



*Proprietary & Confidential*

FINAL PLAN

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## **City of Santa Monica**

### **LOCAL EVALUATION PLAN FOR SAMO BRIDGE PROJECT**

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# I. OVERVIEW

## A. PROJECT BACKGROUND

The SaMo Bridge Project (the Project), initiated by the Santa Monica (the City) City Attorney's Office in collaboration with Exodus Recovery, Inc. (Exodus), represents a pioneering approach to addressing the complex challenges faced by justice-involved adults at the intersection of criminal justice, substance abuse, unmet behavioral health needs, and homelessness. This innovative project is designed to provide a comprehensive, no-barrier intervention aimed at reducing recidivism through integrated care coordination and support services.

To evaluate the effectiveness and impact of this initiative, the City of Santa Monica has engaged Moss Adams LLP (Moss Adams) to provide external evaluation services, including the development of the Local Evaluation Plan.

The City, like many urban areas, has seen a significant intersection of homelessness and criminal justice involvement, exacerbated by substance abuse and mental health issues. Traditional methods of addressing these challenges often lead to cyclical arrests and short-term solutions that fail to address the root causes of recidivism. Recognizing this, the Project was developed to create a more sustainable and effective approach to supporting this vulnerable population.

The Project's scope is to engage justice-involved adults who are at the intersection of criminal justice involvement, addiction, unmet behavioral health needs, and homelessness. The Project will serve up to 260 individuals annually, providing them with a 90-day care coordination plan to secure housing and treatment services.

The Project is structured around the SaMo Bridge hub, a 24/7 respite hub strategically located within the City to be easily accessible for direct referrals by the Santa Monica Police Department (SMPD). This hub acts as a critical first point-of-contact for individuals encountered by law enforcement due to misdemeanor infractions linked to their homelessness or behavioral health issues. Instead of moving through the traditional criminal justice process, SMPD offers individuals the opportunity to divert to the SaMo Bridge hub, where they receive immediate resources to address hunger and hygiene and engage with a case manager for a comprehensive needs assessment.

The core of the SaMo Bridge model is its 90-day care coordination plan, which is tailored to each participant's specific needs. To motivate completion of the 90-day care plan, the City Attorney's Office will dismiss the individual's misdemeanor citations.

The 90-day plan includes intensive case management, connection to behavioral health services, substance abuse treatment, and assistance with securing stable housing. The program not only focuses on immediate needs but also aims to build a foundation for long-term stability and reintegration into the community.

A critical component of the program's design is its emphasis on collaboration and partnership. The Project leverages relationships with local health, housing, and social service providers and law enforcement agencies. This cross-disciplinary approach ensures a continuum of care that is both holistic and adaptable to the presenting and evolving needs of the participants. Additionally, by



prioritizing participant-driven goals and employing harm-reduction strategies, the program fosters a sense of agency and dignity among participants, which is crucial for successful outcomes.

## B. ACTIVITIES AND SERVICES

- **Intensive Engagement:** Conducted by SaMo Bridge staff to establish trust and connectivity with participants.
- **Needs and Risk Assessment:** To identify and address the immediate and long-term needs of the participants.
- **Care Coordination:** To facilitate access to necessary services and support systems over a 90-day period.
- **Training and Development:** For staff on motivational interviewing, trauma-informed care, and other relevant skills.

The activities and services are designed to provide a structured, yet flexible, approach to meet the participants' needs, reduce their involvement with the criminal justice system, and improve their overall quality of life by addressing housing and health.

## C. TARGET POPULATION AND ELIGIBILITY CRITERIA

The Project specifically targets justice-involved adults in the City who are experiencing homelessness, with a particular focus on those with behavioral health and substance use problems. To ensure the program engages the appropriate individuals, the SMPD and Exodus, the partnering service provider, follow a structured screening and intake process to determine eligibility.

### Eligibility Screening by SMPD

- **Screening Process:** Patrol officers are trained to screen for SaMo Bridge eligibility during each interaction with individuals, which may occur during field contacts, pre-arrest, or post-arrest situations.
- **Criteria for Program Eligibility:**
  - *Age and Homelessness:* The individual must be 18 years or older and experiencing homelessness.
  - *Substance Abuse or Mental Health Issues:* There must be observable signs of substance abuse or mental health problems, or the candidate endorses experiencing these problems.
  - *Criminal Justice Involvement:* The individual must have a current or prior arrest by SMPD or a criminal history with any law enforcement agency in Los Angeles (LA) County that matches SaMo Bridge eligibility within the past five years. This history is verified through the California Criminal History Reporting System (CCHRS).
  - *Exclusions:* Individuals are not eligible if their criminal justice involvement includes crimes involving children, PC 290 arrests (sex offender registration), domestic violence, vehicular manslaughter, or arrests for violent crimes.



