

Preliminary LA DOOR Local Evaluation Plan

Proposition 47 Grant Program

The RAND Corporation, KH Consulting Group

Preliminary LA DOOR Local Evaluation Plan

Preface

Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) is a health-focused, comprehensive approach to addressing substance dependence and mental illness. The LA DOOR model emphasizes field-based services, diversion, and removal of legal barriers. The goal is to proactively engage individuals at elevated risk of returning to the Los Angeles City Attorney's Office (LACA) on a new misdemeanor offense related to substance use, mental illness, or homelessness. The LA DOOR model works with individuals charged with or convicted of an offense who have a history of mental health issues or substance use disorders (SUD).. The LA DOOR model has been operating since January 2017.

LACA has received funding from the California Board of State and Community Corrections (BSCC) to deliver treatment services to five hotspots in South and Central LA and expand its eligibility for LA DOOR participants to include non-violent misdemeanors and referrals from LA County and City diversion programs. This approach will connect a broader pool of eligible participants to treatment in lieu of incarceration, with the goal of breaking entrenched cycles of poverty and addiction. LA DOOR expansion will provide the following services:

- 1) Peer-led mobile social services consistently delivered to five hotspot locations with high numbers of individuals experiencing homelessness, substance dependence, and mental illness;
- 2) Diversion of non-violent misdemeanors so that arrestees can access treatment services;
- 3) Proactive removal of participant legal barriers through collaborative City Attorney and Public Defender partnership.

LACA has contracted with the RAND Corporation and its subcontractor, KH Consulting Group (RAND/KH), to conduct a process and outcome evaluation over a 3 ½ year period.

This preliminary local evaluation was drafted upon award to fulfill BSCC grant requirements and guide development of the evaluation. The project has been reviewed and approved by RAND's Human Subjects Protection Committee (Internal Review Board). As the project evolves, there may be changes made to the evaluation that will be documented and reflected in the final evaluation document.

The work described in this report was funded by LACA and will be of interest primarily to LACA, LA DOOR Program Partners, and BSCC. Results could potentially benefit other prosecutor offices across the country who are looking for innovative ways to deal with frequent low-level offenders in lieu of jail or court involvement.

This project is part of RAND Social and Economic Wellbeing, a division of RAND dedicated to improving policy and decision making in a wide range of policy domains, including civil and criminal justice, infrastructure protection and homeland security, transportation and energy policy, and environmental and natural resource policy.

Preliminary LA DOOR Local Evaluation Plan

Questions or comments about this report should be sent to the project leader, Melissa Labriola (Labriola@rand.org).

I. Project Background

Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) is a health-focused, comprehensive approach to addressing substance dependence and mental illness. The LA DOOR model emphasizes field-based services, diversion, and removal of legal barriers. The goal is to proactively engage individuals at elevated risk of returning to the Los Angeles City Attorney's Office (LACA) on a new misdemeanor offense related to substance use, mental illness, or homelessness. The LA DOOR model works with individuals charged with or convicted of an offense who have a history of mental health issues or substance use disorders (SUD).. The LA DOOR model has been operating since January 2017.

LACA has received funding from the California Board of State and Community Corrections (BSCC) to deliver treatment services to five hotspots in South and Central LA and expand its eligibility for LA DOOR participants to include non-violent misdemeanors and referrals from LA County and City diversion programs. This approach will connect a broader pool of eligible participants to treatment in lieu of incarceration, with the goal of breaking entrenched cycles of poverty and addiction. LA DOOR expansion will provide the following services:

- 1) Peer-led mobile social services consistently delivered to five hotspot locations with high numbers of individuals experiencing homelessness, substance dependence, and mental illness
- 2) Expansion of pre-booking diversion include non-violent referrals and referrals from LA County and City diversion programs
- 3) Proactive removal of participant legal barriers through collaborative City Attorney and Public Defender partnerships

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Target Population

During Cohort 3 LA DOOR's Target Population will remain individuals charged with or convicted of an offense who have a history of mental health issues or substance use disorders (SUD).

