Two-Year Interim Evaluation of LA DOOR

Proposition 47 Grant Program

Melissa Labriola, Danielle Sobol, Heather Sims, and Stephanie Holliday

August 2021

CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS

PR-A1500-1

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The Los Angeles Diversion, Outreach, and Opportunities for Recovery program (LA DOOR) is a program designed by the Los Angeles City Attorney’s Office (LACA) to provide 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.

In 2017, the California Board of State and Community Corrections through Proposition 47, the Safe Neighborhoods and Schools Act, providing initial funding to develop LA DOOR (California Courts, 2019). In 2019, BSCC provided a second round of funding from Proposition 47 to a second cohort. These select group of jurisdictions were either expanding services or proposing new programs. 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 January 2020, LA DOOR received additional Cohort 2 funds to enhance and expand the LA DOOR model from South Los Angeles into Central Los Angeles, furthering their efforts to address existing service gaps, reduce recidivism, and prioritize public health solutions to addiction and mental illness. This second cohort serves five hotspots in Central LA. 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. 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.

The three main goals of LA DOOR are to:

- Increase clients’ utilization of community-based support services;
- Remove clients’ legal barriers;
- Reduce recidivism through preventative services and pre-booking diversion.

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. As with Cohort 1, the Los Angeles City Attorney’s Office (LACA) selected RAND Corporation and KH Consulting as their evaluator. As part of evaluation efforts, grantees submit Two-Year Preliminary Evaluation Reports to assess progress towards the goals and objectives of their programs. During Cohort 2, LACA has continued their partnership 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 2020 to March 2021. 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, focusing on specific challenges of operating during COVID-19. Analyses of quantitative data describe the population of clients who are receiving LA DOOR services, their needs, and the services they receive. 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. Service Now or "SNow" is a relational database platform commonly used by government entities within the City of Los Angeles. The LA City Attorney's Office, in partnership with LA City's Information Technology Agency ("ITA"), built a HIPAA compliant SNow database to track caseloads among social service partners and to track social service access for program clients. The LA DOOR SNow database follows social service engagement within several categories: general needs, case management, substance use services, mental health care, physical health care, employment services, housing services, and legal services. Included in this evaluation are eligible LA DOOR clients from January 1, 2020, through March 31, 2021. The final sample of individuals included 347 clients. Demographics and other characteristics of the sample are discussed in Chapter 4. For each enrolled participant through September 30, 2020, the LA City Attorney’s Office checked the County's Consolidated Criminal History Reporting System (CCHRS) for recidivism according to PC 6046.2(d).

Qualitative Methods

Two major qualitative methods were used:

- LA DOOR Client Focus Groups: During a four-day period in June 2021, the
research team conducted four virtual focus groups with a convenience sample of 27 LA DOOR clients. These focus groups focused on client perceptions of the importance and effectiveness of LA DOOR services. Each focus group was between 35 and 60 minutes in length and covered a range of topics, such as: motivation for participating in LA DOOR; client experiences with LA DOOR programs, services, and staff; perceived effects of COVID-19 pandemic on LA DOOR program; and suggestions for improvement. Focus groups were structured to include both qualitative and quantitative components.

- LA DOOR Partner Group Interviews: In June 2021, researchers held a total of six virtual group interviews with LA DOOR Cohort 2 partner staff involved with LA DOOR Cohort 2 clients. Individuals included LA DOOR case managers from SSG Project 180 (P180) and West Angeles Community Development Corporation (WACDC). Interviewees were asked for their perspective on different aspects of LA DOOR, including challenges related to COVID 19, other implementation barriers and facilitators, and 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.

Key Findings

Key findings in this interim report include:

- LA DOOR enrolled 347 individuals, which puts the program well positioned to meet the anticipated rolling caseloads of 750 clients during the grant cycle.

- A goal of LA DOOR is to work with clients for at least two months once a client enrolls in the program and 59% of LA DOOR clients reached that goal. Though individuals could continue to participate in LA DOOR, clients 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. Fifty-three percent of LA DOOR clients 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. In addition, many LA DOOR clients lack stable housing and income sources.

- Both quantitative data and focus groups suggest that clients found housing services to be among the most important LA DOOR services. LA DOOR clients reported that housing a significant need but expressed concerns about access to long-term housing options, especially during COVID-19.

- LA DOOR clients indicated general satisfaction with services rendered, as well as gratitude and satisfaction with overall LA DOOR services.

- LA DOOR project staff and partners discussed the many challenges related to service access and availability during COVID.

- For the Cohort 2 LA DOOR participants enrolled through September 30, 2021, seven (3%) participants had a subsequent conviction.

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

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 from RAND and Jonathan Ross from TASC, 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 maximize LA DOOR’s benefits and outcomes.

- Jamie Larson, Kyle Kirkpatrick, and Mark Yim from the LA City Attorney’s Office Recidivism Reduction and Drug Diversion Unit
- LA DOOR Mobile Team from SSGProject180
- 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
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AADAP</td>
<td>Asian American Drug Abuse Program</td>
</tr>
<tr>
<td>BSCC</td>
<td>California Board of State and Community Corrections</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based Organization</td>
</tr>
<tr>
<td>CES</td>
<td>Coordinated Entry System</td>
</tr>
<tr>
<td>DCFS</td>
<td>County of Los Angeles Department of Children and Family Services</td>
</tr>
<tr>
<td>DMH</td>
<td>County of Los Angeles Department of Mental Health</td>
</tr>
<tr>
<td>HEART</td>
<td>Homeless Engagement and Response Team</td>
</tr>
<tr>
<td>ICMS</td>
<td>Intensive Case Management Services</td>
</tr>
<tr>
<td>IOP</td>
<td>Intensive Outpatient Program</td>
</tr>
<tr>
<td>IRB</td>
<td>RAND’s Institutional Review Board</td>
</tr>
<tr>
<td>LA DOOR</td>
<td>Los Angeles Diversion, Outreach, and Opportunities for Recovery</td>
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<tr>
<td>LA DOOR Partners</td>
<td>LACA, P180, and WACDC, including Ms. Hazel’s House</td>
</tr>
<tr>
<td>LACA</td>
<td>Los Angeles City Attorney’s Office</td>
</tr>
<tr>
<td>LAPD</td>
<td>City of Los Angeles Police Department</td>
</tr>
<tr>
<td>LATTC</td>
<td>Los Angeles Trade Technical College</td>
</tr>
<tr>
<td>P180</td>
<td>Special Services for Groups, LLC’s Project 180</td>
</tr>
<tr>
<td>RNR</td>
<td>Risk-Need Responsivity</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>USC</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>WACDC</td>
<td>West Angeles Community Development Corporation</td>
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Chapter 1. Introduction

The Los Angeles Diversion, Outreach, and Opportunities for Recovery program (LA DOOR) is a program designed by the Los Angeles City Attorney’s Office (LACA) to provide 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.

In 2017, the California Board of State and Community Corrections through Proposition 47, the Safe Neighborhoods and Schools Act, providing initial funding to develop LA DOOR (California Courts, 2019). In 2019, BSCC provided a second round of funding from Proposition 47 to a second cohort. These select group of jurisdictions were either expanding services or proposing new programs. 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.

In January 2020, LA DOOR received additional funds to enhance and expand the LA DOOR model from South Los Angeles into Central Los Angeles, furthering their efforts to address existing service gaps, reduce recidivism, and prioritize public health solutions to addiction and mental illness. This second cohort serves five hotspots in Central LA, including two in LAPD’s Central Bureau where misdemeanor drug arrests are highest in Los Angles and three in LAPD’s South Bureau, within LAPD’s Central Bureau. From 2016 - 2018, Central LA experienced the highest concentration (20% - 4,941) of the Los Angeles Police Department’s (LAPD) misdemeanor drug arrests in Central, Rampart, and Newton divisions. These three LAPD divisions are geographic regions of Central LA where homelessness, untreated mental illness, and substance abuse most frequently lead to new interactions with the justice system. The region has the highest number and highest density of homeless individuals in Los Angeles County (10,583 unsheltered, 3,635 sheltered) and 24.3% of its residents live below the poverty line.1 Additionally, LA DOOR serves one hotspot at MacArthur Park in the Rampart division in response to a local study identifying homelessness, substance use, and safety issues as prevalent concerns in the park. Finally, LA DOOR serves one hotspot at LA Trade and Technical College (LATTC), where between 2,000 and 2,500 of its 17,000 enrolled students are currently or formerly justice involved, and 12.7% of students would benefit from mental health services. Hotspot locations are areas with

1 BSCC: Prop 47 Cohort 2 Grant Application Narrative – LA City Attorney’s Office
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 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. 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. They go out into the community in vehicles, 2 vans and 1 sedan. The C2 hotspots are not all homeless encampments, but they all have homeless people. LA Trade Tech, for instance, was chosen to serve the student population, but since the campus has been closed due to COVID, the Mobile Team has done outreach to the homeless population around the LATTC campus, which includes freeway underpasses and sidewalk encampments. It is anticipated that as the campus opens, greater opportunity to do outreach on campus to the student community will become available. Overall, most of the outreach done by the Mobile Team is to homeless encampments but the team will approach anyone they think might be interested in services. LA DOOR services are bolstered by access to LA DOOR affiliated transitional housing sites, which include 29 beds, which provide stability for clients as they engage in longer-term services. Finally, LA DOOR regularly convenes an Advisory Committee that includes a broad range of local stakeholders from the Central LA community it serves.

Program Goals

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

1. **Increase clients’ utilization of community-based services.** LA DOOR aims to expand client 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. **Remove clients’ legal barriers.** The work for Cohort 2 in reducing legal barriers has focused on improving the partnership with the Public Defender’s Office to review LA DOOR client records to identify legal barriers that can be addressed – including warrants, unresolved criminal case obligations, eligibility for specialized courts, or opportunities for expungement or Proposition 47 charge reduction. LACA also has continued to leverage its HEART program for program clients, which petitions the court
for dismissal of outstanding citations, fines (often multiple thousands of dollars per client), and related warrants).

