

# Two-Year Interim Evaluation of LA DOOR

## Proposition 47 Grant Program

The RAND Corporation, KH Consulting Group

August 2019  
CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS

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## Executive Summary

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The Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) program employs a comprehensive, health-focused approach to addressing substance dependence that emphasizes field-based services, pre-booking diversion, community engagement, and financial leveraging. Operated by the Los Angeles City Attorney's Office (LACA), LA DOOR targets historically under-resourced South Los Angeles populations with a history of mental health issues or substance use disorders who have previously been arrested, charged with, or convicted of a criminal offense. The three main goals of LA DOOR are to:

- Increase participants' utilization of community-based support services;
- Reduce entry into the criminal justice system;
- Create sustainable community social safety nets in targeted locations.

LA DOOR receives funding through Proposition 47. Passed in 2014, Proposition 47 reduces certain drug possession from felonies or "wobblers" (i.e., offenses that can be charged as either felonies or misdemeanors) to misdemeanors and requires misdemeanor sentencing for certain charges, including committing petty theft, receiving stolen property and forging/writing bad checks (Hunter et al., 2017). Savings at the State level resulting from Proposition 47 are reinvested into local communities in the form of grant funding to support social services. In addition to funding service provision, all programs supported by Proposition 47 are required to be evaluated to understand how they are being implemented and whether they are achieving their intended outcomes.

LA DOOR captures Proposition 47's guiding principles through the implementation of three components:

1. **Mobile service outreach.** Members of the Mobile Team aims to deliver culturally competent, trauma-informed, harm reductive, and peer navigator-led social services and are required to attend a series of trainings and workshops. This includes motivational interviewing, trauma and de-escalation training. The mobile team identified 5 "hot spot" locations in Los Angeles with a high density of misdemeanor drug arrests and homeless encampments for their outreach efforts. The consistency of conducting outreach at the same locations is designed to allow the team to build rapport and gain trust with participants, and to provide field-based services and monitor progress for those enrolled in the program.
2. **Pre-booking diversion.** LA DOOR has a pre-booking diversion pathway to treatment featuring a 24/7 hotline for use by law enforcement and social contact referrals. Through this pathway, individuals with an eligible misdemeanor drug or drug-related arrest can contact the hotline. An LA DOOR peer navigator is then available to meet with the

individual who was arrested to offer engagement in LA DOOR in lieu of booking and prosecution.

3. **LA DOOR Advisory Committee (Advisory Committee).** The Advisory Committee is designed to foster collaborative partnerships to inform and adapt interventions to address the harm inflicted by substance use. The Advisory Committee comprises a range of stakeholders, including expertise in behavioral health and formerly justice-involved individuals and representing both public sector and community-based organizations (CBOs), such as faith-based, law enforcement, academic, and defense representatives. The Advisory Committee meets regularly with LA DOOR staff to provide guidance and project accountability.

Individuals who enroll in LA DOOR have access to a range of services. These include:

- Mental health services
- Substance use disorder treatment
- Health and wellness checks
- Legal services
- Housing services
- Peer case management services.

Over the course of the 32-month project, Proposition 47 grantees are required to collect data and evaluate their programs. The Los Angeles City Attorney's Office (LACA) selected RAND Corporation and KH Consulting as their evaluator following a competitive RFP process. As part of evaluation efforts, grantees submit Two-Year Preliminary Evaluation Reports to assess progress towards the goals and objectives of their programs, covering the period of time from June 16, 2017 through March 31, 2019, as local jurisdictions received their grant funding in June 2017. Subsequently, LACA contracted with SSG Project 180 (P180) as the primary LA DOOR social service provider, as well as with West Angeles Community Development Corporation (WACDC) and its subcontractor Ms. Hazel's House to provide additional housing and case management support.

This two-Year Preliminary Evaluation report documents the initial evaluation results, focusing on the time frame January 2018 to March 2019 (enrollment began in January 2018). The goal of this interim evaluation of LA DOOR is to better understand how the program was implemented. This report describes an overview of the program, evaluation methods, the logic model that guided the evaluation, and findings from stakeholder interviews and client focus groups, and analysis of program data. Qualitative interviews and focus groups revealed key strengths and challenges of the program in its early implementation. Analyses of quantitative data describe the population of clients who are receiving LA DOOR services, their needs, and the services they receive, as well as recidivism analyses. Together, these findings shed light on opportunities for future program implementation and evaluation.

## Methods

### *Quantitative Methods*

In designing LA DOOR, LACA committed the project and its partners to robust and detailed data collection in the LA DOOR data tool. RAND/KH developed an online LA DOOR Assessment Tool for SSG Project 180, the LA City Attorney's Office, and the Housing Partner to use for compiling data. Data collected includes demographic information, family history, treatment history, general service needs, substance use/mental health/physical health assessments, treatment modalities accessed, locations where participants have lived, and more. Included in this evaluation are eligible LA DOOR participants from January 1, 2018, through March 31, 2019. The final sample of individuals included 281 participants. Demographics and other characteristics of the sample are discussed in Chapter 4.

### *Qualitative Methods*

Three major qualitative methods were used:

- **LA DOOR Client Focus Groups:** During a three-day period in December 2018, the research team conducted four focus groups with 36 LA DOOR clients. These focus groups focused on participant perceptions of the importance and effectiveness of LA DOOR services.
- **LA DOOR Partner Group Interviews:** Researchers conducted group interviews with LA DOOR case managers from SSG Project 180 (P180) and West Angeles Community Development Corporation (WACDC) in December of 2018. All P180 and WACDC staff were invited to participate in a group interview. The staff that did participate were those who had the availability to do so. A total of 10 staff participated in the P180 group interview, including the Field Supervisor, Licensed Vocational Nurse (LVN), Field Therapist, Addiction Counselor, and general Outreach Case Managers. A total of four staff participated in the WACDC group interview, including the WACDC Director of Community Services and housing managers and staff. Some interviewees have worked with LA DOOR from its inception while others had joined the project just prior to the interviews. Interviewees were asked for their perspective on different aspects of LA DOOR, including developing LA DOOR, and implementation barriers and facilitators, specifically 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.
- **LA DOOR Advisory Committee Meeting Observation:** A key component to the implementation of LA DOOR has been the construction of an Advisory Committee that, in addition to the project team, represents various county and community organizations. LA DOOR has held quarterly meetings with its Advisory Committee. Members of the research team attend these quarterly meetings to observe the Committee, understand the way that LACA seeks input from the Committee, and record the nature of discussion and activities of the Committee.

## Key Findings

Key findings in this interim report include:

- Individuals have an average of 8.4 contacts with an LA DOOR team member. For those individuals who eventually enrolled in LA DOOR case management services, enrollment occurred after an average of 3.0 prior contacts. In fact, this number reflects a key hypothesis behind the structure of LA DOOR's outreach component – i.e., that it often takes several consistent contacts with dedicated providers over time before individuals are willing to engage in longer-term services. These “rapport building” contacts often involve pleasantries from team members, offers of support, and handouts of food, water, and hygiene materials.
- LA DOOR enrolled 281 individuals, which exceeded the enrollment goal of achieving a rolling caseload of 100 individuals.
- A goal of LA DOOR is work with clients for at least two months once a client enrolls in the program and 56% of LA DOOR clients reached that goal. Though individuals could continue to participate in LA DOOR, participants who were active in program services for two months are considered as completing the program.
- LA DOOR clients represent a hard to treat population with important psychosocial needs. Seventy-three percent of LA DOOR clients report having substance use problems, and over one-third (35 percent) have mental health issues. Many LA DOOR participants lack stable income sources.
- Both quantitative data and focus groups suggest that clients found SUD services and housing services to be among the most important LA DOOR services.
- Data suggest that individuals who entered the program through pre-booking diversion were less likely to commit crimes than comparable individuals who did not participate in LA DOOR.
- LA DOOR clients reported that housing a significant need but expressed concerns about access to long-term housing options.
- LA DOOR clients indicated general satisfaction with services rendered, as well as gratitude and satisfaction with overall LA DOOR services.

This two-year interim report provides LA DOOR partners the opportunity to reflect on the implementation of the project and learn more about the clients who are being served and the services that are being provided. The remaining time of this project will be spent continuing the work that is being done. In the short-term, the project team will meet and discuss these findings and determine whether any changes or modifications need to be made to the program or with data collection in anticipation of the final report.

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## Acknowledgments

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This evaluation was funded by LACA as an initiative of the California Board of State and Community Corrections. We thank the Quality Assurance Reviewers, Priscillia Hunt and Sarah Hunter, for their helpful comments on an earlier draft of this document. We are grateful to the many individuals at the following agencies for participating in interviews, sharing documents and data, answering follow-up questions, and attending meetings to provide input regarding how to maximum LA DOOR's benefits and outcomes.

- Jamie Larson, Kyle Kirkpatrick, and Saminh Greenberg from the LA City Attorney's Office Recidivism Reduction and Drug Diversion Unit
- Anna McClelland, Raymundo Zacarias, and the LA DOOR Mobile Team from SSG Project 180
- Karen Downard and case managers from West Angeles Community Development Corporation
- LA DOOR clients who participated in focus groups
- LA DOOR Advisory Committee, which includes representatives from local governmental agencies (City of Los Angeles and County of Los Angeles), Community-based Organizations (CBOs), and community representatives
- Los Angeles Police Department

## Abbreviations

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AADAP	Asian American Drug Abuse Program
BSCC	California Board of State and Community Corrections
CBO	Community-based Organization
CES	Coordinated Entry System
DCFS	County of Los Angeles Department of Children and Family Services
DMH	County of Los Angeles Department of Mental Health
HEART	Homeless Engagement and Response Team
ICMS	Intensive Case Management Services
IOP	Intensive Outpatient Program
IRB	RAND's Institutional Review Board
LA DOOR	Los Angeles Diversion, Outreach, and Opportunities for Recovery
LA DOOR Partners	LACA, P180, and WACDC, including Ms. Hazel's House
LACA	Los Angeles City Attorney's Office
LAPD	City of Los Angeles Police Department
LATTC	Los Angeles Trade Technical College
P180	Special Services for Groups, LLC's Project 180
RNR	Risk-Need Responsivity
SUD	Substance Use Disorder
USC	University of Southern California
WACDC	West Angeles Community Development Corporation

## Chapter 1. Introduction

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The Los Angeles Diversion, Outreach, and Opportunities for Recovery program (LA DOOR) is a comprehensive, health-focused, preventative approach that proactively engages individuals at elevated risk of returning to the Los Angeles City Attorney's (LACA) office on a new misdemeanor offense related to substance use, mental illness, or homelessness. The LA DOOR model serves the geographic area bounded by Southwest, Southeast, and 77<sup>th</sup> Street Los Angeles Policy Department (LAPD) divisions, encompassing historically under-resourced areas in South LA (see Appendix A for maps of the three geographic areas).

The LA DOOR model is funded through the Proposition 47 grant program, which is administered by the California Board of State and Community Corrections (BSCC). Proposition 47 was passed by California voters in 2014 and reduced certain drug and theft offenses from felonies or "wobblers" (i.e., offenses that can be charged as either felonies or misdemeanors) to misdemeanors. LA DOOR is one of 23 grant projects funded through the resulting savings on incarceration. Programs funded through Proposition 47 are intended to serve individuals with a history of criminal justice involvement and mental health issues or substance use disorders, and to offer mental health services, substance use disorder treatment, and/or diversion programs for justice-involved individuals (Board of State and Community Corrections, 2016). In addition to providing direct services to this target population, grant funded projects such as LA DOOR are required to be evaluated to understand how they are being implemented and whether they are achieving their intended outcomes.

The LACA Recidivism Reduction and Drug Diversion Unit developed LA DOOR to create a more effective alternative for addressing substance dependence and its collateral consequences (e.g., poor health, mental health issues, loss of employment, homelessness, recidivism) than is currently being achieved through the traditional criminal justice system. The LACA has prosecutorial jurisdiction over misdemeanor and infraction offenses within the city of Los Angeles and is the sole prosecution agency responsible for Proposition 47 charging decisions within city limits. In serving individuals who have a past or current criminal justice history and who also have either a substance use disorder and/or a mental health disorder, LA DOOR attempts to enhance access to services to minimize the risk of criminal justice contacts.

Rather than waiting for new arrest reports to be submitted for charging, LA DOOR deploys a multidisciplinary social service team to five "hotspot" locations, one per each day of the week, to proactively engage individuals with a broad array of social services. Additionally, LA DOOR offers pre-booking diversion on Proposition 47 drug possession arrests in the three geographic areas such that officers are able to link arrestees with LA DOOR services in lieu of booking and

prosecution to keep new misdemeanor drug offenses out of court. LA DOOR services are bolstered by access to LA DOOR affiliated transitional housing sites, which include 29 beds, which provide stability for participants as they engage in longer-term services. Finally, the LA DOOR model regularly convenes an Advisory Committee that includes a broad range of local stakeholders from the South LA community it serves.

In this chapter, we provide an overview of the LA DOOR service model, including the guiding principles, types of services provided, and goals of the program.

## Program Background and Core Components

Prior to receiving Proposition 47 grant funds, the City Attorney's Office developed LA DOOR during an extensive planning and pilot process from October 2015 through October 2016 in partnership with law enforcement, service providers, researchers, and community organizers (Larson, 2016). To assist in designing the program, the City Attorney's Office partnered with Community Coalition, a non-profit focused on transforming the economic and social conditions in South LA (Community Coalition, 2019) to identify community needs that should be addressed through the LA DOOR model. Based on the results of surveys and focus groups with current and formerly justice-involved persons, case workers, and social service organization leaders (i.e., the Community Coalition of South Los Angeles and Imoyase Community Support Services/LMU Psychology Applied Research Center), LA DOOR's mobile outreach and service components were developed in response to gaps in social services identified. Additionally, a small pre-booking diversion pilot was launched in Southwest LAPD division to develop an efficient process for LAPD. The result was the LA DOOR model funded by BSCC, which captures Proposition 47's guiding principles through the implementation of: 1) mobile services, 2) pre-booking diversion, and 3) accountability through an Advisory Committee. Below, we describe each of the three prongs of LA DOOR's implementation framework.

### *LA DOOR Mobile Team*

The LA DOOR model delivers social services to the target population in the field via a multidisciplinary social service team. In keeping with community recommendations, LACA and its grant contractor, SSG Project 180, ensured that the Mobile Team is a peer-led model that relies on case managers with relevant lived experience. During the LA DOOR hiring process, SSG Project 180 focused on recruiting individuals with past experience with the criminal justice system, addiction recovery, exiting gang membership, and residency in the South LA or adjacent communities. Case managers were not required to have prior experience or a certain level of education, but all case managers received case management training.

Additional members of the Mobile Team were selected to address identified gaps related to accessibility of substance use, mental health, and physical health services. This includes a

certified substance use disorder specialist, who typically has completed a two-year drug and alcohol counseling certificate program (either the California Association of DUI Treatment Programs or Certified Addiction and Drug Abuse Consultant) and passed the drug counseling California state exam; a therapist, who has either completed a masters in social work degree or a masters in marriage and family therapy and attained a license through the Board of Behavioral Sciences; and a licensed vocational nurse (LVN). In addition, several case managers and the field team leader received street medicine training from University of Southern California (USC) Medical Center, which addresses common medical conditions in homeless populations and how to recognize more serious conditions. Members of the Mobile Team aim to deliver culturally competent, trauma-informed, harm reductive, and peer navigator-led social services and are required to attend a series of trainings and workshops. This includes motivational interviewing, trauma, and de-escalation training.

The Mobile Teams work at five “hotspot” locations – one for each day of the week. “Hotspot” locations are areas with persistent open-air drug use with a high density of individuals struggling with substance use, mental health, or co-occurring disorders identified by LACA. The designation of the specific “hot spot” areas for LA DOOR operations were decided based on arrest data and discussions with LAPD regarding areas in Los Angeles with high rates of drug arrests and high density of homeless populations. In addition, given that Los Angeles has seen substantial and increasing attention to the issues of homelessness in the city (e.g., see California State Auditor [2018]), efforts were made to ensure that LA DOOR would operate in areas with need of service provision that did not unduly overlap with other outreach efforts (e.g., the LAPD Homeless Outreach and Proactive Engagement [HOPE] program). The consistency of conducting outreach at the same locations is designed to allow the team to build rapport and gain trust with participants, and to provide field-based services and monitor progress for those enrolled in the program.