## Intake Process by Exodus

- **Intake Form and Referral Management:** Exodus utilizes an intake form that reflects the eligibility criteria outlined above. This form is used to manage a real-time list of incoming referrals as SMPD officers bring individuals into the SaMo Bridge hub.
- **Information Collected:**
  - Type of offense
  - SMPD citation number
  - Officer name
  - Date and time of drop-off
  - Stage of contact (field contact, pre-arrest, post-arrest)
  - A checkbox for “Prior qualifying arrest in LA County in the past five years” for individuals not arrested at the time of referral, but who meet historical criteria.

This structured approach ensures that the Project accurately identifies and enrolls individuals who are most likely to benefit from the specialized services provided, maintaining fidelity to the program’s goals and objectives of reducing recidivism and enhancing the stability of justice-involved adults.

## D. GOALS AND OBJECTIVES

<b>1. Goal: Support justice-involved adults in obtaining essential services and citation dismissal by engagement in the SaMo Bridge program.</b>	
<b>Objective 1A</b>	Engage 260 individuals annually in the 90-day care coordination plan.
<b>Objective 1B</b>	20% of participants complete the program and have their citations dismissed.
<b>2. Goal: Reduce recidivism and improve behavioral health outcomes.</b>	
<b>Objective 2A</b>	75% of participants who graduate the 90-day program will not reoffend within 12 months of graduation.
<b>Objective 2B</b>	50% of participants receive behavioral health and/or substance use disorder (SUD) treatment within 30 days of enrollment.
<b>3. Goal: Increase participant awareness and access to community partner services.</b>	
<b>Objective 3A</b>	Achieve 100% of participants being informed of benefits or identification document support within one week of program enrollment.
<b>Objective 3B</b>	At least 60% of participants actively pursue and receive support in applying for benefits and obtain identification documents by the end of their 90-day care coordination plan.



## E. LOGIC MODEL

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS*
<ul style="list-style-type: none"> <li>● <b>Staff:</b> Includes care managers, community navigators, administrative staff, and specialized behavioral health professionals.</li> <li>● <b>Funding:</b> Grant funding, part of the BSCC Prop 47 project.</li> <li>● <b>Facilities:</b> Access to a 24/7 respite hub and other facilities for meetings, counseling, and administrative functions.</li> <li>● <b>Equipment:</b> Computers, software for data management, communication devices, and other office supplies.</li> <li>● <b>Partnerships:</b> Collaborations with local law enforcement, health providers, housing authorities, and social services.</li> <li>● <b>Training Materials:</b> Curriculum for staff training on trauma-informed care, motivational interviewing, and legal aspects of diversion programs.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Screening and Assessment:</b> Conduct initial screenings and comprehensive assessments for new participants.</li> <li>● <b>Case Management:</b> Develop and implement individualized 90-day care coordination plans.</li> <li>● <b>Health and Social Services:</b> Provide direct access to behavioral health treatment, substance abuse recovery programs, and social services.</li> <li>● <b>Housing Assistance:</b> Facilitate access to temporary and permanent housing solutions.</li> <li>● <b>Legal Support and Diversion:</b> Work with local law enforcement and City Attorney's Office to divert eligible individuals from the criminal justice system into the program.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Number of Participants Screened and Assessed:</b> Total participants who undergo initial screening and detailed assessments.</li> <li>● <b>Number of Care Plans Developed:</b> Care coordination plans created and initiated.</li> <li>● <b>Participants Receiving Services:</b> Total participants receiving behavioral health services, substance abuse treatment, and social services.</li> <li>● <b>Housing Placements:</b> Number of participants placed in temporary and permanent housing.</li> <li>● <b>Legal Interventions:</b> Instances of participant diversion from the criminal justice system.</li> <li>● <b>Training Sessions Held:</b> Number of training sessions conducted for staff.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Short-Term:</b> <ul style="list-style-type: none"> <li>○ Increased stability in participants' behavioral health within the grant cycle.</li> <li>○ Enhanced access to, and retention in, housing during the grant cycle.</li> <li>○ Reduced initial recidivism rates among participants.</li> </ul> </li> <li>● <b>Medium-Term:</b> <ul style="list-style-type: none"> <li>○ Sustained improvement in mental health and substance abuse conditions.</li> <li>○ Sustained housing stability.</li> <li>○ Continued reduction in recidivism rates.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>Community Impact:</b> <ul style="list-style-type: none"> <li>○ Reduced unsheltered homelessness in the City.</li> <li>○ Decreased burden on local emergency and health services due to better-managed behavioral health issues in the community.</li> </ul> </li> <li>● <b>Systemic Impact:</b> <ul style="list-style-type: none"> <li>○ Reductions in recidivism contributing to lower incarceration rates.</li> <li>○ Enhanced effectiveness of local law enforcement in managing low-level offenders with health-related issues.</li> <li>○ Strengthened community health and safety through integrated support systems.</li> </ul> </li> </ul>



INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS*
	<b>Staff Training:</b> Conduct regular training sessions to enhance staff capabilities in handling the specific needs of the target population.			