3. **Reduce recidivism through preventative services and pre-booking diversion.** During the original planning and implementation of LA DOOR, a key component of the project was to prevent new bookings, case filings, and convictions for pre-booking diversion clients by intercepting individuals arrested on a Proposition 47 drug offense in the Program Area by redirecting those arrestees to pre-booking diversion to reduce criminal court case filings. However, due to COVID and the relatively few arrests for individuals on Prop-47-eligible offenses in the project areas, the arrest numbers for Prop-47 drug offenses that would be eligible for LA DOOR continue to decline and the pre-booking diversion component has been put on hold while the LACA develops other diversion programs. The goal of reducing recidivism is more focused on the effect of preventative services.

These program goals were established by the LACA when developing LA DOOR. In addition to these overarching goals, certain targets were established related to service provision (e.g., number of individuals served by the program); additionally, though reducing recidivism is a focus of the program, there are additional short-term effects that are expected of the program and are being measured as part of the evaluation, such as reduced substance use and severity of mental and physical health issues and reduced homelessness. It is expected that addressing these outcomes will ultimately reducing future contact with the criminal justice system.

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 Cohort 2 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. At this stage, this report is focused mostly on the process evaluation findings, including research goal #1. We are also able to report on goal #2. The final report will focus on additional outcomes of interest, including recidivism (goal #3).

Figure 1.1 is the logic model describing LA DOOR. This includes the inputs and resource needed to operate the program; intended activities and outputs of those activities; and expected short-term, intermediate, and long-term outcomes associated with the program. The result of a close collaborative process, this logic model has guided our work throughout all phases of the project, both Cohort 1 and Cohort 2.
Figure 1.1 LA DOOR Logic Model

**Inputs**
- Staffing
  - Size
  - Composition and qualifications
  - Skills and roles
- Funding Sources
- Service structure
  - Procedures
  - Organizational philosophy
  - Partnerships
- Key Stakeholders
  - LA City Attorney
  - Project 180
  - Housing Partner
  - CBO capacity building partner
- Program supports and relationships
  - Advisory Committee
  - LAPD
  - RANDKH
  - Supportive services
  - Program partnerships
  - Outreach resources

**Activities**
- Mobile Outreach
  - Train staff
  - Deploy service team
  - Field contacts
  - Target population: In-need individuals at mobile deployment sites
- Service Activities
  - Provide transportation assistance
  - Enroll in case management
  - Administer RNR assessments
  - Create individualized service strategy
  - Conduct service referrals and assist with service placements
  - Provide services
    - Substance use disorder (SUD) services
    - Mental health services
    - Legal services
    - Employment services
    - Health & Wellness services
    - Housing services
  - Communications and interactions between service providers & with LA DOOR population
- 24/7 Hotline
  - Train staff
  - Field pre-booking diversion calls from LAPD
  - Field social contact referral calls

**Outputs**
- LA DOOR Participant
  - Short-term Outcomes (6 months - 1 year)
    - Increased access to and use of services (by service type)
    - Reduced substance use
    - Reduced legal barriers (e.g., through Prop 47 or citation relief)
    - Increased positive housing outcomes
  - Intermediate Outcomes (1-2 years)
    - Reduced symptoms of mental health problems
    - Reduced severity of medical problems
    - Improved labor market outcomes
    - Reduced criminal justice involvement
    - Reduced recidivism
  - Community Outcomes (6 months – 1 year)
    - Reduced crime and/or arrests
    - Increased social service capacity in communities served by LA DOOR

**Outcomes**
- # Staff trained and quality of training
- # Mobile team deployments
- # Field contacts and # referrals
- # Social contact referrals contacted for service engagement
- # and type of in-field services provided

**Target population: in-need individuals at mobile deployment sites**

**Quality of services provided**
- # Staff trained and quality of training
- # of calls (pre-booking, social contact)
- % of eligible arrests referred to hotline
- # of calls referred to LA DOOR services
- # who accept pre-booking diversion
- # completing pre-booking diversion
- # AC meetings, partner engagement, challenges identified and mitigated
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. Methodology describes the methodology for the evaluation, including sources of data and the analysis plan.
- Chapter 3. Program Description provides an overview of the LA DOOR service model, including the guiding principles, types of services provided, and goals of the program.
- Chapter 4. Description of Clients and Service Utilization presents the results of quantitative data collection and analysis to date, with a focus on 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, pre-booking diversion or social contact referrals, and the services these individuals needed and received.
- Chapter 5. Client and Staff Perspectives presents the results of our qualitative methods, including client 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. Methodology

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.

Evaluation Time Period and Sample

Included in this interim evaluation are data collected from January 1, 2020, through March 31, 2021. The final evaluation will include the full time period from January 1, 2020, through March 31, 2023. The information provided in the following chapters are data for the set of individuals who enrolled in LA DOOR case management services. It does not include 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. The final sample of individuals enrolled in case management through LA DOOR included 347 clients. Demographics and other characteristics of the sample are discussed in Chapter 4.

Evaluation Overview

Process Evaluation

Our process evaluation questions for Cohort 2 mirror those that guided our evaluation of Cohort 1 (Labriola et al., 2019):

- How was LA DOOR Cohort 2 implemented, and how did implementation of the core program model vary across referral sources?
- How many individuals were served by LA DOOR?
- What types of services did clients receive?
- What implementation challenges and successes were observed?
- Were individuals satisfied with their experience in LA DOOR?

This interim report is largely focused on the process component of our evaluation, given that
services had only been provided for a little over a year at the time of the writing of this report. Our goal was to understand initial patterns of enrollment and service utilization; describe the experience of providers as they transitioned from providing services under Cohort 1 to Cohort 2; and describe the perspective of individuals enrolled to date. A major focus of this qualitative work was to document the challenges, barriers and responses to the COVID-19 pandemic.

Outcome Evaluation

We are conducting an evaluation to determine if LA DOOR is achieving its intended outcomes, as summarized in the logic model.

LA DOOR aims to achieve the following outcomes:

- Increase access to services (short-term, from enrollment to exit).
- Improve housing situation of LA DOOR clients (short-term, from enrollment to exit).
- Address legal barriers (short-term, from enrollment to exit).
- Reduce substance use (short-term, from enrollment to exit).
- Reduce symptoms of mental health problems (intermediate, assessed at various time points); and
- Reduce criminal justice involvement, including recidivism (intermediate, assessed quarterly following program enrollment).

Data Sources

To assess the implementation and effectiveness of LA DOOR, we will rely on 3 main sources of data; 1) SNow Database; 2) Client Focus Groups; and 3) Partner Group Interviews.

SNOW Database

In designing LA DOOR, LACA committed the project and its partners to robust and detailed data collection in the LA DOOR data tool. Service Now or "SNow" is a relational database platform commonly used by government entities within the City of Los Angeles. The LA City Attorney's Office, in partnership with LA City's Information Technology Agency ("ITA"), built a HIPAA compliant SNow database to track caseloads among social service partners and to track social service access for program clients. The LA DOOR Snow database follows social service engagement within several categories: general needs, case management, substance use services, mental health care, physical health care, employment services, housing services, and legal services. The LA DOOR SNow database was initially built for Cohort 1 using leveraged city resources. Individual users receive licenses for Snow database access which are purchased by the LA City Attorney through a leveraged resource. Demographic information is entered at enrollment, but LA DOOR case managers take care not to invade clients’ privacy while trust and rapport are being built. This Snow database allows for case managers to input data at follow-up time periods as they work with individuals. This follow-up interval data is to be used for some of
the analyses to test pre/post changes in multiple outcomes.

Additionally, LA DOOR is committed to being a client centered program and employing case managers with lived experience. These commitments are essential for client 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 clients 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. The research team maintains confidentiality of the individual LA DOOR clients 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 clients’ characteristics; and social service referrals or utilization. Data include quantitative measures, complemented by qualitative information from case notes. To support evaluating differential effects of engaging with LA DOOR through mobile outreach compared to social referrals, P180 flags individual records with source of referral information.

- **WACDC** collects and manages programmatic data for housed LA DOOR clients including case management information and social service referrals or utilization; also collects aggregate data on housing capacity made available to LA DOOR clients, as well as client-level data on housing placement, retention, additional on-site services, and length of stay for LA DOOR clients.

- **LACA** has responsibility for compiling information on referrals to Homeless Engagement and Response Team (HEART) legal services; outcomes of HEART services; and recidivism information. Though individuals could continue to participate in LA DOOR, clients 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 clients referred to the County of Los Angeles Public Defender’s Office for conviction relief. For each enrolled participant through September 30, 2020, the LA City Attorney’s Office checked the County’s Consolidated Criminal History Reporting System (CCHRS) for recidivism according to PC 6046.2(d).

**Measures for LA DOOR Clients**

To select variables for analysis, we closely followed the logic model and consulted with

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2 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.
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), and primary language (English, Spanish, other). 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.

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
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<tr>
<td><strong>Mental health services</strong></td>
<td>Screenings for mental health issues, support normalizing mental healthcare, 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</td>
</tr>
<tr>
<td><strong>Substance use disorder treatment</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Health and wellness checks</strong></td>
<td>Checking vital signs, administering medications, providing nursing care, discussing health-related concerns, activating Medi-Cal, linking clients 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</td>
</tr>
<tr>
<td><strong>Legal services</strong></td>
<td>Citation relief through LACA’s HEART program, access to the Public Defender’s Office to address outstanding warrants, pursue charge reductions and post-conviction record clearing services, addressing existing court obligations, coordination of court services, client advocacy during civil or criminal court appearances, and client transportation to court obligations</td>
</tr>
<tr>
<td><strong>Housing services</strong></td>
<td>29 transitional housing beds, on-site case management services, on-site individual or group sessions, meals, transportation, financial assistance</td>
</tr>
</tbody>
</table>
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 variables, including recidivism, are to be entered by LACA’s Office through an individualized review of clients’ criminal history records (i.e., these data were not collected by RAND directly). These data was not consistently entered into the database; thus, we were not able to include data on these measures for the present analysis. LA DOOR is moving to formalize these processes and we hope to include these measures in the final report.