Project Referral, Eligibility and Services

LA DOOR program participants are identified through three mechanisms:

Preliminary LA DOOR Local Evaluation Plan

- 1) Mobile outreach to areas with a high density of misdemeanor drug arrests and homelessness. The outreach team will work in the five hotspots in South and Central LA area. All mobile outreach participants from Cohort 3 will come from outreach done at hotspot locations in these two locales.
- 2) LA DOOR will expand its diversion pathways so that more people arrested for drug possession or non-violent misdemeanors have the opportunity to receive treatment services in lieu of prosecution. LA DOOR will continue to operate its pre-booking diversion program, started in Cohort 1, which connects arrestees who are being booked on drug possession charges to LA DOOR. LA DOOR will also accept referrals from other diversion programs, including LA County's Alternatives to Incarceration Pre-Filing Diversion and Rapid Diversion programs. Additionally, LACA will evaluate if there are gaps in diverting the Target Population away from the criminal justice system and design additional diversion pathways at different intercept points to increase referrals to LA DOOR if necessary.
- 3) Social contact referrals, by which LAPD or other community organizations refer individuals to the LA DOOR program as walk-in referrals. LAPD officers may refer people who require services but are not under arrest as social contact referrals.

Once LA DOOR Program Partners identify potential participants from any of the three referral mechanisms, the Los Angeles City Attorney's Office is contacted to confirm whether the individual has a criminal justice history. When it has been determined that an individual has criminal justice history as well as a substance use and/or mental health issue, the individual is made eligible to participate in LA DOOR. Those who agree to enroll in LA DOOR are eligible to receive a host of services. Only diversion participants are required to complete at least 8 weeks of service engagement, including individual and/or group services, such as harm reduction interventions, relapse prevention, and abstinence maintenance, to receive the benefit of not having their arrest prosecuted. For all other participants, the highlight of the model is that LA DOOR services are fully client directed. For evaluation purposes, a client is considered "active" if they are in contact with service providers and receiving services two months after enrollment.

Services are generally offered in the same community as which the participant resides using the local network of brick and mortar service providers. These services include:

- **Cognitive behavioral therapy (CBT)** is a structured psychotherapy directed toward solving current problems and teaching clients skills to modify dysfunctional thinking and behavior. CBT can be applied to issues ranging from mental health concerns (e.g., anxiety, depression) to criminogenic thinking patterns. CBT is offered at SSG Project 180's offices. Services are offered as long as a client is willing to participate.
- **Mental health services** include interventions that focus on improving wellbeing, reducing mental health symptoms, and improving daily functioning. Mental health services are offered in the field via the mobile outreach therapist, who is able to do field-based assessments and track individuals into longer-term treatment. The bulk of longer-term mental health treatment happens at SSG Project 180's offices through leveraged treatment staff, including a psychiatrist, substance use disorder counselor, therapist, and case manager. Duration of services is set by the client.
- **Substance use disorder treatment** includes individual and/or group services, such as harm reduction interventions, relapse prevention, medication management and abstinence maintenance. Depending on the severity of symptoms, treatment may be outpatient, residential, or detoxification. They do not

Preliminary LA DOOR Local Evaluation Plan

have residential or detox beds set aside, however the team works with participants to access beds when needed.

- **Health and wellness checks** includes checking vital signs, administering medications, providing nursing care, and discussing health-related concerns.
- **Legal services** includes citation relief, petitions for charge reduction and expungement, and returning to court on outstanding court obligations.
- **Employment and Education** – including support accessing job training, job readiness, workforce development, and education resources for appropriate participants who are able to move forward with these resources. As with the other services, employment services are primarily offered in the same community. The team transports participants to various activities, including employment opportunities, via grant funded vehicles.
- **Housing services** includes placement in LA DOOR transitional housing (funded through LA DOOR) or other shelter beds, completing applications for Los Angeles County housing resources through the Coordinated Entry System (CES), and support in pursuing longer term housing placements.

