Proposition 47 Cohort 1 Final Report for the Los Angeles County Office of Diversion and Reentry

Submitted to the California Board of State and Community Corrections

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BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY

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Executive Summary

This report describes findings from the evaluation of Proposition 47–funded programs led by the Los Angeles County Department of Health Services (DHS) Office of Diversion and Reentry (ODR). MDRC, a nonpartisan social policy research organization, is ODR's contracted evaluation partner and conducted the outcomes and process study that is described in this report. This report, submitted to the Board of State and Community Corrections, represents the first of multiple research products that will be completed by MDRC as ODR's contracted evaluator, and findings from this report are being used to inform future program improvement and learning activities.

ODR was established in 2015 by the Los Angeles County Board of Supervisors with the goal of redirecting individuals from the criminal justice system who need support due to mental health issues, substance use, or homelessness. With resources from Proposition 47 (Prop 47) and other funding sources, ODR has been working to establish a countywide system of services for people who are involved in the justice system in order to increase their access to housing, health, mental health, substance use disorder, employment, and additional services that are intended to reduce recidivism and other justice system involvement.

The services that were evaluated for ODR as part of the first Prop 47–funding cohort include ODR's Reentry Intensive Case Management Services (RICMS) and Interim Housing programs. RICMS delivers case management and navigation services to people who have been arrested for, charged with, or convicted of a crime and who have mild to moderate mental health and substance use disorders. A key component of the RICMS model is the role of community health workers with lived experience who actively attempt to engage clients in order to conduct a comprehensive needs assessment, establish a care plan based on clients' goals and service needs, and provide case management and navigation support to connect clients with a variety of services, including housing, employment, and health services, over a period of six months or more. ODR's Interim Housing program provides recovery housing for clients who are struggling with substance use disorder, paired with on-site services, support groups, and linkages to off-site inpatient and outpatient treatment and counseling. Interim Housing clients are typically coenrolled in RICMS.

This report describes service delivery and outcomes for programs that were funded in the Prop 47 Cohort 1 grant cycle, which ran from June 16, 2017, to August 15, 2021. After receiving Prop 47 funds in 2017, ODR conducted an extensive input process to identify service needs for community members who are navigating reentry and justice system involvement, which then informed program design and development. RICMS launched in April 2018 and Interim Housing launched in April 2019.

MDRC's evaluation for this report includes an outcomes study of clients who enrolled in RICMS between April 1, 2018, and March 31, 2020, and in Interim Housing between April 1, 2019, and March 31, 2020. Sample enrollment for the evaluation ends in March 2020 to provide an outcomes follow-up period of sufficient length (at least one year for all clients in the outcomes study). The outcomes study in this report examines one- and two-year outcomes in relation to

criminal justice, and one-year outcomes for substance use, physical health, and mental health. There are not enough data at present to calculate three-year criminal justice outcomes. The process study describes service receipt and program implementation during the above sample periods and includes a brief assessment of program adaptations that were made during the pandemic, from March to August 2020. RICMS and Interim Housing are part of an ongoing evaluation that is being conducted by MDRC, and future research products will include outcomes of clients who were served after March 2020.

To date, MDRC's evaluation has established the following findings from the process and outcomes study:

- RICMS enrolled a total of 10,361 individuals between April 2018 and March 2020, of whom 3,028, or 29 percent, successfully became participants in services (as defined by establishing a care plan).

- While the current study design does not allow for a causal explanation of outcomes, an exploratory analysis was conducted to examine whether outcomes for clients who participated in the RICMS program showed any variation compared with outcomes for the average client in the research sample who enrolled but may or may not have participated in the RICMS program. The evaluation found that clients who participated in RICMS experienced lower recidivism rates than the average client who enrolled. The evaluation team intends to conduct exploratory analyses of those who did and did not participate to understand what may be driving engagement and, ultimately, differences in outcomes.

- MDRC did not identify any differences in service-use outcomes for physical health, mental health, or substance use treatment in its exploratory analysis comparing clients who participated in RICMS with the average client in the research sample who enrolled but may or may not have participated in RICMS.

- RICMS was implemented as expected and grew in capacity and geographic scope over the grant period. ODR conducted robust program-monitoring activities and technical assistance to support the implementation of RICMS among a network of 29 providers. There was some variation in the approach to service provision, such as recruitment sources and access to referral services, in response to local contexts and organizational resources within each of the 29 contracted providers. As seen in other studies of reentry programs, program staff members faced challenges with drop-off between initial enrollment and participation. RICMS staff members described a variety of factors that may affect initial engagement with clients, which are outlined further in Chapter 3 of this report.

- For clients who were served after March 2020, the process study found that RICMS providers adapted to the conditions that were posed by the COVID-19 pandemic and were able to continue serving clients after public health orders began in March 2020. Future research will examine whether patterns of enrollment and participation changed during the pandemic once further data are acquired and analyzed.

- Prop 47 funds were used to create a 20-bed Interim Housing site for men, serving a total of 31 people during an 11-month period after opening in April 2019 until March 2020. ODR has also leveraged other funding to serve clients in two new locations, which provides additional housing capacity for RICMS clients who are in need of housing.

The evaluation of ODR's services was designed in response to limitations in data availability and data quality. First, the data system that is used for ODR's Prop 47–funded programs, the Comprehensive Health Accompaniment and Management Platform, known as CHAMP, had a number of constraints that prohibited its effectiveness for monitoring service receipt and as a tool for caseload management and research purposes. CHAMP was originally designed for health services administered by other DHS programs and did not include comprehensive functionality for tracking some activities that ODR deemed necessary to track for RICMS and Interim Housing, including referrals to external program services. Since these programs began, ODR has worked to make significant improvements in CHAMP's functionality, which strengthens the agency's ability to monitor program engagement and service receipt. These improvements were made over time during the Cohort 1 grant cycle. Future research activities will benefit from improvements in CHAMP that will allow for additional analyses to be performed.

As discussed later in this report, further research and analysis are needed to explore the drop-off that occurs between initial enrollment and participation in RICMS and what may be driving differences in outcomes. ODR has also implemented additional program monitoring and improvement strategies with its contracted RICMS service providers to address initial engagement, with the goal of increasing the proportion of clients who actively participate in RICMS program services. Future evaluation activities will document changes that have occurred to these Prop 47–funded programs and will use data that have been collected since the Cohort 1 sample to conduct further analysis. Additional research findings will be published in 2022 through 2024. (See Box 2.1 in Chapter 2 for more detail on future publications and evaluation activities.)

Chapter 1

Overview of Proposition 47–Funded Program Services

Los Angeles (LA) County has the largest jail system in the world, operated by the LA County Sheriff's Department. In early 2020, before the COVID-19 pandemic, the LA County jail housed 17,000 people daily. In recent years, the LA County jail has seen an increase in the number of individuals with complex clinical needs, in part due to a lack of affordable housing and difficulties in navigating and accessing physical and behavioral health services in the community.[1] Housing, mental illness, and access to health care are linked to justice system involvement and often overlap for vulnerable populations. Research suggests that homelessness in particular increases the risk of arrest and incarceration, which in turn compounds the likelihood of homelessness upon release. Lack of access to housing and employment and health services is exacerbated by mental illness and active substance abuse.[2]

California reforms including the Safe Neighborhoods and Schools Act (Prop 47), the Public Safety Realignment Act (AB 109), and the California Community Corrections Performance Incentives Act of 2009 (SB 678) have decreased California's prison population, resulting in an increase in the number of people returning to LA County from incarceration and in the number of individuals who are placed under community supervision. The Office of Diversion and Reentry (ODR) was established in 2015 by the LA County Board of Supervisors with the goal of redirecting individuals from the criminal justice system who need support with mental health, substance use, or homelessness.

With resources from Prop 47 and other funding, ODR built a countywide system of reentry services for people who are involved in the justice system in order to increase their access to housing, health, mental health, substance use disorder, employment, and other services that are intended to reduce justice system involvement. The programs that were evaluated for this report were also informed by community input. Shortly after receiving the Prop 47 grant in 2017, ODR held a series of public convenings in three geographic locations in LA County with the highest levels of crime and poverty. Over 100 community-based organizations and interested parties attended these sessions, wherein they were asked for input on target populations, needs (new and existing programs), and top priorities. A final convening was held at the LA Men's County Jail with incarcerated people to elicit insight into the barriers to reentry.

This report presents findings from an evaluation of ODR's efforts to create, implement, and manage two programs under ODR's Prop 47 Cohort 1 grant: Reentry Intensive Case Management Services (RICMS) and Interim Housing.[3] Both programs received funding that was

[1] Francis, Coyne, and Herman (2021).

[2] Caruso (2017).

[3] An earlier interim report to the California BSCC presents additional information regarding the development and early implementation of these two programs. See Los Angeles County Office of Diversion and Reentry (2019).

awarded to ODR through a competitive proposal process as grantees in the first cohort of Prop 47 funds, administered by the California Board of State and Community Corrections (BSCC). The remainder of Chapter 1 briefly describes the two programs. Chapter 2 describes the evaluation design. Chapter 3 presents findings from an outcomes and process study of RICMS. Chapter 4 presents findings from a review of the Interim Housing program. Chapter 5 concludes the report with policy lessons derived from the evaluation of these two programs.

Overview of Reentry Intensive Case Management Services (RICMS)

ODR launched RICMS in April 2018 to provide reentry case management and navigation services to people with prior justice system involvement. RICMS seeks to remove barriers to reentry through the centralized coordination of comprehensive reentry services with the primary goal of reducing recidivism. RICMS serves a broad justice system–involved population in LA County, including individuals who have been released from jail or prison and are returning home to the county, or who are under probation or parole supervision.[4] ODR is implementing this effort through a network of 29 community-based providers with strong community connections and experience offering services. ODR provides central management, oversight, capacity building, and training to ensure consistency in core policies and practices.

RICMS was formed in response to identified community needs and is one of a number of new programs that have been formed under ODR. Specifically, RICMS was established in response to community input about the need for improved connection to services in reentry.[5] ODR conducted a series of activities to gather community input in 2017 to inform its program development. Community members, including those with lived experience, formed recommendations that included a suggestion to provide direct assistance to reentering individuals to help them set goals and navigate the available services in the community. Moreover, people who are returning to their communities from incarceration or who are on parole and probation supervision face barriers and stigmatization in many ways, including restrictions on housing, voting, public benefits, and employment due to their criminal records. The case management model aims to provide comprehensive service connections, with the goal of reducing the fragmented way in which clients with complex needs typically access services (i.e., each service is accessed at a different agency).