*\* Although long-term impact statements will not be collected and therefore impacts not measured, based on documented studies,<sup>1</sup> it is demonstrated that similar services and programs have led to the systemic and community impacts as described.*

## F. PROCESS EVALUATION METHOD AND DESIGN

The process evaluation for the Project is designed to monitor and document the implementation of the program to verify adherence to the planned activities and identify any deviations. This evaluation will focus on the systematic tracking of all program components, including participant intake, assessment processes, care coordination, citation dismissal, and training provided to staff.

To achieve this, the program will utilize a combination of data collection and direct observations. Administrative data will be collected continuously and will include metrics such as the number of participants screened and enrolled, the frequency and types of assessments conducted, and the number of care plans developed and executed. Data is collected in real-time to capture the most current and relevant information about program activities and participant progress. This method allows for immediate updates and adjustments to be made in program implementation, ensuring that participant needs are addressed promptly and effectively. Real-time data collection is facilitated using Microsoft Access, a database management system that allows staff members to enter and access data directly during or immediately after interactions with participants. This includes data from screenings, assessments, case management sessions, and service provision.

In addition to quantitative data, qualitative methods will also be employed to gain a deeper understanding of the program's execution. This will involve conducting regular interviews and focus groups with staff to gather insights on the challenges and successes they encounter in real-time. These qualitative data will help in understanding the context and factors influencing the program's implementation, including staff perceptions and participant responsiveness to different intervention strategies.

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<sup>1</sup> The Council of State Governments Justice Center. (2017). Reducing Recidivism: States Deliver Results.



The process evaluation will also include an assessment of the fidelity of the program's implementation compared to the original design. This will be measured by observing the consistency of service delivery according to the protocols and guidelines established for the program. Regular checks will be conducted at six-month intervals by Moss Adams, to observe operations and review program records to evaluate whether program activities are being conducted as intended.

Data from these various sources will be reviewed on a quarterly basis to assess the fidelity of implementation, troubleshoot barriers, and engage in program quality improvement. Adjustments to the program will be made based on these findings to enhance effectiveness and efficiency. The process evaluation will not only focus on what is being implemented, but how it is being implemented, providing crucial insights that will inform ongoing and future program improvements.

Overall, this detailed approach to process evaluation will ensure that the program is implemented as planned and is adaptable to the needs and challenges that arise during execution, thereby maximizing the program's potential to achieve its intended outcomes.

## **G. OUTCOME EVALUATION METHOD AND DESIGN**

The outcome evaluation for the Project will utilize a mixed-methods approach, incorporating both quantitative and qualitative data collection techniques. The primary quantitative method will be a pre- and post-test design, assessing participants before entering the program and after completing the program to measure changes over time. A sample pre- and post-survey can be found in [Appendix A](#). The Project expects to enroll approximately 260 participants annually across various interventions, including behavioral health treatment, housing assistance, and legal support services. Quantitative data will be analyzed using descriptive statistics to summarize data. Qualitative data from participant interviews will be analyzed using content analysis to identify key themes and patterns.

The SaMo Bridge project will compare participant recidivism rates against general recidivism rates, rather than using a traditional comparison group. This change addresses the challenges of tracking a transient population and utilizes existing local or state criminal justice statistics to establish a baseline for broader population recidivism. By monitoring and comparing the recidivism rates of program participants to these baselines, the project can assess the impact of its interventions. This method simplifies the data collection process by eliminating the need for a stable comparison group and provides a context for evaluating the program's effectiveness in reducing recidivism. The findings from this analysis will be used for program improvement and to communicate the program's effectiveness to the broader community.

The evaluation will aim to answer the following key questions:

1. How effective is the Project in reducing recidivism among participants in relation to the comparison group?
2. What changes in housing stability and behavioral health are observed among participants post-intervention?
3. What are the participants' perceptions of the program's impact on their quality of life and social functioning?