**LA DOOR Client Focus Groups**

During a four-day period in June 2021, the research team conducted four virtual focus groups with a convenience sample of 27 LA DOOR clients. The housing focus groups were formed by inviting all housing clients and those that were willing and available attended. For the P180 clients, P180 informed clients about the focus groups, identified those that were willing to participate, and if willing, P180 provided transportation to the office for the focus group. The sole criteria for participation were that a client 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. The focus groups were conducted via ZOOM and included:

- Two focus groups with a total of 15 LA DOOR-funded housing clients – one with 13 residents of the LA DOOR men’s house and one with two residents of the LA DOOR women’s house.
- Two focus groups with a total of 12 LA DOOR outreach clients.

At the beginning of each focus group, clients received an overview of the focus group purpose, process, and confidentiality. Verbal consent was received from all clients. As a thank you for their participation, clients were provided with refreshments during each focus group, and each client received a $20 gift card. Each focus group was between 35 and 60 minutes in length and covered a range of topics, such as motivation for participating in LA DOOR, experiences with LA DOOR programs, services, and staff, perceived effects of COVID-19 pandemic on LA DOOR program and suggestions for improvement.

Focus groups were structured to include both qualitative and quantitative components. Regarding quantitative input, focus groups began with clients completing an individual written

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3 A sample LA DOOR Focus Group – Client Feedback Survey is provided as Appendix B.
survey that asked them to rate the perceived importance and effectiveness of LA DOOR services as high, medium, or low. Clients 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”, clients each turned in their survey to the facilitator. The qualitative component of the focus group began with facilitators tallying the clients’ “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 June 2021, researchers held a total of six virtual group interviews with LA DOOR Cohort 2 partner staff involved with LA DOOR Cohort 2 clients. Staff interviewed represented the following partner organizations:

- Special Service for Groups (SSG): Project 180
  - Project 180 administration
  - Project 180 outreach case managers and clinician
  - Intensive Outpatient Program (IOP)
- West Angeles Community Development Corporation (WACDC)
  - LA DOOR-Funded Housing staff
  - Financial Capabilities staff
- Mrs. Hazel’s House Inc. (MHH)
- County of Los Angeles Public Defender

Interviewees were asked for their perspective on different aspects of LA DOOR, including developing LA DOOR, and implementation barriers and facilitators (including COVID related challenges), 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).

**Analyses**

Facilitators took written notes of qualitative data discussed at focus groups and interviews. All of the data collected were then organized into key point summaries that map to a number of key domains that were identified a priori, including outreach, services, as well as implementation challenges and model strengths. To synthesize the large quantity of qualitative information generated, we manually coded the qualitative data by key dimensions. To aid identification of themes, we developed forms that reflect the interview protocol, allowing facilitators to record
what was said and note other relevant issues. For the qualitative issues addressed by the protocol, interview data was analyzed to detect meaningful differences. This coding scheme formed the basis of an analytic matrix that allowed us to organize the qualitative data into manageable units. This matrix was used as an organizing tool to facilitate documentation of the basic features of the program as implemented and providing contextual information.

For the quantitative analyses, the first set of analyses focused on assessing the outputs included in the logic model. These analyses included field contacts and referrals, social service referrals and service access. Researchers used descriptive statistics to document the characteristics of LA DOOR clients, 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 social contact referral) target populations with potentially different backgrounds, needs, and incentives for engagement with LA DOOR, we conducted comparisons between clients enrolled in LA DOOR through mobile outreach versus social contact referrals using chi-squared tests or t-tests to assess statistical significance. Determining the differences between these two recruitment strategies can help the program understand the clients being served, including differences in needs and ultimately increase utilization.

At this time, we were unable to conduct any outcome analyses, including a recidivism analysis. This interim report was designed to focus on the implementation of the program, including providing information about who is being served, the services that are needed and accessed and challenges and barriers as described by staff and clients. We will work closely with the LA DOOR team to focus on the outcome analyses for the final report. This will include focusing on the data that is designed to be collected from individuals during various time points in their work with LA DOOR. It is planned that we will be able to use these data to show differences in multiple outcomes at baseline and a few months after receiving services. At this time, the follow-up data is not being entered consistently. Also, because the LA DOOR clients recruited through mobile outreach are drawn from populations experiencing homelessness in disadvantaged neighborhoods, there is no clear comparison group with available data on recidivism or criminal justice outcomes. Currently, the City Attorney's office is revamping its approach to diversion access, and a goal is to develop a control group for this based on similar cases that were not diverted in other parts of the city.

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4 Note that quality of services was not assessed during the current evaluation period, although Chapter 4 (Qualitative Findings) describes findings from focus groups with LA DOOR clients on their perceptions for quality of services provided through LA DOOR.
Chapter 3. Program Description

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 the first cohort of 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 (CoCo), 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. Cohort 2 is designed to build upon the success of its Cohort 1 South LA model and respond to the same service gaps as previously identified during stakeholder planning efforts by CoCo. CoCo identified six service gaps, which LA DOOR is currently addressing South LA and seeks to address in Central LA through LA DOOR expansion with Cohort 2 funding. These gaps include: 1) untreated mental illness, 2) insufficient outreach and engagement resources, 3) poor access to medical care, 4) lack of peer support and poor client-provider match, 5) lack of diversion opportunities, and 6) service provider capacity building.

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.

Program Referral and Eligibility

LA DOOR serves adult individuals who are currently or formerly justice-involved and also have a substance use and/or mental health issue. With a service goal of enrolling 750 individuals into Cohort 2; services are accessed through two avenues; mobile outreach in the field or by walking into a brick-and-mortar location which is known as a social contact referral. Once an individual is interested in receiving services, service provider personnel make a determination if the individual has an observed or self-reported mental health or substance use issue to ensure services are being directed to the target population. Once this determination is made, individuals that exhibit one or both of these issues sign a waiver to allow the LACA to verify past or current criminal justice system involvement. Using this information, LACA determines program eligibility and housing eligibility for each individual, which is relayed to the social services team. Individual who are ineligible to participate in the LA DOOR program are referred to other programs offered.
by the service provider or to other external service providers. Individuals who are eligible for the LA DOOR program can access the various services offered by the program with the exception of LA DOOR Housing being able for individuals with eligible criminal histories. 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. However, though criminal history may limit an individual’s ability to access LA DOOR housing, the LACA team meets weekly with service provider personnel to discuss client progress within the program, which allows for input about whether an individual should be eligible for housing.

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) or emergency medical technician (EMT) who is trained to triage medical issues in the field. 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.

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5 Cohort 2 has had difficulty filling the SUD counselor and LVN/EMT positions on the Mobile Team due to challenges posed by the COVID pandemic. Mobile Team positions are intrinsically challenging, as it requires people willing to work in close contact with people in homeless encampments. These challenges were made greater with the onset of COVID, as the risk of exposure to COVID made it more difficult to find qualified candidates at the salaries offered. As of this writing, P180 has been able to fill the SUD counselor position through an internal transfer. But the LVN/EMT position remains unfilled.
The Mobile Teams work at five hotspot locations – one for each day of the week. The mobile team go out into the community in 2 vans and 1 sedan. The C2 hotspots are not all homeless encampments, but they all have homeless people. LA Trade Tech, for instance, was chosen to serve the student population, but since the campus has been closed due to COVID, the Mobile Team has done outreach to the homeless population around the LATTC campus, which includes freeway underpasses and sidewalk encampments. It is anticipated that when the campus opens up again outreach on campus to the student community will commence. Overall, most of the outreach done by the Mobile Team is to homeless encampments but the team will approach anyone they think might be interested in services.

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 clients, and to provide field-based services and monitor progress for those enrolled in the program.

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. The Cohort 1 interim report found that 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 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. Unfortunately, with a new data collection system, we were unable to calculate the number of recorded contacts with individuals prior to enrollment. 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.

These “rapport building” contacts often involve checking in on clients’ well-being, offers of support, and providing 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 clients 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.
Social Contact Referral

During Cohort 1, the second referral source of LA DOOR was pre-booking diversion. Due to a number of factors, including COVID and relatively few arrests for individuals on Prop-47-eligible offenses in these Central Los Angeles districts, referral to LA DOOR through pre-booking diversion was extremely limited during Cohort 2. The project team decided to focus their attention on social contact referrals and have seen those numbers steadily increase. Social contact referrals include individuals are coming to LA DOOR as walk-ins, learning about LA DOOR through word-of-mouth, or entering LA DOOR-funded housing directly from another temporary housing site.

LA DOOR Service Providers and Collaboration

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. 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; Harm Reduction; and Culturally Competent Trauma Informed Treatment Planning, Intervention and Care.

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. The expanded Cohort 2 Advisory Committee now includes: healthcare providers (T.H.E. and St. Joseph’s Health Centers); services for transitional age youth (The RightWay Foundation); trade, education, and economic opportunity experts (LATTC and LA Urban League); law enforcement leadership (LAPD); government health institutions (County Department of Public Health); long time LA community service providers (Homeless Healthcare Los Angeles, Asian American Drug Abuse Program); community members; legal advocates (Public Defender, Alternate Public Defender); social work researchers (USC); LA City Recreation and Parks, and criminal justice innovators (Center for Court Innovation). The Advisory Committee
represents diverse sectors, ethnic backgrounds, life experiences, and formerly justice involved members. There is no set time period to serve on the Committee. Approximately 16 organizations have a standing invite to participate in Advisory Committee activities, and clients are encouraged to invite new stakeholders. Committee meetings are open to the public and the City Attorney posts notices in designated areas in City Hall East. During the COVID 19 pandemic, Advisory Committee meetings were hosted digitally over video conference.