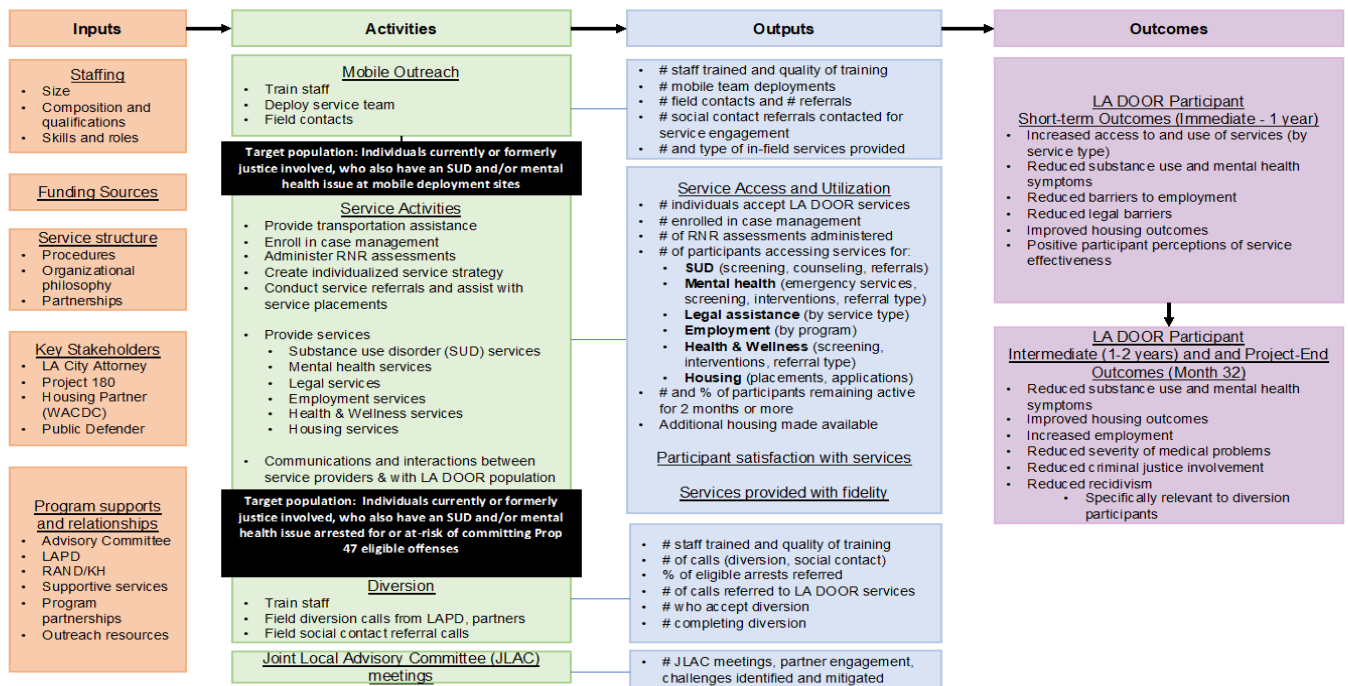
In addition, services provided by SSG Project 180 are designed to be consistent with the risk-need responsiveness (RNR) model, the leading evidence-based treatment model for justice-involved populations. The RNR model emphasizes addressing an individual’s criminogenic needs (e.g., substance use, criminal thinking patterns) in an effort to reduce risk of recidivism. Care is also trauma-informed, in that service providers are sensitive to the vulnerabilities of trauma survivors, as there are high rates of trauma among homeless and justice-involved populations.

LA DOOR estimates that a minimum of 850 participants during the 3½ year grant cycle will be enrolled in LA DOOR case management. The specific number of individuals receiving mental health, substance use, health and wellness, and legal services will depend in part on the needs of individual clients.

Logic Model

Figure 1 is the logic model describing LA DOOR. This includes the inputs and resource needed to operate the program; intended activities and outputs of those activities; and expected short-term, intermediate, and long-term outcomes associated with the program.

Preliminary LA DOOR Local Evaluation Plan



II. Evaluation Methods and Design

Process Evaluation

We will conduct a process evaluation to assess the implementation of LA DOOR. This evaluation will assess the following questions:

- How many participants were served by LA DOOR?
- What types of services did participants receive? What types of services by referral source?
- Were services provided with fidelity?
- Were participants satisfied with their experience in LA DOOR?
- What implementation challenges and successes were observed?

Measures

The process evaluation will aim to develop knowledge about the operational status of LA DOOR program activities. In addition to developing a comprehensive program description, the process evaluation will assess the inputs, activities, and outputs described in the logic model. The process evaluation is also important for interpreting results of the outcome evaluation (i.e., if no effect of the program is found, it may be due to challenges implementing the program). Table 1 briefly describes the types of questions to be assessed and data collection methods to be used in the process evaluation.