Case management services are delivered by contracted service providers, distributed across the county based on population and the level of service need in each area. A key component of the RICMS model is the role of community health workers (CHWs), who serve as case managers at each of the community-based providers, sharing lived experience with clients and providing peer support and navigation assistance. As part of their contract with ODR, RICMS providers commit to hiring CHWs who have lived experience with the justice system. The CHW case

[4]RICMS primarily serves the abovementioned population; however, a small number of community referrals includes individuals with prior justice system contact who do not meet all Prop 47 criteria.

[5]The community input process is described in greater detail in the interim report that was submitted by ODR to the California BSCC in August 2019.

management approach is designed to be client centered and based on clients' priorities and identified service needs. Clients can be connected to a wide array of services, including mental health and substance use disorder treatment, physical health services, employment services, shelter and housing services, legal assistance, public benefits, transportation vouchers, domestic violence and anger management classes, family reunification services, and assistance with obtaining IDs and other documentation. The CHW provides a central link to services and uses a variety of strategies to make service connections, whether in-house at their organization, through a direct referral into another ODR program, or through coenrollment into other county programs. CHWs have a maximum caseload of 30 clients and are meant to meet with clients biweekly at minimum in person or by phone to continually assess their needs and monitor client progress.

RICMS clients may be referred to RICMS before or after they are released from incarceration from a variety of referral sources. (See Figure 1.1.) ODR accepts prerelease referrals from the LA County jail system, the California Department of Corrections and Rehabilitation, and the City of Long Beach jail. Clients can also be referred by the LA County Office of Workforce Development, Aging and Community Services, and other community partners, including the RICMS community-based organizations themselves. Lastly, ODR leverages funding from SB 678 to support clients who are on adult felony probation.

Clients may be enrolled into RICMS before their release from jail through assignment to a prerelease caseload, before meeting with a CHW (Figure 1.2). However, not all clients who enroll in RICMS while they are in jail may connect with a CHW after their release. For clients who enter RICMS through other referral sources, enrollment occurs at the point of an intake meeting conducted with the CHW in the community. For the purpose of this evaluation, participants are defined as clients who have met with a CHW in the community and who have successfully created a care plan.

ODR and its contracted RICMS providers use a case management system called the Comprehensive Health Accompaniment and Management Platform, known as CHAMP, to monitor client progress. The system has been tailored over time to enable program staff members to document client needs and goals, create care plans, and document service referrals and service receipt. The system includes a comprehensive screening assessment developed by the Department of Health Services, which captures information about physical health, behavioral health, housing, income support, and employment needs. After clients are enrolled, case managers are expected to document all service-provision activities in a client care plan within CHAMP. Staff members are expected to document every interaction with clients, including contact attempts, to capture the full engagement of each client in the program.

As the coordinating agency, ODR is responsible for managing provider contracts, delivering technical assistance and training to strengthen service delivery, and monitoring the ongoing performance of case management service provision. Additionally, ODR seeks to align agencies that are involved in the service-delivery system and facilitate service integration to enable providers to deliver client-centered services (Figure 1.3). This integration includes the formation of

a Joint Local Advisory Committee.[6] ODR also plays a coordinating role by facilitating referrals and strengthening service connections from county agencies and offices such as Probation, Correctional Health Services, and Workforce Development, Aging and Community Services; state entities such as the California Department of Corrections and Rehabilitation; and local agencies such as the City of Long Beach jail.

Overview of the Interim Housing Program

ODR identified housing as an emerging need in LA County, especially for people who are involved with the justice system and are more likely to be homeless or unstably housed when they exit incarceration. This intervention was selected to support individuals who are in early recovery with a safe housing environment that equips clients with the support and circumstances that contribute to sobriety. ODR used Prop 47 funds to establish one interim housing site with 20 beds. This report presents findings for the housing site that is directly funded by Prop 47.

[6]Following the release of the first Proposition 47 Grant Program Request for Proposals, the county and the LA City mayor's office created a Joint Local Advisory Committee (JLAC), which continues to serve as the advisory committee for the second grant and to support collaboration on services for LA County's reentry population. The JLAC was designed to include officials from affected county and city departments as well as representatives of community-based organizations that would not be competing for funds. The membership was organized to reflect the diversity of the population in LA County. Meetings are open to the public to attend.

Chapter 2

Evaluation Design

Reentry Intensive Case Management Services (RICMS) is being evaluated as part of the Los Angeles County Reentry Intensive Services Project (LA CRISP), a multiyear, multistudy evaluation of the Office of Diversion and Reentry's (ODR's) reentry services led by MDRC with its partner, the Council of State Governments Justice Center. To evaluate RICMS, the LA CRISP research team is conducting a process study, an outcomes study, and a cost study.

This report is the first of multiple deliverables that MDRC will produce as ODR's contracted evaluator. (See Box 2.1 for a description of the full evaluation project.) It presents findings from a process and outcomes evaluation of ODR's two Proposition 47–funded programs, RICMS and Interim Housing. The research team used qualitative and quantitative methods to examine the program models, program goals, program implementation, and client outcomes. The process study for this report examined how the RICMS program activities align with the logic model and how the program was implemented, including what services were provided and the role of ODR and coordinating agencies and contracted providers in delivering and coordinating services. (See Figure 1.3 in Chapter 1.) The outcomes study assessed whether the program achieved its proposed goals. To this end, the evaluation measured the level of RICMS participants' use of county physical health care, mental health care, and substance use disorder treatment services, as well as criminal justice outcomes of RICMS and Interim Housing participants.[1] In order to provide a sufficient follow-up period for the outcomes evaluation, the quantitative analyses cover clients who were enrolled in the first two years of RICMS and the first year of Interim Housing. Although there is no comparison group to make a causal assessment of whether the services resulted in improved client outcomes, this report presents some benchmarks of local criminal justice outcomes.[2] The report concludes with policy lessons learned from this evaluation.

Quantitative Data Sources

The Comprehensive Health Accompaniment and Management Platform (CHAMP) is a case management system that the LA Department of Health Services operates. It tracks client

[1]The RICMS program logic model that was finalized with ODR input for this evaluation does not include any anticipated impact on employment or earnings. Therefore, MDRC did not collect employment or earnings data and does not intend to report on employment or earnings outcomes for the RICMS program. MDRC will examine employment and earnings outcomes for the evaluations that are to be conducted of ODR's employment programs.

[2]Careful consideration was given to whether an appropriate comparison group could be established for estimating the impact of the RICMS and Interim Housing programs. Both programs are voluntary and available to all eligible clients who apply. Neither program experienced oversubscription or wait-lists during the periods that are analyzed in this report. As discussed in the report, it is possible that clients who enroll and participate in these ODR services may differ from those who do not in their social support, relative advantages and disadvantages, needs, and motivation to participate in services. Therefore, a robust and reliable comparison group for estimating the programs' impacts could not be constructed.

enrollments, consent forms, assessments, demographic characteristics, needs, and goals. CHAMP also captures information on Interim Housing participation. For clients who are enrolled prerelease, medical case workers (MCWs) enter notes into CHAMP, and community health workers (CHWs) then continue this record where the MCWs leave off.

Although CHAMP provides much useful information, there are several limitations that affected the ability to evaluate RICMS. The most significant limitations are as follows. Based on interviews that were conducted in 2019, a small number of CHWs reported that they did not consistently use the software to record their activities, as required by ODR. The inconsistent reporting of care plans has specific implications for the analyses in this report, as the presence of a care plan is the primary indicator that a client participated in RICMS services after enrollment. This discrepancy is further complicated by the fact that many clients who were enrolled in RICMS may not have met with a CHW after the initial enrollment and thus did not receive services. This is especially the case for clients who enroll prerelease and never contact a CHW postrelease. Unfortunately, although the data included an indicator for whether a client was enrolled at prerelease, at postrelease, or through a community referral, there was inconsistent interpretation of these codes, particularly in the earlier days of RICMS, before the implementation of more intensive CHAMP training.

While CHAMP currently has the capability to record referrals, this function was limited to case notes before May 2020. At present, referrals that are recorded in CHAMP do not trigger enrollments in services. The appendix includes more details on data limitations.

The LA County Chief Information Office (CIO), which sits in the LA Chief Executive Office, manages InfoHub, an administrative data repository that merges service-use data from multiple county information systems. Of the many county service systems that provide data to InfoHub, the CIO provided data from four LA County agencies for this report: the Department of Mental Health (DMH), Substance Abuse Prevention and Control (SAPC), the Department of Health Services (DHS), and the Superior Court.

The DMH data indicate the service use of county mental health services, which includes admission, discharge, and outpatient service dates. The SAPC data have substance use disorder treatment and recovery records, including admission and discharge dates and a positive or negative discharge type indicator. The DHS data contain reports from physical health services on admission and discharge dates for three possible service types: inpatient hospital, emergency room, and primary care visits.

To capture criminal justice outcomes, the research team used three components from court data that are available in InfoHub: initial case filing date, charge level code, and charge disposition code. The case filing date is the date the case is filed in the Los Angeles County Superior Court, the charge level code indicates if the charge is a felony or misdemeanor, and the charge disposition code reports if the client is convicted on the charge. Following the Board of State and Community Corrections guidelines for measuring recidivism in program evaluations, recidivism in this report is defined as a reconviction: a conviction of a new felony or misdemeanor that is committed within one or two years of a person's enrollment into RICMS or starting of

RICMS services. The court case filing date is used as a proxy for the offense date, as the date the conviction offense occurred is not available in InfoHub. In June 2021, ODR provided the CIO with a data file from CHAMP that included a list of RICMS clients along with identifying information, such as name, Social Security number, date of birth, and some demographic characteristics. The CIO used this information to match data from CHAMP with records housed in InfoHub.

Qualitative Data Sources

The primary qualitative data sources for this report include data from MDRC and the Council of State Governments Justice Center's technical assistance assessments of RICMS in 2019. Individual and group interviews were conducted in June and November of 2019 with a subset of RICMS program staff members (including program managers and direct service providers) as well as a small number of clients. During this time period, the research team held additional meetings with agency and program staff members to document the client flow through services and the approach to service integration across referring agencies. The evaluation team also requested documentation of program policies and procedures, standardized forms, and program manuals or guidance documents to supplement and verify information about the organizational context and service-delivery system. Additional technical assistance findings and recommendations for RICMS continued through August 2020, which also inform this report.

Lastly, the evaluation team began additional qualitative data collection in mid-2021 to support its ongoing evaluation efforts (described in Box 2.1). While these data do not reflect the sample period for the quantitative analysis in this report, some of the learning is relevant to the Cohort 1 sample period. For example, interviews that were conducted with program staff members and clients in June and July of 2021 were a key data source for understanding the changes to the criminal justice system resulting from the COVID-19 pandemic and how RICMS adapted in response to the public health situation.