### *Pre-booking Diversion*

To limit the number of Proposition 47 drug offenses being filed in court, the LA DOOR model includes a pre-booking diversion pathway to treatment featuring a 24/7 hotline for use by law enforcement and social contact referrals. Through this pathway, when LAPD officers in Southwest, Southeast, or 77th LAPD divisions make an eligible Proposition 47 arrest, the officers have the option to refer the individual to LA DOOR. The officers utilize the LA DOOR hotline and a member of the Mobile Team responds to the division to offer program services in lieu of being booked. If services are accepted and the individual successfully completes the program, the case is not prosecuted and the individual avoids having the arrest entered into their criminal history record.

### *Advisory Committee*

The LA DOOR Advisory Committee comprises a range of stakeholders, including behavioral health, community-based organization, faith-based, formerly justice-involved, law enforcement, academic, and defense representatives from approximately 16 organizations. There is no set time period to serve on the Committee. The Advisory Committee meets regularly with LA DOOR staff to provide guidance and project accountability and inform the program to specific local needs. LA DOOR has held quarterly meetings with its Advisory Committee and has met 8 times since its formation in December 2017. The City Attorney has taken the lead in scheduling and establishing the agenda each quarter for the Advisory Committee meetings, though input is solicited from the Advisory Committee regarding the agenda items for subsequent meetings.

### *Service Providers*

LA DOOR services are provided by three primary service providers. SSG Project 180 (also known as P180) is a provider of comprehensive and forensic-focused behavioral health treatment, including an extensive range of SUD services. P180 provides cognitive behavioral therapy, mental health services, SUD treatment, health and wellness checks, and peer case management. Services provided by SSG Project 180 are consistent with the Risk-Need Responsivity (RNR) model, the leading evidence-based treatment model for justice-involved populations. RNR emphasizes addressing an individual's criminogenic needs (e.g., substance use, criminal thinking patterns) in an effort to reduce the risk of recidivism.

In addition, West Angeles Community Development Corporation (WACDC), in collaboration with Ms. Hazel's House, serves as the housing provider for LA DOOR. WACDC provides case management, social service linkage, financial counseling, assistance with locating permanent housing, and additional on-site supportive services such as SUD groups; Ms. Hazel's House provides clean and safe transitional housing with laundry facilities, outdoor space, on-site support, and three meals per day. In addition to training that P180 receives for work in the field, the WACDC team received training as well. As part of their contractual agreement, all staff participated in professional training services which included session on the Mental Health Spectrum and the DSM; Culturally Competent Trauma Informed Assessment, Diagnosis, Treatment and Outreach; and Culturally Competent Trauma Informed Treatment Planning, Intervention and Care.

### *Social Services Provided Through LA DOOR*

LA DOOR serves adult individuals who are currently or formerly justice-involved and also have a substance use and/or mental health issue. Individuals are met in the field or walk in to SSG Project 180's brick and mortar location to receive services and the SSG Project 180 field team makes a determination that there is a mental health or substance use issue, either through observation or conversation. The field team speaks with the individual about services and if the

individual would like to participate, he or she signs a waiver for release of criminal history verification. This waiver is sent to LACA for criminal history verification. LACA then provides information to SSG Project 180 about eligibility for the program, including any criminal history that might affect housing placement. For example, there was an instance where an individual had a history of stealing wallets and LACA made the determination that the person would not be a good fit in group housing. Specifically, sex offenders and individuals with a violent felony charge within the past 5 years, violent misdemeanor charge within the past two years or gun crimes or arson are not eligible for LA DOOR housing, though these individuals remain eligible for all other LA DOOR services. LACA has flexibility on previous misdemeanor domestic violence charges, which are reviewed on a case-by-case basis and are frequently driving by unresolved SUD. Project 180 also has input about whether an individual is eligible for housing and this could be based on whether they believe the individual is appropriate for a group living setting.

LA DOOR offers a full range of mental-health services, including field-based assessments, transportation, support with accessing emergency medications, outpatient mental health care, access to psychiatrists, individual and group therapy, either through direct service provision or through leveraging services from local service partners. Field-based LA DOOR services include screening for mental health issues, support normalizing mental health care, linkage to emergency medication support, and enrollment in longer-term mental health services. Leveraged site-based services are provided at SSG Project 180 through the Intensive Outpatient Program (IOP), which provides long-term mental health and co-occurring disorder care for individuals ready for longer term intensive mental health care. While in IOP services, participants have access to intensive case management, individual and group therapy, and ongoing medication management and support through a psychiatrist. These services are designed to assist participants with improving wellbeing, reducing mental health symptoms, and improving daily functioning.

#### Substance Use Disorder (SUD) Treatment

LA DOOR uses a harm-reduction model that works with program participants within the parameters of their willingness to change. Case managers and the program therapist are trained in the use of motivational interviewing, with the goal of nudging participants slowly towards lasting behavioral change. Field-based services include substance use disorder screening, a motivational interviewing session, substance use disorder assessments, relapse prevention, and linkage to a variety of services from the field, including detox, residential treatment placement, and outpatient support. Individuals placed in LA DOOR housing or accessing additional supportive services through SSG Project 180's brick and mortar location also have access to group and individual sessions.

#### Health and Wellness Checks



Health services are initiated by the LVN in the field and include checking vital signs, administering medications, providing nursing care, and discussing health-related concerns. The LVN also coordinates activating Medi-Cal, linking participants with general medicine or specialized medical providers as needed, coordinating vaccinations, and reading TB tests. The LVN has coordinated supportive medical care by linking a mobile medical clinic with SSG Project 180's social service center twice per month, so that LA DOOR participants are able to access consistent medical care.

### Legal Services

Legal services available through LA DOOR include citation relief through the LACA's leveraged HEART program and access to the Public Defender's Office to address outstanding warrants, pursue charge reductions and expungements, and comply with existing court obligations. As appropriate, LACA assists participants by working with prosecutors and defense counsel to coordinate court appearances and assist justice partners with understanding the LA DOOR model and its affiliated services. Additionally, LA DOOR team members assist LA DOOR participants in family court where appropriate. Whether court dates arise in criminal court or civil court, the LA DOOR team assists with transporting participants to court and waiting with them through court appearances, providing client advocacy with judges, prosecutors, and defense counsel as needed.

### Housing Services

LA DOOR provides 29 transitional housing beds through West Angeles Community Development Corporation (WACDC) in partnership with Ms. Hazel's House. The goal length of stay is 120 days. Developers of LA DOOR based this number on other transitional housing in the city. Individuals can stay longer if making forward progress in pursuit of client-identified case management goals. While in LA DOOR housing, WACDC case managers assist with long term housing planning, financial counselling, and other supportive services. In addition, the LA DOOR Mobile Team works with participants to apply for available housing through LA County's Coordinated Entry System ("CES"), which is the County directed access point for subsidized homeless housing in Los Angeles County.

### Case Management Services

LA DOOR case management support is available in all segments of the LA DOOR model. Mobile Team peer case managers provide outreach and engagement in the field and for pre-booking diversion participants. There are additional supportive case managers within LA DOOR housing to ensure an appropriate continuum of care once participants transition from encampments to housing. Finally, for participants accessing long term care through LA DOOR's leveraged IOP services, intensive case management services are available.

Case managers throughout LA DOOR (i.e. Mobile Team, IOP, and Housing) assist with care coordination, transportation support, accessing vital documents (birth certificates, state IDs,

social security cards), and provide a source of positive role modeling and support through lived experience as participants work towards long term behavioral change. There are no specific requirements to successful completion. LA Door is designed to help with anything that is needed at any time during the program. There are no rigid guidelines as long as the individual is following up with their case manager and working toward client-defined goals.

### Additional Services

In addition to these services, LA DOOR aims to address other psychosocial needs of enrolled individuals. For example, LA DOOR works with participants to address employment-related needs through linkage to organizations such as Homeboy Industries, Chrystalis, and Work Source Centers, although there is currently no structured employment component to the program. Linkages are also made to SHIELDS for Families, a non-profit in South LA that provides services such as parenting classes, anger management, and space for supervised visitation of children.

### Program Goals

Through the LA DOOR service model described above, LA DOOR aims to accomplish three goals:

1. **Increase participants' utilization of community-based services.** LA DOOR aims to expand participant access to and engagement with a broad range of social support services, including services for substance use disorder treatment, mental health treatment, healthcare, housing, employment, and legal assistance.
2. **Reduce entry into the revolving door criminal justice system.** The program aims to prevent new bookings, case filings, and convictions for pre-booking diversion participants by intercepting individuals arrested on a Proposition 47 drug offense in the Program Area (Southwest, Southeast, and 77th Street LAPD Divisions); redirecting those arrestees to pre-booking diversion to reduce criminal court case filings; and engaging individuals in LA DOOR's peer case management services.
3. **Create sustainable community social safety nets in targeted locations.** LA DOOR aims to expand the availability and utilization of new community-based housing and social supports through housing services and capacity building efforts by enhancing partnerships with South LA's existing provider network.

RAND and KH Consulting Group (the evaluation team) were selected to evaluate the performance of LA DOOR. To accomplish this, the evaluation team is conducting a process and outcome evaluation. The process evaluation focuses on the implementation of LA DOOR, including characteristics of clients served, types of services provided, and implementation-related challenges and solutions. Process evaluation data include quantitative data submitted by

providers, as well as interviews with clients, focus groups with program providers, participation in Advisory Committee meetings. At this stage, this report is focused mostly on the process evaluation findings. We are also able to report on goal #2 with recidivism analyses. The final report will focus on additional outcomes of interest.

## Purpose of This Report

In addition to the services provided by LA DOOR, a formal evaluation of the program is being conducted by the RAND Corporation (RAND) and its subcontractor, KH Consulting Group (KH). This *Two-Year Interim Evaluation of LA DOOR* report documents the results of the evaluation to date, outlined here:

**Chapter 1. Introduction** provides an overview of the LA DOOR program and evaluation.

**Chapter 2. Logic Model** presents the logic model for LA DOOR, which summarizes the expected operation and outcomes associated with the program.

**Chapter 3. Methodology** describes the methodology for the evaluation, including sources of data and the analysis plan.

**Chapter 4. Quantitative Findings** presents the results of quantitative data collection and analysis to date, with a focus on services provided by LA DOOR through March 31, 2019, although we also present preliminary data regarding program outcomes.

**Chapter 5. Qualitative Findings** presents the results of our qualitative methods, including participant focus groups, provider interviews and Advisory Committee observations.

**Chapter 6. Next Steps** outlines planned research and programmatic next step for LA DOOR and the evaluation.

## Chapter 2. Logic Model

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Collaboratively, RAND researchers and the LA DOOR team have developed the following logic model, which is a visual tool to help understand the logical path by which program inputs and outputs affect change in participant outcomes. The result of a close collaborative process, this logic model has guided our work throughout all phases of the project. The logic model and the process of developing it may also aid LA DOOR stakeholders in their own strategic planning.

### Logic Model Development

Throughout the course of this project, RAND researchers have worked with the LA DOOR team to develop, modify, and finalize a logic model. The key purpose of this logic model is to help understand the logical path by which program inputs and outputs affect change in participant outcomes. The logic model has also guided the quantitative component of this study and helps to illustrate how program outputs and outcomes are measured and conceptualized.

To inform the logic model, we reviewed program documentation and held organized discussions with stakeholders to identify inputs, activities, outputs, and short-term, intermediate, and long-term outcomes. This process was iterative and collaborative, involved all stakeholder agencies, and ultimately reflects researcher-practitioner consensus, rather than researcher-imposed priorities.

### Logic Model Components

The logic model is shown in Figure 2.1. It details the following components with corresponding measures: (1) inputs; (2) program activities; (3) outputs; and (4) participant outcomes.

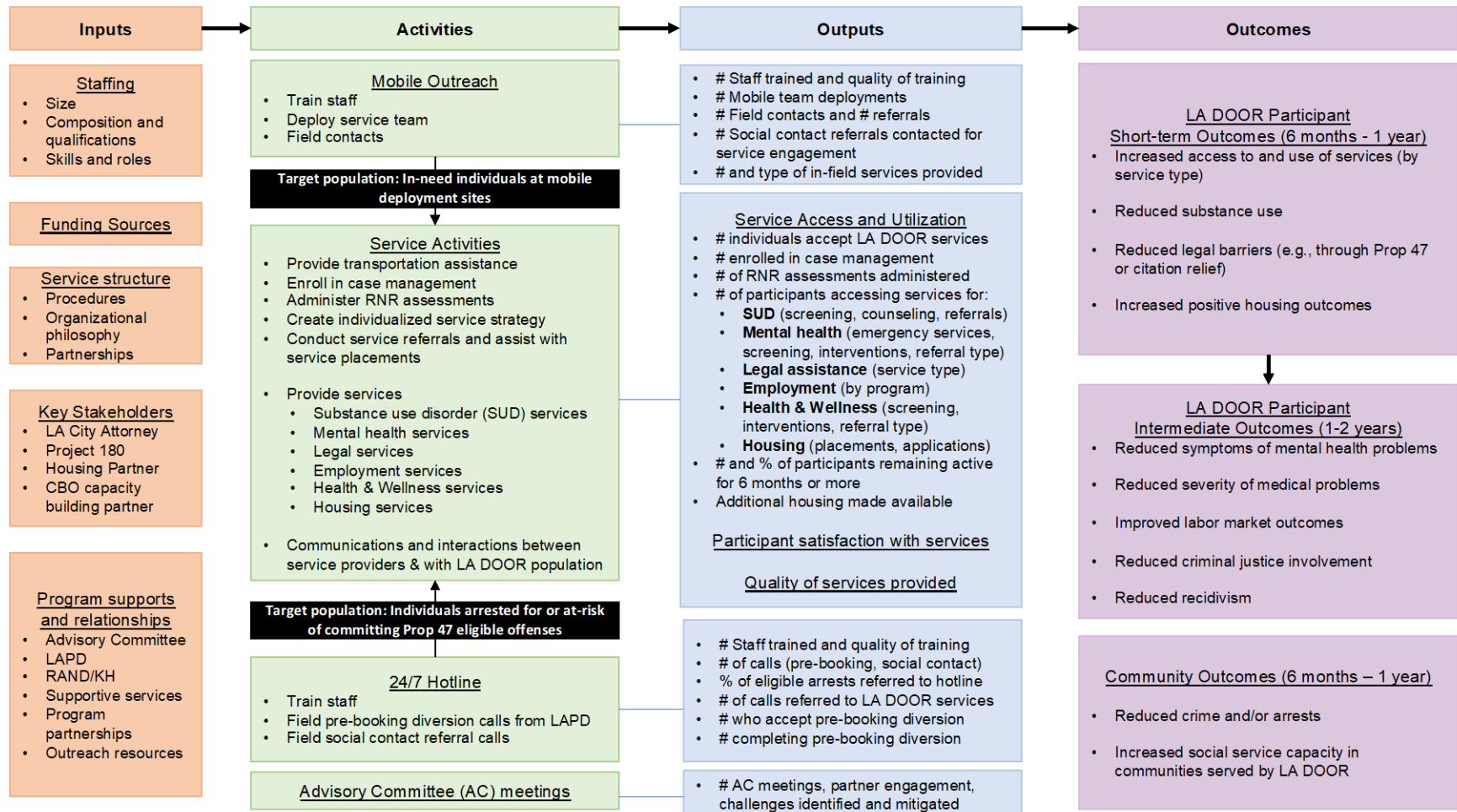
The two left-hand columns of the logic model visually represent the planning and project elements of the program. For instance, the inputs are the resources that are available to the project; in this case the key staffing and stakeholders, funding sources and the program supports and relationships that foster communication and collaboration. The activities column represents the three major components of the project, including mobile outreach, service activities (i.e., case management, service referrals, provide services such as SUD services, mental health services, legal and employment services), and the 24/7 Hotline used to field pre-booking diversion calls from LAPD and social contact referrals. Lastly, a key component of the program are the Advisory Committee meetings.