Preliminary LA DOOR Local Evaluation Plan

Table 1: Process Evaluation Domains

Output	Questions	Data Collection
Staff trained	# Staff trained and quality of training (for mobile outreach and diversion)	<ul style="list-style-type: none"> • Program partner interviews • Document review • Observations
Mobile outreach	# new contacts; # repeat contacts; # contacts with individuals who are not LA DOOR clients; contact demographic info; # screens completed (by type); # of referrals (by type); where individual referred; # of case management participants, # case management participants closed (successful/ unsuccessful), # of active case management participants	<ul style="list-style-type: none"> • Program partner interviews • Document review • Observations • Participant interviews • Administrative data
Diversion	% of eligible arrests referred to diversion; # who accept diversion; # completing diversion; length of time between arrest and referral to pre-booking diversion	<ul style="list-style-type: none"> • Program partner interviews • Document review • Observations • Participant interviews • Administrative data
Service access and utilization	# of RNR assessments administered; # who access SUD, mental health, medical, housing, legal, employment, housing, and transportation services; # remaining active for 2 months or more	<ul style="list-style-type: none"> • Administrative data
Participant satisfaction with services	Are program participants satisfied with providers and with services? What are the strengths of each service, as perceived by program participants?	<ul style="list-style-type: none"> • Focus groups • Participant surveys
Advisory Committee	# of advisory committee meetings; partners engaged in meetings; challenges identified and mitigated by committee	<ul style="list-style-type: none"> • Document review • Observations
Services provided with fidelity	<p><u>Community partnerships and collaboration:</u> To what extent are program partners across sites in communication and/or collaboration with each other? How many LA DOOR participants are receiving multiple services?</p> <p><u>Cultural competence:</u> Are staff aware of the impact of cultural and racial factors on service</p>	<ul style="list-style-type: none"> • Program partner interviews • Document review • Observations • Participant interviews

Preliminary LA DOOR Local Evaluation Plan

	delivery? Is there diversity among staff and participants? <u>Focus on the individual:</u> How do service providers aim to reduce barriers to care (e.g., transportation)? Is feedback collected from LA DOOR participants?	
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Monitoring Activities

Tracking project performance for LA DOOR will include monitoring the data collection process, monitoring data accuracy, tracking program progress and performance, and ensuring that LA DOOR Program Partners are in compliance with research procedures. Throughout the course of the evaluation, several activities will be employed to ensure fidelity to the LA DOOR model, contractual obligations, and program goals. A timeline for the monitoring activities, as well as the data collection activities will be developed early in the evaluation.

Site Visits. Site visits by the evaluation team to LA DOOR Program Partners, which can serve multiple purposes, will be a key aspect of this monitoring process. In part, these site visits will help the evaluation team build relationships and rapport with LA DOOR Program Partner staff, gaining a better understanding of LA DOOR Program Partners’ services and the unique contexts in which they work. In addition, these site visits will serve as an opportunity to:

- Provide training and/or technical assistance regarding research procedures
- Collect qualitative data through interviews with program staff
- Collect feedback from LA DOOR case management participants through focus groups to assess project implementation and impact

The specific purpose, duration and timing of these visits will be determined in collaboration with LACA staff, LA DOOR Program Partners, and clients, as appropriate.

Monthly Meetings. In addition to site visits, RAND/KH will meet with LACA and LA DOOR Program Partners as part of the monthly LA DOOR meetings. The meetings will provide a forum to maintain regular communication among all LA DOOR Program Partners and RAND/KH, as well as help the service providers troubleshoot any challenges, share best practices, and obtain guidance from the evaluation team and LACA.

Outcome Evaluation Research Design

As described in the logic model, the outcome evaluation will serve to examine the effect of program participation on anticipated outcomes, including reduced criminal justice involvement, improved legal outcomes, and improved access to services. In this way, the purpose of the outcome evaluation is to determine whether the program is achieving its intended effects.

Outcome Measures

As part the outcome evaluation, RAND/KH will track the following outcomes.