The Advisory Committee meets regularly with LA DOOR staff to provide guidance and project accountability and inform the program to specific local needs. Cohort 2 of LA DOOR has held quarterly meetings with its Advisory Committee and has met 6 times. 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. During Advisory Committee meetings all contracted LA DOOR Program Partners report out to Advisory Committee members on progress made in LA DOOR grant funded activities during the most recent quarter. Reports include updates on social service statistics, grant expenditures, project successes, and project challenges. Committee offer feedback on the project, including insight from their own perspectives as stakeholders, which can lead to discussions of program enhancement or improvement.

Social Services Provided Through LA DOOR

LA DOOR offers a full range of mental-health services, including field-based assessments, transportation, medication access, 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, 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, clients 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 clients with improving wellbeing, reducing mental health symptoms, and improving daily functioning.

Intensive Outpatient Program (IOP)

During Cohort 2, once clients are ready to enter stable treatment, they transition to the LA DOOR Intensive Outpatient Program (IOP). IOP, based out of SSG Project 180’s offices, leverages existing contracts with the Los Angeles County Department of Mental Health and includes a Psychiatrist, Substance Use Specialist, Mental Health Therapist, Employment Specialist, Housing Specialist, and five additional Peer Case Managers dedicated to supporting LA DOOR clients with long term goals. IOP provides intensive case management and consistent long-
term mental health, SUD, co-occurring disorder, and health services using a variety of evidence-based and trauma informed treatment modalities. The SUD specialist provides on-site groups, linkage to inpatient or outpatient SUD treatment, and individual therapy. Similarly, the Mental Health therapist provides on-site groups, linkage to inpatient or outpatient mental health care, individual counseling, and medication support through partnership with the Psychiatrist. The IOP LVN provides ongoing medication support, health checks, and linkage to primary care. Peer case managers continue to assist in service coordination, motivational interviewing, positive role modeling, housing support in partnership with the Housing Coordinator, and employment support in partnership with an employment coordinator. In IOP, clients participate in cognitive behavioral therapy, and trauma informed care groups such as the Seeking Safety curriculum for women.

Substance Use Disorder (SUD) Treatment

LA DOOR uses a harm-reduction model that works with program clients 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 clients 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

The model developed in Cohort 1 for delivering health services in the field was to have the Mobile Team LVN check vital signs, administer medications, provide nursing care, and discuss health-related concerns. The LVN also coordinated activating Medi-Cal, linking clients with general medicine or specialized medical providers as needed, coordinating vaccinations, and reading TB tests. Because Cohort 2 has not been able to hire an LVN or EMT yet, the Mobile Team has linked clients to supportive medical care through partnerships with medical service providers.

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 post-conviction record clearing services, and comply with existing court obligations. Since Spring 2020, the HEART program worked with the City Attorney’s Office to streamline access to its services through a digital referral system, greatly enhancing the number of clients able to take advantage of citation relief services.

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6 This includes expungement, sealing, advising on open cases and warrants, and getting felonies reclassified as misdemeanors.
Additionally, LA DOOR Cohort 2 has worked to increase its partnership with the LA County Public Defender, working closely to assist clients with a range of legal issues. As new clients are enrolled in LA DOOR, a list of names is given to the public defender to screen for opportunities to resolve legal issues. This public defender meets weekly with P180 to discuss individual cases and coordinate follow-up with clients based on eligibility for record-clearing services. Individuals with more complex legal issues and who agree to legal assistance will meet with the public defender and complete an intake, which consists of discussing legal issues, signing legal waivers and pre-signing motions. Some individuals with less complex legal issues do not have to partake in the formal intake but still receive legal assistance. The public defender supports LA DOOR program clients with expungements, charge reductions, probation or parole compliance, resolving warrants, and other issues on a case-by-case basis.

As appropriate, LACA assists clients 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 clients in family court where appropriate. Whether court dates arise in criminal court or civil court, the LA DOOR team assists with transporting clients 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 clients to apply for available housing through LA County’s Coordinated Entry System (“CES”) and the County’s Homeless Management Information System (“HMIS”), which are the County’s directed access points for subsidized homeless housing in Los Angeles County.

During Cohort 2, the City and County of Los Angeles have successfully developed a host of new housing opportunities eligible for individuals enrolled in CES and HMIS. These include an expansion of available shelters developed through the mayor’s “A Bridge Home” (“ABH”) Program as well as Project Roomkey and other similarly subsidized temporary hotel and motel housing placements. LA DOOR program partners have been able to successfully take advantage of these new opportunities.

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 social contact
referrals. There are additional supportive case managers within LA DOOR housing to ensure an appropriate continuum of care once clients transition from encampments to housing. Finally, for clients 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 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 clients work towards long term behavioral change. There are no specific requirements to successful completion 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 clients to address employment-related needs through linkage to organizations such as Homeboy Industries, Chrysalis, 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.
Chapter 4. Description of Clients and Service Utilization

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 social contact referrals, and the services these individuals received.

Description of LA DOOR Case Management Clients

This section describes the characteristics of the case management clients for LA DOOR. 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.

From January 1, 2020, through March 31, 2021, LA DOOR enrolled 347 clients in case management (see Table 4.1). The majority of case management clients (n=220; 63.4%) were recruited through the mobile outreach effort while fewer (n=127; 36.6%) entered LA DOOR through social contact referral. Case management clients enrolled through mobile outreach were recruited from across the five mobile outreach sites. As depicted in Table 4.1, implementation of the social contact referral arm of LA DOOR took longer to occur than the mobile outreach arm, possibly due to COVID, but became an equal referral source by Quarter 4 2020. One suggested reason for the increase in social contact referrals is that word of mouth is an effective way to spread information. 24% of mobile outreach clients were recruited from the Unition Station site, followed closely by the Grand Park (23%) and LA Trade Tech (23%) sites. MacArthur Park accounted for 19% of the recruitment, 10% from Echo Park and only 1% from Central Library. As previously noted, LA Trade Tech, was chosen to serve the student population, but since the campus has been closed due to COVID, the Mobile Team has done outreach to the homeless population around the LATTC campus.

Table 4.1. Enrollment

<table>
<thead>
<tr>
<th>Table 4.1. Cohort 2 Enrollment</th>
<th>Q1 2020</th>
<th>Q2 2020</th>
<th>Q3 2020</th>
<th>Q4 2020</th>
<th>Q1 2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled via mobile outreach</td>
<td>14</td>
<td>58</td>
<td>70</td>
<td>43</td>
<td>35</td>
<td>220</td>
</tr>
<tr>
<td>Enrolled via social contact referral</td>
<td>2</td>
<td>3</td>
<td>27</td>
<td>48</td>
<td>47</td>
<td>127</td>
</tr>
</tbody>
</table>

Demographics
Table 4.2 provides information on the demographic characteristics of the LA DOOR clients who have enrolled in case management throughout Cohort 2 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. Almost half of LA DOOR clients are aged 44 or older (48%), two-thirds are male, and 55% percent reporting black ethnicity. These demographic characteristics are similar to Cohort 1.

The social contact referrals and mobile outreach groups have relatively similar demographic compositions. Compared to case management clients enrolled via mobile outreach, individuals referred by social contacts are skewed slightly younger, more female, and with a greater proportion reporting black ethnicity. Observed demographic differences across the mobile outreach and social contact referrals are expected given the different population groups from which the different recruitment methods draw.

Table 4.2. Demographic Characteristics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Mobile outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>347</td>
<td>220</td>
<td>127</td>
</tr>
<tr>
<td>26-35</td>
<td>23%</td>
<td>19%</td>
<td>30%</td>
</tr>
<tr>
<td>36-43</td>
<td>21%</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>44-54</td>
<td>23%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>55-64</td>
<td>22%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>65+</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total</th>
<th>Mobile outreach</th>
<th>Social Contact Referral</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>26%</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Male</td>
<td>74%</td>
<td>76%</td>
<td>69%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Total</th>
<th>Mobile outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>55%</td>
<td>47%</td>
<td>65%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24%</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>White</td>
<td>13%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>6%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Total</th>
<th>Mobile outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Missing/Unknown/Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 4.3 provides additional baseline information for the individuals enrolled in LA DOOR case management. LA DOOR clients have relatively low levels of educational attainment.

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7 U.S. Census Bureau, 2017.
Among those with information on educational attainment, more than one-half (60 percent) had completed less than a high school education and 28 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). The table also shows that at the time of enrollment in LA DOOR, most clients did not have a stable source of employment (5%). Because the mobile outreach prong of LA DOOR directly recruited clients from homeless encampments, 99 percent of case management clients enrolled through mobile outreach were homeless at baseline; among individuals enrolled through social contact referrals, nearly one-third (34 percent) were reported as experiencing homelessness at baseline, and many had experienced homelessness for at least one year.

Fifteen percent of LA DOOR clients were determined to have substance use problems and approximately one-quarter had mental health indicators. Over one-half (59 percent) of LA DOOR clients 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 client self-report, information in the LA County system, or based on structured psychosocial assessment by P180 staff.

Table 4.3. Socioeconomic, Substance Use, and Mental Health Characteristics of LA DOOR Case Management Participants

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Mobile outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest Education level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College degree (AA/AS/BA/BS) or higher</td>
<td>4%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Some college or university</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>28%</td>
<td>20%</td>
<td>41%</td>
</tr>
<tr>
<td>Some high school</td>
<td>59%</td>
<td>69%</td>
<td>43%</td>
</tr>
<tr>
<td>Less than high school</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Length of most recent homelessness spell</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not currently homeless</td>
<td>13%</td>
<td>1%</td>
<td>34%</td>
</tr>
<tr>
<td>&lt;6 months</td>
<td>19%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>1-3 years</td>
<td>37%</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>10%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>6 years or more</td>
<td>18%</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Mental health and/or substance abuse problems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUD problems only</td>
<td>15%</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Mental health indicators only</td>
<td>26%</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Both SUD and mental health indicators</td>
<td>59%</td>
<td>62%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Completion Status
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. Engagement in LA DOOR is defined based on continued interaction with the P180 team based on pursuing the client’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. As of March 31, 2021, 59 percent of individuals enrolled in LA DOOR case management had completed at least two months of engagement (see Table 4.4). Completion rates were similar by method of initial outreach (60 percent for mobile outreach; 58 percent for social contact referrals).