Figure 2.1 lists the data sources that were used for the RICMS and Interim Housing evaluations. The initial data match between CHAMP and InfoHub that was conducted by the CIO focused exclusively on RICMS clients. Given the level of time involved on the part of the CIO to conduct the matching and the fact that RICMS accounted for almost all referrals to Interim Housing, the evaluation team in conjunction with ODR made the decision to treat Interim Housing clients as a subgroup of RICMS clients, as most of the Interim Housing clients are also enrolled in RICMS. Both sets of analyses used enrollment and exit data from CHAMP and court records from InfoHub. The RICMS analyses also used demographic data from CHAMP and the county service-use records.

Research Sample

RICMS

The quantitative analyses in this report include people who enrolled in RICMS during the first two years of the program, from April 1, 2018, through March 31, 2020. Outcomes data

were available through March 2021.[3] All outcomes are tracked for a one-year period following program enrollment. In addition, the report includes two-year criminal justice outcomes for the cohort of clients who enrolled during the first year of RICMS program operation (from April 2018 through March 2019). Three-year criminal justice outcomes for clients who were served during the first year of RICMS program operation will appear in a future MDRC report. Until data are available through March 31, 2022, there will not be a sufficient follow-up period to calculate three-year outcomes for this first-year cohort of RICMS enrollees.

With the exception of enrollment and criminal justice outcomes results, this report focuses on findings for RICMS participants. Although not all CHWs recorded care plans in CHAMP in all cases of service provision, the presence of a care plan in CHAMP is the best indicator in the data to identify clients who participated in RICMS services. Results for all enrolled clients appear in the appendix. Future evaluation activities will explore drivers of differences in outcomes between clients who participated in services and those who did not.

Interim Housing

As the Interim Housing program enrolled its first clients in April 2019, this report presents only one-year criminal justice outcomes for this subgroup. Figure 2.2 presents the relationship between the RICMS and Interim Housing samples.

Research Methods for the Outcomes Study

RICMS

In the absence of a randomized controlled trial or data on a valid comparison group, it is not possible to estimate the effect of RICMS on client outcomes. Instead, this report presents summary statistics to describe RICMS enrollment numbers, client demographic characteristics, county health care use, and one- and two-year reconviction rates.

Interim Housing

Due to the small size of the Interim Housing sample, this report is limited to presenting the number of people who checked into Interim Housing, the average length of stay, and the one-year reconviction rate. The date the one-year follow-up period begins is the date of entry into Interim Housing.

[3]The final RICMS enrollment date included in the study sample for this report was March 2020, to allow for at least one year of follow-up after program entry for tracking client outcomes. Outcomes data, demographic data, and participation data for clients who enrolled in RICMS after March 2020 will be presented in the forthcoming RICMS final report for LA CRISP, as shown in Box 2.1.

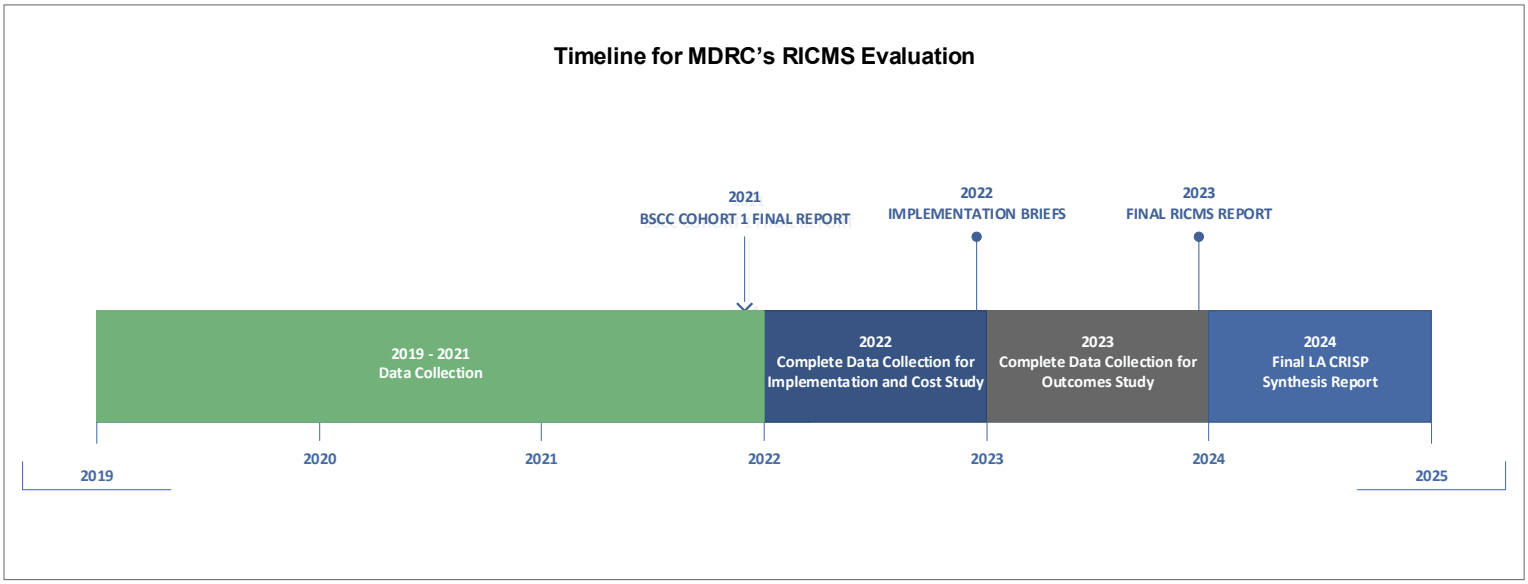
Box 2.1

Evaluation Learning Agenda and Future Research Activities

MDRC and the Council of State Governments Justice Center are collaborating with the Los Angeles County Department of Health Services' Office of Diversion and Reentry (ODR) to support ODR in strengthening and evaluating its system of reentry services, including mental and behavioral health services, for people who are involved in the justice system.

Los Angeles County is home to the largest jail system and the largest probation department in the United States, and initiatives led by ODR have the potential to inform local, state, and national policy and practice. To support this learning, the research team is conducting multiple impact, outcomes, implementation, and cost studies of reentry programming. The project features technical assistance to develop new programming and strengthen core aspects of existing programs' designs and systemwide coordination before evaluation. MDRC's evaluation data–collection activities began in spring 2019 and will continue through 2022.

This report, submitted to the Board of State and Community Corrections, represents the first of multiple deliverables that will be completed by MDRC as ODR's contracted evaluator. Future research will include additional data sources to support enhanced implementation findings, including an in-depth analysis of client and staff member experiences, as well as an analysis of service-referral take-up. The research will also include additional criminal justice outcomes findings, including jail admissions, days incarcerated in jail, and probation revocations. A cost study will calculate the costs of components such as direct services, program management, management information system enhancements, and staff training. Research findings will be shared in the Proposition 47 Cohort 2 final evaluation report, a final Reentry Intensive Case Management Services synthesis report that will describe the full sample of Cohort 1 and Cohort 2 clients, and a final synthesis report describing the full system of services that are being evaluated by MDRC on behalf of ODR.



Chapter 3

RICMS Findings

RICMS Client Characteristics

A total of 10,361 individuals enrolled in Reentry Intensive Case Management Services (RICMS) during the two-year sample period, of whom 3,028, or 29 percent, participated in services (Table 3.1).[1] Of the participants, 81 percent exited within one year from their first enrollment into RICMS. Among clients who exited RICMS within one year, the average length of time enrolled was 77 days for all clients who enrolled, and 153 days for participants. Between April 1, 2018, and August 31, 2021, a total of 19,811 clients enrolled in RICMS.[2] This number counts unique individuals; thus, this count is not consistent with that of the interim report, which counted enrollments, as individuals can enroll in RICMS multiple times. Of the 10,361 enrollees, 2,285 clients enrolled in RICMS more than once.

Reflecting the profile in the broader criminal justice system, RICMS clients were predominantly men. Almost three-quarters (73 percent) of clients identified as men, 27 percent as women, and 0.1 percent as genderqueer (Table 3.2). Over one-fourth (28 percent) of clients identified as white and 43 percent identified as black. Forty-one percent of clients identified as Hispanic. Over a third (35 percent) of clients were 45 years of age or older at the time of enrollment.

Client distribution across the eight Service Planning Areas (SPAs) of the Department of Health Services (DHS) varied highly (as shown in Figure 3.1).[3] The SPAs with the fewest clients were SPA 5 and SPA 1, with 2.6 percent and 3.3 percent of clients, respectively. The SPAs with the most clients were SPA 4 and SPA 6, with 16 percent and 37 percent of clients, respectively. This distribution aligns with several characteristics of these regions. SPA 6 fares the worst across many social determinants of health and crime, such as education, employment status, poverty, housing, and neighborhood safety, followed by SPA 4. By contrast, SPA 5 fares the best across these dimensions. Accordingly, SPA 6 has the most RICMS providers and community health workers (CHWs) and SPA 5 has the fewest. SPA 1's geographic region covers the smallest population size of the eight SPAs.

[1]As described in Chapter 2 and shown in Figure 2.2 in Chapter 2, this number excludes clients who did not match to InfoHub data.

[2]The number of individuals who were enrolled between March 3, 2021, through the end of the Cohort 1 period was calculated by ODR and appended to MDRC calculations of enrollments through March 2, 2021. Differences in methodology may result in a modest difference in enrollment numbers in future MDRC reports. This variation includes individuals who did not match to records in InfoHub.

[3]The Los Angeles Department of Health Services divides Los Angeles County into eight geographic areas. These distinct regions allow the department to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas.

RICMS Implementation Findings

Since its inception in April 2018, RICMS has grown in scale both in its geographic reach and in its caseload capacity through a contracted network of 29 community-based providers distributed across all service-provision areas of Los Angeles (LA) County. There is some variation in the concentration of providers, with resources concentrated somewhat more in higher-density service-provision areas.[4] The contracted RICMS providers in the network vary in terms of their organizational scope, with some emphasizing substance use treatment or health care and others offering access to transitional housing or homeless services.