Preliminary LA DOOR Local Evaluation Plan

Increased access to services. A key aspect of the process evaluation will be to determine how many clients are served by LA DOOR. The related output is access to services. RAND/KH will examine whether participation in LA DOOR is associated with increased access to services on the individual level. By assessing service engagement at baseline, RAND/KH will measure changes in service engagement during involvement in LA DOOR. This outcome will be analyzed by service type (e.g., mental health, substance use, legal), and by service provider (i.e., whether services are provided via LA DOOR or via referral to another organization or provider).

Reduced substance use. LA DOOR is designed to serve individuals who have substance use and/or mental health disorders. Therefore, a key outcome will be whether individuals with a SUD experience reductions in substance use. The focus will be on measuring reductions in substance use rather than abstinence, because LA DOOR uses a harm reduction model. Data will be collected via self-report at time of program entry and data will be updated throughout their participation in the program. Participants are not necessarily required to have a formally diagnosed substance use disorder at the time of enrollment.

Reduced mental health symptoms. As noted, individuals who have mental health disorders are within the target population for LA DOOR. RAND/KH will examine whether participants who identify as having mental health symptoms experience reductions in mental health symptoms, based on self-report and/or instruments used by SSG Project 180. Data will be collected via self-report and/or instruments used by SSG Project 180 at time of program entry and data will be updated throughout their participation in the program. Participants are not necessarily required to have a formally diagnosed mental health disorder at the time of enrollment.

Reduced barriers to employment. SSG Project 180 collects data related to reductions in criminogenic needs, including lack of employment. RAND/KH will collaborate with SSG Project 180 to identify the best way to assess reductions in barriers to employment experienced by program participants. These data may also be collected via focus group.

Preliminary LA DOOR Local Evaluation Plan

Reduced legal barriers. Any resolution of a legal issue is a reduced legal barrier, such as: clearing a warrant, getting a case dismissed, resolving family court issues, dismissal of citations, expunging a charge, reducing a conviction from a felony to a misdemeanor. LACA will track this in tandem with the Public Defender's Office. Outcomes will include:

- 1) Obtaining citation relief via the LACA HEART program
- 2) Obtaining expungements or charge reduction pursuant to various statutes, including Proposition 47
- 3) Resolution of outstanding warrants.

Improved housing outcomes. The short-term outcome related to housing will be access to housing, based on data from West Angeles Community Development Corporation (WACDC), the LA DOOR housing partner, and/or SSG Project 180. Where data is available, RAND/KH will also measure length of stay in housing.

Perceived service effectiveness. In addition to the measures of service effectiveness described above, we will measure participant perceptions of service effectiveness through interviews, surveys, and focus groups, as well as through interviews with service providers.

Reduced severity of medical problems. RAND/KH will measure need and service referral for program participants' medical issues in the short-term. RAND/KH will also attempt to determine whether the severity of these medical problems are reduced in the intermediate term. Data will be collected via self-report and/or instruments used by SSG Project 180 and if possible, outside referral agencies.

Reduced criminal justice system involvement / recidivism. RAND/KH will report recidivism data for all LA DOOR participants. Given data available through LAPD and LACA, RAND/KH will collect re-conviction data at a minimum, and are exploring options to obtain other recidivism data (e.g. re-arrest). Establishing a control group is not possible. RAND/KH is exploring options, such as also reporting publicly-available crime data for the LA County to provide some sort of reference point.

III. Data Management

Data Sources

The process evaluation will leverage multiple quantitative and qualitative data sources to increase the likelihood of obtaining all necessary measures which will help understand LA DOOR's implementation in the existing context.

The outcome evaluation will rely largely on the quantitative data required to be collected by LA DOOR Program Partners, supplemented with additional quantitative measures and qualitative information provided by program participants as well as quantitative measures of environmental context collected through publicly available data sources. Below, we briefly describe the data sources to be used for the process and outcome evaluations.

Administrative and Programmatic Data Sources. Key administrative and programmatic data sources will be used for the program evaluation. LACA developed a database that is used by LA DOOR Program Partners to collect data on service linkages, including data regarding:

- Mobile field team outreach operations, diversions, and social contact referrals;
- Diversion caseload, HEART services from LACA, and Public Defender legal services;

Preliminary LA DOOR Local Evaluation Plan

- Convictions compiled by LACA;
- Case management and housing provided by LA DOOR Program Partners.

Table 2 provides an overview of the key administrative and programmatic data sources that will be used for the program evaluation.