As noted in the logic model, LA DOOR seeks to engage individuals in services through two distinct channels. As explained earlier, the eligibility criteria are the same for these channels of

LA DOOR entry, but anecdotally the population is considerably different. In particular, the mobile outreach individuals were initially contacted in “Hotspot” locations, with persistent open-air drug use with a high density of individuals struggling with substance use, mental health, or co-occurring disorders. The pre-booking diversion individuals are individuals identified by the LAPD officers in Southwest, Southeast, or 77th LAPD divisions and given the option of program services in lieu of being booked. Comparisons of these two groups are described in the quantitative analyses due to the possible differences of demographics and needs of these groups.

The last two columns can be used to understand the products of activities (outputs) or the overall outcome components of the model (outcomes). The outcomes are delineated by short-term and long-term outcomes. At this early stage of program implementation, this report focuses on reporting on the outputs and how successful the program has been achieving the desired service access and utilization. Through qualitative work, participant satisfaction of the services has also been analyzed. At this stage of the evaluation, the only outcome that could be measured by the available data is whether pre-booking diversion participants experience less recidivism compared to defendants that do not participate in pre-booking diversion (see chapter 4).

Figure 2.1. LA DOOR Logic Model



## Chapter 3. Methodology

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In this chapter we review the qualitative and quantitative methods used for the evaluation. The main goal of the qualitative portion of the evaluation was to describe the program implementation process, as well as model strengths and challenges. With the quantitative data we sought to describe the reach of the program, delivery of services, and the clients who were served. Most analyses were descriptive and exploratory to provide a snapshot of the program during this phase of implementation.

All components of the project were approved by RAND's Institutional Review Board (IRB). This IRB review includes the approval of data sharing agreements and all data collection methods, including written consent for qualitative procedures.

### Quantitative Methods

#### *Data Sources*

In designing LA DOOR, LACA committed the project and its partners to robust and detailed data collection in the LA DOOR data tool. RAND/KH developed an online LA DOOR Assessment Tool for SSG Project 180, the LA City Attorney's Office, and the Housing Partner to use for compiling data. Data collected includes demographic information, family history, treatment history, general service needs, substance use/mental health/physical health assessments, treatment modalities accessed, locations where participants have lived. Demographic information is entered at enrollment, but LA DOOR case managers take care not to invade participants' privacy while trust and rapport are being built. Some of the data is filled in as it becomes known to case managers. Additionally, LA DOOR is committed to being a client centered program and employing case managers with lived experience. These commitments are essential for participant engagement and retention, but data collection does not serve as a primary focus of the case management team. In addition, case managers struggle with the technical requirements of data entry into an online database that requires a high volume of data points. With the combination of the high volume of data entry, high need participants with intensive service needs, and technical limitations among the team, not all data fields are consistently populated.

LA DOOR partners entered and maintained the data, which were shared with the evaluators for the purposes of this evaluation.<sup>1</sup> The research team maintains confidentiality of the individual LA DOOR participants by only reporting aggregated data and trend patterns. The distribution of responsibilities for data collection are:

- **P180** collects and manages most programmatic data related to mobile outreach operations and the 24/7 hotline, including information on contacts/referrals; case management; LA DOOR participants' characteristics; and social service referrals or utilization. Data include quantitative measures, complemented by qualitative information from case notes. To support evaluating differential effects of

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<sup>1</sup> None of the data reported in this report come from official police records or the California Department of Justice, as it was not possible to obtain such data within the evaluation time frame.

engaging with LA DOOR through mobile outreach compared to pre-booking diversion, P180 flags individual records with source of referral information.

- **WACDC** collects and manages programmatic data for housed LA DOOR participants including case management information and social service referrals or utilization; also collects aggregate data on housing capacity made available to LA DOOR participants, as well as client-level data on housing placement, retention, additional on-site services, and length of stay for LA DOOR participants.
- **LACA** has responsibility for compiling information on pre-booking diversion caseload information; referrals to Homeless Engagement and Response Team (HEART) legal services; outcomes of HEART services; and recidivism information. The LACA reviewed CA DOJ RAP sheets of individuals who had completed program services and 6- or 12-months had passed from their program completion date. Though individuals could continue to participate in LA DOOR, participants who were active in program services for two months are considered as completing the program. LACA also works with Public Defender partners to track LA DOOR participants referred to the County of Los Angeles Public Defender's Office for conviction relief.

### *Evaluation Time Period and Sample*

Included in this evaluation are data collected from January 1, 2018, through March 31, 2019. While we describe aggregate data on the full scope of contacts reported by the LA DOOR mobile outreach team, which include contacts with individuals who may not have been eligible for LA DOOR or who may have been eligible but were not ready to engage in LA DOOR case management, more detailed data are only recorded for the set of individuals who enroll in LA DOOR case management services. Thus, the majority of our quantitative analyses focus on LA DOOR case management clients (hereafter also referred to as LA DOOR participants). The final sample of individuals enrolled in case management through LA DOOR included 281 participants. Demographics and other characteristics of the sample are discussed in Chapter 4.

### *Measures for LA DOOR Participants*

To select variables for analysis, we closely followed the logic model and consulted with LA DOOR partners. The variables included in the analysis are:

#### **Demographics**

Demographic variables examined include age, sex (male, female, other, unknown), race/ethnicity (white, black, Hispanic, other), primary language (English, Spanish, other), marital status, and number of children. Socio-economic indicators are also collected, such as level of education, homelessness status. Data regarding substance use and mental health problems are also collected.

#### **Services**

Those who enroll in LA DOOR are eligible to receive a host of services. For the quantitative chapter, analyses focused on the following five services.

- **Mental health services** include screenings for mental health issues, support normalizing mental health care, linkage to emergency medication support, and enrollment in longer-term mental health services, access to intensive case management, individual and group therapy, and ongoing medication management and support through a psychiatrist.



- **Substance use disorder treatment**, including substance use disorder screenings, motivational interviewing sessions, substance use disorder assessments, relapse prevention, group and individual sessions, and linkages to a variety of services including detox, residential treatment placement, and outpatient support.
- **Health and wellness checks**, including checking vital signs, administering medications, providing nursing care, discussing health-related concerns, activating Medi-Cal, linking participants with general medicine or specialized medical providers as needed, coordinating vaccinations, reading TB tests, and linkages to a mobile medical clinic at SSG Project 180's social service center.
- **Legal services**, including citation relief through LACA's HEART program, access to the Public Defender's Office to address outstanding warrants, pursue charge reductions and expungements, addressing existing court obligations, coordination of court services, client advocacy during civil or criminal court appearances, and client transportation to court obligations.
- **Housing services**, includes 29 transitional housing beds, on-site case management services, on-site individual or group sessions, meals, transportation, financial counselling, and long-term housing placement assistance and planning.

Given the less-structured nature of employment and family-related services, we did not include data on these services for the present analysis. LA DOOR is moving to formalize these processes and relevant data collection and we hope to include these measures in the final report.

### Criminal Justice Measures

Criminal justice variables were available for the pre-booking diversion participants and include date of arrest, prior misdemeanor and felony conviction, misdemeanor, and felony recidivism information (including arrests and convictions) and warrants. This information was entered by LACA's Office through an individualized review of participants' criminal history records (i.e., these data were not collected by RAND directly).

### Analyses

The first set of analyses focused on assessing the outputs included in the logic model. These analyses included field contacts and referrals, pre-booking diversion referrals, and service access.<sup>2</sup> Researchers used descriptive statistics to document the characteristics of LA DOOR participants, their reported needs for services, and the extent to which services are being accessed through LA DOOR. Because different sources of referral to LA DOOR (i.e., mobile outreach versus pre-booking diversion) target populations with potentially different backgrounds, needs, and incentives for engagement with LA DOOR, we conducted comparisons between participants enrolled in LA DOOR through mobile outreach versus pre-booking diversion using chi-squared tests or t-tests to assess statistical significance.

In addition to analyzing LA DOOR client characteristics, service needs, and service access, available data has provided the research team the opportunity to analyze the success of pre-booking diversion efforts to decrease recidivism. The comparison group for the recidivism analyses was carefully constructed. LACA

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<sup>2</sup> Note that quality of services was not assessed during the current evaluation period, although Section 5 (Qualitative Findings) describes findings from focus groups with LA DOOR participants on their perceptions for quality of services provided through LA DOOR.

designed the LA DOOR pre-booking diversion criteria to be generally based on eligibility criteria for Proposition 36, which is a California voter 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, due to organizational changes within LAPD and the timing of LA DOOR's pre-booking diversion rollout, some individuals arrested on Proposition 36 eligible criteria were not screened for LA DOOR. Comparisons between participants enrolled in LA DOOR pre-booking diversion versus defendants not enrolled in LA DOOR but eligible for Proposition 36 were evaluated using t-tests to assess statistical significance.

To better understand whether LA DOOR can serve to help reduce recidivism relative to the status quo, we analyzed criminal justice outcomes for the pre-booking diversion group relative to a comparable group of individuals. This comparative group was not offered the opportunity to enroll in pre-booking diversion due to a delay in the roll-out of the pre-booking diversion option. While discussions with LACA indicate that the absence of screening for LA DOOR was 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. While we have some limited data about prior criminal history that indicates these individuals represent an appropriate comparison group for LA DOOR, we 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). The small size of our analytical sample also limits the ability to fully establish a causal relationship of the effect of LA DOOR on recidivism.

Furthermore, because the LA DOOR participants recruited through mobile outreach are drawn from populations experiencing homelessness in disadvantaged neighborhoods of South Los Angeles, there is no clear comparison group with available data on recidivism or criminal justice outcomes. Therefore, our recidivism outcome evaluation in this report focuses only on the pre-booking diversion group. Finally, when interpreting the findings of the recidivism analyses, it is important to note that LA DOOR had been operating for less than two years as of the time of this report; thus, it is too early to present recidivism outcomes as commonly defined based on a three-year follow-up window.

## Qualitative Methods

### *LA DOOR Client Focus Groups*

During a three-day period in December 2018, the research team conducted four focus groups with a convenience sample of 36 LA DOOR clients<sup>3</sup>. The sole criteria for participation was that a participant must be a current or former LA DOOR client. While focus groups allow us to speak with a larger number of individuals as compared to individual interviews, they have a number of limitations. For example, it can be difficult to go in-depth on all topics included in the focus group protocol and some individuals may not express their honest opinions due to social desirability bias and group dynamics. Focus groups were each held at one of three locations:

- **P180 office.** A total of 22 LA DOOR clients participated in one of two focus groups held at the P180 office. P180 staff advertised the focus groups for the two weeks prior to the meetings. They also went out to hot spot areas on the morning of each meeting to locate those willing to participate and provide transportation to the P180 offices.
- **LA DOOR-funded housing sites.** A total of 14 LA DOOR housing clients participated in two additional focus groups held at LA DOOR-funded housing sites – one at the LA DOOR men’s house and one at the LA DOOR women’s house.

At the beginning of each focus group, participants received an overview of the focus group purpose, process, and confidentiality. Verbal consent was received from all participants. As a thank you for their participation, participants were provided with refreshments during each focus group, and each participant received \$20 worth of gift cards.

Each focus group lasted between 45 and 60 minutes and focused on participant perceptions of the importance and effectiveness of LA DOOR services. Focus groups were structured to include both qualitative and quantitative components.

Regarding quantitative input, focus groups began with participants completing an individual written survey<sup>4</sup> that asked them to rate the perceived importance and effectiveness of LA DOOR services as high, medium, or low. Participants were then asked to go back through the rating list and select the three items that were most important to them that day and that they would like to discuss. After choosing their “top three”, participants each turned in their survey to the facilitator.

The qualitative component of the focus group began with facilitators tallying the participants’ “top three” choices identified in their surveys. The items with the most “votes” provided the structure for facilitated group discussion.

### *LA DOOR Partner Group Interviews*

In December of 2018, researchers conducted two group interviews with LA DOOR partner staff – one in-person with P180 staff and one over the telephone with WACDC staff. All P180 and WACDC staff were

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<sup>3</sup> These focus groups do not include a representative sample of clients.

<sup>4</sup> A sample *LA DOOR Focus Group – Client Feedback Survey* is provided as Appendix B.

invited to participate in a group interview. The staff that did participate were those who had the availability to do so. A total of 10 staff participated in the P180 group interview, including the Field Supervisor, Licensed Vocational Nurse (LVN), Field Therapist, Addiction Counselor, and general Outreach Case Managers. A total of four staff participated in the WACDC group interview, including the WACDC Director of Community Services and housing managers and staff. Some interviewees had worked with LA DOOR from its inception while others had joined the project just prior to the interviews.

Interviewees were asked for their perspective on different aspects of LA DOOR, including developing LA DOOR, and implementation barriers and facilitators, specifically 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. A semi-structured interview protocol was used to shape these interviews and included questions on barriers and facilitators to implementation, organizational changes, program management, and perspectives on service delivery and system capacity. The interview protocol was adapted for each group based on their role in LA DOOR (see Appendix C).

### *LA DOOR Advisory Board Meeting Observation*

A key component to the implementation of LA DOOR has been the construction of an Advisory Committee that in addition to the project team represents various county and community organizations. A member of the research team attended these meetings, and minutes from the Advisory Committee were also reviewed, with the goal of describing member engagement and documenting challenges. .

### *Analyses*

Facilitators took written notes of qualitative data discussed at focus groups. These notes were taken on flip charts visible to participants throughout each focus group discussion. The researcher also took written notes throughout the group interviews with LA DOOR partner staff. All of the data collected was then organized into key point summaries that map to a number of key domains that were identified a priori, including eligibility, initial outreach, services, as well as implementation challenges and model strengths.

## Chapter 4. Quantitative Findings

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Chapter 4 reports the results of the quantitative analyses conducted with data collected by LACA and LA DOOR partners. Our descriptive analyses of these data provide insight into the overall activities of the LA DOOR outreach team, demographic characteristics of the individuals who have had contact with the LA DOOR team via mobile outreach or via pre-booking diversion, the services these individuals received, and outcomes related to subsequent arrests and convictions of the pre-booking diversion group.

### Initial Outreach

To achieve the goals of the program, LA DOOR emphasizes field-based work through mobile outreach teams and through pre-booking diversion. While enrollment in LA DOOR case management and LA DOOR service provision is a critical part of the work done by LA DOOR partners, the reach of the program and associated workload extends beyond service provision to individuals enrolled in LA DOOR case management. **Figure 4.1** describes the extent of these broader LA DOOR activities. Note that the contacts depicted in **Figure 4.1** reflect initial and repeat contacts with individuals who may not have been eligible for the LA DOOR program (e.g., due to absence of a criminal history), those who may have been eligible for LA DOOR but chose not to enroll in case management, as well as those who were eligible for LA DOOR and subsequently enrolled in case management.

Between January 1, 2018 and March 31, 2019, LA DOOR enrolled 281 individuals in case management but, as highlighted in Figure 1, that reflects a relatively small number of the total contacts made by LA DOOR team members involved in outreach or case management (i.e., staff from SSG Project 180 and West Angeles CDC/Ms. Hazel’s House). **Figure 4.1** shows the number of key contacts (new contacts, repeat contacts prior to case management enrollment or without subsequent case management enrollment, and contacts that resulted in case management enrollment) made by LA DOOR personnel per quarter, which totals 1,129 contacts with 451 unique individuals over the 15-month study period. This number reflects a key hypothesis behind the structure of LA DOOR’s outreach component – i.e., that it often takes several consistent contacts with dedicated providers over time before individuals are willing to engage in longer-term services. These “rapport building” contacts often involve pleasantries from team members, offers of support, and handouts of food, water, and hygiene materials. Anecdotally, Mobile Team members report that this approach often leads to enrollment in more significant services over time. Mobile Team members also report that this approach leads to recruitment of new participants in hotspot locations, with even those individuals who may not be eligible for LA DOOR or who do not want services for themselves encouraging other individuals in the hotspot to seek support from LA DOOR services.