Service Integration

The coordination efforts of the Office of Diversion and Reentry (ODR) begin with the process of making referrals into RICMS. RICMS referral sources and procedures have evolved as the program has matured. Early in the implementation of RICMS, ODR established procedures to facilitate referrals from the LA County jail system directly into RICMS. This effort to integrate service connections required close coordination among ODR and its collaborating office, known as Correctional Health Services, within the DHS. ODR established data-sharing functions in the Comprehensive Health Accompaniment and Management Platform, or CHAMP, to process referrals and made efforts to facilitate communication between staff members working inside the jails and CHWs in the community. For other referral partners, such as the California Department of Corrections and Rehabilitation, ODR facilitates connections to local providers where an individual has been (or will be) released. As RICMS has become more established in the community, recruitment has expanded beyond these centralized channels. Providers conduct their own recruitment activities and receive some walk-ins or word-of-mouth referrals, whom they will enroll after confirming their eligibility.[5]

As outlined in the CHAMP data-source description in Chapter 2, many clients who enrolled in RICMS did not meet with a CHW after their initial enrollment and thus may not have had the opportunity to receive RICMS services. ODR requires that CHWs attempt contact with clients five times in 30 days before exiting them from RICMS and releasing them from their caseload. However, ODR and its contracted providers face external constraints. For example, many clients are enrolled in CHAMP before their release from jail after they are recruited by Correctional Health Services. While CHWs are asked to engage those clients before their release to transition them into RICMS services after release, there are a variety of factors limiting clients' ability to engage with their CHW before and immediately upon release, which include limited access to meet or speak with clients prerelease due to restrictions in the jails, shifts in release dates that are not communicated in advance, a lack of sufficient contact information for clients, or

[4]This concentration of services was established intentionally when contracting service providers for RICMS, as described further in Los Angeles County Office of Diversion and Reentry (2019).

[5]RICMS services clients who have been arrested for, charged with, or convicted of a crime and who have mild to moderate mental health and/or substance use disorders.

disinterest from clients. ODR is limited in its ability to address some of these challenges, particularly those that are under the purview of other agencies or offices.

ODR made concerted efforts to ensure that once clients engage with their local RICMS providers, they can access needed services. ODR has established clear protocols for how to enroll clients in publicly funded services such as MediCal, county-funded housing programs, and employment programs operated by the county. Most of the contracted RICMS providers also offer a variety of additional services within their own organizations that they make available to clients, including housing, substance use treatment, and employment services. ODR also established contracts with health clinics in each service-provision area to ensure that clients have access to primary health care, including accompaniment to primary care physician appointments.

Los Angeles's housing crisis continues to affect its residents, particularly individuals in communities that are economically vulnerable and socially marginalized. Access to housing was mentioned by most program staff members who were interviewed and by clients as the area of highest need. Staff members and clients described a variety of factors affecting the ability to connect with housing resources, ranging from availability and eligibility to personal safety. Some clients face limitations to where they feel comfortable staying due to safety concerns in specific areas. In some service-provision areas, housing resources are simply more limited, with fewer options available at any given time. Providers also make use of the Coordinated Entry System managed by the LA Homeless Services Authority to access housing resources. However, this process can take time while clients wait to be prioritized for services based on their needs. Staff members noted that interim solutions may be necessary. While government response to the COVID-19 pandemic created some additional housing options for reentering individuals through Project Roomkey and other programs, staff member and client feedback consistently reinforced the need for more supports to ensure that clients can eventually attain long-term housing. The Interim Housing program, described in Chapter 4, contributes partly to meet the need of RICMS clients.

Data Capacity

Since the launch of RICMS, ODR has recognized and worked to address the issues of data capacity. As an existing data system that is used across DHS, CHAMP was not originally built to meet the needs of a large network of case management staff operating within various types of providers and referral streams. Faced with these limitations, ODR program managers developed a separate Excel spreadsheet for program staff members to track information on clients, service provision, and outcomes. Over time, ODR coordinated updates to CHAMP to include the items in the tracker. One of the most notable changes to the system was the addition of a referrals module in May 2020, at which point the Excel tracker was phased out.

In order to strengthen data quality and monitor compliance with CHAMP data-entry requirements, ODR conducted trainings with providers, developed materials to inform staff members of system changes, and reviewed individual cases with providers. These program activities were done on an ongoing basis to reinforce the consistent use of the system across providers. Staff

members' feedback on CHAMP indicates that improvement has been made over time. Staff members who were interviewed in 2019 (before changes were implemented to CHAMP) reported lower satisfaction than has been provided recently under the evaluation as it has become more useful for staff members in their workflow. Further exploration will occur in upcoming research, which will leverage the increased data capacity and may provide more insights into understanding how receiving RICMS services connects to outcomes.

Program Monitoring and Quality Assurance

ODR oversees provider activities and provides technical assistance and training to strengthen the RICMS service-delivery strategy and correct emerging performance issues. Each RICMS provider is assigned an ODR program manager who serves as a liaison for performance management and technical assistance. ODR establishes a weekly meeting with the program manager at each provider in its first six months of program implementation, which is then reduced over time to approximately twice per month based on provider performance. At these meetings, program managers review CHW caseloads, discuss case management strategies and monitor care plans in CHAMP, and conduct in-person site visits at RICMS agencies to assess the effectiveness of service provision and to identify any gaps in the availability of needed services.

ODR provides frequent, ongoing professional development to support CHWs and program managers. Trainings are offered to all staff members on effective case management practices, and a monthly schedule of professional-development workshops cover a wide range of topics. ODR also hosts quarterly learning community meetings with all RICMS providers to provide ongoing training and technical assistance as well as to foster collaboration and share best practices. CHWs at local RICMS providers consistently reported that they found the trainings and learning community meetings helpful in supporting their work with clients and sharing information.

The Staff Member–Client Relationship

RICMS is centered around the role of the CHWs, who focus their approach on their clients' goals and needs. A key component of the RICMS theory of change is the role of lived experience in the CHW's ability to establish a successful relationship between the CHW and client that is culturally responsive and centered around client goals. ODR emphasizes this importance in its contracts with providers and guidance in hiring. While not all CHWs have lived experience with incarceration, most staff members who were interviewed reported that they do. Most CHWs with lived experience explained that they disclose this information in order to connect with the client and consider it to be an important aspect of the relationship they can build with clients. CHWs with lived experience generally felt that their personal backgrounds were an asset to successfully working with clients.

Feedback shared by clients and staff members suggests that the relationship, once established, contributes to clients' satisfaction with services and sense of connection to the program. In interviews, multiple RICMS clients noted that even with a CHW supporting them, there were limitations to the amount of aid the CHWs are able to provide or refer for clients. However, most

clients felt supported by their CHW. This sentiment was echoed by CHWs, who expressed a commitment to meeting clients "where they are at" to meet their needs. Frequent interactions with clients and relatively low caseloads (1:30) allow CHWs to serve clients responsively.

The greatest challenge CHWs expressed about serving clients is initial engagement. Particularly with clients who are referred before being released from jail or prison, it can be challenging for CHWs to make contact. Some CHWs who were interviewed reported that they use more intensive efforts to reach clients, from calling family members to identifying physical locations that unhoused individuals might be found in their community. Staff members have continued to make adaptations to their approach in order to address additional constraints due to the COVID-19 pandemic (described further in Box 3.1). As demonstrated by the percentage of clients who enroll but do not participate, most clients who were referred into the program do not successfully engage in RICMS services despite provider attempts.

RICMS Service Use

Data limitations from the period of RICMS operations covered in this report prevented a full analysis of RICMS service use. As discussed in Chapter 2, before May 2020, CHAMP did not include usable data on the level of client contact with CHWs, RICMS referrals to services, or referral take-up.[6] Although this report presents information on RICMS clients' usage of county health services, it is difficult to determine what proportion of these service connections were due to RICMS. Service-referral data will be presented for later cohorts of RICMS clients (those enrolled after May 2020) in future reports about the RICMS program and linked to service-use records to further explore client take-up of referrals made by RICMS staff members. (See Box 2.1 in Chapter 2 for information regarding ongoing RICMS research activities.)

In alignment with ODR's interest in improved data quality, and with technical-assistance recommendations from MDRC and its study partner, the Council of State Governments Justice Center, ODR successfully advocated for the LA DHS to authorize improvements to CHAMP that will allow for a stronger measurement of services in future analyses. For example, ODR added modules to capture referrals outside of case notes. With training and monitoring to ensure proper data entry, these changes will increase ODR's ability to track client service use. ODR has also implemented several other minor but important changes to the data system, such as requiring CHWs to complete modules in sequence to better ensure that all components are entered.

RICMS Client Outcomes

Outcomes are described below for RICMS clients. An exploratory analysis was conducted to determine whether there were any differences between participants and the full research sample,

[6]The study sample presented in this report was defined as individuals who enrolled in programming between April 2018 and March 2020, to allow for a one-year outcomes follow-up window (running through February of 2021). Analysis of clients who enrolled between April 2020 and August 2021 will be presented in the final RICMS report for the Los Angeles County Reentry Intensive Services Project evaluation.

in an effort to understand whether clients who participate in services may experience different health care use and criminal justice system contact outcomes than those who do not. Generally, outcomes for all RICMS enrollees (shown in the appendix) and participants (shown in tables throughout this chapter) were the same, except for criminal justice outcomes, as described further below. Comparisons between these two groups should not be interpreted as causal. Future research and reporting by MDRC will examine differences among those who participate in services and those who do not.

Substance Use

Twelve percent of participants (N = 355) had at least one admission to a county substance use disorder treatment and recovery service within one year of starting to participate in RICMS (Table 3.3).[7] Among those participants that were ever admitted, there were a total of 589 admissions, indicating that some participants had multiple admissions. However, the majority of participants (61 percent) were only admitted one time; of these, 44 percent were reported as discharges with positive treatment compliance and 29 percent were reported as discharges with negative treatment compliance.[8]

Mental Health

Table 3.4 shows one-year county mental health treatment service-use outcomes by inpatient admission and outpatient services. Thirty-one percent of participants (N = 922) received inpatient admission (such as crisis stabilization) or outpatient services (such as counseling sessions). There were a total of 18,464 recorded admissions or service uses. The most common type of services received were outpatient services only (26 percent of participants), while close to no participants (0.1 percent) received inpatient admission only and about 4 percent of participants received both inpatient admission and outpatient services. Among the small percentage of participants that received inpatient admission only, each participant was admitted once and discharged. Among those who received either service, participants used outpatient services a mean of 20 times and median of 10 times per participant. Participants that received both inpatient admission and outpatient services had 4,139 service uses and admissions, about 34 service uses on average per participant. Thus, participants who used both inpatient and outpatient services had higher service use per person than the average RICMS participant who received county mental health services. Seven percent of inpatient admissions led to discharges, which suggests that the majority of RICMS participants who were admitted to inpatient services were in those services for an

[7]The participant sample excludes 450 individuals who did not match to the InfoHub data.

[8]The discharges included in these analyses only account for discharges that occurred during the one-year follow-up period. Thus, admissions that occurred late in the follow-up period had less time to result in a discharge than admissions that occurred earlier.

extended period of several months.[9] Further research is needed to understand what occurred for clients who do not have documented discharges.

