

Implementation and Outcome Evaluation of LA DOOR: A Proposition 47– Funded Program in Los Angeles

Cohort 2 Final Evaluation Report

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About This Report

The Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) program is a Proposition 47–funded 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 LACA on a new misdemeanor offense related to substance use, mental illness, or homelessness.

Proposition 47 grantees are required to collect data and evaluate their programs; LACA selected the RAND Corporation and KH Consulting as its evaluators. This report documents the findings of a process and outcome evaluation of the LA DOOR program, covering services provided from January 2020 through February 2023. The evaluation was funded by LACA as an initiative of the California Board of State and Community Corrections (BSCC), and this report builds on a previous preliminary evaluation report submitted to BSCC in August 2021. Interested stakeholders of this report include LACA, BSCC, and the City of Los Angeles, as well as other municipalities or entities that provide supportive services to criminal justice populations or that might be interested in implementing a similar program, both in and outside Los Angeles County.

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- Jamie Larson, Kyle Kirkpatrick, and Mark Yim from the LACA Recidivism Reduction and Drug Diversion Unit
- the LA DOOR mobile team from Special Service for Groups’ Project 180

- Karen Downard and case managers from West Angeles Community Development Corporation
- LA DOOR clients who participated in focus groups
- the LA DOOR Advisory Committee, which includes representatives from local governmental agencies (City of Los Angeles and County of Los Angeles), community-based organizations, and community representatives
- the Los Angeles Police Department
- the Los Angeles County Public Defender's Office.

Summary

The Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) program is 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 LACA on a new misdemeanor offense related to substance use, mental illness, or homelessness.

Through Proposition 47 (the Safe Neighborhoods and Schools Act), the California Board of State and Community Corrections (BSCC) provided initial funding in 2017 to develop LA DOOR. In 2019, BSCC provided a second round of funding from Proposition 47 to a second cohort of select jurisdictions to either expand existing services or propose new programs. Programs funded through Proposition 47 are intended (1) to serve individuals with a history of criminal justice involvement and mental health issues or substance use disorder (SUD) and (2) to offer mental health services, SUD treatment, and diversion programs for justice-involved individuals (BSCC, 2016).

In January 2020, LA DOOR received additional funds for Cohort 2 to enhance and expand the LA DOOR model from South Los Angeles into Central Los Angeles, furthering the program's 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 South and Central Los Angeles. *Hotspot locations* are areas identified by LACA as having persistent open-air drug use and a high density of individuals struggling with substance use, mental health, or co-occurring disorders. LA DOOR deploys a multidisciplinary social service team to five hotspot locations (a different one each weekday) 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 prebooking diversion.

Individuals who enroll in LA DOOR have access to a variety of services, including

- mental health services
- SUD treatment
- health and wellness checks
- legal services
- housing services
- peer case management services.

Over the course of the project, Proposition 47 grantees are required to collect data and evaluate their programs. As with Cohort 1, LACA selected the RAND Corporation and KH

Consulting as its evaluators. As part of the evaluation efforts, grantees submit a final evaluation report to assess progress toward the goals and objectives of their programs. During Cohort 2, LACA has continued its partnership with Special Service for Groups' (SSG's) Project 180 as the primary LA DOOR social service provider, as well as with West Angeles Community Development Corporation (WACDC) and its subcontractor, L.A. Global Care, to provide additional housing and case management support.

This final evaluation report for Cohort 2 documents the program evaluation results, focusing on the time frame from January 2020 to February 2023.¹ The goal of this evaluation is to better understand how the LA DOOR program was implemented and to examine the effect of the program on various outcomes. This report describes an overview of the program, evaluation methods, the logic model that guided the evaluation, 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 and focused on specific challenges of operating during the coronavirus disease 2019 (COVID-19) pandemic. Analyses of quantitative data describe the population of clients who are receiving LA DOOR services, the needs of that population, and the services provided. Together, these findings shed light on opportunities for future program implementation and evaluation.

Methods

Quantitative Methods

- **Service Now (SNOW) data analysis.** In designing LA DOOR, LACA committed the project and its partners to robust and detailed data collection. SNOW is a relational database platform commonly used by government entities within the City of Los Angeles. LACA, in partnership with the City of Los Angeles's Information Technology Agency, built the Health Insurance Portability and Accountability Act (HIPAA)-compliant SNOW database to track caseloads among social service partners and track social service access for program clients. The 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. In addition to the SNOW database, data on intensive outpatient program (IOP) visits, criminal justice history, public defender interaction, and recidivism were used. Included in this evaluation are eligible LA DOOR clients from January 1, 2020, through February 15, 2023.² The final sample of individuals included 1,102 clients. Demographics and other characteristics of the sample are discussed in Chapter 4.

¹ This report is one of a series of closely related RAND publications on this topic (see Labriola et al., 2021, and a future Cohort 3 report). These closely related reports share some material, including descriptions, figures, and tables.

² Public defender data, data on prebooking diversion clients, and criminal history data are limited to the period from January 1, 2020, through October 31, 2022.

- **LA DOOR client feedback survey.** Between September 1 and October 12, 2022, the research team and LA DOOR partners distributed the client feedback survey (in person and by email) to current and past clients to collect quantitative feedback on the perceived effectiveness and importance of LA DOOR services.³ Results are discussed in Chapter 5.