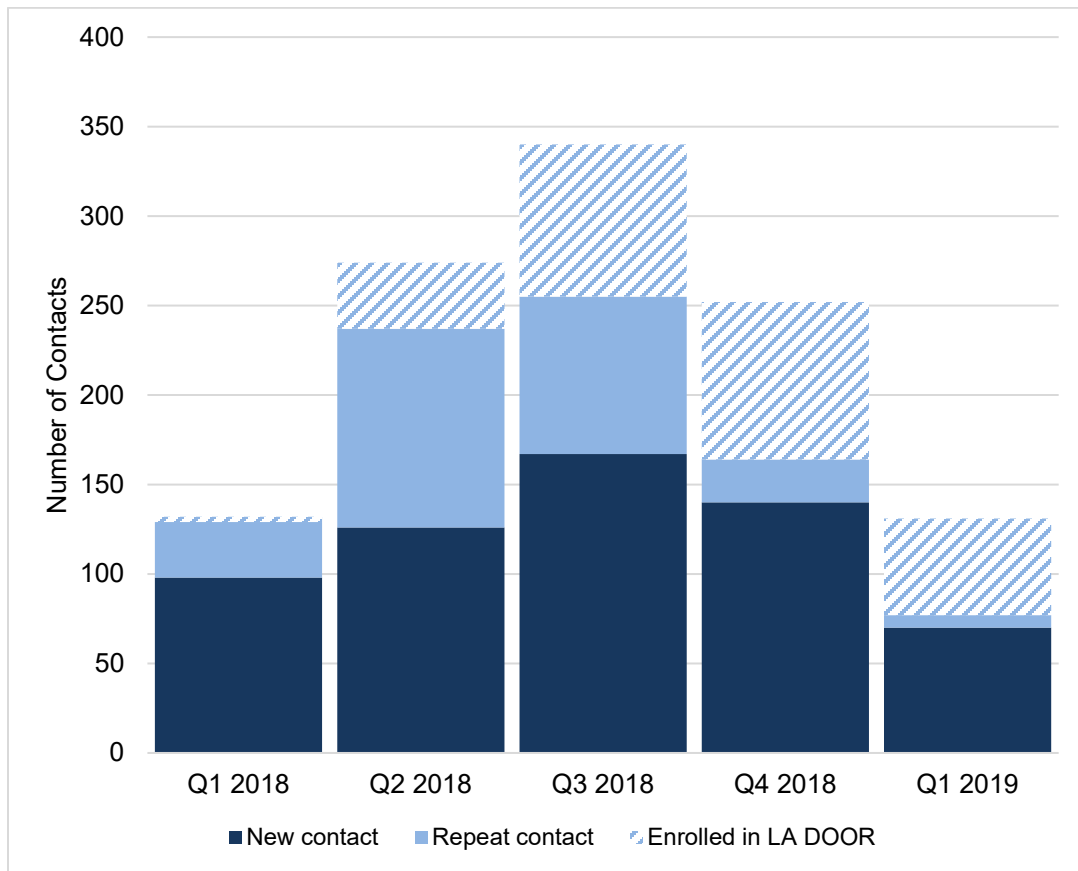
**Finding. Individuals have an average of 8.4 contacts with an LA DOOR team member.**

The figure indicates that contacts (not including those subsequent to case management enrollment) peaked during quarter 3 of 2018. Consistent with LACA’s staffing commitments, the LA DOOR mobile team was

staffed with four peer case managers in Year 1 of program operations, with the team rising to 8 case managers by Year 2. New case management participants steadily continued to increase as the team grew through Year 1. However, P180 team leadership recognized that with the amount of time the eight case managers were spending in the field the actual case management work became difficult to manage as new clients continued to enroll. As part of the iterative learning process for striking the balance between recruiting new participants and managing effective service delivery and proper care, the SSG Project 180 management team made an adjustment in the first quarter of Year 2, with 4 case managers providing direct outreach services and recruiting new participants, and 4 case managers focused on delivering consistent case management services. This way, case managers were better able to distribute resources across outreach and engagement with the follow up needed to ensure newly enrolled participants were making it to their various social service appointments.

It is clear through conversations with the LA DOOR team, including LACA and SSG Project 180, that a critical component of their work is establishing relationships and trust with individuals, and that often takes multiple attempts. On average, individuals with at least one recorded contact with LA DOOR (including those who ultimately enrolled and those who did not) have had an average of 8.4 (standard deviation [SD] = 10.4) contacts with an LA DOOR team member, either through repeated contacts by the mobile outreach team in the field or through follow-up activities conducted with individuals enrolled in LA DOOR case management. For those individuals who eventually enrolled in LA DOOR case management services, enrollment occurred after an average of 3.0 (standard deviation [SD] = 1.8) prior contacts. Subsequent to enrollment in LA DOOR case management, current data indicates an average of 7.5 (SD = 11.8) contacts through follow-up activities.

**Figure 4.1. Number of Key Contacts Per Quarter**



Note: We defined as key contacts all new contacts, repeat contacts (not enrolled in case management), and case management initial enrollments. Not shown in the figure are contacts with LA DOOR case management clients through follow-up activities.

## LA DOOR Case Management Clients

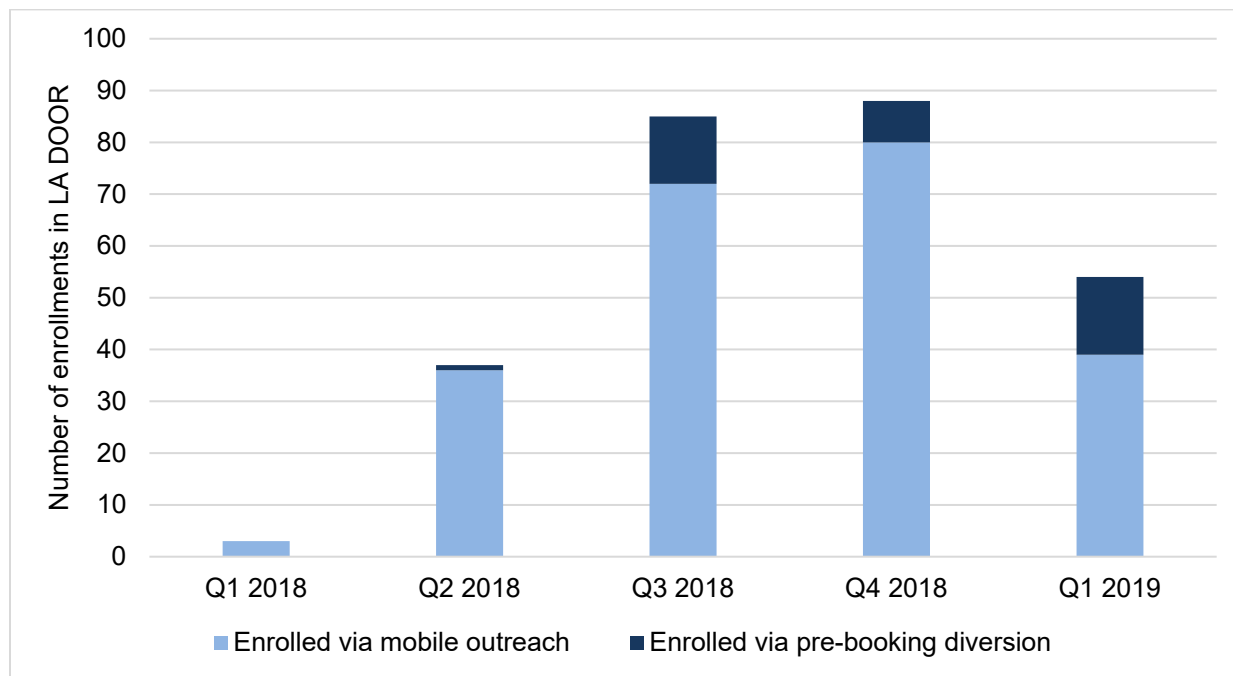
This section describes the characteristics of the case management clients for LA DOOR (hereafter also referred to as “LA DOOR participants”). We first describe aggregate data on the timeline of case management enrollments, followed by a description of their demographic, socioeconomic, substance use, and mental health characteristics. We then discuss their service needs and access to services through the course of the LA DOOR program. Finally, we present findings for recidivism based on current data for the pre-booking diversion participants relative to a comparison group of similar individuals who were not offered LA DOOR (see Chapter 2 for a description of the comparison group).

**Finding. LA DOOR enrolled 281 individuals in case management, exceeding its target caseload.**

From January 1, 2018, through March 31, 2019, LA DOOR enrolled 281 participants in case management (see **Figure 4.2**). Based on these numbers, LA DOOR has exceeded its anticipated rolling caseloads of 100 and 200 participants for the first and subsequent years of program implementation, respectively. The majority of case management clients (n=244; 86.8%) were recruited through the mobile outreach effort while far fewer (n=37; 13.2%) entered LA DOOR through pre-booking diversion. Case management clients enrolled through

mobile outreach were recruited from across the five mobile outreach sites, with relatively higher recruitment from two of the more populated sites. Case management clients enrolled through pre-booking diversion were referred primarily by through the Southeast Division of LAPD, which accounted for over 60 percent of the pre-booking diversion referrals, with more limited referral through the Southwest and 77<sup>th</sup> Street Divisions.

**Figure 4.2. Enrollment in LA DOOR Per Quarter**



As depicted in **Figure 4.2**, implementation of the pre-booking diversion arm of LA DOOR took longer to occur than the mobile outreach arm. There were delays in implementing pre-booking diversion for LA DOOR due to major leadership changes in the LAPD’s South Bureau (which has jurisdiction over LA DOOR’s geographic operating areas). LACA hosted a series of trainings with LAPD staff throughout spring and summer of 2018, but until new leadership was appointed, implementation of LA DOOR pre-booking diversion was sparse and inconsistent. LA DOOR pre-booking diversion did not fully launch until October 2018 following directives from high-level LAPD brass directing all officers to follow LA DOOR protocols. However, even subsequent to full implementation of pre-booking diversion, levels of LA DOOR case management enrollment through this channel remain far lower than through mobile outreach. This skew toward clients referred via mobile outreach as opposed to pre-booking diversion is reflective of relatively few arrests for individuals on Prop-47-eligible offenses in these South Los Angeles districts rather than a failure of LAPD to offer LA DOOR to eligible arrestees. As arrest numbers for Prop-47 drug offenses that would be eligible for LA DOOR continue to decline, referral to LA DOOR through pre-booking diversion is expected to remain limited. Additionally, not all individuals offered pre-booking diversion through LA DOOR accept; as of March 31, 2019, 15 individuals eligible for LA DOOR pre-booking diversion declined LA DOOR (28.8%).

### *Demographics*

**Finding. LA DOOR serves primarily an older, male, black population.**



**Table 4.1** provides information on the demographic characteristics of the LA DOOR participants who have enrolled in case management throughout LA DOOR’s implementation period. Relative to the demographic composition of the region in which LA DOOR operates, LA DOOR serves an older, male, black population.<sup>5</sup> The majority of LA DOOR participants are aged 44 or older, two-thirds are male, and almost 70 percent are black. Among those with information on marital status or family composition characteristics, nearly 95 percent of individuals reported they were unmarried, and 50 percent reported having children.

The pre-booking diversion and mobile outreach groups have relatively similar demographic compositions. Compared to case management clients enrolled via mobile outreach, individuals enrolled through pre-booking diversion are skewed slightly younger, more male, and with a greater proportion reporting Hispanic ethnicity. The only statistically significant difference across the two groups is race/ethnicity. ( $p=0.03$ ). Observed demographic differences across the mobile outreach and pre-booking diversion groups are expected given the different population groups from which the different recruitment methods draw.

**Table 4.1. Demographic Characteristics of LA DOOR Case Management Participants**

		<b>Total N=281</b>	<b>Mobile outreach N=244</b>	<b>Pre-booking diversion N=37</b>
Age Group	18-25	5.3%	5.3%	5.4%
	26-35	16.4%	16.0%	18.9%
	36-43	17.4%	17.2%	18.9%
	44-54	22.8%	23.4%	18.9%
	54-64	29.9%	29.5%	32.4%
	65+	7.8%	8.2%	5.4%
	Missing/Unknown	0.4%	0.4%	0.0%
Sex	Female	34.2%	36.1%	21.6%
	Male	65.5%	63.5%	78.4%
	Missing/Unknown	0.3%	0.4%	0.0%
Race	Black	68.7%	71.3%	51.4%
	Hispanic	19.9%	18.0%	32.4%
	White	6.4%	6.6%	5.4%
	Other	2.5%	2.4%	2.7%
	Missing/Unknown	2.5%	1.6%	8.1%
Primary Language	English	75.1%	75.8%	70.3%
	Spanish	4.6%	4.1%	8.1%
	Missing/Unknown	20.3%	20.1%	21.6%
Marital Status	Married	3.2%	2.5%	8.1%

<sup>5</sup> Demographic information for the South Los Angeles area indicates a population that is 32 percent aged 40 and older, 48 percent male, and 24 percent black (U.S. Census Bureau, 2017). Since LA DOOR’s operating area is a subset of South Los Angeles, we also examined demographic characteristics of the specific neighborhoods in which LA DOOR operates based on information compiled by the Los Angeles Times (Los Angeles Times, 2019), which also supported a skew toward an older, male, black population relative to neighborhood composition.

	Total N=281	Mobile outreach N=244	Pre-booking diversion N=37
Unmarried	59.0%	61.0%	45.9%
Missing/Unknown	37.7%	36.5%	45.9%
Adult children	13.5%	13.5%	13.5%
Young children	18.2%	17.6%	21.6%
No children	35.2%	36.9%	24.3%
Missing/Unknown	33.1%	32.0%	40.5%

Note: In a few cases, demographic information for a given individual was inconsistent across data entries (e.g., an individual could be classified as male in one data entry and as female in another data entry). In these instances, we classified an individual characteristic based on the modal response across entries.

**Finding. LA DOOR participants have relatively low levels of educational attainment and lack stable income sources.**

**Table 4.2** provides additional baseline information for the individuals enrolled in LA DOOR case management. LA DOOR participants have relatively low levels of educational attainment. Among those with information on educational attainment, approximately one-half (51.7 percent) had completed less than a high school education and 30.2 percent had a high school degree or equivalent. This is comparable to the educational composition of the region in which LA DOOR operates, in which 49 percent have less than a high school education and 26 percent have a high school degree or equivalent (U.S. Census Bureau, 2017). Although not noted in the table due to the large amount of missing data, the data do show that upon enrollment in LA DOOR, most participants did not have a stable source of income or employment. Because the mobile outreach prong of LA DOOR directly recruited clients from homeless encampments, 100 percent of case management clients enrolled through mobile outreach were homeless at baseline; among individuals enrolled through pre-booking diversion, nearly one-half (40.5 percent) were reported as experiencing homelessness at baseline, and many had experienced homelessness for at least one year.

**Finding. 73% of the LA DOOR clients have substance use problems. Nearly one-half of participants had co-occurring mental health issues.**

Substance use problems, defined based on participant self-report or observed problems from P180 and not diagnostic criteria, were reported for 72.6 percent of individuals, with the most commonly used substances including alcohol (55.2 percent), smoked marijuana (37.7 percent), smoked crack-cocaine (28.8 percent), and smoked other stimulants (i.e., methamphetamine; 23.5 percent). Injection drug use was relatively uncommon with 15 (5.3 percent) of LA DOOR participants reporting currently injecting heroin, prescription opioids, or psychostimulants. Nearly one-half (43.1 percent) of LA DOOR participants with substance use problems had co-occurring mental health conditions, most commonly noted as depressive disorders, bipolar and related disorders, schizophrenia and other psychotic disorders, and trauma or stress-related disorders. These mental health conditions were determined based on a combination of information from participant self-report, information in the LA County system, or based on structured psychosocial assessment by P180 staff.

**Table 4.2. Socioeconomic, Substance Use, and Mental Health Characteristics of LA DOOR Case Management Participants**

		<b>Total N=281</b>	<b>Mobile outreach N=244</b>	<b>Pre-booking diversion N=37</b>
Highest education level	College degree (AA/AS/BA/BS) or higher	1.1%	1.2%	2.7%
	Some college or university	8.2%	8.2%	8.1%
	High school diploma or equivalent	16.0%	15.2%	21.6%
	Some high school	17.8%	18.4%	13.5%
	Less than high school	9.6%	10.2%	5.4%
	Missing/Unknown	47.0%	46.7%	48.6%
Length of Most Recent Homelessness Spell	Never experienced homelessness	1.4%	0%	10.8%
	<6 months	3.6%	2.8%	0.0%
	7-12 months	6%	6.6%	2.7%
	1-3 years	13.2%	13.9%	8.1%
	4-5 years	3.9%	4.5%	0%
	6 years or more	6.4%	6.9%	2.7%
	Missing/Unknown	65.5%	63.9%	75.7%
Substance use and/or mental health problems <sup>a</sup>	SUD problems only	41.3%	42.2%	35.1%
	Mental health indicators only	4.6%	4.1%	8.1%
	Both SUD and mental health indicators	31.3%	29.1%	45.9%
	Missing data	22.8%	24.6%	10.9%
Criminal history	Previous criminal history located in administrative data	97.5% <sup>b</sup>	97.7%	100.0%

**NOTES:**

<sup>a</sup> The data used for these analyses is based on self-report and observed information from case workers. Discussions have been had with case workers to ensure complete and consistent data collection going forward.