Physical Health

One-year physical health care service-use outcomes are broken down into primary care, emergency room (ER), and inpatient hospital use (Table 3.5).[10] Thirteen percent of participants attended at least one primary care visit, and among this group, participants averaged about four primary care visits. Fourteen percent of participants ever had an ER visit. Among participants that had an ER visit, participants had about two ER visits. Three percent of participants had inpatient hospital admittances, and among those participants that were ever admitted, clients averaged two inpatient hospital admittances. Participants attended primary care visits more often than the number of times they had an ER visit or an inpatient hospital admission.

Criminal Justice

Table 3.6 shows the one- and two-year criminal justice contact outcomes for clients who were enrolled in RICMS and clients who participated in services.[11] Among participants, 14 percent of clients were convicted of a new felony or misdemeanor charge for an offense that occurred within one year of their starting to participate in RICMS. More clients were convicted of a misdemeanor charge than a felony charge in their first year; 9 percent of clients were convicted of a misdemeanor charge and 7 percent of clients were convicted of a felony charge. These numbers show that some clients were convicted of both felony and misdemeanor charges.

Among RICMS clients participating in the program during its first year of operation, 23 percent of clients had a new felony or misdemeanor offense for which they were convicted during the two-year follow-up period. Echoing the one-year criminal justice contact outcomes, although narrower, more clients were convicted of a misdemeanor charge (14 percent) than a felony charge (13 percent), and some clients received both felony and misdemeanor convictions for offenses that occurred within two years of their starting to participate in RICMS.

Unlike the health care service-use outcomes (Appendix Tables A.3, A.4, and A.5), there are some differences in criminal justice contact outcomes when examining the full sample of clients who were enrolled in RICMS against the subsample who participated in services. Participants had fewer new felony and misdemeanor convictions for offenses that occurred within the one- and two-year follow-up periods compared to all clients enrolled in RICMS. There are several possible explanations that require further exploration. It is possible that clients who are more

[9]Similar to the substance use disorder treatment and recovery admissions, the discharges included in these analyses only account for discharges that occurred during the one-year follow-up period. Thus, admissions that occurred late in the follow-up period had less time to result in a discharge than admissions that occurred earlier.

[10]The participant sample excludes 450 individuals who did not match to the InfoHub data.

[11]The RICMS enrollee sample excludes 578 individuals who did not match to the InfoHub data.

likely to engage with RICMS have other characteristics driving the difference in outcomes.[12] Without causal findings, the evaluation cannot determine whether CHWs helped participants successfully overcome barriers to avoid future system involvement. Future implementation research by MDRC may yield insights that could explain the gap in reconviction rates, which will be included in future products. (See Box 2.1 in Chapter 2.)

Local trends can help contextualize the reconviction outcomes of RICMS participants in the absence of data on a valid comparison group. LA County reported a three-year reconviction rate of 36 percent among people who were released from county jail or last started supervision in 2015.[13] Changes in criminal justice policy in response to the pandemic also provide context to the reconviction rates of RICMS clients. For example, the LA County Superior Court delayed criminal and civil cases in March 2020.[14] Further, between 2019 and 2020, the number of felony arrests in LA County decreased by 7 percent and the number of misdemeanor arrests decreased by 27 percent.[15] Due to the limitations of the research design and available data, it is not possible to determine whether the lower reconviction rates compared to prepandemic LA County numbers are due to RICMS services.

[12]In the absence of a randomized controlled trial research design, it is not possible to attribute lower reconviction rates to RICMS services. Part of the RICMS model is that services are open to all people who have experienced an arrest, eliminating the option of a valid control group. A matched comparison also faces the difficulty of being unable to control for possible differences in unobservable characteristics, such as motivation level.

[13]Los Angeles County Chief Executive Office (2020).

[14]Superior Court of California, County of Los Angeles (2021).

[15]California Department of Justice (2021).

Box 3.1

Adaptations Made to Serve RICMS Clients During the COVID-19 Pandemic

During the shelter-in-place orders that were instated by the state of California and Los Angeles County to prevent the spread of COVID-19 in March 2020, the Office of Diversion and Reentry (ODR) took measures to ensure that Reentry Intensive Case Management Services (RICMS) continued to serve its clients throughout the pandemic. Adjustments were made to RICMS's usual service-delivery approach in order to do so safely.

Operations and services were switched to a virtual format in rapid response to the pandemic stay-at-home orders, beginning on March 16, 2020. Community health workers (CHWs) mostly interacted with clients through phone calls in the initial stages of the pandemic. When they were interviewed, some CHWs mentioned that in-person contact is a more effective method of working with clients, especially when attempting to reach clients before their release from jail or prison. CHWs generally felt that their relationship with clients and the services they provided were able to continue effectively in the transition to remote care. As Los Angeles County started reopening, CHWs resumed in-person contact with clients.

The primary issue identified by CHWs and clients was that many service agencies were closed or harder to access. This hindered CHWs' ability to refer clients to services efficiently. However, this problem was mitigated by the consistent communication that was set up between ODR, RICMS providers, and their staff members. CHWs noted that ODR was responsive to their concerns. Although ODR halted quarterly RICMS gatherings in person, they continued these meetings virtually in a slightly different format. CHWs were able to use this network to learn from coworkers about the best ways to navigate the ever-shifting COVID-19 landscape.

Chapter 4

Interim Housing Findings

The Office of Diversion and Reentry (ODR) used Proposition 47 funding to launch one interim housing location with a 20-bed capacity for male clients, operated by the community and faith-based organization Christ Centered Ministries. This site began to house clients in April 2019. Two additional interim housing sites have since been opened, leveraging other funding sources. ODR has made interim housing slots available to its other reentry programs, but Reentry Intensive Case Management Services (RICMS) accounts for almost all referrals.

Christ Centered Ministries is based in South Los Angeles and targets people who are experiencing homelessness and mental health and/or substance use disorders. The site includes a case manager on location who coordinates with the RICMS community health worker to provide wraparound supports with a focus on substance use disorder treatment and recovery, such as behavioral health services and linkage to off-site inpatient and outpatient treatment. Clients can also attend support groups focused on recovery and maintaining sobriety. Christ Centered Ministries also provides clients access to employment support, expungement assistance, family reunification services, and preparation for long-term housing.

Interim Housing Client Outcomes

Outcomes are described below for the subsample of RICMS clients who participated in Interim Housing, for RICMS participants and for all RICMS enrollees. Generally, all clients who enrolled in the Interim Housing program experienced similar outcomes regardless of their level of engagement in RICMS.

The average length of time between check-in and check-out of Interim Housing was 131.5 days. Between the opening of the interim housing site (April 1, 2019) and the end of the available data (March 2, 2021), 77 RICMS clients entered Interim Housing.[1] Among RICMS participants, 31 people entered Interim Housing, 84 percent of whom exited within one year (Appendix Table A.6).

Table 4.1 shows new conviction rates for clients that were enrolled in Interim Housing and were either RICMS participants or in the larger sample of RICMS enrollees. Among RICMS participants, 10 percent of clients were convicted of a new felony or misdemeanor charge, 7 percent were convicted of a felony charge, and 7 percent were convicted of a misdemeanor charge, all for offenses that occurred within one year of their starting participation in RICMS. These numbers show that some clients were convicted of both felony and misdemeanor charges.

The two Interim Housing subsamples, RICMS enrollees and RICMS participants, had similar criminal justice contact outcomes. Twelve percent of clients were convicted of a new

[1]This includes individuals who did not match to records in InfoHub.

felony or misdemeanor charge for an offense that occurred within one year of their enrolling in RICMS. Broken down by charge type, 6 percent of clients were convicted of a felony charge and 9 percent were convicted of a misdemeanor charge.

Chapter 5

Conclusions

The evaluation examined the implementation of Reentry Intensive Case Management Services (RICMS) and the outcomes of people who participated in RICMS and Interim Housing. Within a short period, the Office of Diversion and Reentry (ODR) has made significant efforts to coordinate individual providers and agencies across Los Angeles County in order to create an accessible and comprehensive system of reentry services. ODR has developed programs that were responsive to community input and in collaboration with a large number of community-based partners that specialize in reentry services and other agencies and offices within Los Angeles County.

Given the programs' commitment to accepting and serving all eligible clients, it was not possible to construct a robust comparison group to evaluate the causal relationship between program participation and outcomes. Without causal findings to demonstrate the impact of ODR's RICMS or Interim Housing programs, the evaluation is unable to determine whether these programs definitively lead to improved outcomes. However, MDRC identified lower recidivism rates for RICMS participants, as compared with all enrollees in the outcomes study. This finding warrants further analysis to understand whether there are characteristic differences among participants that would explain their lower justice involvement or whether program participation seems to be the mediating factor. MDRC intends to conduct a matched comparison as part of future evaluation activities to understand what may be driving this difference.

Limitations within the Comprehensive Health Accompaniment and Management Platform (CHAMP) system during the early implementation of services funded by Proposition 47 (Prop 47) made it more challenging for ODR and providers to monitor client progress and to use data in performance improvement. Significant improvements to CHAMP made in May 2020 will allow for closer analysis of enrollees in future reports. Specifically, future reporting on RICMS for Cohort 2 of Prop 47 will include more detailed analysis of service-use data for clients, and more extensive qualitative research that began in June 2021 will give a more detailed understanding of why drop-off occurred and what factors may lead to successful participation. Despite data limitations, ODR's oversight and training did result in usable data across all providers. This underscores the necessity of trainings and monitoring to support the consistent and accurate use of data systems.

RICMS has successfully recruited and enrolled a large number of clients from multiple referral sources, including corrections, probation, and parole. However, ODR and its RICMS providers were challenged with addressing drop-off before enrollees successfully established a care plan. The process of engaging clients who are referred prerelease and enrolled in CHAMP before they leave seems to present different challenges, for example, than engaging individuals who enroll after release but who do not successfully participate. Limitations to CHAMP for the

Prop 47 Cohort 1 sample prevented the evaluation from examining whether participation or outcomes differed by referral source.

In spite of challenges with engagement, the RICMS program was implemented as planned and the process study identified program strengths. In interviews, participants also described a strong relationship between community health workers (CHWs) and RICMS clients who had built a relationship. These findings and the volume of enrollments indicate that RICMS is offering services that are valuable to referring partners and to those who participate. ODR has continued its efforts to address the identified challenges with client engagement. For example, ODR has trained all CHWs in motivational interviewing to equip staff members with established techniques for building client motivation, particularly for clients who have substance use disorders who may be ambivalent about participating in services that require behavior change. ODR also hired new program managers with previous experience working for local RICMS providers whose direct implementation experience can inform the agency's program-management and technical-assistance strategies.