Qualitative Methods

- **LA DOOR client focus groups.** Between October 18 and 25, 2022, the research team conducted five in-person focus groups and one virtual focus group with LA DOOR clients to gather qualitative input and feedback regarding the clients' LA DOOR experiences. Each focus group was between 45 and 60 minutes in length and covered a variety of topics, such as motivation for participating in LA DOOR; client experiences with LA DOOR programs, services, and staff; and challenges and suggestions for improvement.
- **LA DOOR partner interviews.** In October 2022, researchers held a total of six in-person and virtual interviews with LA DOOR partner staff involved with LA DOOR Cohort 2 clients. Interviewees were asked for their perspective on (1) different aspects of LA DOOR; (2) implementation barriers and facilitators; and (3) implementation components and implementation processes, including service planning and decisionmaking, service selection, development and maintenance of partnerships, communication among partners, and program-monitoring efforts.
- **Participant observation.** During the multi-day visit to LA DOOR, researchers observed LA DOOR activities as participant observers, which included observing both an intake session at Project 180 and case management sessions at both Project 180 and WACDC and a ride-along with the LA DOOR mobile team to a hotspot location.

Key Findings

The following are the key findings in this Cohort 2 final report:

- LA DOOR enrolled 1,102 individuals, which makes the program well positioned to meet the anticipated total caseload of 750 clients during the grant cycle.
- In 59 percent of cases, LA DOOR accomplished its goal of working with each client for at least two months after enrollment. Clients who were active in program services for two months are considered as having completed the LA DOOR program, though they can continue to participate in the program after that time.
- LA DOOR clients represent a hard-to-treat population with important psychosocial needs: 62 percent of clients had SUD and 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.
- LA DOOR clients reported that housing continues to be a significant need; both quantitative data and focus groups suggest that clients found housing services to be

³ Throughout this report, *LA DOOR partners* specifically refers to LACA, Project 180, and WACDC (including L.A. Global Care).

among the most important LA DOOR services. In addition, clients expressed concerns about the difficulty of navigating the bureaucratic processes associated with being linked to transitional and permanent housing, unsanitary and unsafe shelter conditions, and long wait times for Section 8 housing.

- LA DOOR project staff and partners discussed the many challenges related to service access and availability during the COVID-19 pandemic: heavy caseloads, lack of LA DOOR–funded training, decreased COVID-19–related services, cumbersome bureaucratic processes, and increased medical needs (primarily because of fentanyl use).
- LA DOOR partners maintain program fidelity, and LA DOOR clients continue to express gratitude for and high satisfaction with LA DOOR and the services it provides.

This final Cohort 2 report provides LA DOOR partners the opportunity to reflect on the implementation of the project and to learn more about the clients who are being served and the services that are being provided.

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Chapter 1. Introduction

The Los Angeles Diversion, Outreach, and Opportunities for Recovery (LA DOOR) program is 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 LACA on a new misdemeanor offense related to substance use, mental illness, or homelessness.

Through Proposition 47 (the Safe Neighborhoods and Schools Act), the California Board of State and Community Corrections (BSCC) provided initial funding in 2017 to develop LA DOOR. In 2019, BSCC provided a second round of funding from Proposition 47 to a second cohort of select jurisdictions to either expand existing services or propose new programs. Programs funded through Proposition 47 are intended (1) to serve individuals with a history of criminal justice involvement and mental health issues or substance use disorder (SUD) and (2) to offer mental health services, SUD treatment, and diversion programs for justice-involved individuals (BSCC, 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 its 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 South and Central Los Angeles, including two in the Los Angeles Police Department’s (LAPD’s) Central Bureau—where misdemeanor drug arrests are highest in Los Angeles—and three in LAPD’s South Bureau. *Hotspot locations* are areas identified by LACA as having persistent open-air drug use and a high density of individuals struggling with SUD, mental health, or co-occurring disorders. From 2016 to 2018, Central Los Angeles experienced the highest concentration (20 percent, or 4,941 arrests) of the LAPD’s misdemeanor drug arrests in the Central, Rampart, and Newton divisions. These three LAPD divisions are geographic regions of Central Los Angeles in which 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 percent of its residents live below the poverty line (Los Angeles Homeless Service Authority, 2018; Office of Health Assessment and Epidemiology, 2017). Additionally, LA DOOR serves one hotspot at MacArthur Park in the Rampart division, in response to a local study that identified homelessness, SUD, and safety issues as prevalent concerns in the park. Finally, LA DOOR serves one hotspot at Los Angeles Trade and Technical College (LATTC), where between 2,000 and 2,500 of the college’s

17,000 enrolled students are currently or formerly justice-involved, and 12.7 percent of its students would benefit from mental health services.