Table 4.4. Completion

<table>
<thead>
<tr>
<th>Service Needs and Service Access</th>
</tr>
</thead>
</table>
| Table 4.5 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 clients are wide-ranging. There are some clear differences in types of needs across the mobile outreach and social contact referral groups. Among both groups, housing services were the most commonly recognized need, self-reported by clients or observed as a need by LA DOOR staff for more than 85 percent of mobile outreach and 59% of social contact referrals. Indeed, LA DOOR clients enrolled through mobile outreach were significantly more likely to need those housing services because 99% of mobile outreach clients are currently experiencing homelessness. Overall, LA DOOR clients enrolled through mobile outreach indicated more overall need, such as general service needs (82 percent), transportation assistance needs (83 percent), and mental health service needs (81 percent) relative to social contact referrals clients, which reflects the high levels of basic needs among the population engaged through mobile outreach efforts.

In addition to housing service needs and mental health service needs, the service needs of social contact referral clients were instead more commonly related to education or employment services (60 percent). This is consistent with the trends described by the Mobile Team with outreach

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8 Eighteen percent of Cohort 2 clients did not have a General Needs assessment, largely due to the transitory population in the outreach areas they serve. A number of clients enrolled in LA DOOR in the field and failed to complete intake at the LA DOOR office despite multiple attempts by LA DOOR case managers to follow up. In multiple cases, LA DOOR case managers enrolled a client in the field and immediately transferred them to a shelter bed and then were unable to contact the client afterwards.
clients experiencing long-term homelessness, substance dependence, and mental illness, while social contact referral clients tend to be younger, housed, and exhibiting less acute service needs overall.

### Table 4.5. Service Needs

<table>
<thead>
<tr>
<th>Service Need</th>
<th>Total</th>
<th>Mobile Outreach</th>
<th>Social Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>347</td>
<td>220</td>
<td>127</td>
</tr>
<tr>
<td>SUD service needs</td>
<td>59%</td>
<td>65%</td>
<td>47%</td>
</tr>
<tr>
<td>Housing service needs</td>
<td>76%</td>
<td>85%</td>
<td>59%</td>
</tr>
<tr>
<td>Transportation assistance needs</td>
<td>72%</td>
<td>83%**</td>
<td>53%</td>
</tr>
<tr>
<td>General service needs (e.g., driver's license, SSN)</td>
<td>73%</td>
<td>82%</td>
<td>56%</td>
</tr>
<tr>
<td>Food and clothing needs</td>
<td>69%</td>
<td>77%</td>
<td>54%</td>
</tr>
<tr>
<td>Mental health service needs</td>
<td>72%</td>
<td>81%</td>
<td>56%</td>
</tr>
<tr>
<td>Health care service needs</td>
<td>51%</td>
<td>61%**</td>
<td>33%</td>
</tr>
<tr>
<td>Education or employment service needs</td>
<td>71%</td>
<td>77%</td>
<td>60%</td>
</tr>
<tr>
<td>Legal assistance service needs</td>
<td>61%</td>
<td>66%</td>
<td>51%</td>
</tr>
<tr>
<td>Missing</td>
<td>18%</td>
<td>9%</td>
<td>33%</td>
</tr>
</tbody>
</table>

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

LA DOOR clients receive SUD, mental health, health and wellness, housing, legal, and employment services. 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. 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.
Table 4.6 shows services received by LA DOOR clients. Eight percent of LA DOOR case management clients accessed SUD services either from P180 or through linkages to other service providers, and approximately 31 percent were linked to mental health services, ten percent were linked to health and wellness services. By far, the most significant work with LA DOOR clients are providing and/or linking to housing services (54%), with the greatest share being linkage to temporary housing (26%). Interesting to note, there are significant differences between the housing services accessed between the two groups, with mobile outreach clients significantly more likely to be linked to temporary housing and social contact referrals significantly more likely to be linked to permanent housing.

Also to note, a significant number of clients were linked to the public defender (54 percent) due to the improved direct referral process. This work included reviewing criminal history, writing motions and petitions, and advising clients regarding other legal matters. Social contact referral clients were significantly more likely to receive legal services. Differences in service access across the mobile outreach and social contact referral 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.

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. A key component of LA DOOR is the ability to link clients to the Intensive Outpatient Program (IOP) also offered by SSG Project 180. Client’s enrolled in IOP are required to meet with IOP personnel at a minimum of once per week to stay active in the program. With an intense meeting required, five percent of case management clients --- all of 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 IOP, which provides long-term intensive case management services for LA DOOR clients 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. According to the LA DOOR team, almost all clients 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. Through IOP, clients 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 education management corporation that provides a range of educational programs, employment services, cognitive behavioral therapy, and case management services.

The LA DOOR Mobile Team has been hindered by the lack of a nurse/EMT or SUD counselor. Hiring trained staff for these positions is always difficult because they require people willing to work in the challenging environments to which LA DOOR does outreach. This difficulty was exacerbated by the COVID crisis as fewer applicants were willing to risk exposure to COVID among the homeless population, especially at the modest pay rate LA DOOR offered. As a result of not having a nurse/EMT, LA DOOR client medical needs have had to be addressed by referrals to outside providers, limiting the Mobile Team’s ability to offer medical care in the field. While the Mobile Team has recently hired a field-based SUD counselor, field-based SUD services have been limited by the lack of a dedicated SUD counselor. A limited number of field-based SUD assessments and treatment were provided by the field supervisor, who is a trained SUD counselor, but far below what would be expected had the Mobile Team been fully staffed.
## Table 4.6. LA DOOR Service Provision

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Total</th>
<th>Mobile Outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n</strong></td>
<td>347</td>
<td>220</td>
<td>127</td>
</tr>
<tr>
<td><strong>Substance Use Disorder (SUD) Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field-based SUD counseling session completed or brief interventions</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Linked to SUD services (P180, West Angeles, non-LA Door Partner)</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Other SUD service</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field-based therapeutic sessions or brief interventions</td>
<td>9%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Linked to mental health services (P180, West Angeles, non-LA Door Partner)</td>
<td>5%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Other MH services</td>
<td>12%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Health and Wellness Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field-based medical services provided</td>
<td>6%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Linked to health services (outside medical provider hospital, emergency services)</td>
<td>3%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Housing Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed an application for LA County Coordinated Entry System (CES)</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Placed in transitional housing (LA DOOR funded or P180 partner)</td>
<td>4%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Linked to temporary housing (shelter, residential treatment, etc.)</td>
<td>26%</td>
<td>32%***</td>
<td>14%</td>
</tr>
<tr>
<td>Linked to permanent housing</td>
<td>4%</td>
<td>2%**</td>
<td>9%</td>
</tr>
<tr>
<td>Linked to other services</td>
<td>17%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Legal/Employment Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linked to Public Defender</td>
<td>54%</td>
<td>38%***</td>
<td>80%</td>
</tr>
<tr>
<td>Linked to HEART citation relief</td>
<td>18%</td>
<td>0%**</td>
<td>18%</td>
</tr>
<tr>
<td>Other legal services</td>
<td>6%</td>
<td>3%**</td>
<td>12%</td>
</tr>
<tr>
<td>Linked to employment services</td>
<td>4%</td>
<td>1%**</td>
<td>8%</td>
</tr>
<tr>
<td><strong>IOP Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUD services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg number of services received</td>
<td>4.6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total number of services received</td>
<td>46.0</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>Case management services</td>
<td>5%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Avg number of services received</td>
<td>11.0</td>
<td>12.2</td>
<td>5.7</td>
</tr>
<tr>
<td>Total number of services received</td>
<td>176.0</td>
<td>159</td>
<td>17</td>
</tr>
<tr>
<td>Mental health services</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Avg number of services received</td>
<td>46.8</td>
<td>48.9</td>
<td>40</td>
</tr>
<tr>
<td>Total number of services received</td>
<td>796.0</td>
<td>636</td>
<td>160</td>
</tr>
<tr>
<td><strong>Dedicated Public Defender Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD has reviewed criminal history of client</td>
<td>140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motion/petition writing in progress</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motions/petitions have been granted or denied</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD has advised the client regarding other matters (warrants, open cases, probation, etc.)</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTES: *p<0.05, **p<0.01, ***p<0.001.
While Table 4.6 reveals some significant differences between the mobile outreach and social contact referrals in terms of service receipt, some of these differences may reflect the different needs across referral groups. To better assess whether LA DOOR clients are receiving access to services consistent with their self-reported or observed needs, Table 4.7 describes the percentage of LA DOOR clients 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 significant differences between the groups are in receipt of SUD services, health services, legal services and employment services, whereby LA DOOR clients referred via social contacts are significantly more likely to access these services conditional on need. This difference likely reflects that mobile outreach clients often have need of other services (e.g., housing) before they are able to engage in other service receipt.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Mobile Outreach</th>
<th>Social Contact Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessed SUD services conditional on need</td>
<td>29%</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Accessed mental health services conditional on need</td>
<td>13%</td>
<td>5%***</td>
<td>33%</td>
</tr>
<tr>
<td>Accessed health services conditional on need</td>
<td>44%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>Linked to legal service conditional on need</td>
<td>69%</td>
<td>59%***</td>
<td>86%</td>
</tr>
<tr>
<td>Linked to Employment service conditional on need</td>
<td>5%</td>
<td>2%**</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

Recidivism

For each enrolled participant through September 30, 2020, the LA City Attorney’s Office checked the County's Consolidated Criminal History Reporting System (CCHRS) for recidivism according to PC 6046.2(d). This included checks on 184 Cohort 2 LA DOOR participants and found that seven (3%) participants had a subsequent conviction. Of those:

- One was an active participant
- Three had exited LA DOOR without completing program requirements, and
- Three had completed program requirements.