<sup>b</sup> In the initial six months of the rollout of LA DOOR, a small number of individuals (n=7) were enrolled in LA DOOR case management prior to confirming their criminal history whereby a criminal history could later not be identified. Processes were put in place to ensure that this did not occur moving forward.

**Completion Status**

**Finding. 40.5% of LA DOOR participants continued to receive services through LA DOOR after the two-month period.**

For LA DOOR case management clients, program completion is defined as at least two months of engagement in LA DOOR services or activities, although individuals can continue to receive services through LA DOOR after the two-month period. For mobile outreach, engagement in LA DOOR is defined based on continued interaction with the P180 team based on pursuing the participant's own self-described goals, which range from continuing interaction to obtain identification documentation to maintaining enrollment in a broad suite of intensive therapies for substance use disorder, mental health, and physical health needs; for pre-booking diversion participants, it is defined as maintaining continued participation in substance use and mental health services as mandated to preclude having their arrest entered into their criminal history record. As of March 31, 2019, 55.9 percent of individuals enrolled in LA DOOR case management had completed at least two months of

engagement (n=114) or had begun case management within the past two months (n=43). Completion rates were similar by method of initial outreach (55.3 percent for mobile outreach; 56.8 percent for pre-booking diversion).

### ***Service Needs and Service Access***

**Table 4.3** displays data regarding the service needs, as self-reported by the individual or observed by the outreach team, of LA DOOR clients enrolled in case management. The service needs of LA DOOR participants are wide-ranging. There are some clear differences in types of needs across the mobile outreach and pre-booking diversion groups. Among both groups, SUD services were the most commonly recognized need, self-reported by participants or observed as a need by LA DOOR staff for more than 70 percent of both mobile outreach and pre-booking diversion case management clients. However, LA DOOR participants enrolled through mobile outreach were significantly more likely to need housing services (63.5 percent), general services (i.e., need for identification cards or social security number [SSN]; 51.2 percent), and food and clothing needs (52.9 percent) relative to pre-booking diversion participants, which reflects the high levels of basic needs among the population engaged through mobile outreach efforts.

**Finding. SUD services were the most commonly recognized need of LA DOOR participants. Over half of participants also need housing services.**

The service needs of pre-booking diversion participants were instead more commonly related to education or employment services (32.4 percent), transportation assistance (32.4 percent), followed by needs related to legal assistance (29.7 percent). This is consistent with the trends described by the Mobile Team with outreach participants experiencing long-term homelessness, substance dependence, and mental illness, while pre-booking diversion participants tend to be younger, housed, and exhibiting less acute service needs overall.

**Table 4.3. Service Needs of LA DOOR Case Management Clients**

	Total (N=281)	Mobile outreach (MO; N=244)	Pre-booking diversion (PBD; N=37)	p-value for difference of MO vs. PBD
SUD service needs	71.5%	70.9%	75.7%	p=0.547
Housing service needs	58.7%	63.5%	27.0%	p<0.001***
Transportation assistance needs	49.8%	52.5%	32.4%	p=0.023*
General service needs (e.g., driver's license, SSN)	48.4%	51.2%	29.7%	p=0.015*
Food and clothing needs	47.7%	52.9%	13.9%	p<0.001***
Mental health service needs	45.2%	47.5%	29.7%	p=0.043*
Health care service needs	41.3%	43.9%	24.3%	p=0.024*
Education or employment service needs	35.9%	44.3%	32.4%	p=0.174
Legal assistance service needs	22.1%	20.9%	29.7%	p=0.230

NOTES: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

LA DOOR case management clients have the opportunity to receive SUD, mental health, health and wellness, housing, legal, and employment services. For mobile outreach, case managers conduct screenings and provide services in the field; field-based services include SUD screenings, SUD counseling sessions or brief interventions, mental health screenings, therapeutic sessions, health and wellness screenings, and medical services (e.g., wound care, tuberculosis tests). In addition, P180 provides additional services to individuals in their offices and in some cases links individuals to other agencies. For the pre-booking diversion participants, case managers conduct screenings at the initial meetings, and then refer clients to services through P180 or through other agencies as appropriate. In recording data on service provision, P180 distinguishes between service provision in the field and linkage to other services, whereby linkage is defined as either confirmed receipt of service by P180 staff or a warm handoff to another service provider.

**Finding. LA DOOR participants access services through LA DOOR that reflect their self-reported needs.**

**Table 4.4** describes the receipt of services for LA DOOR clients enrolled in case management. By service type, each row shows the percentage of LA DOOR participants who were provided or linked to that service. More than one-third of LA DOOR case management clients accessed SUD services either from P180 or through linkages to other service providers, and over 25 percent were linked to each of mental health services, health and wellness services, and housing services. A smaller share (16 percent) accessed legal or employment services. With the exception of SUD services, whereby LA DOOR participants referred via pre-booking diversion were significantly more likely to receive services relative to those referred via mobile outreach, differences in service access across the mobile outreach and pre-booking diversion groups correspond to the differences in specific needs noted in **Table 4.3**, suggesting that LA DOOR case management clients are being appropriately directed to specific service types depending on individual-level needs.

**Table 4.4. LA DOOR Service Provision and Service Linkages**

	<b>Total N=281</b>	<b>Mobile outreach (MO) N=244</b>	<b>Pre-booking diversion (PBD) N=37</b>	<b>p-value for difference of MO vs. PBD</b>
<b>Substance Use Disorder (SUD) Services</b>				
Field-based SUD counseling session completed or brief interventions	31.7%	28.3%	54.1%	p=0.002**
Linked to SUD services (P180, West Angeles, non-LA Door Partner)	32.0%	27.9%	59.5%	p<0.001***
<b>Mental Health Services</b>				
Field-based therapeutic sessions or brief interventions	21.7%	23.0%	13.5%	p=0.193
Linked to mental health services (P180, West Angeles, non-LA Door Partner)	21.4%	21.7%	18.9%	p=0.699
<b>Health and Wellness Services</b>				
Field-based medical services provided	10.7%	11.5%	5.4%	p=0.264
Linked to health services (outside medical provider)	26.3%	29.5%	5.4%	p=0.002**
<b>Housing Services</b>				
Completed an application for LA County Coordinated Entry System (CES)	12.5%	13.5%	5.4%	p=0.165

	Total N=281	Mobile outreach (MO) N=244	Pre-booking diversion (PBD) N=37	p-value for difference of MO vs. PBD
Placed in transitional housing (LA DOOR funded or P180 partner)	17.8%	19.3%	8.1%	p=0.098
Linked to temporary housing (shelter, residential treatment, etc.)	18.9%	20.9%	5.4%	p=0.025*
<b>Legal/Employment Services</b>				
Linked to Public Defender	2.5%	2.0%	5.4%	p=0.213
Linked to HEART citation relief	5.0%	5.3%	2.7%	p=0.498
Linked to other legal services	3.6%	4.1%	0.0%	p=0.211
Linked to employment services	10.0%	11.1%	2.7%	p=0.113

NOTES: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

While **Table 4.4** reveals some significant differences between the mobile outreach and pre-booking diversion groups in terms of service receipt, some of these differences may reflect the different needs across referral groups. To better assess whether LA DOOR participants are receiving access to services consistent with their self-reported or observed needs, **Table 4.5** describes the percentage of LA DOOR participants who have been provided with various service types conditional on self-reported or observed need for such a service. Conditional on self-reported or observed need, the only remaining significant difference between the groups is in receipt of substance use disorder (SUD) services, whereby LA DOOR participants referred via pre-booking diversion are significantly more likely to access SUD services conditional on need. This difference likely reflects (1) that pre-booking diversion referral clients are required to access such services in order to have their qualifying arrest excluded from their criminal record, and (2) that mobile outreach clients often have need of other services (e.g., housing) before they are able to engage in SUD service receipt.

**Table 4.5. LA DOOR Service Provision and Service Linkages, Conditional on Need**

	Total	Mobile outreach (MO)	Pre-booking diversion (PBD)	p-value for difference of MO vs. PBD
Accessed SUD services conditional on need	46.8%	42.8%	71.4%	p=0.005**
Accessed mental health services conditional on need	52.0%	52.6%	45.5%	p=0.654
Accessed health services conditional on need	42.2%	43.9%	22.2%	p=0.208
Accessed housing services conditional on need	46.7%	47.7%	30.0%	p=0.278
Linked to legal/employment service conditional on need	28.8%	31.1%	13.3%	p=0.157

NOTES: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

One of the benefits of LA DOOR's approach is the ability to link clients to multiple services across multiple program partners and other agencies. Of case management clients linked to services, over half (61.0 percent) were linked to multiple services. Furthermore, 23 case management clients --- all whom had multiple needs spanning substance use disorder, mental health, as well as food and housing --- were successfully linked through LA DOOR to P180's Intensive Outpatient Program (IOP), which provides long-term intensive case management services for LA DOOR participants struggling with complex needs due to a mental health or co-occurring disorder. IOP resources are leveraged through the Los Angeles County Department of Mental Health,

which are tracked in a separate data system and thus are not reflected in the services presented in Tables 4.4 and 4.5. Almost all participants (91.3%; n=21) who have been transitioned to IOP have been sufficiently stabilized through LA DOOR housing in order to be able to take advantage of the long-term care offered through IOP at P180's site. Participants active in IOP services are driven, most often by WACDC case managers, to their IOP appointments using grant-funded vehicles. Through IOP, participants are able to take advantage of wrap-around case management services, ongoing SUD services, psychiatric services, and individual and group therapy, and have access to the Five Keys Schools – a nationally recognized education management corporation that provides a broad range of educational programs, employment services, cognitive behavioral therapy, and case management services – if that linkage is appropriate.

### Recidivism

**Finding. Overall, our analyses suggest that pre-booking diversion individuals appear to be less likely to commit crimes compared to individuals that did not participate in LA DOOR.**

In order to better assess how LA DOOR is associated with recidivism, we compared criminal justice outcomes for LA DOOR participants referred through pre-booking diversion to a comparison group of individuals who had similar criminal histories (see Chapter 3) but were not screened for LA DOOR participation. While for the final evaluation report we hope to ensure that the comparison group is similar to LA DOOR participants in terms of various observable characteristics, such as age, gender, and race/ethnicity, Table 4.6 shows that LA DOOR participants and the comparison group do not differ in terms of criminal history prior to qualifying arrest date and in terms of arrest date. For comparative purposes, we also present information on 15 individuals who were offered LA DOOR pre-booking diversion but declined. Of note, based on the characteristics considered, there are no significant differences between those who were offered and accepted LA DOOR and those who were offered and declined LA DOOR.

**Table 4.6. Criminal History Information for Pre-booking Diversion Participants and Comparison Group**

	Pre-booking diversion LA DOOR participants (PBD)	Pre-booking diversion, eligible but declined	Comparison group (P36)	p-value for PBD vs. P36
Number of individuals	37	15	37	
Average (SD) exposure time (i.e., days between qualifying arrest and April 1, 2019)	139.5 (86.0)	98.9 (99.6)	132.8 (64.2)	p=0.71
Prior criminal history				
Average (SD) # felony convictions	2.2 (3.3)	2.0 (3.1)	1.7 (2.7)	p=0.44
Average (SD) # misdemeanor convictions	4.0 (5.1)	3.7 (5.1)	2.3 (2.7)	p=0.09

	Pre-booking diversion LA DOOR participants (PBD)	Pre-booking diversion, eligible but declined	Comparison group (P36)	p-value for PBD vs. P36
Average (SD) # warrants	5.5 (7.1)	9.1 (9.8)	4.2 (4.7)	p=0.37

NOTES: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

**Table 4.7** provides recidivism information and compares pre-booking diversion LA DOOR participants to a similar comparison group that did not receive LA DOOR services. Overall, our analyses suggest that pre-booking diversion individuals are less likely to commit crimes compared to individuals that did not participate in LA DOOR, although given the short timeframe for follow-up regarding the prevalence of subsequent arrests or convictions are very low for both groups, it is difficult to draw strong inferences. Among the 37 LA DOOR pre-booking diversion participants enrolled in case management, zero had a subsequent felony conviction and five individuals (13.5 percent) had a subsequent misdemeanor conviction as of March 31, 2019. Charges for these five individuals included drug possession (n=2), disturbing the peace (n=1), resisting arrest (n=1), and assault (n=1). Among these individuals, the average time to re-conviction for a new misdemeanor from the qualifying pre-booking diversion arrest rate was 164 days (SD = 77.7 days). This timeframe was a significantly lower rate of re-conviction (p<0.01) and a significantly lower average time to re-conviction (p=0.03) than observed in the comparison group, of whom 5.0 percent (n=2) had a subsequent conviction for a felony and 37.8 percent (n=14) had a subsequent conviction for a misdemeanor offense, the majority of which were for drug possession offenses. The average time from Proposition 36-qualifying arrest and subsequent conviction among those individuals in the comparison group who had a subsequent offense was 55.5 days (SD = 56.0 days).

**Table 4.7. Recidivism Information for Pre-booking Diversion Participants and Comparison Group**

	Pre-booking diversion LA DOOR participants (PBD)	Pre-booking diversion, eligible but declined	Comparison group (P36)	p-value for PBD vs. P36
Number of individuals	37	15	37	
<b>Subsequent criminal history</b>				
Number (%) individuals with any-reconviction	5 (13.5%)	4 (26.7%)	15 (40.5%)	p=0.009**
Number (%) with subsequent felony	0 (0.0%)	0 (0.0%)	2 (5.4%)	p=0.16
Number (%) with subsequent misdemeanor	5 (13.5 %)	4 (26.7%)	14 (37.8%)	p=0.017*
Number (%) with subsequent warrant	12 (32.4%)	8 (53.3%)	24 (64.9%)	p=0.010**



	Pre-booking diversion LA DOOR participants (PBD)	Pre-booking diversion, eligible but declined	Comparison group (P36)	p-value for PBD vs. P36
<b>Among those with re-conviction</b>				
Average (SD) # felony re-convictions	N/A	N/A	1.1 (SD=0.3)	N/A
Average (SD) # misdemeanor re-convictions	1.0 (SD=0.0)	1.0 (SD=0.0)	1.4 (SD=0.8)	P=0.053
Average (SD) # days to re-conviction	164.0 (SD=77.7)	95.3 (SD=94.9)	55.5 (SD=56.0)	p=0.031*

NOTES: SD=Standard deviation. \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.

While these findings are encouraging, the relatively short timeframe for follow-up (less than a year for all individuals) suggests that the results should be interpreted cautiously. Over the next year, as more data covering a longer time period become available to inform differential risk of re-conviction across the LA DOOR and Proposition-36 groups, models that explicitly account for differential exposure time across groups (i.e., hazard models) and that adjust for baseline differences (e.g., age at time of arrest) can be used to more accurately identify the association of LA DOOR with criminal justice outcomes.

## Chapter 5. Qualitative Findings

The quantitative findings described in the previous chapter provide important information about the types of services being used by LA DOOR clients as well as preliminary outcome data. This chapter describes the results of focus groups with LA DOOR clients and interviews with LA DOOR partner staff, which provide additional context regarding the process of implementation, any barriers and solutions to implementation, and perceptions of the LA DOOR program to date. Where pertinent, we provide details regarding efforts since taken by LA DOOR to address issues raised during the focus group and interviews.

This chapter also includes information gathered from the observation of Advisory Committee meetings.

### LA DOOR Client Feedback

As noted in Chapter 2. Methodology, researchers conducted four focus groups with LA DOOR clients. As described, each focus group began with a quantitative *Client Feedback Survey* (Survey) asking participants to rate the effectiveness and importance of LA DOOR programs and services. Researchers then facilitated the qualitative component of the focus group. In this section, we document the survey results and qualitative input gathered during the focus groups, reporting salient participant quotations and group consensus statements.