The LACA Recidivism Reduction and Drug Diversion Unit developed LA DOOR to create an alternative for addressing substance dependence and its collateral consequences (e.g., poor health, mental health issues, loss of employment, homelessness, recidivism) that is more effective than what is currently being achieved through the traditional criminal justice system. LACA has prosecutorial jurisdiction over misdemeanor and infraction offenses within Los Angeles and is the sole prosecution agency responsible for Proposition 47–related charging decisions within city limits. In serving individuals who have a past or current criminal justice history and who also have a SUD or 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 mobile multidisciplinary social service team to five hotspot locations (a different one each weekday) to proactively engage individuals by providing a broad array of social services. The Cohort 2 hotspots are not all homeless encampments, but they all have homeless people. LATTC, for instance, was chosen to serve its student population, but when the campus was closed because of the coronavirus disease 2019 (COVID-19) pandemic, the mobile team conducted outreach to the homeless population in the area around the LATTC campus, which includes freeway underpasses and sidewalk encampments. When the campus reopened, outreach was conducted to the student community. Overall, most of the outreach conducted 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; these sites serve as semi-permanent addresses that provide stability for clients as they engage in longer-term services. Finally, LA DOOR regularly convenes an advisory committee that includes a broad variety of local stakeholders from the Central Los Angeles community that it serves.

Program Goals

Through the 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 variety of social support services, including services for SUD treatment, mental health treatment, health care, 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 Los Angeles County Public Defender’s Office to review LA DOOR client records and 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 Homeless Engagement and Response Team

(HEART) program—which petitions the court for dismissal of outstanding citations, fines (often totaling multiple thousands of dollars per client), and related warrants—for program clients.

3. **Reduce recidivism through preventative services and prebooking 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 prebooking diversion clients. This was accomplished by intercepting individuals arrested on a Proposition 47 drug offense in the program area and redirecting those arrestees to prebooking diversion to reduce criminal court case filings. However, because of the COVID-19 pandemic and the relatively few arrests for individuals on Proposition 47–eligible offenses in the project areas, the arrest numbers for Proposition 47 drug offenses that would be eligible for LA DOOR continued to decline throughout the study period. The goal of reducing recidivism is more focused on the effect of preventative services.

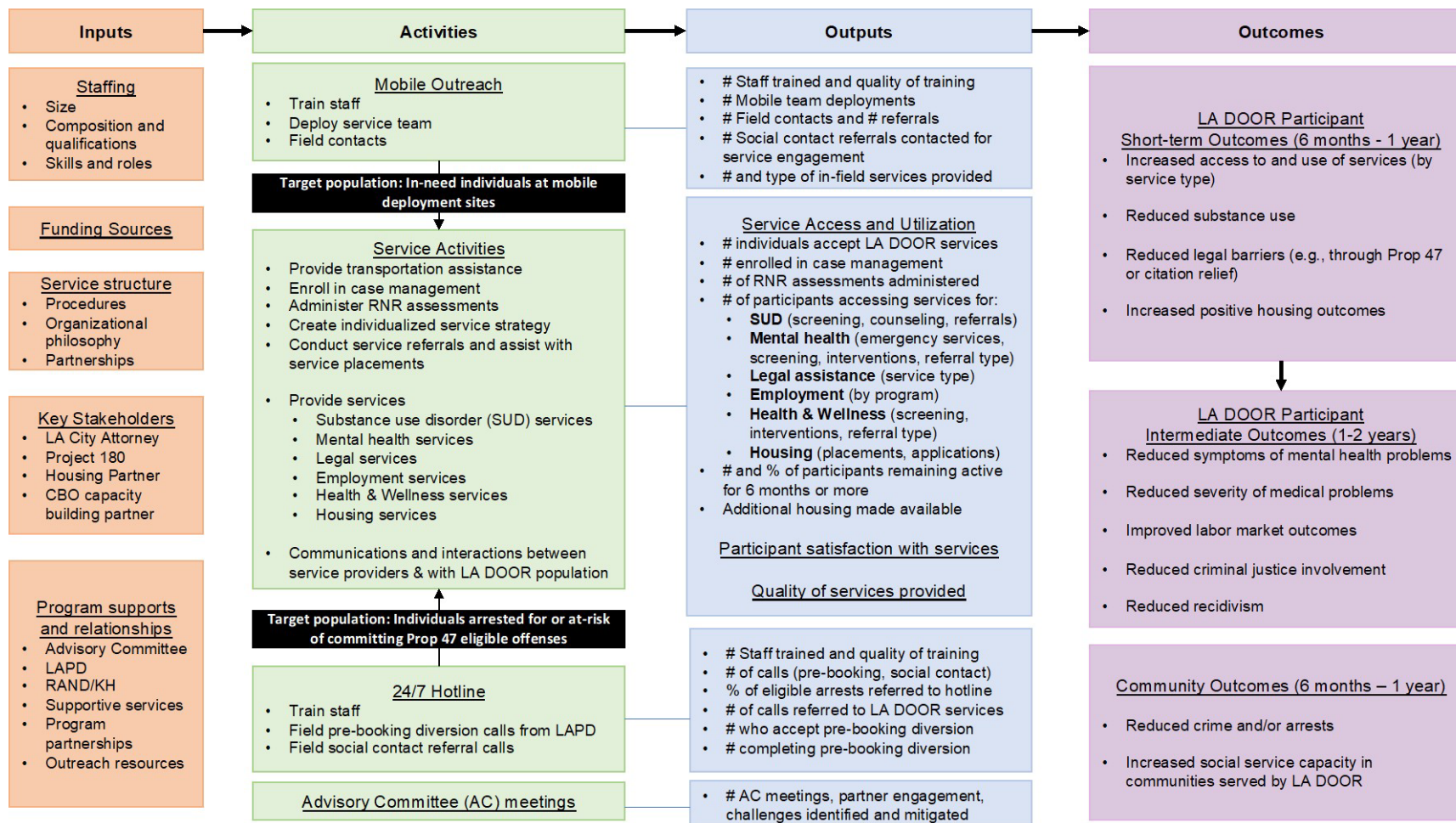
These program goals were established by LACA when it developed LA DOOR. In addition to these overarching goals, certain targets were established related to service provision (e.g., number of individuals served by the program); although reducing recidivism is a focus of the program, there are additional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