Summary

LA DOOR clients experience a confluence of issues. Almost half of LA DOOR clients are older, male, and black. LA DOOR clients have relatively low levels of educational attainment, and most clients did not have a stable source of employment and were homeless at baseline. The majority of LA DOOR clients have substance use problems had co-occurring mental health
conditions. Among both groups, housing services were the most commonly recognized need. Overall, LA DOOR clients enrolled through mobile outreach indicated more overall need, such as general service needs, transportation assistance needs, and mental health service needs relative to social contact referrals clients, which reflects the high levels of basic needs among the population engaged through mobile outreach efforts. The service needs of social contact referral clients were instead more commonly related to education or employment services. By far, the most significant work with LA DOOR clients are providing and/or linking to housing services, with the greatest share being linkage to temporary housing. Interesting to note, there are significant differences between the housing services accessed between the two groups, with mobile outreach clients significantly more likely to be linked to temporary housing and social contact referrals significantly more likely to be linked to permanent housing. Also to note, a significant number of clients were linked to the public defender. This work included reviewing criminal history, writing motions and petitions, and advising clients regarding other legal matters. Social contact referral clients were significantly more likely to receive legal services.
The quantitative findings described in the previous chapter provide important information about the demographics of LA DOOR clients, as well as types of services being used by LA DOOR clients. 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. Much of the discussion with program partners focused on COVID and those challenges and barriers are documented in this chapter as well.

LA DOOR Client Feedback

As noted in Chapter 2. Methodology, researchers conducted four virtual focus groups with LA DOOR clients. As described, each focus group began with a quantitative Client Feedback Survey (Survey) asking clients 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 client quotations and group consensus statements.

Following is a summary of highlights gleaned from the data collection and analysis:

- **C2 clients are grateful for LA DOOR.** Consistent with feedback received from LA DOOR Cohort 1 (C1) clients, Cohort 2 (C2) focus group clients indicated that they are grateful for their experience with LA DOOR. They appreciate the programs, services, support, and encouragement available to C2 clients.

- **LA DOOR clients continue to be generally satisfied with LA DOOR programs and services.** C2 focus group clients identified a wide range of LA DOOR services that they have received through LA DOOR. They generally express an appreciation for those services and the support provided by LA DOOR. This feedback is supported by the results of the LA DOOR Client Feedback Survey.

- **C2 clients indicate that accessing housing is a priority.** Most focus group clients indicated a concern with accessing more-permanent housing coupled with a frustration with the processes surrounding that objective.

Survey Results from Focus Groups with LA DOOR Clients

A total of 65 Cohort 2 clients participated in the that survey. In this section, the following analyses are provided regarding LA DOOR clients’ perceived effectiveness of LA DOOR services:
• An overall analysis of the LA DOOR Client Feedback Survey results
• A comparison analysis of the LA DOOR Client Feedback Survey results among LA DOOR client categories.

On the survey, clients 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 - high (3), medium (2), low (1) – and compiled response data to calculate an average rating for each service. Figure 5.1 displays the results.

Overall, survey clients’ ratings of the perceived effectiveness of all LA DOOR services is generally above average, between 2.3 and 2.8 out of a possible 3.0. The services rated as most effective included obtaining identification, mental health counseling, housing services, accessing public benefits, medical services, COVID-19 testing, applying for Federal and CES housing services, transportation services, and being linked to the public defender (all rated 2.7 or higher).

The LA DOOR services perceived as being the least effective are dental services, getting access to medical insurance coverage and vision services (rated 2.4 or lower). Although these services received the lowest rank scores, it is important to keep in mind that a 2.3 or 2.4 out of 3.0 is still above average. In addition, this data collected closely aligns to the service need data reported in Chapter 3. In particular, housing services were the most commonly recognized need, followed closely by general service needs, transportation assistance needs, and mental health service needs. Thus, the LA DOOR team may be focusing their work on the needs of their clients, and it is noteworthy that the perceived effectiveness of these services is highest.
Figure 5.1 Ranked Effectiveness of LA DOOR Services

1. Help getting a driver’s license, Social Security card, or other ID 2.8
2. Mental health counseling 2.7
3. Housing services 2.7
4. Help getting access to public benefits 2.7
5. Medical services 2.7
6. COVID-19 testing services 2.7
7. Help completing an application for federal or CES housing services 2.7
8. Transportation services, like getting a ride to a doctor or other appointments 2.7
9. Help with being linked to the Public Defender or Alternate Public Defender’s Office to address legal issues 2.7
10. Help with being reconnected with the Probation or Parole Office 2.6
11. Financial capability services (opening and managing a bank account, reducing debt, building credit, etc.) 2.6
12. Substance abuse counseling 2.6
13. Being linked to a shelter 2.6
14. Help with being linked to HEART for citation relief 2.6
15. Food distribution services 2.6
16. Substance abuse treatment through a program or residential treatment 2.6
17. Help finding a job 2.6
18. Being linked to another housing resource (DRC, participant paid housing, sober living, etc.) 2.6
19. Help with getting access to medical insurance coverage 2.4
20. Dental services 2.4
21. Vision services 2.3
22. Medical services 2.7
23. Help with completing an application for federal or CES housing services 2.7
24. Help with being linked to HEART for citation relief 2.6
25. Help with being reconnected with the Probation or Parole Office 2.6
26. Financial capability services (opening and managing a bank account, reducing debt, building credit, etc.) 2.6
27. Help finding a job 2.6
Comparison Analysis by Survey Client Category

A comparison of survey clients’ ratings of LA DOOR service effectiveness by client category indicates the perceived effectiveness of all LA DOOR services is generally rated at or above average, between 2.0 and 3.0 out of a possible 3.0. There are some differences between the clients in how they rated the effectiveness of services. The permanent housing and active mobile outreach clients both indicated transportation and housing services being the most effective services, while the LA-DOOR funded housing indicated transportation services being least effective. A common theme across all groups was that vision and dental services are the among the least effective services.

<table>
<thead>
<tr>
<th></th>
<th>Most Effective</th>
<th>Least Effective</th>
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<tbody>
<tr>
<td>Permanent Housing</td>
<td>Transportation services</td>
<td>Vision services</td>
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<tr>
<td></td>
<td>Housing services</td>
<td>SUD program or residential treatment</td>
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<td></td>
<td>Help completing application for housing</td>
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<td></td>
<td>Help finding a job</td>
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<tr>
<td>Active Mobile Outreach</td>
<td>Help getting identification</td>
<td>Vision services</td>
</tr>
<tr>
<td></td>
<td>Housing services</td>
<td>Dental services</td>
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<tr>
<td></td>
<td>Transportation services</td>
<td>Linked to Probation/Parole</td>
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<tr>
<td>LA-DOOR funded housing</td>
<td>COVID 19 testing</td>
<td>Transportation services</td>
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<td>Mental health counseling</td>
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<tr>
<td></td>
<td>Linked to the Public Defender</td>
<td>Linked to another housing resources</td>
</tr>
<tr>
<td></td>
<td>Substance abuse counseling</td>
<td>SUD program or residential treatment</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Help getting identification</td>
<td>Medical insurance coverage</td>
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<td></td>
<td>Mental health counseling</td>
<td>Vision services</td>
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<tr>
<td></td>
<td>Linked to Probation/Parole</td>
<td>Dental services</td>
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Comparison Client Feedback Survey Results by Survey Year

A comparison of Cohort 2 2021 clients’ ratings of LA DOOR service effectiveness versus Cohort 1 clients’ ratings in 2018 and 2020 indicates that overall, C1 2020 ratings are generally more positive than C1 2018 and C2 2021 ratings of LA DOOR service effectiveness. In fact, the C2 2021 rate higher than both C1 2020 and C1 2018, in the effectiveness of mental health counseling, being reconnected with probation/parole, financial capability services\(^\text{10}\), and help finding a job.

C2 2021 ratings indicate a decrease in the effectiveness of all other LA DOOR services, versus

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\(^{10}\) Financial capability services were not provided to LA DOOR clients in 2018.
Focus Groups with P180 Clients

Each focus group began with clients sharing the story of how they came to LA DOOR. Individuals discussed the mobile outreach team and how they met LA DOOR staff in the field. Others learned about LA DOOR and came to the Project 180 office on their own. The majority of focus group clients indicated that they come from chronic homelessness and deal with substance use or mental health challenges. In addition, they shared experiences of time spent in prison, gang violence, and separation from their families.

When asked about what participation in LA DOOR has meant for their life, responses were positive and hopeful. Focus groups clients shared stories of maintaining their sobriety or getting control of their mental health, being reunited with family, working to achieve education and career goals, or moving into a first apartment. Following are representative quotes from focus group clients when asked about why they chose to participate in LA DOOR and what that participation has meant to their life:

- “I’m not here for a season. I’m here for a reason.”
- “I just want to be a better father. My kids are proud of me. That’s the best feeling in the world.”
- “I’m trying to get to the next level.”
- “I’ve learned patience and persistence.”
- “I wanted to show my mom that I’m independent.”
- “LA DOOR is the first [program] that has made me feel like somebody. They don’t talk at you. They care. They explain. They make sure you’re safe.”
- “This program has saved my life. I didn’t have hope. I didn’t think I had anything. It’s a blessing.”

Focus group clients express deep appreciation for the LA DOOR program and the ability of LA DOOR staff to work with clients at their individual pace and provide needed support, encouragement, and linkages to needed resources and services. Further, focus group clients not only express their gratitude for the support provided by LA DOOR staff, but the recognition that it is also a client’s responsibility to put in the hard work necessary to achieve and sustain their own success.