#### *Survey Results from Focus Groups with LA DOOR Clients*

**Finding. LA DOOR clients indicate a general satisfaction with services rendered.**

On the survey, participants were first asked to rate the effectiveness of the services that they had been linked to by LA DOOR as high, medium, or low. Researchers assigned a value to each rating<sup>6</sup> – high (3), medium (2), low (1) – and compiled response data to calculate an average rating for each service. Table 5.1 displays the results.

**Table 5.1. Clients' Perceived Effectiveness Rating of LA DOOR Services (N=35)**

LA DOOR Service	High		Medium		Low		N/A		Total N	Weighted Average
	%	N	%	N	%	N	%	N		
Help getting a driver's license, Social Security card, or other ID	66.7%	22	0.0%	0	3.0%	1	30.3%	10	33	2.9
Transportation services, like getting a ride to a doctor or other appointments	82.9%	29	8.6%	3	5.7%	2	2.9%	1	35	2.8

<sup>6</sup> Participants were given the option to indicate that a service as N/A, indicating that they have not received or otherwise had experience with that LA DOOR service.

LA DOOR Service	High		Medium		Low		N/A		Total N	Weighted Average
	%	N	%	N	%	N	%	N		
Medical services	52.9%	18	8.8%	3	2.9%	1	35.3%	12	34	2.8
Substance abuse counseling	63.6%	21	6.1%	2	6.1%	2	24.2%	8	33	2.8
Substance abuse treatment through a program or residential treatment	55.9%	19	8.8%	3	5.9%	2	29.4%	10	34	2.7
Help getting access to public benefits	57.6%	19	9.1%	3	9.1%	3	24.2%	8	33	2.6
Help with getting access to medical insurance coverage	34.3%	12	11.4%	4	5.7%	2	48.6%	17	35	2.6
Being linked to a shelter	53.1%	17	9.4%	3	12.5%	4	25.0%	8	32	2.5
Help with being linked to HEART for citation relief	31.4%	11	2.9%	1	8.6%	3	57.1%	20	35	2.5
Dental services	31.4%	11	5.7%	2	8.6%	3	54.3%	19	35	2.5
Help with being reconnected with the Probation or Parole Office	22.9%	8	5.7%	2	5.7%	2	65.7%	23	35	2.5
Mental health counseling	55.9%	19	5.9%	2	17.7%	6	20.6%	7	34	2.5
Vision services	32.4%	11	2.9%	1	11.8%	4	52.9%	18	34	2.4
Help with being linked to the Public Defender or Alternate Public Defender's Office to address legal issues	40.0%	14	11.4%	4	14.3%	5	34.3%	12	35	2.4
Help finding a job	29.4%	10	5.9%	2	14.7%	5	50.0%	17	34	2.3
Housing services	43.8%	14	21.9%	7	21.9%	7	12.5%	4	32	2.3
Help completing an application for federal or CES housing services	31.4%	11	8.6%	3	17.1%	6	42.9%	15	35	2.3
Being linked to another housing resource (SRO, participant paid housing, sober living, etc.)	28.6%	10	11.4%	4	20.0%	7	40.0%	14	35	2.1

The average effectiveness rating for LA DOOR services was above average. On a scale of 1 to 3, 1 being low and 3 being high, all services received an average score between 2.1 and 2.9. The services identified as most effective include LA DOOR assistance with obtaining identification (2.9), transportation services (2.8), medical (2.8), and SUD services (2.8). Those services identified as less effective include assistance with being linked to LA DOOR-funded (2.3 or other housing services (2.1).

**Finding. LA DOOR clients indicate that housing services are of greatest importance to them.**

Clients were also asked to choose the three LA DOOR services that are currently most important to them. Table 5.2 displays the results ranked from highest to lowest.

**Table 5.2. Ranked Importance of LA DOOR Services (N=34)**

LA DOOR Service	Frequency Chosen	
	%	N
Housing services	50.0%	17
Transportation services, like getting a ride to a doctor or other appointments	32.4%	11
Being linked to another housing resource (SRO, participant paid housing, sober living, etc.)	32.4%	11
Help getting a driver's license, Social Security card, or other ID	26.5%	9
Help completing an application for federal or CES housing services	20.6%	7
Help finding a job	20.6%	7
Help getting access to public benefits	14.7%	5
Being linked to a shelter	14.7%	5
Dental services	14.7%	5
Substance abuse treatment through a program or residential treatment	11.8%	4
Mental health counseling	11.8%	4
Medical services	8.8%	3
Vision services	8.8%	3
Substance abuse counseling	8.8%	3
Help with getting access to medical insurance coverage	2.9%	1
Help with being linked to the Public Defender or Alternate Public Defender's Office to address legal issues	2.9%	1
Help with being reconnected with the Probation or Parole Office	2.9%	1
Help with being linked to HEART for citation relief	2.9%	1

Nearly one-half (47%; N=17) of participants identified housing services among the top three most important LA DOOR services offered. Being linked to housing resources was also ranked highly by 11 participants. Focus group participants also identified transportation (N=11) and help getting identification (N=9) as important services. Among the least-chosen services, with only one participant choosing each, were LA DOOR legal services and accessing medical insurance coverage.

### *Focus Groups Themes*

**Finding. LA DOOR clients identified three main themes in the focus group discussions – gratitude, satisfaction with overall LA DOOR services, and identifying access to housing as a priority.**

Three overarching themes emerged from discussions across the focus groups:

- **LA DOOR clients are grateful for the LA DOOR program.** Focus group participants consistently expressed gratitude for LA DOOR. They appreciated the fact that P180 came to them in the first place; that case managers are consistent in their offer to help; and that they held clients accountable by regularly following-up and checking in with clients.

- **LA DOOR clients are happy overall with LA DOOR services.** Focus group participants rated the effectiveness of all LA DOOR services above average. In focus group discussions, clients indicated that service access with LA DOOR assistance is faster and more efficient than what they can achieve on their own. They also expressed an appreciation for the support and direction provided by P180 staff. When asked, clients could not identify another organization that regularly comes to them offering help or that is as willing to meet them where they are in their journey.
- **LA DOOR clients indicate that housing services are a priority,** but they have experienced certain challenges related to accessing housing through LA DOOR. As noted, focus group survey results indicated that housing services are among the most important to clients, while being among the least effective LA DOOR services. During the focus group discussions, participants indicated that being linked to shelter services is faster and easier with LA DOOR assistance, but barriers remain to attaining more permanent housing. Housing clients indicated a key challenge associated with the transition into LA DOOR-funded housing is miscommunication between LA DOOR service partners (e.g., inconsistent messaging regarding expectations of clients, house rules, etc.), which creates confusion and frustration for both clients and staff. In addition, once in LA DOOR-funded housing, clients become frustrated with a perceived lack of direction or progress in moving on to more permanent housing. Housing clients also indicated dissatisfaction with some house staff, citing issues with communication and lack of professionalism, but recognized recent improvements.

Following is a summarized list of discussion themes and areas of agreement across the four LA DOOR client focus groups.

#### *Focus Groups with P180 Clients*

During the focus groups with P180 clients, participants shared their perceptions on a number of topics they chose to discuss:

**Finding. P180 Clients appreciate the assistance of P180 case managers.**

Participants reported that case managers put in a lot of effort to make sure they stay in touch with their clients. Although consistent communication can be difficult, participants reported they are very good at following-up with clients regularly, taking the time and effort to locate clients. Their role is seen as providing a consistent source of one-on-one support for clients, while also keeping clients accountable. Clients reported that case managers offer direction and assistance with clients' needs and appointments, providing clients with peace of mind. Participants also noted that case managers never make clients do something unless the participant wanted to do it, and that they serve as friends and advocates for their clients.

Clients noted that LA DOOR assistance makes it faster to access needed services. The reasons for this are two-fold: LA DOOR assistance makes the processes involved with service access more efficient. Moreover, clients indicated that access to some services, like securing a bed in a shelter, seem to be prioritized for LA DOOR clients.

**Finding. P180 clients are pleased with the access and quality of a number of LA DOOR services.**

**Wellness Services** (including SUD, mental health, and general health services). Clients specifically highlighted benefits related to access to SUD treatment. They reported that typically getting into SUD treatment is difficult and can require a court referral, which means an individual has to get arrested to be placed. Through LA DOOR, clients perceived that they were able to get into SUD treatment easier and faster.

**Transportation Services.** As some clients stated, by providing transportation, LA DOOR takes away an excuse for not showing up to an appointment. Clients appreciated assistance with getting bus tickets and other long-distance transportation. The discussions also highlighted that transportation is important for some clients who cannot walk through certain areas of town safely because of such considerations as gang activity.

**Employment Services.** One challenge identified in focus group discussions was that some clients do not have the income necessary to move on to more permanent housing. They noted that WACDC has been helpful with creating or updating résumés. Clients also suggested that more assistance in finding employment would be beneficial.

**Housing Services.** Participants reported that LA DOOR assistance makes the process of getting into shelters easier and faster. They also noted that an advantage of LA DOOR is that the program is able to extend individuals' stays in temporary homeless shelters.

**HEART Citation Relief.** Some LA DOOR clients reported that they have used HEART citation relief and found it very helpful. However, several focus group participants did not know about HEART, but are in need and are interested in receiving the service.

#### *Focus Groups with LA DOOR-Funded Housing Clients*

During the focus groups with LA DOOR in WACDC/Ms. Hazel's House facilities, participants shared their perceptions on a number of topics they raised as issues. Findings include:

**Finding. Housing clients expressed a number of concerns regarding LA DOOR-funded housing services and their trajectory toward more-permanent housing. LA DOOR has taken steps to address these concerns.**

**LA DOOR Housing Services.** The survey results indicate clients' concern regarding the effectiveness of LA DOOR housing services. During the focus groups, LA DOOR-funded housing was described as "sufficient" and concerns were raised about housing policies, such as that the perception that LA DOOR-funded housing operates from a sober-living approach, rather than from a harm reduction model. For example, LA DOOR housing has a 14-day "blackout" period where a client has to stay on the property with the exception of going to work or appointments. Focus group participants reported that the policy has caused some confusion, frustration, and resentment among clients.

LA DOOR partners report that these blackout periods were born out of the need to support clients who are focused on SUD recovery within a harm reduction model. The ongoing substance use of some clients is disruptive and triggering to other individuals maintaining abstinence. In response to these concerns, housing staff make an effort to accommodate housing clients who return under the influence as long as they do not pose behavioral difficulties and are able to go to their rooms. That said, this sometimes creates difficulty with clients

who may perceive one participant being treated differently than another. In addition, WACDC has worked to separate clients who are actively using and those who are sober.

Clients also described a 14-day hold penalty that is instituted if a client returns to the house after curfew. Some expressed frustration with this rule, feeling that it is too harsh or strict. Many clients rely on public transportation that is not always reliable and not the fault of the clients. That said, some clients described proactive measures they have used to mitigate issues related to public transportation, such as calling ahead if they know they will be late due to circumstances beyond their control. Since the focus groups, LA DOOR has secured an additional grant-funded vehicle for WACDC to provide rides to housing clients. This added service reduces clients' sole reliance on public transportation, thus diminishing the issue of clients not meeting curfew.

**Access to Other Housing Services.** Clients in LA DOOR-funded housing have mixed opinions regarding the pace and direction of moving toward access to more permanent housing. Some clients are pleased with the pace that they are moving through the program. They observed that the speed of progress seems to depend on individual circumstances and are comfortable with that at this time. In contrast, other clients are generally frustrated with the perceived slow pace of moving on to more permanent housing. Prior to arrival, some clients indicate that they were under the impression that they would receive Section 8 housing vouchers if they went into LA DOOR-funded housing. WACDC and Ms. Hazel's House do not have direct access to Section 8 vouchers, however. When clients learned this, it resulted in some frustration and tension. Although some housing is available through the Los Angeles County Department of Mental Health (DMH), a mental health assessment is needed to access that housing, and some clients said they do not know what the timeline is for completing such assessments. Others noted that the steps and milestones necessary to move on to permanent housing are unclear. Clients reported that they are unaware of any "success stories" regarding LA DOOR clients moving on to more permanent housing. Some clients are concerned that they will simply end up "clean, well-rested, and back on the streets again."

**LA DOOR-funded Housing Sites and Staff.** Concerns were raised about the LA DOOR-funded housing properties and staff. For example, the houses have locked gates. Many clients have been previously incarcerated and noted that having a lock-down environment can cause anxiety and bring back bad memories. That said, these houses are located in active gang areas and client safety is a constant concern. Some suggestions provided by focus group participants to address this challenge, such as giving clients a key after their 14-day blackout period or allowing for clients to have weekend passes, understanding they might be subjected to a drug test upon return or other measures to ensure adherence to the program.

Other clients expressed concerns about the quality of housing staff, saying that "higher up" staff seem to care and are helpful, but some line staff seem to just be there for a paycheck. They reported that staff have not always been respectful of clients and are not always helpful with linkages to services. It is of note that LA DOOR has made considerable effort since the focus groups to address issues regarding housing staff that have resulted in extensive staff turnover.

Finally, some clients noted that the food provided is not sufficient, as many clients are coming out of addiction and their appetites are increasing. That said, there was some indication that food quality and availability had improved recently.

For some clients, housing is a priority over any medical or other wellness concerns. In general, LA DOOR clients perceive that the program should put more effort into linking clients to housing resources and focus more on permanent housing versus transitional housing.

**Finding. Housing clients appreciate SUD services, but indicate the need for increased variety regarding session discussions, more focus on moving forward, and consideration of those who do not have SUD challenges.**

Housing clients reported that they are generally pleased with the content of these groups but would like to see more variety. Regarding SUD counseling, clients understand the need for counseling, but some reported that the sessions become redundant. They would like to focus on moving forward in their recovery rather than always focusing on the past details of their addiction. Others highlighted that just because someone is homeless does not mean they have a substance abuse problem, noting that this should be taken into account when requiring participation in SUD counseling. Clients also reported that scheduling a psychiatric or general counseling session can take a while, but service providers are professional and helpful.

**Finding. Housing clients appreciate the assistance of P180 case managers and the LA DOOR services that they have received.**

Housing clients also offered their perspectives on LA DOOR as a program. Participants noted that LA DOOR is willing to come to the encampments and conduct outreach, which other agencies and organizations do not do. As one participant noted, *“Where else are you going to find people who go through the alleys trying to find people to help?”* Participants named a number of benefits of the program, noting that it helps to *“keep me out of trouble,” “helps me keep my ducks in a row,”* and *“keeps me going, period.”* Without LA DOOR, clients stated that they may still be homeless, incarcerated, or abusing substances.

### *Opportunities for Improvement*

**Finding. LA DOOR clients indicate support for partnerships with similarly-focused organizations.**

Focus group participants provided feedback that supported work that the LA DOOR team recognized early on and had called on their existing and evolving partnerships and collaborative efforts, including:

- LA DOOR partnering with other organizations that have a similar focus, allowing LA DOOR to provide even more comprehensive services to clients
- Identifying the California Department of Motor Vehicles (DMV) as a good place for LA DOOR to connect with potential clients

**Finding. LA DOOR clients identify a variety of financial education services as a worthwhile addition to overall LA DOOR services.**



LA DOOR clients noted that basic financial services could be a beneficial addition to LA DOOR services. This addition could include understanding financial responsibility, how to improve one's credit score, and similar themes. Participants noted that this is helpful not only for accessing permanent housing, but also for general long-term success. Not long after these focus groups were held, financial-education services began to be provided to LA DOOR-funded housing clients in January 2019. Discussion has begun around offering similar services to field-based LA DOOR clients as well.

## Semi-Structured Interviews with Case Managers

The research team facilitated two group discussions with LA DOOR partners. This included an in-person group interview with P180 staff and a group discussion with WACDC staff by telephone. These discussions were initiated using a semi-structured interview guide; the interviewer followed the lead of the participants regarding the topics covered during the course of the discussion.

During these discussions, it was clear that LA DOOR partner staff members are passionate about helping their LA DOOR clients be successful and that they feel supported by LACA. Certain opportunities for improvement were also identified.

**Finding. LA DOOR partner staff indicate the need to focus on improving communication between LA DOOR partners, streamlining administrative and operational processes overall, training, and increased resources.**

**LA DOOR Partner Communication.** Discussions indicate that P180 and WACDC need to improve their communication, standardize common procedures, streamline processes across partner lines, and ensure that they are communicating the same message and information to clients. Supported by client feedback, staff members indicate a disconnect regarding communication between P180, WACDC, and Ms. Hazel's House.