The RAND Corporation and KH Consulting Group (the evaluation team) were selected to evaluate the performance of LA DOOR. To accomplish this objective, the evaluation team conducted a process and outcome evaluation. The process evaluation focused 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, and program providers. This report focuses on the process evaluation findings, including LA DOOR program goals 1 and 2 defined above, and provides findings on additional outcomes of interest, including recidivism (program goal 3).⁴

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

⁴ This report is one of a series of closely related RAND publications on this topic (see Labriola et al., 2021, and a future Cohort 3 report). These closely related reports share some material, including descriptions, figures, and tables.

Figure 1.1. LA DOOR Logic Model



NOTE: CBO = community-based organization; RNR = risk-need responsivity.

Purpose of This Report

A formal evaluation of LA DOOR is being conducted by RAND and its subcontractor, KH Consulting Group. The remainder of this report documents the results of the Cohort 2 evaluation, in the manner outlined here:

- Chapter 1 provided an overview of the LA DOOR program and evaluation.
- Chapter 2 describes the methodology for the evaluation, including sources of data and the analysis plan.
- Chapter 3 provides an overview of the LA DOOR service model, including the guiding principles, types of services provided, and goals of the program.
- Chapter 4 presents the results of quantitative data collection and analysis to date and focuses on the overall activities of the LA DOOR outreach team, the demographic characteristics of the individuals who have had contact with the LA DOOR team via mobile outreach, the prebooking diversion or social contact referrals, and the services that program clients needed and received.
- Chapter 5 presents the results of our qualitative methods, including client focus groups, provider interviews, and Advisory Committee observations.
- Chapter 6 outlines planned research and programmatic next steps 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 and to model the strengths and challenges of the program. With the quantitative data, we sought to describe the reach of the program, delivery of services, and the clients who were served. To provide a snapshot of the program during this phase of implementation, most analyses were descriptive and exploratory.

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

Evaluation Period and Sample

The data used in this evaluation were collected from January 2020 through February 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 includes contacts with individuals who might not have been eligible for LA DOOR or who might 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 consisted of 1,102 clients. Demographic 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., 2021):

- 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 final Cohort 2 report focuses on patterns of enrollment and service utilization, describes the experience of providers as they transitioned from providing services under Cohort 1 to providing them under Cohort 2, and describes the perspective of individuals enrolled to date.

Outcome Evaluation

This evaluation is intended to determine whether LA DOOR is achieving its intended outcome, as summarized in the logic model (Figure 1.1) and below:

- 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 points)
- reduce criminal justice involvement, including recidivism (intermediate, assessed annually following program enrollment).

Data Sources

To assess the implementation and effectiveness of LA DOOR, we relied on three main sources of data: (1) the Service Now (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 using the LA DOOR data tool. SNow is a relational database platform commonly used by government entities within the City of Los Angeles. LACA, in partnership with the City of Los Angeles' Information Technology Agency, built the Health Insurance Portability and Accountability Act (HIPAA)-compliant SNow database to track caseloads among social service partners and to track social service access for program clients. The 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 SNow database was initially built for Cohort 1 using leveraged city resources. Individual users receive licenses for SNow database access, which are purchased by LACA 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. The 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 changes in baseline and post-program 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; 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. For example, 20 percent of clients do not have data on service needs, a critical indicator for this report.

LA DOOR partners entered and maintained the data, which were shared with the evaluators for the purposes of this evaluation.⁵ The research team maintained confidentiality of the individual LA DOOR clients by reporting only aggregated data and trend patterns. The distribution of responsibilities for data collection was as follows:

- *Project 180* collects and manages most programmatic data related to mobile outreach operations and the 24-hour hotline, including information on contacts and 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 with social referrals, Project 180 flags individual records with information on the source of referral.
- *West Angeles Community Development Corporation (WACDC)* collects and manages programmatic data for housed LA DOOR clients, including case management information and social service referrals or utilization. WACDC also collects aggregate data on housing capacity made available to LA DOOR clients and 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 HEART legal services, outcomes of HEART services, and recidivism information.⁶ Although individuals could continue to participate in LA DOOR, clients who were active in program services for two months are considered as having completed 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.

Measures for LA DOOR Clients

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

Demographics

Demographic variables examined were age, sex (male, female, other, unknown), race/ethnicity (White, Black, Hispanic, other), and primary language (English, Spanish, other). Socioeconomic indicators, such as level of education and homelessness status, and data regarding SUD and mental health problems were also collected.