More research is needed to understand what is different about enrollees who do not successfully engage with the program and what factors ODR and its providers can potentially improve or what external constraints may be outside their control. Due to the recent improvements made to CHAMP, ODR and MDRC will be able to use CHAMP data to explore whether there were differences between those who were recruited into the program before their release from the jail system who were enrolled in CHAMP before meeting with a CHW and those who were recruited from other referral sources who were not enrolled until after meeting with a CHW. MDRC's future evaluation activities will explore more closely what may be prohibiting enrollees from continuing to engage and establish a care plan, with the goal of identifying strategies ODR can use to improve participation.

Appendix A

Data Methods and Limitations

Data Acquisition and Matching

The initial data-acquisition plan had been for the Office of Diversion and Reentry (ODR) to provide the evaluation team with the Comprehensive Health Accompaniment and Management Platform (CHAMP) data and for MDRC to submit a match file to the Chief Information Office (CIO). However, one of the county agencies providing data only approved the release of deidentified data to the evaluation team. This requirement for deidentification necessitated the CIO to conduct all of the matching work. The evaluation team was not able to see the quality of CHAMP data until the CIO provided the matched deidentified InfoHub and CHAMP data in July and August 2021. Despite substantial assistance from the CIO and ODR, there were also difficulties in obtaining data-sharing agreements from the various county agencies, resulting in further delays in data acquisition. In addition, the Los Angeles County Sheriff's Department was not able to approve the use of their arrest and incarceration data in time for this report. Future MDRC reports will include these analyses.

The CIO was not able to match all Reentry Intensive Case Management Services (RICMS) enrollees in CHAMP to InfoHub. It is possible that the 5 percent of enrollees who did not match were missing from InfoHub's records because they were arrested outside of Los Angeles County and were serving a state parole term within the county or they were last arrested before 2010, when Los Angeles County Sheriff and Probation data began.

CHAMP

Another issue arose in relation to identifying the research sample after the evaluation team received the data. Multiple Department of Health Services (DHS) programs use CHAMP as a client database. In addition to CHW misinterpretation of the three RICMS program indicator codes (prerelease, postrelease, and community referral), some of these DHS programs had been improperly using these codes as well. ODR provided a list of past and present RICMS community health workers (CHWs) to the evaluation team in order to remove non-RICMS clients from the data. This further highlights the need for training across all users of a data system on proper data entry.

As described in the "RICMS Service Use" section of this report (Chapter 3), documenting a referral in CHAMP does not trigger a referral or enrollment in services. This made it unclear whether the county service-use figures this report presents are due to RICMS services. For example, analyses showed that of the 3,096 RICMS enrollees who appeared in the Department of Mental Health (DMH) data (Appendix Table A.4), only 922 (Table 3.4 in Chapter 3) had a care plan, although according to policy, CHWs should create an initial care plan before referring clients to services. Thus, the remaining 2,174 enrollees either accessed DMH services through some other path than RICMS or the CHW referred the client to DMH without recording this information. Reports of CHWs' underdocumentation of the services they provide suggest it is likely some combination of the two reasons.

For prerelease clients, RICMS policy is for CHWs to create care plans at the initial visit after release. Thus, clients who enroll in RICMS prerelease will not have a care plan until after their first meeting with a medical case worker (MCW). In the early days of RICMS, MCWs were also able to enroll prerelease clients without completing the comprehensive screening form that is required before enrollment. These differences in the enrollment process in the context of a missing valid indicator for the referral type created a further difficulty in understanding which clients had received RICMS services.

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Exhibits

Table 3.1

RICMS Client Enrollments and Exits

Measure	N	Percentage of Enrollees	Percentage of Participants	Mean	Interquartile Range
Enrollees					
Enrollees	10,361	100			
Exited within one year[a]	9,717	93.8			
Reenrollees	2,285	22.1			
Days between enrollment and exit				76.5	65
Participants					
Enrollees	3,028	29.2	100		
Exited within one year[a]	2,465	23.8	81.4		
Days between enrollment and exit				152.7	151

SOURCE: Calculations based on data from CHAMP management information system.

NOTES: This excludes individuals who did not match to InfoHub data.
[a]Exited from first enrollment into RICMS.

Table 3.2

Characteristics of RICMS Participants

Measure	N	Percentage
Gender[a]		
Woman	810	26.8
Man	2,213	73.1
Genderqueer	3	0.1
Race[b]		
White	858	28.3
Black	1,304	43.1
Asian	30	1
Native Hawaiian or Pacific Islander	25	0.8
American Indian or Alaska Native	48	1.6
Multiracial	50	1.7
Ethnicity[c]		
Hispanic	1,239	40.9
Age at first RICMS enrollment[d]		
18-24 years	178	5.9
25-34 years	947	31.3
35-44 years	829	27.4
45 or more years	1,072	35.4
Service Planning Area		
1	100	3.3
2	407	13.4
3	315	10.4
4	471	15.6
5	79	2.6
6	1,132	37.4
7	235	7.8
8	279	9.2
Sample size	3,028	

SOURCE: Calculations based on data from CHAMP management information system

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS who had a documented care plan and matched to InfoHub data.

aThere were two clients missing gender data.

[b]There were 713 clients missing race data.

[c]There were 104 clients missing ethnicity data.

dThere were two clients missing age data.

Table 3.3

One-Year County Substance Use Disorder Treatment Service-Use Outcomes for RICMS Participants

Measure	
At least one admission (%)	11.7
Among admitted participants, more than one admission (%)	39.2
Total number of admissions[a]	589
Among admissions, discharges (%)	92.4
Among discharges	
Positive treatment compliance (%)	43.6
Negative treatment compliance (%)	29.2
Sample size	3,028

SOURCE: Calculations based on data from Los Angeles County Substance Abuse Prevention and Control.

NOTES: The sample in this table includes the number of clients who enrolled in RICMS who had a documented care plan and matched to InfoHub data.

[a]355 clients accounted for 589 admissions. Individuals may be admitted more than once.

[b]There were 66 clients who exited treatment due to reasons such as death, incarceration, or other, and there were 82 clients who exited treatment but did not have a discharge status.

Table 3.4

One-Year County Mental Health Treatment Service-Use Outcomes for RICMS Participants

Measure	
Received inpatient admission or outpatient services	
At least one admission or service use (%)	30.5
Total number of admissions or service uses	18,464
Received inpatient admissions only	
At least one admission (%)	0.1
Total number of admissions	3
Among admissions, discharged (%)	100
Received outpatient services only	
At least one service use (%)	26.3
Total number of service uses	14,322
Received both inpatient and outpatient services	
At least one service use or admission (%)	4.1
Total number of service uses/admissions	4,139
Among admissions (for inpatient), discharged (%)	7.1
Sample size	3,028

SOURCE: Calculations based on data from Los Angeles County Department of Mental Health.

NOTE: The sample size in this table reflects the number of clients who enrolled in RICMS who had a documented care plan and matched to InfoHub data.

Table 3.5

One-Year County Physical Health Care Service-Use Outcomes for RICMS Participants

Measure	Percentage of Participants	Mean	Interquartile Range
Ever attended primary care visit	13.1		
Primary care visits per person who ever attended		4.1	4
Ever admitted to ER	14		
ER visits per person who ever visited		2.3	1
Ever admitted to inpatient hospital	3.3		
Inpatient hospital admittances per person who was ever admitted		1.8	1
Sample size	3,028		

SOURCE: Calculations based on data from Los Angeles County Department of Health Services.

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS who had a documented care plan and matched to InfoHub data.
ER = Emergency Room

Table 3.6

One-Year and Two-Year Criminal Justice System Contact Outcomes for RICMS Clients

	One-Year Outcomes		Two-Year Outcomes	
Outcome (%)	Participants	Enrollees	Participants	Enrollees
Reconviction rate	13.8	24.5	22.7	36.2
Felony	6.8	12.7	13.3	21.3
Misdemeanor	8.7	15.6	14.3	24
Sample size	3,028	10,361	1,443	1,287

SOURCE: Calculations based on data from Los Angeles County Superior Court.

NOTES: For the care plan sample, reconviction is defined as a conviction of a new felony or misdemeanor that is committed within one or two years of the start of a care plan. The court case filing date is used as a proxy for the offense date.

For the enrollee sample, reconviction is defined as a conviction of a new felony or misdemeanor that is committed within one or two years of enrollment into RICMS. The court case filing date is used as a proxy for the offense date.

Table 4.1

One-Year Criminal Justice System Contact Outcomes for RICMS Clients

Outcome (%)	One-Year Outcomes	
	RICMS Participants	RICMS Enrollees
Reconviction rate	9.7	12.1
Felony	6.5	6.1
Misdemeanor	6.5	9.1
Sample size	31	33

SOURCE: Calculations based on data from Los Angeles County Superior Court.

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS and Interim Housing who had a documented care plan and matched to InfoHub data.

Reconviction is defined as a conviction of a new felony or misdemeanor that is committed within one or two years of check = in to Interim Housing. The court case filing date is used as a proxy for the offense date.

Appendix Table A.1

Characteristics of RICMS Enrollees April 1, 2018 through March 31, 2020

Measure	N	Percentage
Gender[a]		
Woman	2,364	22.8
Man	7,987	77.1
Genderqueer	7	0.1
Race[b]		
White	4,366	42.1
Black	3,528	34.1
Asian	141	1.4
Native Hawaiian or Pacific Islander	71	0.7
American Indian or Alaska Native	133	1.3
Multiracial	161	1.6
Ethnicity[c]		
Hispanic	4,294	41.4
Age at first RICMS enrollment[d]		
18-24 years	561	5.4
25-34 years	3,391	32.7
35-44 years	2,906	28.1
45 or more years	3,498	33.8
Service Planning Area		
1	623	6.0
2	1,672	16.1
3	1,117	10.8
4	2,252	21.7
5	447	4.3
6	2,186	21.1
7	885	8.5
8	1,100	10.6
Sample size	10,361	

SOURCE: Calculations based on data from CHAMP management information system.

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS between April 1, 2018, and March 31, 2020, and matched to InfoHub data.

[a]There were three clients missing gender data.

[b]There were 1,961 clients missing race data.

[c]There were 369 clients missing ethnicity data.

[d]There were five clients missing age data.