Table 2. Administrative or Programmatic Data Sources and Measures

Measure	Sample of Data Points to be Collected
Field contact information	# new contacts; # repeat contacts; # contacts with individuals not enrolled in LA DOOR; contact demographics
Service referral information	# criminal justice screens completed; # of referrals (by type: i.e. diversion, mobile outreach, social contact); where individual referred
Case management information	# of case management participants, # case management participants closed (successful/unsuccessful), # of active case management participants
Social service information	# who access substance use disorder, mental health, medical, housing, legal, employment, and transportation services
Diversion referrals	# referrals to LA DOOR; % of referrals enrolled in LA DOOR; # of those successfully being diverted
Social contact referrals	# social contact cards distributed; # of social contact referrals enrolled in LA DOOR
Characteristics of LA DOOR participants	Demographics (e.g., age, gender); scores of Risk-Need Responsivity (RNR) assessments for those with open case management; mental health conditions; substance use information
HEART Linkage information	# referred to HEART, tickets eligible for dismissal, community/social service hours for ticket dismissal, # tickets dismissed, value of fines/fees forgiven
Diversion caseload data	Charges avoided, case filings avoided, bookings avoided, demographics
Arrest and recidivism for diversion	# arrests eligible for diversion; # LA DOOR participants with conviction (within 6, 12, 24, and 36 months)
Criminal justice data	Calls for service, arrests in LA DOOR Program Area and other areas of Los Angeles
Housing services	# and type of housing made available through LA DOOR, housing placements and length of stay; # early exits from housing and reason for exit; any additional services provided, linkage to shelter based housing, completion of applications for County housing through CES, placements in longer term housing; location at exit (whether it be another stable housing, temporary housing or homeless or incarceration setting).

Preliminary LA DOOR Local Evaluation Plan

Document Review. RAND has been involved since the launch of the program in 2018, which gives RAND context for the history of the program, including information on the program development, decisions made in the program design, activities during the pilot phase of LA DOOR, etc. RAND/KH will also collect printed documentation of policies, procedures, budgets, and activities that are relevant to the process evaluation and can be provided by LA DOOR Program Partners, including service provider RFPs, proposals, contracts, progress reports. Finally, throughout the project's implementation, RAND/KH will review local news sources to gain any relevant insights on additional policies or issues relevant to the target population served by LA DOOR, public opinion regarding LA DOOR, or other context regarding the communities serviced by LA DOOR or the LA DOOR Program Partners. In reviewing these materials, RAND/KH will extract details particularly relevant for ensuring an in-depth understanding of the range of activities and approaches being used to accomplish the overall program goals. Relevant quantitative measures will be coded into analytic files.

Interviews with LA DOOR Program Partners. Interview data from LA DOOR Program Partners will be collected using a semi-structured interview protocol focusing on the implementation components and implementation processes, including service planning and decision-making, service selection, development and maintenance of partnerships, communication among partners, and program monitoring efforts. The protocol will also include questions on barriers and facilitators to implementation, organizational changes, program management, and perspectives on service delivery and system capacity. All interviews will be voluntary and conducted in accordance with the requirements of the RAND Human Subjects Protection Committee. Information gained from interviews will be aggregated (not attributed to specific individuals). In-person interviews provide an effective means of getting detailed information about program activities from a variety of perspectives. Depending on the role of staff in partner agencies, some interviews will be group interviews and others will be individual interviews. An advantage to group interviews over individual interviews is that they sometime stimulate discussions that would not occur otherwise, and they provide quality controls by allowing participants to identify extreme views.

Focus Groups with LA DOOR participants. RAND/KH will leverage a tool developed by KH called **Q²**, which provides both **Q**uantitative and **Q**ualitative input during the focus groups:

- **Quantitative input.** Focus groups will begin by collecting the participants' individual assessments on a quantitative survey, which lists issues, programs, services, etc. The participants will be asked to assess the effectiveness and importance of each listed item from their individual perspectives. We have found this information invaluable during the first two cohorts. Thus, we also plan on distributing surveys to participants who do not participate in the focus groups. Surveys will be handed out to outreach and housing participants. We will also send an online survey to participants who have provided their email addresses.
- **Qualitative input.** The qualitative component of the focus group builds on the quantitative input, and soliciting qualitative feedback from the group. RAND/KH will document the focus group's qualitative input, reporting salient participants' quotations and group consensus statements, as well as areas where the group did not agree. Toward the end of the discussions, RAND/KH will explore if participants' initial viewpoints had changed as a result of the discussions.