⁵ Throughout this report, *LA DOOR partners* specifically refers to LACA, Project 180, and WACDC (including L.A. Global Care).

⁶ None of the data reported in this report come from official police records or the California Department of Justice; it was not possible to obtain such data within the evaluation time frame.

Services

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

- *mental health services*: screenings for mental health issues, support for normalizing mental health care, links to emergency medication support, 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
- *SUD treatment*: SUD screenings, motivational interviewing sessions, SUD assessments, relapse prevention, group and individual sessions, and links to a variety of services, including detox, residential treatment placement, and outpatient support
- *health and wellness checks*: 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 tuberculosis tests, and links to a mobile medical clinic at Project 180's social service center
- *legal services*: citation relief through LACA's HEART program, access to the public defender's office to address outstanding warrants, pursuit of 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
- *housing services*: access to 29 transitional housing beds, on-site case management services, on-site individual or group sessions, meals, transportation, financial counseling, and long-term housing placement assistance and planning.

Given the less-structured nature of employment and family-related services, we did not include data on these services for the present analysis.

Criminal justice variables, including recidivism, are to be entered by LACA through an individualized review of clients' criminal history records (i.e., these data were not directly collected by RAND). Unfortunately, the data available are limited and include only a binary prior arrest variable, a binary prior conviction variable, and whether the client was on probation, parole, or other form of community supervision while participating in the program. We report on what is available.

LA DOOR Client Feedback Survey and Focus Groups

From September 1 through October 12, 2022, LA DOOR outreach and housing staff distributed hard copies of the survey to current and past clients, in a convenience sampling method, to be completed by hand. In addition, KH Consulting Group distributed an online version of the survey to 283 clients who had an email address on file with LA DOOR. The use of emailed surveys likely skewed the data toward higher-functioning clients: those who both maintain email addresses and have access to email.

A total of 103 clients completed the client feedback survey in 2022: 81 by hand and 22 online. This 35-percent response rate suggests nonresponse bias; those who responded are likely different

from nonresponders. Although it is difficult to assess how they are different, it is possible that clients who are happier with the program or who are higher functioning have higher response rates. Survey respondents provided quantitative feedback on the perceived effectiveness and importance of LA DOOR services that they have received. Specifically, clients were asked to rate the perceived effectiveness of LA DOOR services on a scale of high, medium, or low and to select the three items from the same list of services that are most important to them.⁷ The quantitative survey results informed the discussion structure for the client focus groups. Between October 18 and 25, 2022, KH Consulting Group conducted one virtual and five in-person focus groups with a convenience sample of 39 LA DOOR clients, including

- four in-person focus groups with a total of 31 LA DOOR outreach clients at the Project 180 headquarters
- one in-person focus group with five current LA DOOR–funded housing clients at the L.A. Global Care housing facility
- one virtual focus group with a mix of three current and previous LA DOOR–funded housing clients via ZOOM.

As with the survey, the use of a convenience sample is likely to bias the results toward clients who are more engaged in and happier with the program.

The housing focus groups were formed by inviting all housing clients; those who were willing and available attended. For the Project 180 clients, Project 180 informed clients about the focus groups, identified those who were willing to participate, and, if willing, provided transportation to the office for each focus group. The sole criterion for participation was that a client must be a current or former LA DOOR client. Although focus groups allowed us to speak with a larger number of individuals compared with individual interviews, they have several limitations. For example, it can be difficult to go in depth on all topics included in the focus group protocol, and some individuals might not express their honest opinions because of social desirability bias and group dynamics.

At the beginning of each focus group, clients received an overview of the focus group’s purpose, process, and confidentiality. Verbal consent was received from all clients. Clients were provided with refreshments and received a \$20 gift card as a thank you for their participation. Each focus group was between 45 and 60 minutes in length and covered a variety of topics, such as motivation for participating in LA DOOR; experiences with LA DOOR programs, services, and staff; and suggestions for improvement.

⁷ A sample survey is provided as Appendix B.

Partner Group Interviews and Participant Observation

In October 2022, researchers held a total of six virtual and in-person group interviews with LA DOOR partner staff involved with LA DOOR Cohort 2 clients. Fifteen staff were interviewed and represented the following partner organizations:

- Special Service for Groups (SSG)’s Project 180
 - Project 180 administration
 - Project 180 outreach case managers and clinicians and specialists
 - Intensive Outpatient Program (IOP)
- WACDC
 - LA DOOR–funded housing staff
 - Financial capabilities staff
- L.A. Global Care (formerly Ms. Hazel’s House)

Interviewees were asked for their perspectives on different aspects of LA DOOR—including developing LA DOOR—and implementation barriers and facilitators. Specifically, the focus was on the implementation components and implementation processes, including service planning and decisionmaking, service selection, development and maintenance of partnerships, communication among partners, and program-monitoring efforts. A semistructured 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 each group’s role in LA DOOR (see Appendix C).

In addition to LA DOOR partner interviews, researchers took part in several LA DOOR activities as participant observers, including sitting in on an intake session and a case management session and a ride-along with the Project 180 mobile outreach team.