Appendix Table A.2

Characteristics of RICMS Enrollees April 1, 2018, through March 2, 2021

Measure	N	Percentage
Gender[a]		
Woman	3,574	22.3
Man	12,216	76.2
Genderqueer	195	1.2
Race[b]		
White	6,559	40.9
Black	5,437	33.9
Asian	229	1.4
Native Hawaiian or Pacific Islander	101	0.6
American Indian or Alaska Native	214	1.3
Multiracial	240	1.5
Ethnicity[c]		
Hispanic	6,971	43.5
Age at first RICMS enrollment[d]		
18-24 years	1,489	9.3
25-34 years	5,545	34.6
35-44 years	4,225	26.4
45 or more years	4,740	29.6
Service Planning Area		
1	965	6.0
2	2,544	15.9
3	1,687	10.5
4	3,345	20.9
5	626	3.9
6	3,704	23.1
7	1,327	8.3
8	1,734	10.8
Sample size	16,032	

SOURCE: Calculations based on data from CHAMP management information system

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS between April 1, 2018, and March 2, 2021.

[a]There were 47 clients missing gender data.

[b]There were 3,252 clients missing race data.

[c]There were 489 clients missing ethnicity data.

[d]There were 33 clients missing age data.

Appendix Table A.3

One-Year County Substance Use Disorder Treatment Service-Use Outcomes for RICMS Enrollees

Measure	
At least one admission (%)	13.7
Among admitted participants	
More than one admission (%)	40
Total number of admissions[a]	2,338
Among admissions, discharges (%)	92.4
Among discharges	
Positive treatment compliance (%)	44.9
Negative treatment compliance (%)	31.1
Sample size	10,361

SOURCE: Calculations based on data from Los Angeles County Substance Abuse Prevention and Control.

NOTE: The sample size in this table reflects the number of clients who enrolled in RICMS between April 1, 2018, and March 31, 2020, and matched to InfoHub data.

[a]1,421 clients accounted for 2,338 admissions. Individuals may be admitted more than once.

[b]There were 277 clients who exited treatment due to reasons such as death, incarceration, or other, and there were 252 clients who exited treatment but did not have a discharge status.

Appendix Table A.4

One-Year County Mental Health Treatment Service-Use Outcomes for RICMS Enrollees

Measure	
Received in-patient admission or outpatient services	
At least one admission or service use (%)	29.9
Total number of admissions or service uses	64,777
Received inpatient admissions only	
At least one admission (%)	0.4
Total number of admissions	46
Among admissions, discharged (%)	78.3
Received outpatient services only	
At least one service use (%)	23.9
Total number of service uses/admissions	47,847
Received both inpatient and outpatient services	
At least one service use or admission (%)	5.6
Total number of service uses/admissions	16,884
Among admissions (for in-patient), discharged (%)	7.3
Sample size	10,361

SOURCE: Calculations based on data from Los Angeles County Department of Mental Health.

NOTE: The sample size in this table reflects the number of clients who enrolled in RICMS between April 1, 2018, and March 31, 2020, and matched to InfoHub data.

Appendix Table A.5

One-Year County Physical Health Care Service-Use Outcomes for RICMS Enrollees

Measure	Percentage of Clients	Mean	Interquartile Range
Ever attended primary care visit	11.4		
Primary care visits per person who ever attended		3.4	3
Ever admitted to ER	17.1		
ER visits per person who ever visited		2.4	1
Ever admitted to inpatient hospital	4.2		
Inpatient hospital admittances per person who was ever admitted		1.5	1
Sample size	10,361		

SOURCE: Calculations based on data from Los Angeles County Department of Health Services.

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS between April 1, 2018, and March 31, 2020, and matched to InfoHub data.
ER = Emergency Room

Appendix Table A.6

Interim Housing Client Enrollments and Exits

Individuals Entered Interim Housing	N	Percentage of Enrollees	Mean	Interquartile Range
Enrollees	31	100		
Exited within one year[a]	26	83.9		
Days between Interim Housing check- in and check-out			131.5	153

SOURCE: Calculations based on data from CHAMP management information system

NOTES: The sample size in this table reflects the number of clients who enrolled in RICMS and Interim Housing between April 1, 2018, and March 31, 2020, and who had a documented care plan and matched to InfoHub data.

[a]Exited from first enrollment into Interim Housing.