The quantitative ratings are then integrated with the qualitative statements.

Preliminary LA DOOR Local Evaluation Plan

Key Stakeholder Discussions. RAND/KH will attend regular meetings with the LACA and other LA DOOR Program Partners. These meetings provide LA DOOR Program Partners the opportunity to provide status updates; discuss program successes; discuss any obstacles or challenges that have arisen and develop new procedures to address them; and ensure data capture protocols are being followed. RAND/KH will record relevant information through written notes taken during these meetings.

Publicly Available Secondary Data Sources. Additional publicly available secondary data sources will be collected by RAND/KH to provide contextual information on the communities serviced by LA DOOR. These measures may include, for example, socio-economic and demographic community characteristics (e.g., income, age, gender) to provide context to the LA DOOR program, historical and contemporary information on relevant outcomes in these communities (e.g., crime, calls for service, and arrests from open-source LAPD data).

Methodology for Analyzing Data

Quantitative data. Most quantitative data will be provided in analytic files (e.g., Excel, ASCII). For the administrative and programmatic data, each record will represent an individual (stripped of identifying information), which will be compiled into a centralized database. Regarding secondary data sources, to the extent possible, we plan to link this information using geographic identifiers to establish contextual information around the locations serviced by the mobile team and the LAPD divisions in the regions where the LA DOOR target population is being identified. This will allow for analysis at the aggregate LA DOOR program level (e.g., through descriptive statistics and trend analysis), at aggregate subgroup levels (e.g., comparing outcomes across mobile deployment area, or comparing outcomes for diversion participants and mobile team field contacts separately), as well as at the individual level.

For any quantitative process evaluation measures obtained through the document review that are not provided in analytic files (e.g., budget data may only be available in PDF files), the data will be transferred to an analytic file prior to any analysis and considered in combination with the other process measures.

The outcome evaluation will use pre-post techniques to determine whether there were changes on target outcomes within the study population over time. To the extent possible, RAND/KH will collect baseline data on the outcome measures of interest. This will entail asking participants as early as possible a variety of questions regarding their substance use, mental health symptoms, housing situation, needs for services, housing and legal issues. This will allow us to make pre/post-LA DOOR comparisons within the sample of participants who are served by the program. As possible, RAND/KH will explore the factors that contribute to program outcomes – for example, whether those who receive more services or a greater intensity of services have better outcomes, or whether matching intensity of services to risk (per RNR) results in better outcomes.

In addition, RAND/KH is exploring options for a comparison group. In some cases, different comparison groups may be appropriate for examining the effect of different aspects of LA DOOR. For example, it may be possible to use data from the LAPD and LACA to track cases originating in Central and Downtown Los Angeles that were processed through traditional court processes, and compare outcomes to individuals enrolled in LA DOOR through diversion programs to determine if those in LA DOOR had better outcomes (e.g., with respect to repeat arrests).

Based on our evaluation work with Cohorts 1 and 2, we also propose a similar construction of the comparison group for the recidivism analyses. LACA designed the LA DOOR pre-booking diversion criteria to be generally based on eligibility criteria for Proposition 36, which is a California voter

Preliminary LA DOOR Local Evaluation Plan

initiative enacted in November 2000 that allowed most non-violent drug offenders to receive SUD treatment rather than incarceration. The proposition created three statutes, PC 1210, PC 1210.1, and PC 3063.1, and applies to certain drug offenses committed on or after July 1, 2001. Successful completion of a SUD treatment program under Proposition 36 allows the defendant to petition the court to dismiss the charge, effectively erasing the conviction.

