. SGV CARE and the contracted service providers will maintain a Julota database that will integrate data collection across cities and will centrally track client participation and progress, including successful completion. Program data will also include demographics, diagnosis, and referrals to services, such as housing. This component of the study will focus on the following measures: number, proportion, and characteristics of clients who enroll in services; number and type of referrals to service; service uptake; length of time in program and in housing; number of program completions. Program staff will provide us these data quarterly.

Qualitative interviews with leadership and staff. We will conduct semi-structured interviews with program leadership and staff, along with city and police department leadership, to understand program implementation. Interviews will include up to ten from each of the following groups: service provider leaders, service provider staff, city managers, and police chiefs. Each interview will last approximately 60 minutes. A round of interviews with existing cities and providers will be conducted during summer and fall 2025 to gather insights that will inform program expansion efforts. A second round of interviews, scheduled for summer and fall 2027, will include both new and existing cities and providers to evaluate the progress of the expansion.

Our interview protocols will be based on the Consolidated Framework for Implementation Research (CFIR), a widely used implementation research framework (Damschroder et al., 2009) to ensure that we have a comprehensive understanding of the implementation process. A large body of evidence has demonstrated links between barriers and facilitators and implementation outcomes (Nilsen, 2015; Powell et al., 2015; Proctor et al., 2011). In the interview protocols, we will also embed questions designed to assess implementation outcomes. We will also include questions focused on equity-related considerations, such as efforts to ensure the cultural sensitivity of program staff. Interviews will be recorded and professionally transcribed.

Qualitative interviews with program clients. It is essential to include the voice of program clients in the evaluation. Even if a program is demonstrating positive effects based on quantitative data or provider interviews, it is important to know if the program is perceived as appropriate and acceptable from the client perspective. We will work closely with the program service providers to identify 20 clients to interview. Our interviews will include questions to understand the types of services received; satisfaction with the program; barriers and facilitators to participation; and recommendations for improvement. Participants will be compensated with a $50 incentive for participation in a 45 minute interview. Client interviews will be conducted over the course of the project, beginning in 2026 through summer 2027.

Data Analysis

- Q1: Who does the program serve and what services do they receive?

With administrative data, we will use descriptive statistics to understand the characteristics of clients served and the types of services they receive. We will conduct both city-level and overall analyses. This will be important to identify trends, gaps, and opportunities within the program, which can help ensure resources are allocated effectively to meet client needs. For example, if client uptake of the program is significantly lower in one city than in others, efforts could be targeted to improve program communication and recruitment in that city. Similarly, if clients use specific types of services at higher rates, resources may be allocated to enhance the availability of those services.

- Q2: What are the barriers and facilitators to SGV CARE implementation?

To systematically identify the factors shaping implementation of Prop 47 services, we will use CFIR. We will analyze interview data using Dedoose (Version, 2018), an online qualitative analysis software. Codes will be identified deductively (i.e., using pre-identified themes based on the major themes of the interview, including the CFIR constructs described above) and inductively (i.e., based on a review of the transcripts and main themes that emerge). To achieve consistent coding, a small subset of interviews will be double coded for inter-rater reliability, and we will have team discussions to resolve minor disagreements that emerge. From that point each remaining transcript will be coded by a primary coder with spot checks by a principal investigator.

As part of our analysis, we will explore commonalities and differences across the participating cities. For example, we may find that some cities encountered different implementation barriers, varied with respect to the fidelity of implementation, or addressed equity considerations in different ways (e.g., tailored trainings for program staff to address the unique sociodemographic makeup of each city).

Outcome Evaluation

We will conduct an outcome evaluation to answer the following research question:

- Q3: Has the program achieved its goals of reducing recidivism, increasing housing support, and expanding services to where they are needed most?

Data Sources for Outcome Evaluation

Administrative data. As previously described, we will receive program data from the SGVCOG on a quarterly basis. This will include information on clients' housing status, services received, and behavioral health symptoms based on a screening tool. We will also receive data from law enforcement agencies on police contacts, citations, arrests, involuntary psychiatric holds involving police, and emergency department visits involving police. This component of the study will focus on the following measures: increased housing (interim and permanent), improved behavioral health symptoms, reduced justice system involvement; and, if feasible, reduced use of emergency services.

Qualitative interviews with program clients. As previously described, it is important to know if the program is perceived as effective from the client perspective. Doing so will enable the identification of unintended effects, positive or negative, which might not be captured by outcome measures. The client interviews described above will also provide us with the opportunity to know if the program is perceived as effective from the client perspective. Our interview protocol will include questions to understand client outcomes will include questions to understand: the types of services received; client perceptions of the effectiveness and relevance of each service; and benefits experienced as a result of the program.

Analysis for Outcome Evaluation

- Q3: Has the program achieved its intended client outcomes of reducing criminal justice system involvement and increasing connection to care, particularly for vulnerable populations?

Quantitative analysis. We will use descriptive statistics to report program outcomes; for example, the proportion of clients who graduate, who are permanently housed, and who become re-involved in the justice system. We will also examine whether these outcomes differ significantly by demographics, services received, and other factors. This will help identify individuals who may face unique opportunities or barriers to care.

We also anticipate having client data from prior to program enrollment and could therefore examine changes in outcomes over time (i.e., pre-post comparisons). For example, we may compare the number of arrests in the year prior to program enrollment with the number of arrests in the year post-enrollment. To conduct such analysis, we will use paired t-tests or ANOVA statistical tests. This will determine if changes in outcomes, such as reductions in arrests or involuntary psychiatric holds were statistically significant.

It is uncertain if we will be able to identify an appropriate comparison group for the purposes of assessing the causal effects of the program. We would need to identify individuals who are eligible for Prop 47 services but do not receive these services for reasons unrelated to the outcomes. Prop 47-eligible clients who enroll in the program may systematically differ from those who do not enroll. For example, symptom acuity may underlie both enrollment and successful completion of the program. One possibility may be to re-screen SGV CARE clients who at the time of initial contact did not have justice system involvement. If they were to become involved in the system and become eligible for Prop 47, we could track their outcomes post-justice-system involvement and compare those outcomes with clients enrolled in the program. This approach could also be a mechanism for SGV CARE to identify more clients to be served by Prop 47 services. However, the length of time between justice system involvement and enrollment may be too small to observe changes in outcomes. As the project gets underway, we will continue to explore options for a comparison group.

Qualitative analysis. To complement our quantitative analysis, we will also draw on findings from the qualitative interviews with program clients, and we will explore themes related to perceptions of effectiveness.

Reporting and Dissemination

The reporting and dissemination efforts for this project are designed to ensure that findings are actionable and support program improvements, both through an interim report to inform program expansion strategies and a final report to detail evaluation outcomes and future recommendations.

Interim report. We will provide an interim report to SGV CARE during the second year of the project to support ongoing changes to the program and optimize program expansion, consistent with a continuous quality improvement approach. Findings will help inform efforts to mitigate barriers and enhance facilitators that staff face in implementing the program. These findings should be particularly useful for SGV CARE to tailor recruitment efforts or services to individuals who may be underserved by the program.

Local Evaluation Report. We will develop a final evaluation report per BSCC requirements. This report will describe in detail the evaluation methods, process evaluation findings, outcome evaluation findings, and key recommendations for program improvement. To disseminate findings, we will collaborate with the SGVCOG to present to relevant stakeholder groups such as City Council meetings to educate and motivate policymakers and community members.

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