Figure 1.1

Los Angeles County Reentry Services System Flow

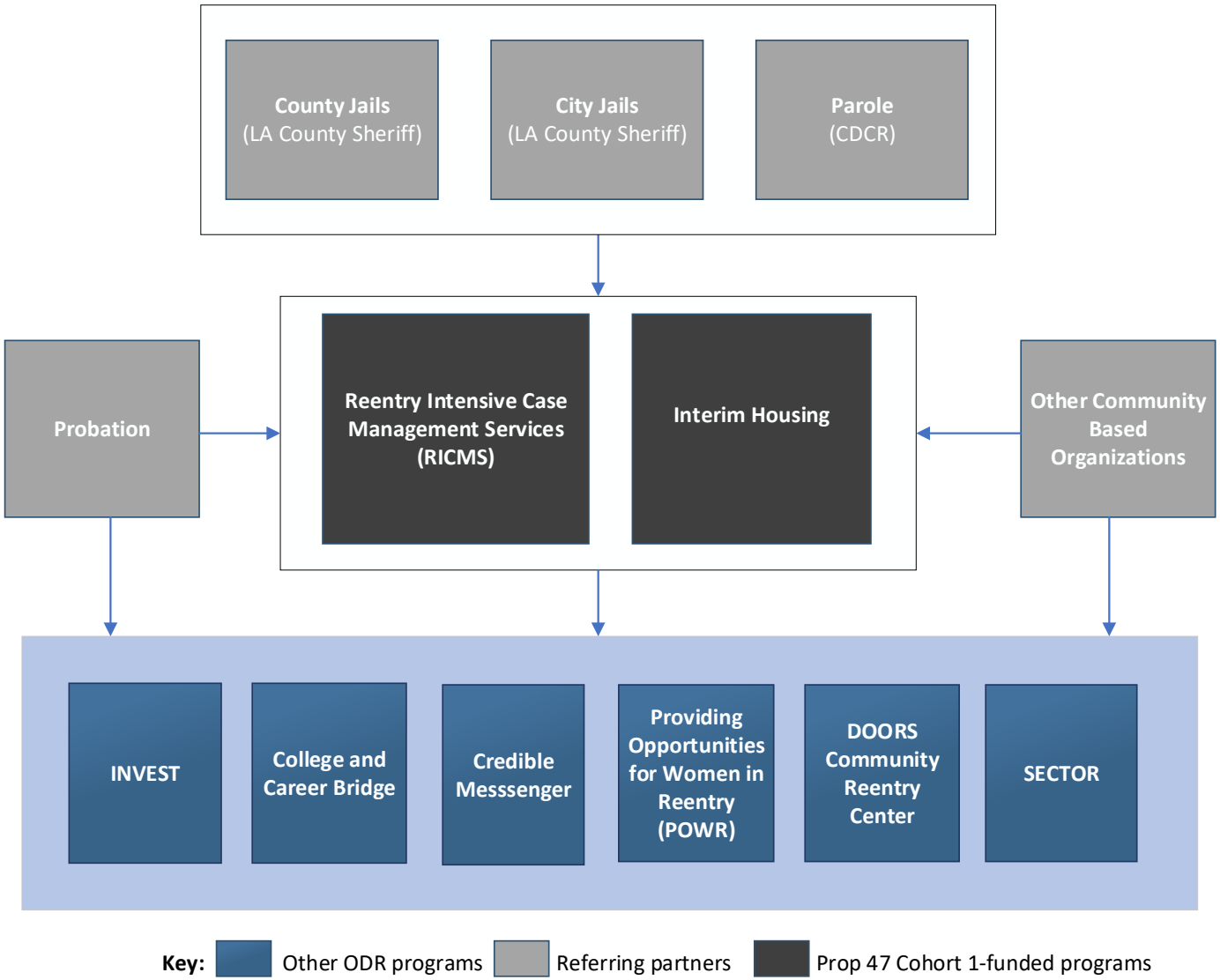


Figure 1.2

RICMS Client Service Connections

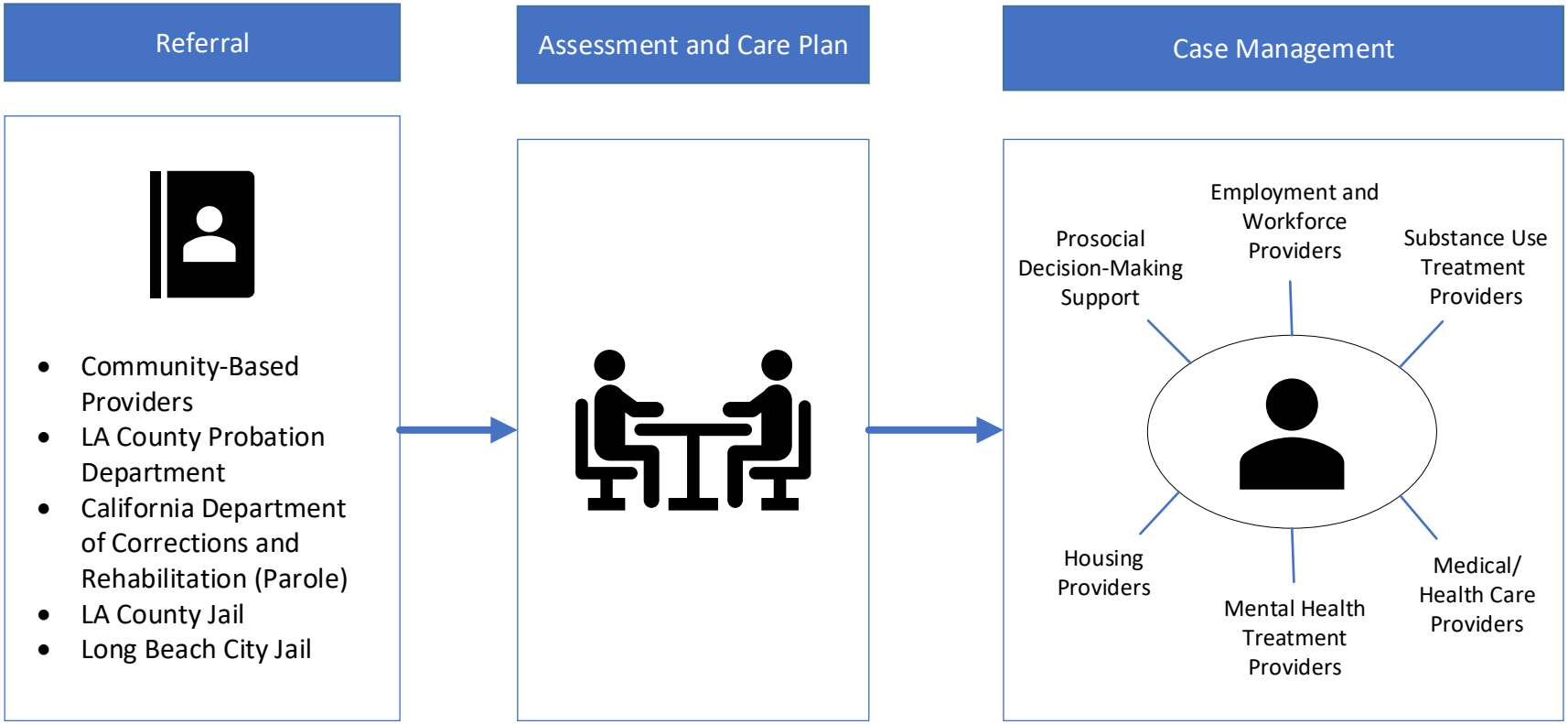


Figure 1.3
RICMS Evaluation Logic Model

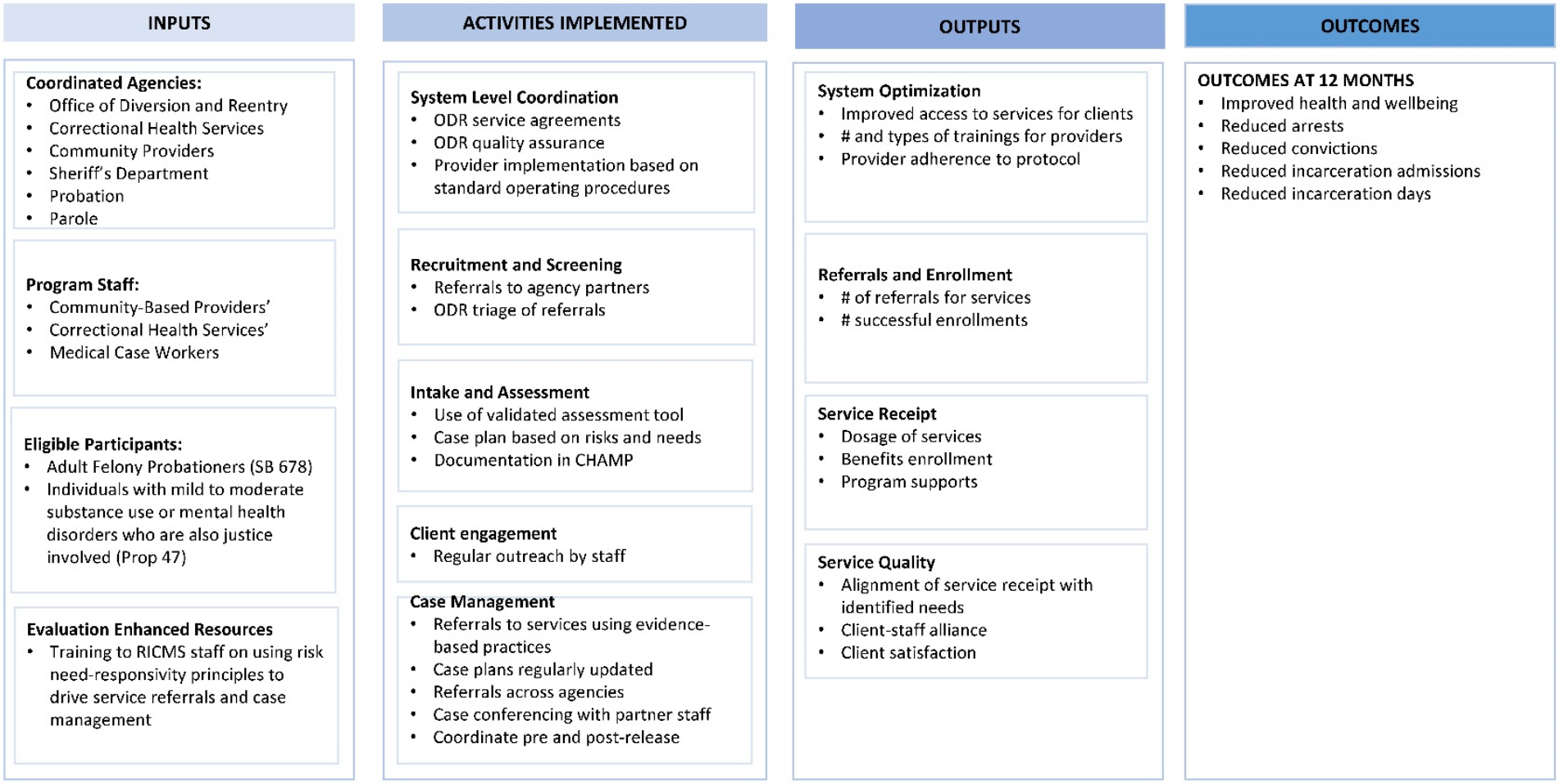


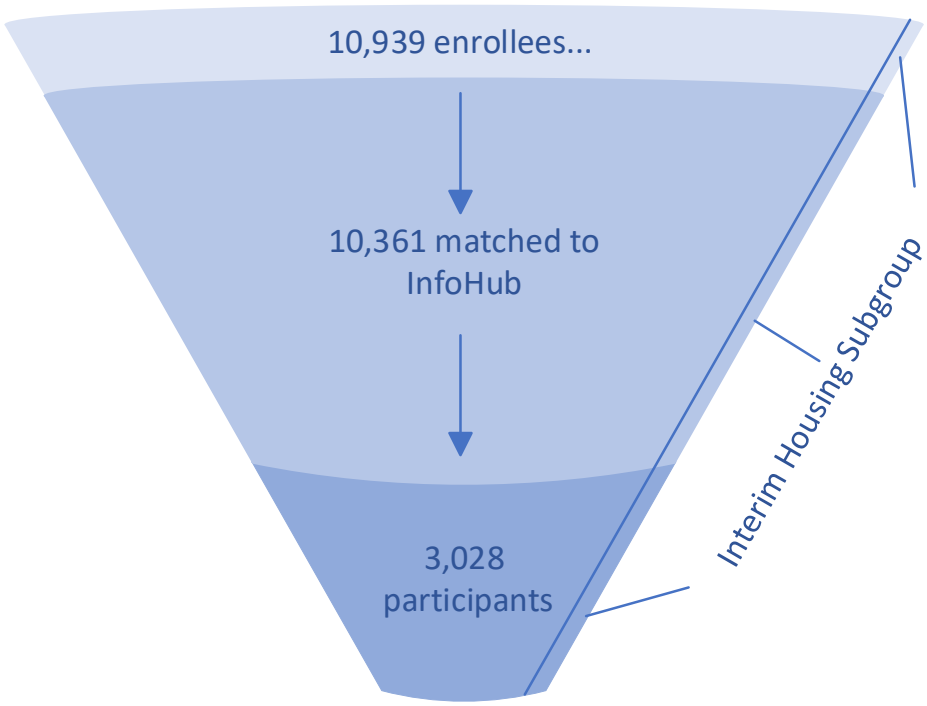
Figure 2.1

Data Sources Used for RICMS and Interim Housing Evaluations

Data Source	RICMS	Interim Housing
Qualitative data		
Technical assistance assessments	x	
Program document review	x	x
Program staff member interviews	x	x
Client interviews	x	
Quantitative data		
CHAMP		
Demographic characteristics	x	
RICMS enrollment	x	
Interim Housing enrollment		x
InfoHub		
DMH	x	
SAPC	x	
DHS	x	
Superior Court	x	x

NOTES: RICMS = Reentry Intensive Case Management Services, CHAMP = Comprehensive Health Assessment and Management Platform, DMH = Department of Mental Health, SAPC = Substance Abuse Prevention and Control, DHS = Department of Health Services

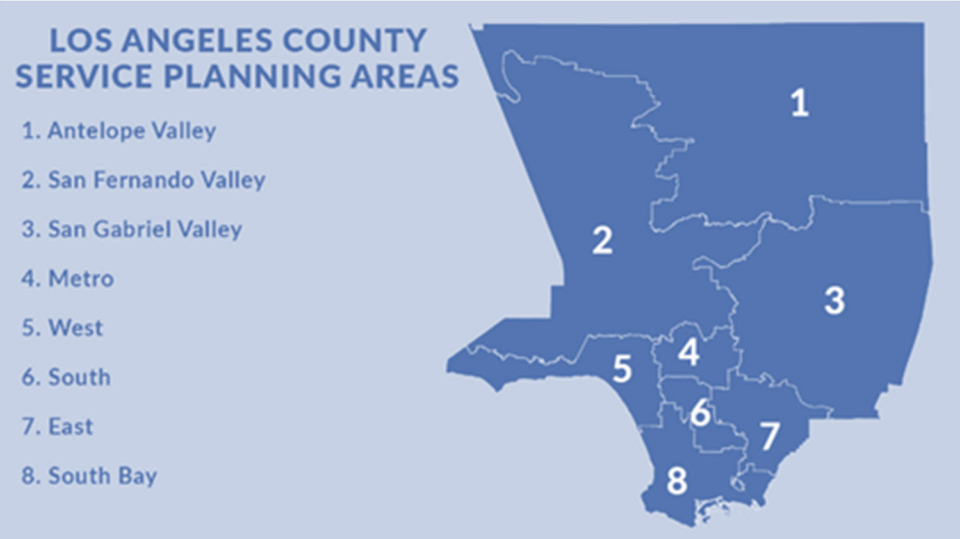
Figure 2.2
RICMS and Interim Housing Research Sample Diagram



Enrollments from April 1, 2018 to March 31, 2020

Figure 3.1

Service Planning Area Map



About MDRC

MDRC, a nonprofit, nonpartisan social and education policy research organization, is committed to finding solutions to some of the most difficult problems facing the nation. We aim to reduce poverty and bolster economic mobility; improve early child development, public education, and pathways from high school to college completion and careers; and reduce inequities in the criminal justice system. Our partners include public agencies and school systems, nonprofit and community-based organizations, private philanthropies, and others who are creating opportunity for individuals, families, and communities.

Founded in 1974, MDRC builds and applies evidence about changes in policy and practice that can improve the well-being of people who are economically disadvantaged. In service of this goal, we work alongside our programmatic partners and the people they serve to identify and design more effective and equitable approaches. We work with them to strengthen the impact of those approaches. And we work with them to evaluate policies or practices using the highest research standards. Our staff members have an unusual combination of research and organizational experience, with expertise in the latest qualitative and quantitative research methods, data science, behavioral science, culturally responsive practices, and collaborative design and program improvement processes. To disseminate what we learn, we actively engage with policymakers, practitioners, public and private funders, and others to apply the best evidence available to the decisions they are making.

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