Analyses

Facilitators took written notes of qualitative data discussed at focus groups and interviews. The data collected were then organized into key point summaries that map to several key domains that were identified a priori, including outreach and 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 in 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 were 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 provide contextual information.

Quantitative analyses focused on assessing the outputs included in the logic model. These analyses included field contacts and referrals, social service referrals, and service access.⁸ Researchers used descriptive statistics to document the characteristics of LA DOOR clients, the clients' reported needs for services, and the extent to which services are being accessed through LA DOOR.

Outcome analysis was conducted on clients for which the same indicator was available for two different points in time. Unfortunately, because of the difficulty in maintaining contact, a limited number of follow-up assessments were conducted; when they were conducted, assessments were done for clients who received the services being assessed. Therefore, the outcome analysis should be understood as the effect of a program (i.e., those who received SUD treatment) on the treated. Furthermore, because LA DOOR clients are drawn from populations experiencing homelessness in disadvantaged neighborhoods, there is no clear comparison group with available data on recidivism or criminal justice outcomes. As of this writing, LACA is revamping its approach to diversion access; a goal is to develop a control group based on similar cases that were not diverted in other parts of the city.

⁸ Note that quality of services was not assessed during the current evaluation period, although Chapter 4 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. Portions of this description are adapted from the Cohort 1 final report (Labriola et al., 2021) but have been updated to reflect the operations of Cohort 2.

Program Background and Core Components

Prior to receiving Proposition 47 grant funds, LACA 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, LACA partnered with Community Coalition (CoCo), a nonprofit focused on transforming the economic and social conditions in South Los Angeles to identify community needs that should be addressed through the LA DOOR model (Community Coalition, undated). Cohort 2 is designed to build on the success of its Cohort 1 South Los Angeles model and respond to the same service gaps previously identified during stakeholder planning efforts by CoCo. CoCo identified six service gaps, which LA DOOR is addressing in South Los Angeles and seeks to address in Central Los Angeles through LA DOOR expansion with Cohort 2 funding. These gaps are (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.

Using the results of surveys and focus groups with currently and formerly justice-involved persons, case workers, and social service organization leaders (e.g., CoCo and Imoyase Community Support Services/Loyola Marymount University's Psychology Applied Research Center), LA DOOR's mobile outreach and service components were developed in response to identified gaps in social services.

Program Referral and Eligibility

LA DOOR serves adult individuals who are currently or formerly justice-involved and who also have a SUD or mental health issue. With a service goal of enrolling 750 individuals into Cohort 2, services are accessed through either mobile outreach in the field or brick-and-mortar locations. Once an individual is interested in receiving services, to ensure services are being directed to the target population, service provider personnel determine if the individual has an observed or self-reported mental health issue or SUD. Once this determination is made, individuals who exhibit one or both of these issues sign a waiver to allow LACA to verify past or current criminal justice system involvement. Using this information, LACA determines the individual's program eligibility and

housing eligibility, which are relayed to the social services team. Individuals 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 that LA DOOR housing is unavailable for individuals with certain criminal histories. Specifically, sex offenders and individuals who have had a violent felony charge within the past five years, a violent misdemeanor charge within the past two years, or any previous gun or arson charges are not eligible for LA DOOR housing. Although criminal history might limit an individual's ability to access LA DOOR housing, the LACA team meets regularly 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's Project 180, ensured that the mobile team was a peer-led model that relied on case managers with relevant lived experience. During the LA DOOR hiring process, SSG's Project 180 focused on recruiting individuals with previous experience with the criminal justice system, addiction recovery, gang membership, and residency in the South Los Angeles 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. These members include a certified SUD 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 completed a master's degree in social work or in marriage and family therapy and has 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.⁹ In addition, several case managers and the field team leader received street medicine training—which addresses common medical conditions in homeless populations and how to recognize more serious conditions—from the University of Southern California Medical Center. Members of the mobile team aim to deliver culturally competent, trauma-informed, harm-reductive, and peer

⁹ Cohort 2 had difficulty filling the SUD specialist and LVN/EMT positions on the mobile team because of challenges posed by the COVID-19 pandemic. Mobile team positions are intrinsically challenging: These positions require people willing to work in close contact with people in homeless encampments. These challenges were made greater with the onset of the COVID-19 pandemic: The risk of exposure to the virus that causes COVID-19 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.

navigator–led social services and are required to attend a series of trainings and workshops, including motivational interviewing, trauma, and de-escalation training.

The mobile teams work at five hotspot locations (a different one each weekday); these hotspots are not all homeless encampments, but they all have homeless people. LATTC, for instance, was chosen to serve the student population, but when the campus was closed because of the COVID-19 pandemic, the mobile team conducted outreach to the homeless population in the area around the LATTC campus, which includes freeway underpasses and sidewalk encampments. When the campus reopened, outreach was conducted to the student community. Overall, most of the outreach conducted by the mobile teams is to individuals in homeless encampments, but the team will approach anyone they think might be interested in services.

Hotspot locations are areas identified by LACA as having persistent open-air drug use and a high density of individuals struggling with substance use, mental health, or co-occurring disorders. The designation of the specific hotspot 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.¹⁰ 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 in need of service provision that did not unduly overlap with other outreach efforts (e.g., the LAPD Homeless Outreach and Proactive Engagement 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.