In the months since the focus groups LA DOOR partners have taken steps to improve communication between housing and outreach partners, including to institute a "warm handoff" approach to transitioning participants from outreach case management into housing. This approach involves relevant P180 staff and WACDC meeting to discuss the client, their current needs, progress to date, and goals so that the transition from P180 case management to housing is as seamless as possible for both the client and LA DOOR partner staff.

**LA DOOR Program Operations.** LA DOOR partners identified a number of challenges related to the administrative aspects of the LA DOOR program and staff roles. For example, staff cited difficulties with time management and file management.

**Resource Needs.** P180 Case managers provided some suggestions as to resources needed to support the ongoing implementation of LA DOOR. First, they identified a need for one or two more vans to meet the transportation needs (e.g., rides to and from medical appointments) of LA DOOR clients. Regarding housing, they suggested that reserved beds in local shelters would help to improve access to housing for participants. Both partner discussions indicated the need for staff training and development, including training related to case management; medication management; trauma; conflict resolution, mediation, and de-escalation; and safety and boundaries. Staff also noted that a standardized onboarding process for new employees would also be valuable.

**Finding. LA DOOR partner staff are concerned with their ability to meet the extensive and wide-ranging needs of the LA DOOR client population.**

LA DOOR partners identified challenges related to the extent and severity of LA DOOR client needs. For example, staff indicated that the wide variety of client needs is a challenge and requires adaptability. They also noted that it can be difficult to get clients to follow-through on service needs, and that the work requires patience and consistency. Moreover, LA DOOR staff indicated that housing services are a priority, including the need for improved access to an increased number and variety of housing services. P180 case managers reported that they are unable to sufficiently meet the client demand for such services, a widespread issue in Los Angeles overall.

**Finding. LA DOOR partner staff struggle with prioritizing self-care.**

All LA DOOR staff indicated that maintaining self-care can be a challenge. They noted that their managers are very supportive and encourage them to use paid time off to avoid burnout. Some staff were looking into counseling through their Employee Assistance Program (EAP) and other available services as a way to address this concern.

## Advisory Committee Meeting Observations

**Finding. Advisory Committee meetings have evolved from basic quarterly progress reports to meaningful discussions focused on developing collaborative strategies to improve LA DOOR client outcomes.**

LA DOOR has held quarterly meetings with its Advisory Committee. The City Attorney has taken the lead in scheduling and establishing the agenda each quarter for the Advisory Committee meetings, though input is solicited from the Advisory Committee regarding the agenda items for subsequent meetings (See Appendix D for sample agendas and meeting minutes). The Advisory Committee has met 8 times since its formation in December 2017, with a schedule of meetings provided below. Following is a summarized list of discussion themes and areas of modification from the committee meetings.

Calendar Year	2017	2018	2019
Jan-Feb-Mar	<i>Advisory Committee not established yet</i>	March 7, 2018	March 13, 2019
Apr-May-Jun		June 6, 2018	June 12, 2019
Jul-Aug-Sep	August 1, 2017	September 20, 2018	Scheduled for September 11, 2019
Oct-Nov-Dec	December 6, 2017	December 5, 2018	To be scheduled

### *Focus of Initial Advisory Committee Meetings*

The initial Advisory Committee meetings entailed more information sharing rather than engagement. During the first one-half of 2018, the Advisory Committee consisted primarily of governmental agency representatives from the City of Los Angeles and County of Los Angeles (e.g., DMH, Public Defender) with a few representatives from the community, primarily South Los Angeles. Approximately 10 to 13 individuals attended these meetings. The first meetings were used to understand LA DOOR's goals, pre-booking diversion components, mobile team approach, and outreach to the five hotspot locations.

The Advisory Committee focused initially on understanding the perimeters of the five hotspots chosen. The Advisory Committees raised concerns about sustainability of LA DOOR once funding ends because of a historic pattern of too many piloted programs that were discontinued once funding ended in the greater Los Angeles area. During the subsequent Advisory Committee meetings, LACA staff and LA DOOR partners primarily gave status updates.

To accommodate the challenges of physically attending meetings given Los Angeles traffic and distances, Advisory Committee members were able to call in by mid-2018. Despite this conference call accommodation, Advisory Committee attendance began to decline and government agencies were sending alternatives, which weakened the ability to have an ongoing dialogue and continuity. At this same time, BSCC conducted a site visit to LA DOOR and encouraged LACA to involve more community representatives.

### *Participation and Engagement*

The LACA team is continually working and modifying the Advisory Committee based on lessons learned to increase participation and engagement. In response to declining attendance, the research team met with LACA to brainstorm how to strengthen the Advisory Committee going forward. At the September 2018 Advisory Committee meeting, time was spent to engage the Advisory Committee in developing community asset maps for the five hotspots. Whiteboards and markers were provided to members to identify which organizations and expertise would be a good addition to the LA DOOR Advisory Committee. From there a list was compiled and new members were added. The development of the community asset maps resulted with a better understanding of the hotspots' surrounding assets, including:

- Physical assets
- Economic assets
- Local associations
- Local institutions (St. John's Clinics, California Hospital Medical Center, Mt. Tabor Baptist Church, HOPICS)
- Housing and shelter locations (Ruth's Place, Pathways to Home, Souls House, House of Hope)
- Family services (Shields for Families).

As a result of this exercise, it became clear that it would be good to expand the Advisory Committees' membership to include more CBOs, such as nonprofit, faith-based, health care, and community leader representatives, from the communities surrounding the hotspots.

In June 2018, the next Advisory Committee was held at the P180 office in South Los Angeles, which allowed for more focused discussions regarding LA DOOR clientele, the hotspots, surrounding communities' involvement, and increased collaboration between City and County of Los Angeles governmental agencies.

LACA also set up meetings with some of the community organizations, such as the President and Counseling Deans at Los Angeles Trade-Technical College (LATTC) in South Los Angeles. LATTC has a large vulnerable student population, including formerly incarcerated students. The Los Angeles County Probation Department assigns a Probation Officer to LATTC 3 days per week. As a result of these meetings, LATTC and other nonprofit organizations have become engaged with LA DOOR's mission.

The attendance is now between 16 and 20 individuals, representing at least 17 organizations and constituent groups. These include the following:

<b>Project Team</b>	1. Program Director: City of Los Angeles, City Attorney staff
	2. Program Partner, Project 180
	3. Program Partner, West Angeles Community Development Corporation (WACDC)/ Ms. Hazel's House
	4. Evaluator, RAND/KH – attending as observers
<b>City and County of Los Angeles Agencies</b>	5. County of Los Angeles, Department of Public Health, Substance Abuse Prevention & Control
	6. County of Los Angeles, Public Defender
	7. County of Los Angeles, Alternate Public Defender
	8. Los Angeles Police Department
<b>Community Organizations</b>	9. Asian American Drug Abuse Program (AADAP)
	10. Homeless Healthcare Los Angeles (Client Engagement and Navigation Services)
	11. Los Angeles Trade-Technical College
	12. Los Angeles Urban League
	13. St. Joseph Center, ReEntry Intensive Case Management Services (ICMS)
	14. T.H.E. (To Help Everyone) Health Wellness Centers
	15. The Right Way Foundation, a Los Angeles Opportunity Youth Collaborative
	16. University of Southern California, Suzanne Dworak-Peck School of Social Work

## 17. Youth Policy Institute

## 18. Community Member(s)

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Membership is voluntary. Some of the organizations send two or more representatives to the meetings.

Unfortunately, at this time, analyses were not conducted on the effectiveness of the advisory board. The first two years of the project has been focused on working on increasing attendance and focused discussions. From the meetings, the expanded Advisory Committee has resulted in:

- Improved dialogue about how various nonprofit organizations can be supportive
- Increased and ongoing commitment on the part of the Public Defender and LACA to collaborate on social justice outcomes for LA DOOR clientele
- Suggestions from community partners regarding resources they have, particularly in terms of job opportunities, social activities, or practices that have worked with similar types of clientele
- Conference calls between Advisory Committee meetings to discuss specific topics, such as:
  - Volunteerism and employment
  - Trauma-informed care and peer support
  - Family reunification and legal support
  - Working relationships with the Los Angeles County Department of Children & Family Services (DCFS)
  - Harm reduction and overdose prevention
- Increased energy in the discussions about how LA DOOR can make a difference in terms of peer support models, family reunification, etc.
- Increased sharing of resources with and among the governmental agencies that can support LA DOOR, such as the Los Angeles County Department of Public Health.

## Summary

The results of these focus groups and interviews highlight a number of strengths of LA DOOR. LA DOOR participants described the importance of the services provided and highlighted that the mobile outreach component was particularly important to engaging them in the program. In general, LA DOOR clients believe services to be effective, including assistance in obtaining IDs and accessing benefits, transportation services, and physical and behavioral health services. Participants described the way that the program has allowed them to access services that may otherwise be difficult to obtain. Case managers were described as critical to engaging and retaining participants in the program. Clients perceive them as advocates, and interviews with the case managers highlighted their dedication to their roles.

There are certain challenges that were identified in the focus groups and interviews. Both LA DOOR participants and staff identified housing as an area for improvement. LA DOOR clients would like for there to be more emphasis on transitioning from temporary to permanent housing. They also described certain concerns regarding the policies of the LA DOOR housing sites, including curfews. LA DOOR partners described a need for more coordination and communication between P180 and LA DOOR-funded housing staff; this

coordination would ensure that all partners are aware of the needs of a given client and that the same message is being delivered by all LA DOOR staff.

LA DOOR staff described certain resources that would help them continue to be effective in implementing the program. Some of these related to services provided, such as the need for additional vans or housing options for participants. They also suggested that additional training would help them better address the needs of the LA DOOR client population. LA DOOR partners are dedicated to their jobs and perceived as helpful and committed by clients; these additional resources may help them to continue to be maximally effective.

Observations from the Advisory Committee meetings have shown that the work being done to increase attendance and participation and make the meetings more useful and substantive is working. Attendance is growing and instead of just reporting out on programmatic work, the time is being used to improve dialogue about how various nonprofit organizations and city and county agencies can be supportive, including leveraging resources. This coalition of CBOs and governmental agencies is working together to increase the likelihood of positive outcomes for the LA DOOR clientele and surrounding communities. The Advisory Committee has acknowledged the need to address questions regarding the sustainability of the program, but to date this has not been the focus of discussion.

## Chapter 6. Next Steps

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This two-year interim report has provided LA DOOR partners the opportunity to reflect on the implementation of the project and learn more about the clients that are being served and the services that are being provided. The remaining time of this project will be spent continuing the critical work that is being done. In the short-term, the project team will meet and discuss these findings and determine whether any changes or modifications need to be made.

### Research Next Steps

Data collection will continue for the remainder of the project. This interim report has allowed an in-depth opportunity to analyze the data and determine information that is missing for a large number of clients, such as number of children, educational status, and homelessness status. The project team will meet to discuss the importance of data collection, challenges, and barriers of data collection, and how best to make sure that data are being collected in a rigorous way.

A complete set of data for all participants will allow for additional analyses to be conducted for the final report. In addition, for the final report, we anticipate reporting on other outcomes of interest that we were not able to analyze for this interim report. According to the logic model, outcomes of interest include:

- Increased access and use of services
- Reduced substance use and mental health symptoms
- Reduced criminogenic thinking
- Reduced barriers to employment
- Reduced legal barriers
- Quality of service delivery
- Improved housing outcomes.

There are also community-level outcomes that will be analyzed. We would like to incorporate further background information on South Los Angeles demographics and information from data sources for the homeless in Los Angeles. In addition, we hope to incorporate a literature review of other similar programs utilizing evidence-based models into the final report that can add significant context and background for which we can look at LA DOOR results. We will take this opportunity to regroup as a team to go over those outcomes and decide the best way forward in terms of data collection and analyses.

As noted earlier in the report, we were not able to fully analyze the intensive case management services for LA DOOR participants struggling with a mental health or co-occurring disorders due to data collection issues. Anecdotally, this wrap-around service option for participants who have been housed in LA DOOR housing and that have been sufficiently stabilized through medication and case management support offers a unique opportunity for individuals to take advantage of the long-term care. This opportunity is because of the structure of LA DOOR, with program partners working together to identify, serve, and follow-up with clients.

The qualitative information collected provided great insight into the implementation of the program. We plan on conducting additional qualitative focus groups and stakeholder interviews, as further input into the final evaluation report. This second round of qualitative work will allow for us to gain a better understanding of how the program has been modified or changed.

## Programmatic Next Steps

Of note, LA DOOR has already started to address issues raised in the focus groups; for example, they have met with housing staff to ensure all policies are consistent with the larger LA DOOR model. LA DOOR has always gone to great lengths to ensure that participants or potential participants are never over promised any type of service. LA DOOR service providers understand that this erodes trust and breaks rapport that has been built over time. Though focus group feedback noted participants were unaware of some services, LA DOOR personnel must delicately and strategically balance the various services available versus what services the client actually qualifies for or can obtain while also maintaining the best service possible.

LA DOOR personnel do not discuss housing with participants until they have completed the necessary health screenings and eligibility requirements. Once LA DOOR housing is an option for a participant, LA DOOR personnel inform participants of this and that LA DOOR funded housing is not a permanent housing placement. In addition, as participants clear outstanding court obligations, HEART citation clearing services are made available once those obligations are cleared.

LA DOOR has also required a warm hand off for all clients that are referred to LA DOOR housing prior to placement. During the warm handoff, at a minimum, the client's field-based case manager and a case manager from the housing site meet with the client to discuss housing rules, program expectations, and the blackout period. Many times, additional staff will take part in the warm hand off including additional housing staff, therapists, SUD counselors, or the LVN. Clients are also given the opportunity to visit the housing site prior to placement. If LA DOOR housing is accepted by the participant and after placement, LA DOOR case managers located within the housing site work on stabilizing the client and the creation of goals in order to help the client in obtaining employment and/or more permanent housing options.

Work will continue with the advisory board, including the collaboration among government agencies and community organizations that are focused on serving the same clientele as LA DOOR. The team recognizes the importance of continuing to tap into the expertise and resources of Advisory Committee members in strengthening LA DOOR. One specific next step is for the team to prepare information packets containing information on programs and services offered by each Advisory Committee member, thereby having a better understanding of Advisory Committee members' experience and expertise and their organizations' focus. As relationships continue to build, as well as the program, the team looks forward to exploring with the Advisory Committee members in this next year how to sustain LA DOOR in future years.

The LA DOOR team will use the information provided in this report to ensure that client's top needs are being matched with services offered. For instance, the top needs reported by clients are substance use, housing and transportation needs, although we found that approximately half of clients that expressed those needs are accessing the appropriate services. Similar needs were also discussed during the focus groups with clients, especially the need and challenges associated with housing, and participants described the way that the program has allowed them to access services that may otherwise be difficult to obtain.