C2 focus group clients indicate that they have received a variety of LA DOOR services with the help of LA DOOR case managers, therapists, and housing staff. They provided specific feedback regarding the following LA DOOR services:

- **Assistance with obtaining documentation.** Several focus group clients indicated that assistance with obtaining identification is a necessity. LA DOOR case managers helped several to get their identification, helping the clients to navigate the sometimes-complicated process, especially during the COVID 19 pandemic.

- **Linkage to substance use disorder (SUD) and mental health services.** Some focus group clients mentioned being linked to SUD or mental health services through LA DOOR. They
appreciate the help with accessing treatment or counseling and encouragement and follow-up regarding needed medication. Focus group clients indicated that they feel heard and supported, some for the first time.

**Linkage to housing services.** LA DOOR-funded housing clients indicate that they are grateful to have their place in the house and are happy with the services provided. Overall, focus group client’s express frustration with the process of moving into more permanent housing situations, saying that it takes a long time, that the steps are not clear, and that it is difficult to know where one is in the process.

**Post-conviction record clearing services.** Several focus group clients specifically mentioned the post-conviction record clearing services provided by the Public Defender’s Office. The indicate that the process is smooth and that they are pleased with the outcome.

**Suggested Improvements.** Some focus group clients provided input regarding improvements or additions to the LA DOOR program, such as:

- Providing a vehicle to LA DOOR-funded housing staff so that they can transport clients to appointments
- Expanding mental health resources to include 1:1 therapy – some clients “just need to talk to someone.”
- Providing physical therapy
- Expanding education and employment services to help clients “move to the next level,” possibly including attending job fairs, meeting with college counselors, or providing a “tailormade employment program
- Increasing social and celebratory functions, like barbecues, holiday parties, or holding graduation/advancement ceremonies for those who succeed through the LA DOOR program.

**LA DOOR Partner Feedback**

As mentioned earlier, a main focus of our discussions with LA DOOR partners was about the COVID 19 pandemic. We also discussed challenges, barriers and changes regarding communication, staffing issues, referrals, clients, and housing. A synopsis of those discussions is below.

**COVID Challenges**

The COVID 19 pandemic required, and LA DOOR C2 partners met the challenge of, continual program adjustment and concessions to ensure the safety of LA DOOR C2 clients and staff. Having launched in January 2020, just before the world shut down due to the COVID 19 pandemic, LA DOOR Cohort 2 (C2) partners and staff have encountered challenges out of their control essentially from the beginning. The team worked to ensure that services were continually offered and provided to those in need. The team continues to adapt to a quickly ever-changing social services landscape to provide LA DOOR clients with the best care possible. In fact, LA DOOR is the only P180 program that provided uninterrupted client services throughout the COVID 19 pandemic.
As a result of the coronavirus pandemic, LA DOOR operations were significantly impacted. The pandemic impacted many of the linkages and services the team utilizes to support the clients. Below are examples of some of these significant impacts:

- **Housing**: LA DOOR encountered difficulty in placing individuals in temporary and emergency housing. Many of the shelters that were once open, closed due to the increasing number of COVID-19 cases in Los Angeles County. When placement could occur, safety protocols had to be put in place when referring clients to shelters, sober living sites, transitional housing, etc., including requiring negative COVID tests prior to placement and sometimes a quarantine period once placed. This can be a deterrent to getting clients off the streets. The lack of affordable housing options in LA County continues to be a barrier to assisting clients in obtaining stability, and in turn their ability to focus on secondary goals such as their mental health, substance use, and medical needs.

- **Vital Documents**: The process of getting clients their vital documents was made more difficult because key agencies, like the Department of Motor Vehicles and the Social Security Administration, were closed to in-person services and reduced their availability.

- **In-person Care**: In-person medical care, mental health groups and SUD services have continued to be limited due to COVID, making it difficult for clients to get the services they need for their wellness. LA DOOR team members continue to work normalizing mental health care for clients, using motivational interviewing to explore clients’ willingness to access services, and linking clients to appropriate mental health care based on their level of need and willingness to participate.

- **Employment**: Employment is another area that has been impacted by COVID, as there has been a decrease in job opportunities due to closures, as well as a shutdown of facilities. Additionally, many LA DOOR clients face physical and/or mental health barriers that make employment a challenge. Many clients are disabled and/or are struggling with significant mental health and substance issues that can make obtaining and maintaining employment difficult.

- **Hiring/Retention**: Another challenge during COVID has been the struggle to hire qualified staff due to the increased risk of COVID exposure. As a result, the Mobile Team has had difficulty having filling key positions for a nurse/EMT and SUD counselor.

Project 180 and partners have adapted in navigating the ever-changing environment as a result of COVID. They have continued to educate their clients about where to get the COVID tests conducted and where they will get the quickest results. They continued to assist clients with getting vital documents online and by phone, learning tips to expedite these processes and sharing with one another. LA DOOR had to shift its efforts to focus on health education to prevent the spread of COVID. They have been working consistently to ensure that clients in hotspot areas have access to personal protective equipment, are aware of the seriousness of coronavirus, and know what to do if
someone in the encampment becomes visibly ill.

Partners took a comprehensive approach to ensuring the safety of both clients and staff from the threat of COVID, taking steps such as:

- Closing in-house services, such as showers and group counseling
- Closing LA DOOR-funded housing to new clients from March 2020 through mid-July 2020
- Implementing safety protocol for LA DOOR-funded housing clients, such as a 14-day quarantine for new residents, bi-weekly COVID 19 testing, temperature logs, etc.
- Procuring PPE and sanitization equipment, which were both initially in critically short supply
- Training staff on COVID-focused hygiene
- Educating LA DOOR clients and the P180 outreach population about COVID 19 hygiene
- Providing COVID 19 testing and vaccinations on-site and in the field (90% of LA DOOR-funded housing clients are fully vaccinated)
- Instating a rotation of LA DOOR outreach staff
- Implementing a virtual hiring process

Furthermore, LA DOOR utilized a lot of the citywide resources such as Project Room Key or quarantine/isolation sites for people who are at risk. Project Room Key is a state funded COVID emergency shelter program that provides non-congregate shelter options in hotels for people experiencing homelessness. Also, clients have been enrolled into the ABH (A Bridge Home) citywide transitional shelter sites. Finally, the LA DOOR MOT has been passing out lunches provided by the County Department of Health Services throughout outreach encampments and hotspots.

The City Attorney team members are continuing to work with the HEART team to provide citation relief and the Public Defender’s office to work towards developing digital referral systems for legal support services since staff for legal support are working from home. Due to COVID the methods of conducting linkages to the Public Defender were modified to allow for all new LA DOOR clients to benefit from having their criminal records reviewed by the Public Defender. In order to improve linkage to legal services, the Public Defender meets weekly with LA DOOR Mobile Team and IOP staff to coordinate follow up with clients eligible for expungements and other legal services. To build on the success of the expungement service provided by the Public Defender, C2 partners suggest decreasing the lag time between intake and a client being linked to the Public Defender. Other suggestions were to expand expungement services to involve surrounding counties and even states to services clients with criminal records outside of Los Angeles County and to provide legal services to assist undocumented individuals who otherwise are too scared to access LA
DOOR services for fear of deportation.

Communication

During focus groups, partners mentioned a lack of effective communication among LA DOOR C2 partners. Establishing and maintaining effective communication among LA DOOR C2 partners has been an issue from the beginning of the program, especially among P180 and WACDC. In C1, several processes and procedures – warm hand off tools and meetings, regularly-scheduled/weekly case management meetings – were gradually implemented to alleviate the communication issues. It is indicated that those C1 communication tools did not transfer and are not fully implemented in C2, resulting in clients being placed in MHH that are not ready or a good fit, case management issues that result in overlooked or duplicated services; and clients feeling confused, passed around, and unsure.

Staff Issues

Training

Staff training continued during the COVID 19 pandemic. Though minimal and virtual, staff training was provided to C2 staff, such as LGBTQIA+ training, CES/housing-related training. The following trainings were suggested: 1) crisis response training be provided to case managers, so that they are prepared for emergency situations in the field, at intake, etc., 2) training focused on dealing with the differently-abled, hearing impaired, etc.

Staffing

The C2 outreach team is understaffed. P180 has had a difficult time fully staffing the C2 outreach team – they currently are without an LVN and were without a SUD counselor until recently. C2 staff indicate a number of reasons. COVID 19 restrictions made the recruitment and hiring process very difficult, requiring everything to be done virtually. It has been especially difficult to hire for the LVN position, which requires specialized training and commands a potentially much larger salary elsewhere. P180 has a difficult time competing with the packages offered by other agencies and institutions. With the extension of the C1 program, C2 was not able to absorb the C1 staff in 2020 as originally planned.

Although the team approach to client management is helpful, the level of 1:1 time spent with clients has suffered and staff burnout has become an issue. Now that C1 has ended and COVID 19 challenges are easing, C2 staff are hopeful that the staffing issues will soon be alleviated. As a note, it was suggested that a translator and someone fluent in American Sign Language (ASL) be made available to LA DOOR C2.

Partnerships

C2 partners have worked to cultivate relationships with partner agencies and organizations to improve LA DOOR outreach and services. P180 C2 staff worked with LA Metro to gain access to
Metro tunnels for outreach. They have also cultivated existing connections with People Assisting the Homeless (PATH), Los Angeles Homeless Services Authority (LAHSA), Homeless Outreach Program Integrated Care System (HOPICS). WACDC and MHH have been developing relationships with other temporary housing sites to identify individuals in need of LA DOOR services. Going forward, it has been suggested that partnerships might be leveraged to increase support for transitional-aged youth from outside of Los Angeles County.

Referrals

LA DOOR C2 partners indicate that more clients are entering LA DOOR as social contact referrals. For example, more individuals are coming to LA DOOR as walk-ins, learning about LA DOOR through word-of-mouth, or entering LA DOOR-funded housing directly from another temporary housing site. This finding is supported through input gathered in client focus groups.