CATEGORY	DETAILS
<b>Inputs</b>	<ul style="list-style-type: none"><li>• Funding from the City Attorney's Office and Exodus</li><li>• Staff, including care managers, community navigators, and support personnel</li><li>• Facilities for the 24/7 respite hub</li><li>• Partnerships with local health providers, housing authorities, social services, and law enforcement agencies</li></ul>
<b>Activities</b>	<ul style="list-style-type: none"><li>• Operation of a 24/7 respite hub for immediate intervention</li><li>• Conducting initial assessments and screenings for new participants</li><li>• Developing and implementing individualized 90-day care coordination plans</li><li>• Providing direct services, such as behavioral health treatment, substance abuse treatment, and housing assistance</li><li>• Training staff in trauma-informed care, de-escalation techniques, and other relevant skills</li><li>• Engaging with community partners to ensure a continuum of care</li></ul>
<b>Outputs</b>	<ul style="list-style-type: none"><li>• Number of individuals diverted to the SaMo Bridge hub instead of the criminal justice system</li><li>• Number of assessments and screenings completed</li><li>• Number of 90-day care coordination plans developed and initiated</li><li>• Number of participants receiving behavioral health services, substance abuse treatment, and housing support</li><li>• Number of training sessions conducted for staff</li><li>• Level of engagement and collaboration with community partners</li></ul>

To optimize data management and analysis for the SaMo Bridge project, we will utilize tools such as Alteryx, Tableau, and Power BI. Initially, Alteryx or Tableau will be employed for their robust data integration and analytics capabilities. Subsequently, Power BI will be used to transform the analyzed data into dynamic visualizations.

## Outcomes Assessed

### 1. Recidivism Rates

Recidivism rates refer to the proportion of participants who are rearrested, reconvicted, or reincarcerated after exiting the program, within specified follow-up periods such as six months, 12 months, and up to 36 months. These rates will be calculated by dividing the number of participants with new arrests, convictions, or incarcerations by the total number of participants who exited the program, expressed as a percentage. The necessary data will be obtained from SMPD records, court records, and state or county correctional facility records.

### 2. Housing Stability

Housing stability measures the ability of participants to maintain consistent, safe, and affordable housing for at least 12 months following their placement. It is assessed by tracking the number of participants who remain in the same housing placement for at least 12 months without episodes of homelessness or housing transitions. The calculation involves dividing the number of stably housed participants by the total number of participants placed in housing, expressed as a percentage. Data will be collected through follow-up surveys with participants and checks with housing providers or through case management records.



### ***3. Engagement in Behavioral Health Treatment or SUD Treatment***

Engagement in behavioral health or SUD treatment measures the extent to which participants actively participate in scheduled behavioral health or SUD treatment. Engagement is quantified by tracking attendance at scheduled treatment sessions and adherence to treatment protocols, calculated by dividing the number of attended treatment sessions by the total number of scheduled sessions for each participant, expressed as a percentage. Data will be collected from behavioral health service providers partnering with the Project, which may include attendance logs, and treatment adherence reports from care managers.

Success for participants in the Project will be defined as meeting two or more of the defined objectives below:

- No re-arrests or reconvictions within 12 months post-program
- Placement in interim and/or permanent housing within the program enrollment period
- Completion (self-reported) of behavioral health treatment or substance abuse recovery programs
- Improved (self-reported) quality of life and social functioning at program end



# APPENDIX A: SAMO BRIDGE PROJECT PARTICIPANT SURVEY

Participant ID: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Current living situation:

- Own home                       Transitional housing
- Renting                               Unhoused/temporary shelter
- Staying with friends/family       Other (please describe): \_\_\_\_\_

## 2. How stable do you consider your current housing situation?

- Very stable: No anticipated changes in living situation, secure tenancy or ownership, no threat of eviction.
- Somewhat stable: Minor concerns about housing continuity, such as potential increases in rent or needing to renew a lease soon.
- Unstable: Current living situation is temporary or under threat, such as an impending eviction or end of lease without renewal options.
- Very unstable: No permanent housing, frequent moves, or living in temporary shelters or conditions that are not meant for long-term habitation.

## 3. In the past 30 days, how often have you felt depressed or anxious?

- Not at all               More than half the days
- Several days       Nearly every day

## 4. Are you currently receiving any form of mental health treatment or counseling?

- Yes       No

## 5. If yes, how satisfied are you with the treatment or counseling?

- Very satisfied               Somewhat dissatisfied       Neutral
- Somewhat satisfied       Very dissatisfied

## 6. Are you currently receiving treatment for substance use?

- Yes       No

## 7. How would you rate your overall quality of life?

- Excellent       Good       Fair       Poor       Very Poor



## POST SURVEY ONLY

### 8. How helpful has the SaMo Bridge Project been in addressing your needs?

- Extremely helpful       Very helpful       Moderately helpful       Slightly helpful       Not at all helpful

### 9. What aspects of the program do you find most beneficial?

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### 10. What improvements would you suggest for the SaMo Bridge Project?

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