LA DOOR pre-booking diversion seeks to divert out of the justice system the same population that would be entitled to Proposition 36 had their cases been processed through the courts. The LA DOOR pre-booking diversion criteria overlap with Proposition 36 eligibility criteria such that the vast majority of individuals offered pre-booking diversion through LA DOOR would have been eligible for Proposition 36 had their cases been filed, and the Proposition 36 eligible defendants would have been eligible for LA DOOR pre-booking diversion had they been screened. However, there are some individuals arrested on Proposition 36 eligible criteria that are not screened for LA DOOR. While discussions with LACA indicate that the absence of screening for LA DOOR will be in effect “random,” we recognize that there may be unobservable characteristics of the comparison group individuals that are correlated both with a failure to screen for LA DOOR and potential for subsequent re-arrest. We will urge caution in drawing strong conclusions about the impact of LA DOOR on criminal justice outcomes based on these comparisons as they do not represent a perfect control group (e.g., one assembled through randomization).

For other participants (e.g., those enrolled via the mobile outreach component), it may be more challenging to track intermediate outcomes or identify an appropriate comparison group. For these cases, rather than identify a specific comparison group, RAND/KH will likely focus on tracking change over time from baseline data on the outcomes of interest, as well as potentially examining changes at the community level. For example, RAND/KH will explore the availability of historical data on service utilization, calls for service, and/or crime or arrests in the same “hotspot” areas or the same LAPD divisions to determine whether it is possible to examine changes from pre-LA DOOR to post-LA DOOR (e.g., do the target districts experience an overall decrease in crime relative to similar areas of the city?). These types of measures have certain weaknesses, as it will not be possible to determine whether reductions in criminal activity were due specifically to LA DOOR. However, RAND/KH will explore overall trends in criminal activity in Los Angeles, particularly in areas with similar characteristics (e.g., demographic characteristics, baseline crime rates) in an effort to account for other factors that may affect justice system involvement.

Qualitative and observational data. Qualitative data may be entered through a centralized, data entry system (observational forms) and/or summarized into a key point summary (focus groups, interviews). Key point summaries tend to provide major points and salient respondent quotes from interviews and focus groups. This method can be used to provide individual key point summaries for each LA DOOR Program Partner and summaries across all participants, and/or key point summaries for each group of LA DOOR participants (i.e., mobile team referrals and diversion referrals); how the data should be aggregated will be determined during the course of the project. Descriptive statistics will be provided for the observational form data entered in a database. The analysis will focus primarily on strengths and barriers of different intervention components, and overarching themes regarding program perceptions and feedback that arise through focus groups and surveys with LA DOOR program participants.

Potential data barriers. It is important to note that there are multiple barriers to obtaining quality data. First, there is the issue of attrition of program participants over the course of the evaluation period. Given that LA DOOR has historically engaged a highly transient population, it seems that achieving at

Preliminary LA DOOR Local Evaluation Plan

best modest response rates will likely be a challenge. This leads to difficulty tracking some of the intermediate outcomes since we are not likely able to follow individuals once they choose to exit LA DOOR services. Second, data is being entered by a large number of people at various locations and agencies. It is imperative that there is constant training on the importance of data collection to ensure that the data is being entered consistently.

IV. Deliverables

Consistent with the BSCC grant requirements, deliverables include quarterly quantitative and qualitative grant reports, a Local Evaluation Plan, and Final Local Evaluation Report. Consistent with expectations set forth by BSCC, the Final Local Evaluation Report will contain process and outcome evaluations.

Quarterly Quantitative and Qualitative Progress Reports. RAND/KH will work with LA DOOR Program Partners to collect and aggregate quantitative program data for completing quarterly progress reports in the format set by BSCC. These reports will be derived from the LA DOOR database and recidivism tracking data tables provided by LACA.

Final Local Evaluation Report. RAND/KH will prepare and submit a Final Local Evaluation Report that will provide a detailed overview of LA DOOR's project performance, including process and outcome evaluations at the conclusion of the grant period. The report will describe the results of the process and outcome evaluations through the conclusion of the grant period. Regarding the process evaluation, this will address themes such as: number of individuals who have been contacted by each LA DOOR Program Partner; types of services provided; fidelity of service delivery; and client feedback on service delivery and satisfaction with the program. Regarding the outcome evaluation, the reports will provide information on short-term and longer-term outcomes as possible (e.g., client reports of program effectiveness; access and retention in housing). To the extent available, it will also report on recidivism for program participants. As these results are presented, the report will specifically address the progress that LA DOOR is making toward the goals and objectives envisioned by LACA and LA DOOR Program Partners (i.e., increased utilization of support services, reduced recidivism, and removal of legal barriers).