Through conversations with the LA DOOR team, including LACA and SSG’s Project 180, it became clear that a critical component of the team’s work is to establish relationships and trust with individuals, which often takes multiple attempts. The Cohort 1 interim report found that, on average, individuals with at least one recorded contact with LA DOOR (including both 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.¹¹ Although 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 the 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, offering 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:

¹⁰ See Appendix A for a map of hotspot areas.

¹¹ Unfortunately, because of the new data collection system, we were unable to calculate the number of contacts with individuals prior to their enrollment in LA DOOR because this information was not recorded.

Sometimes individuals who might not be eligible for LA DOOR or who do not want services for themselves encourage 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 prebooking diversion. Because of several factors—including the COVID-19 pandemic and relatively few arrests for individuals on Proposition 47—eligible offenses in these Central Los Angeles districts—prebooking diversion as a referral source for LA DOOR was extremely limited during Cohort 2. The project team decided to focus its attention on *social contact* referrals and has seen those numbers steadily increase. Social contact referrals include individuals who come to LA DOOR as walk-ins, learn about LA DOOR through word of mouth, or enter 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: LACA, Project 180, and WACDC, including L.A. Global Care. SSG’s Project 180 is a provider of comprehensive and forensic-focused behavioral health treatment, including an extensive range of SUD services. Project 180 provides cognitive behavioral therapy, mental health services, SUD treatment, health and wellness checks, and peer case management. Services provided by Project 180 are consistent with the RNR model, which is the leading evidence-based treatment model for justice-involved populations. RNR emphasizes addressing an individual’s criminogenic needs (e.g., SUD, criminal thinking patterns) in an effort to reduce the risk of recidivism.

WACDC, in collaboration with L.A. Global Care, 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; L.A. Global Care provides clean and safe transitional housing with laundry facilities, outdoor space, on-site support, and three meals per day. All L.A. Global Care staff participated in professional training services, which included sessions on the mental health spectrum and the Diagnostic and Statistical Manual of Mental Disorders; 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 consists of a variety of stakeholders, including behavioral health, community-based, faith-based, formerly justice-involved, law enforcement, and academic organizations and defense representatives. The expanded Cohort 2 Advisory Committee now includes health care providers; services for transitional age youth (The RightWay Foundation); trade, education, and economic opportunity experts (LATTC and Los Angeles Urban League); law enforcement leadership (LAPD); government health institutions (County Department of Public

Health); long-time Los Angeles community service providers (Homeless Healthcare Los Angeles, Asian American Drug Abuse Program); community members; legal advocates (public defender, alternate public defender); social work researchers (University of Southern California); Los Angeles City Recreation and Parks; and criminal justice innovators (Center for Court Innovation). The Advisory Committee represents diverse sectors, ethnic backgrounds, and life experiences, as well as formerly justice-involved members. There is no set period to serve on the committee; approximately 16 organizations have a standing invitation to participate in Advisory Committee activities, and clients are encouraged to invite new stakeholders. Committee meetings are open to the public, and LACA 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 inform the program about specific local needs. Cohort 2 of LA DOOR has held quarterly meetings with its Advisory Committee and has met seven 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 members 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

Mental Health Services

LA DOOR offers a full range of mental-health services, including field-based assessments, transportation, medication access, outpatient mental health care, access to psychiatrists, and 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 for normalizing mental health care, links to emergency medication, and enrollment in longer-term mental health services.

Intensive Outpatient Program

During Cohort 2, clients who are ready to enter stable treatment transition to the LA DOOR IOP. Based out of SSG's Project 180's offices, the IOP leverages existing contracts with the Los Angeles County Department of Mental Health and includes a psychiatrist, SUD specialist, mental health therapist, employment specialist, and housing specialist. The 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, links to inpatient or outpatient SUD treatment, and individual therapy. Similarly, the mental health therapist provides on-site groups, links 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 links 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 the IOP, clients participate in cognitive behavioral therapy and trauma-informed care groups, such as the Seeking Safety curriculum for women.

Substance Use Disorder 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 toward lasting behavioral change. Field-based services include SUD screening, a motivational interviewing session, SUD assessments, relapse prevention, and links to a variety of services from the field, including detox, residential treatment placement, and outpatient support. Individuals placed in LA DOOR housing or who access additional supportive services through SSG's 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 tuberculosis tests.

Legal Services

Legal services available through LA DOOR include citation relief through 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,¹² and comply with existing court obligations. Since spring 2020, the HEART program worked with LACA to streamline access to its services through a digital referral system to aid individuals in their access to citation relief services.

Additionally, LA DOOR Cohort 2 has worked to increase its partnership with the Los Angeles County Public Defender, working closely to assist clients with a variety of legal issues. As new clients are enrolled in LA DOOR, a list of names is given to the public defender to screen for

¹² This includes expungement, sealing, advising on open cases and warrants, and getting felonies reclassified as misdemeanors.

opportunities to resolve legal issues. The public defender meets weekly with Project 180 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 go through the formal intake but still receive legal assistance. The public defender supports LA DOOR 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, waiting with clients through court appearances, and providing client advocacy with judges, prosecutors, and defense counsel as needed.