Pre-booking Diversion (PBD) has not been a successful approach in Cohort 2 for linking individuals to LA DOOR services. By the start of Cohort 2 services in 2020, the number of misdemeanor drug possession arrests in LA DOOR’s service areas had already been severely declining. And then the COVID pandemic further reduced the number of PBD-eligible arrests in Los Angeles, as jail overcrowding forced LAPD to refrain from arresting all but the most serious offenders. As a result, LA DOOR is in the process of redeveloping its strategy for diversion. Changes such as expanding the charges permitted and increasing diversion entry points are being considered. LA DOOR C2 staff are gearing up to handle any resulting modifications.

Clients

The LA DOOR C2 approach is focused on enrolling lower acuity clients, “catching clients before they fall too far” to reduce recidivism. C2 staff report and C2 client focus group discussions indicate that C2 clients are generally more-active clients in their LA DOOR program, requiring less external prompting and follow up and progressing more quickly and consistently. That said, individuals entering LA DOOR from the C2 hot spots are less connected to services than C1 clients.

Housing

C2 partners indicate a critical need for increased housing resources. Although WACDC and MHH continue to provide LA DOOR-funded housing (currently at 70% capacity) at no charge to LA DOOR clients, the overall need far exceeds the available LA DOOR-funded capacity. Throughout 2020 and well into 2021, placing LA DOOR clients in housing has been difficult due to the closing of some shelters and heightened safety protocols for those that remain open. It is also indicated that there are challenges with the Coordinated Entry System (CES) as it relates to C2 clients. The CES application identifies individuals with highest need versus individuals that are ready or have the highest potential for success. This approach can dishearten an LA DOOR client who has worked hard to be ready for housing but now is identified as not having sufficient need. C2 LA DOOR-funded housing clients receive Financial Capabilities counseling. WACDC provides 1:1 financial capabilities counseling to C2 clients. Clients learn how to open a checking account and savings account, build their credit, prioritize expenses, and budget.
Summary

The results of these focus groups and interviews highlight several strengths of LA DOOR. LA DOOR clients 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. Clients 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 clients 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. Certainly, the greatest challenge of the past year has been COVID and throughout the challenges and barriers that were faced by staff and clients, solutions and responses were found, and the work continued. LA DOOR partners described a need for more coordination and communication between partners, as well as challenges regarding staff issues, referrals, clients and housing.
Chapter 6. Next Steps

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.

**Progress toward LA DOOR Goals**

*Goal 1: Increase clients’ utilization of community-based services.*

LA DOOR providers have demonstrated their commitment to serving justice-involved individuals. LA DOOR enrolled 347 clients in case management. Implementation of the social contact referral arm of LA DOOR took longer to occur than the mobile outreach arm, possibly due to COVID, but became an equal referral source by Quarter 4 2020. Fifty-nine percent of individuals enrolled in LA DOOR case management had completed at least two months of engagement. Among both groups, housing services were the most commonly recognized need, self-reported by clients or observed as a need by LA DOOR staff for more than 85 percent of mobile outreach and 59% of social contact referrals. Indeed, LA DOOR clients enrolled through mobile outreach were significantly more likely to need those housing services because 99% of mobile outreach clients are currently experiencing homelessness. By far, some of the most significant work with LA DOOR clients is providing and/or linking to housing services (54%), with the greatest share being linkage to temporary housing (26%). Interesting to note, there are significant differences between the housing services accessed between the two groups, with mobile outreach clients significantly more likely to be linked to temporary housing and social contact referrals significantly more likely to be linked to permanent housing. In this way, progress has been made toward the goal of improving partners’ ability to serve justice-involved individuals.

*Goal 2: Remove client’ legal barriers.*

During Cohort 2, due to COVID and a decrease in low-level misdemeanor arrests, the pre-booking diversion component of LA DOOR has been put on hold. To address the legal challenges faced by LA DOOR clients, a significant number of clients were linked to the public defender (54 percent). This work included reviewing criminal history, writing motions and petitions, and advising clients regarding other legal matters. Social contact referral clients were significantly more likely to receive these services. This significant work has led to more referrals to the PD and HEART in Cohort 2 compared to Cohort 1.

*Goal 3: Improve outcomes, including reduced recidivism.*
At this time, we are not able to measure outcomes. As discussed, during Cohort 1, the evaluation team measured the recidivism outcome by comparing the pre-booking diversion clients to a group of similar criminal justice involved individuals who did not receive diversion. For Cohort 2, we are unable to conduct those analyses, and the goal of reducing recidivism is more focused on the effect of preventative services. However, for grant reporting purposes, LACA checked the County's Consolidated Criminal History Reporting System (CCHRS) for recidivism according to PC 6046.2(d) each enrolled participant through September 30, 2020 and found that seven (3%) participants had a subsequent conviction.

For the final evaluation, we will work with the LA DOOR team to collect the necessary follow-up data for individuals to measure important outcomes, such as reduced recidivism, increase housing, decrease SUD and mental health issues. We will also work with LA DOOR to track recidivism for all outreach clients, and we will work to develop a comparison group. The City Attorney's office is revamping its approach to diversion access, and we hope to be able to develop a control group for this based on similar cases that were not diverted in other parts of the city.

Limitations

There are a number of limitations to this evaluation that should be kept in mind when interpreting the results. First, this was an interim evaluation that focused on the first 15 months of Cohort 2 implementation. In addition, due to COVID-19, many barriers affected the program and the ability to provide services. In particular, the LA DOOR Mobile Team has been hindered by the lack of a nurse/EMT or SUD counselor. Therefore, the data that we reported should be considered preliminary findings.

In addition, there remained ongoing challenges related to the evaluation. First, although a much-improved data management system was implemented for Cohort 2, it seems that multiple data elements were either not included or entered inappropriately. Second, a key improvement was supposed to be the ability to collect data at baseline and then at multiple points during a clients’ work with LA DOOR. This would allow for outcome analyses to be conducted. However, it seems that the multiple data entries are not occurring. As the evaluation continues, a recommendation will be to prioritize this data entry. Third, one of the key outcomes of this evaluation is reduced recidivism. At this point, the program is not adequately collecting this information.

Research Next Steps

Data collection will continue for the remainder of the project. While the new data collection system is an improvement, we have determined that key information is missing, most importantly the follow-up data regarding substance use, mental health, housing and recidivism. In addition, researchers will continue to work with the project team to understand the data being collected. 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 measures 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 notable to analyze for this interim report. An interesting analysis to be conducted will be to test changes in demographics, needs and services accessed, as well as these outcomes during and post-COVID. 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.

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**

Despite COVID-19, LA DOOR has been successful in recruiting eligible clients and offering quality services to those individuals. Based on the low number of arrests for low-level misdemeanor offenses, LA DOOR had to pivot quickly during Cohort 2 to engage more social contact referrals. Both referral mechanisms are doing well, and LA DOOR is on track to meet their anticipated caseload. Although not a specific research question, we found interesting differences between clients referred through the various mechanisms. Determining the differences between these two recruitment strategies can help the program understand the clients being served, including differences in needs and ultimately increase utilization. For instance, the basic demographics of the groups are different, with the social contact referrals more likely to be younger, more female, greater proportion reporting black ethnicity and less likely to be homeless. In addition to housing, LA DOOR participants enrolled through mobile outreach indicated more overall need, such as general service needs, transportation assistance needs, and mental health service needs relative to social contact referrals participants. There are also differences in service utilization, with mobile outreach clients significantly more likely to be linked to temporary housing and social contact referrals significantly more likely to be linked to permanent housing and receive legal services. As Cohort 2 continues, the work with these individuals via the different referral mechanisms will be considered.

The LA DOOR team will use the information provided in this report to ensure that clients’ 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 clients described the way that the program has allowed them to access services that may otherwise be difficult to obtain. As pre-COVID policies and procedures begin to be reinstated, we anticipate differences in service needs and access. Based on these results, the LA DOOR team will also continue to broadening their work with clients. In particular, focusing work on employment services and access to medical insurance coverage and dental and vision services.

As with Cohort 1, we heard from partners that there is a lack of effective communication among LA DOOR partners. Establishing and maintaining effective communication among LA DOOR C2 partners has been an issue from the beginning of the program, especially among P180 and WACDC. The processes and procedures – warm hand off tools and meetings, regularly-scheduled/weekly case management meetings – that were implemented in Cohort 1 needs to be fully implemented in Cohort 2.

Conclusion

This report discussed findings from the first 15 months of implementation of LA DOOR Cohort 2. Services are expected to continue through December 2022, and we will continue to engage in ongoing process and outcome evaluation efforts through this time. It is our hope that the evaluation of LA DOOR will contribute to the broader literature related to the effectiveness of a comprehensive, health-focused, preventative approach that proactively engages individuals at elevated risk of returning to the criminal justice system.


StataCorp, *Stata Statistical Software: Release 15*, 2017, College Station, TX: StataCorp, LLC.

Appendix A. Cohort 2 Map
Appendix B. Focus Group Survey
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.

<table>
<thead>
<tr>
<th>LA DOOR Service</th>
<th>Effectiveness</th>
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<tbody>
<tr>
<td>1 Help getting a driver’s license, Social Security card, or other ID</td>
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<td>2 Help getting access to public benefits</td>
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<td>3 Transportation services, like getting a ride to a doctor or other appointments</td>
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<td>4 Housing services</td>
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<td>5 Help completing an application for federal or CES housing services</td>
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<td>6 Being linked to a shelter</td>
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<td>12 Help with getting access to medical insurance coverage</td>
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<td>Substance abuse treatment through a program or residential treatment</td>
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<td>Mental health counseling</td>
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<td>Help with being linked to the Public Defender or Alternate Public</td>
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<td>Defender's Office to address legal issues</td>
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<td>7</td>
<td>Help with being reconnected with the Probation or Parole Office</td>
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<tr>
<td>8</td>
<td>Help with being linked to HEART for citation relief</td>
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Appendix C. Staff Interview Instrument

LA DOOR Staff Group Interview Questions

Trainings
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 clients 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 clients 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?