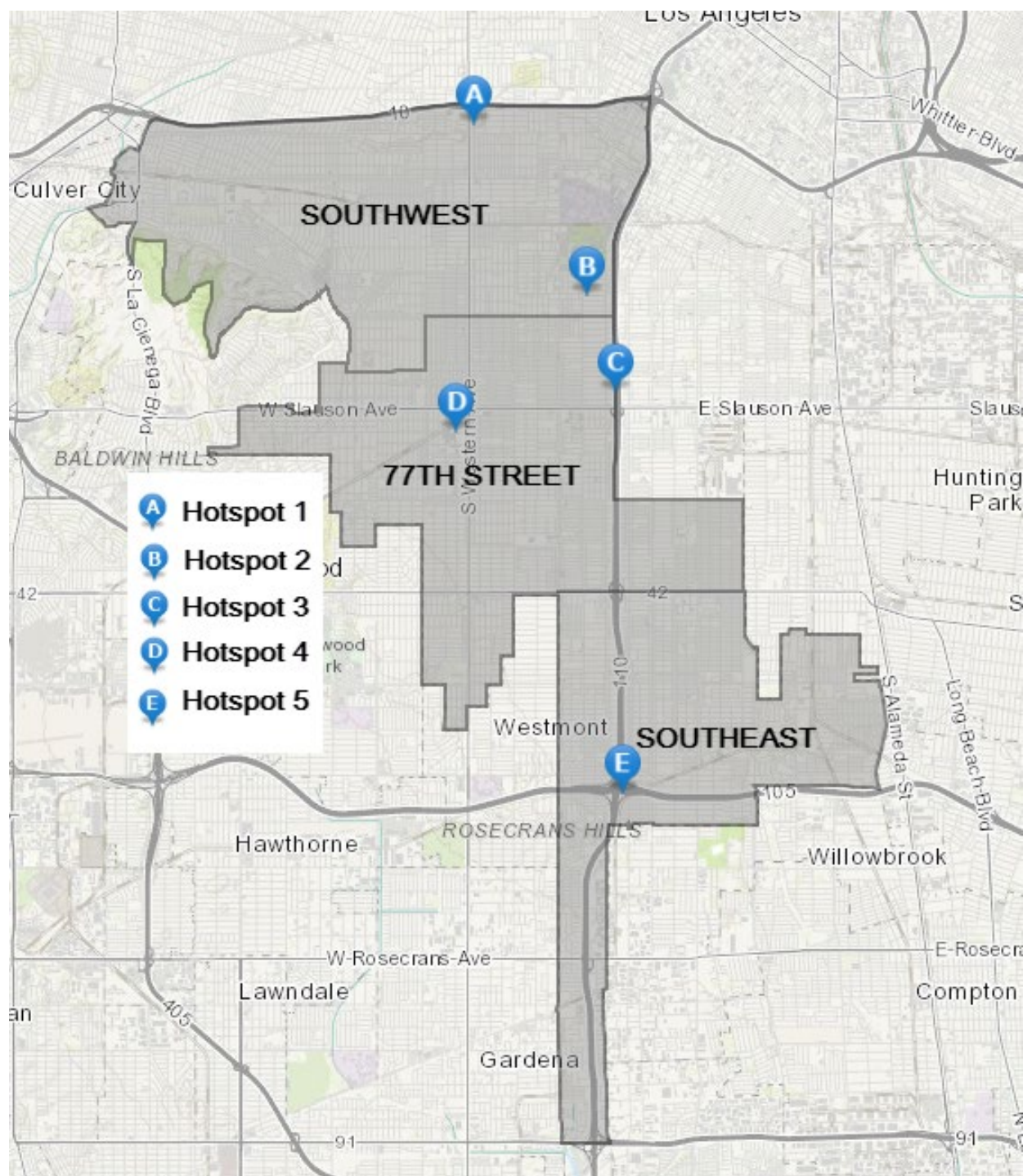
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## Appendix A. Map of LA DOOR Operating Region

Figure A.1. Map of LA DOOR Operating Region in South Los Angeles and Mobile Outreach Field Operations Sites







# LA DOOR Focus Group – Client Feedback Survey

The purpose of this focus group is to get your feedback about LA DOOR services and programs.

**Directions:**

1. Please rate the effectiveness of the services that you have received through LA DOOR using the scale **High**, **Medium**, or **Low**. If you have not received the service, please mark N/A for that service.
2. Circle the number of the top 3 services that are most important to you and that you want to discuss today.

LA DOOR Service	Effectiveness			
	High	Medium	Low	N/A
1 Help getting a driver's license, Social Security card, or other ID				
2 Help getting access to public benefits				
3 Transportation services, like getting a ride to a doctor or other appointments				
4 Housing services				
5 Help completing an application for federal or CES housing services				
6 Being linked to a shelter				
7 Being linked to another housing resource (SRO, participant paid housing, sober living, etc.)				
8 Help finding a job				
9 Medical services				
10 Dental services				
11 Vision services				
12 Help with getting access to medical insurance coverage				
13 Substance abuse counseling				
14 Substance abuse treatment through a program or residential treatment				
15 Mental health counseling				
16 Help with being linked to the Public Defender or Alternate Public Defender's Office to address legal issues				
17 Help with being reconnected with the Probation or Parole Office				
18 Help with being linked to HEART for citation relief				



# LA DOOR Staff Group Interview Questions

## Training

- 1) Do they want specific trainings in any topics?
- 2) Has training in motivational interviewing been adequate?
- 3) Have trainings in mental health and substance use been adequate?

## Clients

- 1) Did they expect our participants to be as high need as they are?
- 2) Are housing staff clear on goals for clients in housing?
- 3) Are they happy with progress made by clients?

## LA DOOR Program

- 1) What would they like to change about the LA DOOR model?
- 2) How difficult has data entry been? Do staff feel they're able to capture how much work they're doing? Do they think a database will help?
- 3) Are they happy with LACA oversight? What would they change?

## P180 Field Team

- 1) Is the field team clear on goals for clients in the field?
- 2) How do the caseloads feel? Is 25 per person for the field team too much?

## Housing Partner Staff Issues

- 1) What are the issues that come up in housing?
- 2) Do WACDC case managers feel they have the tools they need to move participants out of HH and into new housing placements? What is missing?

## Job Satisfaction

- 1) Do case/house managers have job satisfaction? If not what can be improved on?
- 2) Are they happy with supervisor support?
- 3) What would they like to see for 3 or 5 year career goals for themselves and for the program?
- 4) Are they able to practice self-care? Do they have tools for addressing cumulative trauma and stress on the job?

# Appendix D. Advisory Committee Agenda

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Office of the Los Angeles City Attorney  
Recidivism Reduction and Drug Diversion Unit

## **LA DOOR - Advisory Board Meeting**

December 5, 2018

2:00pm-3:30pm



SSG Project 180 – South LA Office

4601 South Broadway

Los Angeles, CA 90037

### **I. Introductions**

#### **LA DOOR Brief Introduction for New Members**

- A. Overview of LA DOOR Model
  - 1. Mobile Outreach
  - 2. Pre-booking Diversion
  - 3. Advisory Committee
- B. Interim Housing
- C. Hot Spot Locations
- D. Evaluation

### **II. Activity: Organization Elevator Speech**

**Goal:** Advisory members will have a better understanding of the assets and missions of organizations present. Identify additional areas of expertise that the Advisory Committee may benefit from in the future.

- A. Each organization will provide a 2-minute “elevator speech” about what their organization’s mission is, how they accomplish that mission, and the population they serve.
- B. Each organization will also place a place marker on any brick-and-mortar locations in the LA DOOR service area and circle the areas they serve.

### **III. Progress Updates (3 Minutes Each)**

- A. Social Service Provider - SSG Project 180
- B. Housing Service Provider - West Angeles Community Development Corporation/ Ms. Hazel’s House
- C. Research and Evaluation Provider - RAND/KH

D. Lead Agency - Los Angeles City Attorney Office

**IV. Public Comment**

**V. Activity: LA DOOR Advisory Committee Direction**

**Goal:** Group discussion to determine what Committee members would like to get out of LA DOOR Committee meetings, how future meetings should be structured, and whether individual committee members are able to work with the LA DOOR project outside of regular committee meetings.

A. City Attorney's Office provides background on role of the Advisory Committee

B. On post-its provide:

1. How the Advisory Committee should collaborate on the LA DOOR program
2. How does LA DOOR Advisory Committee wish to be informed of LA DOOR progress and challenges
3. How often the LA DOOR Advisory Committee should meet and how much energy you or your organization can contribute

**VI. Conclusion**

**VII.**



## Appendix E. Advisory Committee Minutes

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**LA DOOR Advisory Committee Meeting  
Project 180 – 4601 S. Broadway, Los Angeles CA 90037  
December 5, 2018 – 2:00pm – 3:30pm**

### **MINUTES**

#### **ATTENDEES**

1. **Juliana Bollo**, Case Manager – *Rightway Foundation*
2. **Maggie Cordero**, Associate Dean – *Los Angeles Trade Tech College*
3. **Karen Downard**, Director of Community Services– *West Angeles CDC*
4. **Tony Flores** – Chief Operations Officer – *T.H.E. (To Help Everyone)Health & Wellness Centers*
5. **Freddie Gomez**, CENS Navigator – *Homeless Healthcare Los Angeles*
6. **Saminh Greenberg**, Deputy City Attorney – *Office of the Los Angeles City Attorney*
7. **Gayla Kraetsch Hartsough, Ph.D.**, President – *KH Consulting Group*
8. **Kyle Kirkpatrick**, Senior Program Administrator – *Office of the Los Angeles City Attorney*
9. **Seth Kurzban, Ph.D.**, Professor – *USC Social Work School*
10. **Jamie Larson**, Director of R2D2 – *Office of the Los Angeles City Attorney*
11. **Anna McClelland**, Program Manager – *SSG Project 180*
12. **Cris Mercurio** – Head Deputy – *Public Defender's Office*
13. **Dimitrios Synodinos**, Associate Dean – *Los Angeles Trade Tech College*
14. **Cheryl Trinidad**, Chief Development & Communications Office, *T.H.E. (To Help Everyone)Health \* Wellness Centers*
15. **Franco Vega**, Founder & Director – *Rightway Foundation*
16. **Jane Yang**, Deputy Attorney - *Alternate Public Defender's Office*
17. **Raymundo Zacarias**, Program Manager – *SSG Project 180*

#### **INTRODUCTIONS & OVERVIEW**

- ICEBREAKER– Attendees were asked to sit next to someone new and introduced the person by their name, title, organization and hobby.
- NEW ATTENDEES – This was the first meeting for three local organizations operating in or near hotspots: ***Rightway Foundation*** represented by Franco Vega & Juliana Bollo; ***Los Angeles Trade Tech College*** represented by Dimitrios Synodinos & Maggie Cordero, J.D.; and ***T.H.E. Health & Wellness Centers*** represented by Tony Flores and Cheryl Trinidad.
- NEW LOCATION – This was the first LA DOOR Advisory meeting held outside of City Hall. The goal was to conduct the advisory meeting in the local community where LA DOOR operations are located.

- **LA DOOR OVERVIEW** – Jamie Larson provided an overview of the LA DOOR program for new members of the group, including a summary of Proposition 47, grant funding, the role of the City Attorney’s office, details of the Mobile Outreach team, Pre-Booking Diversion, Advisory Committee role, Interim Housing, Hot Spots where LA DOOR operates, and the Evaluation team.
- **GOAL OF ADVISORY COMMITTEE** – Provide recommendations, support, and accountability to the LA DOOR program through collaboration by members with specialized local expertise.

## **ORGANIZATION - BRIEF ELEVATOR SPEECH**

- **LA Trade Tech College**– Representatives described the population they serve as diverse, older, and more male than female students. A large portion of their student population work. The college has several support programs, such as Re-Entry and EOPS (Extended Opportunity Programs and Services) to help economically and educationally underrepresented students with support services, and DSPS (Disabled Student Programs and Services) to provide support to students with mental and physical disabilities to name a few. Mr. Synodinos indicated that he has an affinity for the homeless population and is a case manager for about 150 cases, as part of the HEAT (Higher Education Assessment Team), which helps provide support and referrals to the students. He also mentions how the transient population who are not students may create a threat or risk to the safety of the faculty and school.
- **West Angeles Community Development Center (WACDC)** – Karen Downard describes WACDC as a non-profit organization that aims to improve social and economic justice. There are several divisions of WACDC which includes Economic Development Division, which provides assistance with financial, entrepreneurship, small biz development, and home ownerships. There is also a Community Development Services Division, which provide support to youths, foster initiatives, faith and family initiatives, homeless, and veterans. They help with substance use disorders, mental health, transportation, housing, and financial needs of the homeless population. Additionally, there are currently about 400 units in their portfolio. Karen also manages the LA DOOR interim housing sites and on-site case management in partnership with Ms. Hazel’s House.
- **T.H.E. (To Help Everyone) Health and Wellness Centers** – Representatives described the organization as a non-profit health center, operating in SPAs 6 & 8, which are known areas of medically underserved groups. They provide services to low-income, uninsured/underinsured populations and can help link them to specialty care. Services includes primary, pediatrics, HIV, dental, acupuncture, and chiropractic care.
- **Project 180** – Anna McClelland described the organization as a forensic treatment agency servicing CODC (Co-occurring Disorder Court), FSP, forensic FSP, Diversion and Re-entry and justice involved populations. They also work with DMH and in SPA 6. Anna is the Program Director for the 14 member LA DOOR mobile outreach team.

- **Rightway Foundation** – Franco Vega described how he founded the organization based upon his own upbringing and need for it in the community. The agency focuses on 18-24 year old transitional foster youth and re-entry youth populations. Their Operation 2<sup>nd</sup> Chance program incorporates job training with a supportive therapeutic model. They have offices in Boyle Heights and in the Crenshaw Mall.
- **USC Professor** – Seth Kurzban is professor at USC focusing on homelessness and mental health and social service issues. He teaches, trains and conducts research on evidence-based practices.
- **Homeless Health Care Los Angeles** – Freddie Gomez is a CENS Navigator in court, and conducts a harm reduction approach to his clients. He assesses SUD clients to determine their appropriate level of care for SUD issues and makes referrals to organizations that provide that care. His organization also has a needle exchange program, MAT (medically assisted treatment), and CES (Client Engagement Services) programs.
- **Public Defender's Office** – Cris Mercurio described the function of his office as protecting the liberty with those who are charged with offenses. He personally oversees a unit in District 5 and District 6, and leads a series of expungement and charge reduction clinics to assist past public defender clients with clearing up their records.
- **Alternate Public Defender's Office** – Jane Yang described the function of her office similar that of the Public Defender's Office. She personally is involved with misdemeanor training and understands that the misdemeanor defendant population often struggles the most with mental health and SUD issues.
- **KH Consulting** – Gayla Kraetsch Hartsough described KH Consulting as an organizational consulting firm that has assisted over 200 clients in the past 30 years with strategic planning and development. KH projects have focused on social issues, such as involving DCFS, gang injunctions, etc), and have also provided evaluations to agencies. KH is providing research and evaluation services for the LA DOOR program in partnership with RAND.
- **Los Angeles City Attorney's Office** - Jamie Larson described the civil and criminal branches of the City Attorney's Office, and the scope of the City Attorney's misdemeanor jurisdiction over all misdemeanors occurring in the city of Los Angeles.

### **LA DOOR PROGRAM DESCRIPTION AND UPDATE**

- Jamie Larson described the LA DOOR program in detail for new Advisory Committee members, including a brief history of Proposition 47, funds for LA DOOR created by Prop 47, and the goal of the LA DOOR program to serve program participants through mobile outreach and pre-booking diversion. She described the mobile outreach team,

housing resources, and access to legal services through HEART and the Public Defender's Office. There are currently over 200 participants. The program has had success in reunification, getting individuals back to school, providing interim housing, linking up individuals to permanent housing, and getting folks to successfully go through detox and rehab programs. All committee members were provided a copy of the last quarterly report.

- Jamie Larson also identified for Advisory Committee members areas for possible improvement that the committee could potentially assist with, including stronger services for the TAY population, enhancing community engagement opportunities for those living in housing, and the need to identify and support individuals who would benefit from LA DOOR services before they become homeless.

### **COMMITTEE DISCUSSION**

- Mr. Synodinos indicated that LA Trade Tech has challenges too and the need for a strong referral base for their students who are struggling with mental health, homelessness or other issues.
- Mr. Mercurio suggested increasing participation by collaborating with existing organizations already working with the target population.
- Ms. Trinidad suggested providing LA DOOR material at a health table, so it takes away any stigma.
- Mr. Kurzban mentioned that there is no outreach before crisis because there is no funding, and estimated that 20% of the homeless population utilizes 80% of services. He suggested that data needs to be collected on the gaps for Prop 47 so the gaps can be addressed. He also mentioned that 37k were housed in LA in 2017, yet homeless population increased.

### **ACTION/FOLLOW-UP:**

- City Attorney's Office to meet offline with individual agencies to discuss program gaps, goals, and potential collaboration.
- Committee to work together to develop strategies for cross-referrals and identifying those who would benefit from LA DOOR who are not chronically homeless.
- Attendees to consider how their agencies can best work with LA DOOR and vice versa to mutually increase capacity.
- It was recommended that the City Attorney's Office attend community meetings, neighborhood councils, and resource events to market the LA DOOR program more broadly.
- A Veteran representative should be included on the Advisory Committee per Mr. Synodinos.
- City Attorney to work with committee members to explore moving piloting hotspots at LA Trade Tech and Crenshaw Mall.