Housing Services

LA DOOR provided 29 transitional housing beds through WACDC in partnership with L.A. Global Care through August 2022; that number has since been reduced to eight beds. The length-of-stay goal is 120 days. Developers of LA DOOR based this number on other transitional housing in Los Angeles. Individuals can stay longer if they are making forward progress in pursuit of client-identified case management goals. While clients are in LA DOOR housing, WACDC case managers assist with long-term housing planning, financial counseling, and other supportive services. In addition, the LA DOOR mobile team works with clients to apply for available housing through Los Angeles County's Coordinated Entry System (CES) and Homeless Management Information System (HMIS), which are Los Angeles County's directed access points for subsidized homeless housing in the county.

During Cohort 2, the City and County of Los Angeles have successfully developed a host of new housing opportunities for eligible individuals enrolled in CES and HMIS. These include an expansion of available shelters developed through the mayor's A Bridge Home program, as well as Project Roomkey and other similarly subsidized temporary hotel and motel housing placements. LA DOOR program partners have been able to 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 who access 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) (1) assist with transportation support and accessing vital documents (birth certificates, state identification cards, Social Security cards) and (2) provide a source of positive role modeling and support through lived experience as clients work toward long-term behavioral change. As long as clients are following up with their case managers and working toward client-defined goals, there are no specific requirements for successfully completing the program.

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 links to such organizations as Homeboy Industries, Chrysalis, and WorkSource Centers, although there is currently no structured employment component to the program. Links are also made to SHIELDS for Families, a nonprofit in South Los Angeles that provides such services as parenting classes, anger management services, and space for supervised visitation of children.

Chapter 4. Description of Clients and Service Utilization

In this chapter, we report the results of the quantitative analyses of 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, the demographic characteristics of the individuals who have had contact with the LA DOOR team, 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, then the clients' 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 February 15, 2023, LA DOOR enrolled 1,102 clients in case management (see Table 4.1). Case management clients enrolled through mobile outreach were recruited from across the seven mobile outreach sites. During the first half of Cohort 2 (from January 2020 through mid-2021), the program continued to serve three Cohort 1 hotspots in South Los Angeles and five Cohort 2 hotspots in Central Los Angeles. Of the mobile outreach clients, 21 percent were recruited from the LATTC site, followed closely by the Trojan site (20 percent). MacArthur Park accounted for 14 percent of the recruitment, Harbor 110 for 13 percent, Grand Park (site from Cohort 1) for 12 percent, Union Station (site from Cohort 1) for 10 percent, Hyde Park for 6 percent, and Echo Park (site from Cohort 1) for 4 percent. As previously noted, LATTC was chosen to serve the student population, but because the campus had been closed during the COVID-19 pandemic, the mobile team conducted outreach to the homeless population around the LATTC campus.

Table 4.1. Enrollment

	2020	2021	2022	2023^a
Enrolled	279	443	339	39

^a Through 2/15/23.

Demographics

Table 4.2 provides information on the demographic characteristics of the LA DOOR clients who enrolled in case management throughout LA DOOR's Cohort 2 implementation period. Relative to the demographic composition of the region in which it operates, LA DOOR serves an older, male,

black population. Almost half (47 percent) of LA DOOR clients are age 44 or older, 72 percent are male, and 52 percent are Black. These demographic characteristics are similar to Cohort 1.

Table 4.2. Demographic Characteristics

	Total (%) (n = 1,102)
Age group	
18–25	8
26–35	27
36–43	18
44–54	20
55–64	21
65+	6
Missing/unknown	0
Sex	
Female	28
Male	72
Nonbinary/third gender	0
Missing/unknown	0
Race	
Black	52
Hispanic	27
White	9
Other	7
Decline to state/unknown	5
Primary language	
English	97
Spanish	3
Missing/unknown/other	0

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. Among those with information on educational attainment, nearly one-half (49 percent) had completed less than a high school education and 34 percent had a high school degree or equivalent. These percentages are 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 (91 percent) did not have a stable source of employment.

Because the mobile outreach prong of LA DOOR directly recruited clients from homeless encampments, 91 percent of case management clients enrolled were homeless at baseline, and 67 percent had experienced homelessness for at least one year.

Thirteen percent of LA DOOR clients were determined to have SUDs, approximately one-quarter (24 percent) had mental health disorder indicators, and nearly two-thirds (62 percent) had co-occurring mental health conditions and SUDs. Having one or both of these assessed conditions is a prerequisite for LA DOOR eligibility. The most noted mental health conditions among clients were depressive disorders, anxiety 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 SNow database, or structured psychosocial assessment by Project 180 staff.

Table 4.3. Socioeconomic, Substance Use, and Mental Health Characteristics

	Total (%) (n = 1,102)
Highest education level	
College degree (including associate degree) or higher	3
Some college or university	14
High school diploma or equivalent	34
Some high school	43
Less than high school	6
Missing/Unknown	1
Employed	
Full-time	3
Part-time	6
Self-employed	0
Unemployed/retired/student	91
Length of most recent homelessness spell	
Not currently homeless	9
<6 months	16
7–12 months	8
1–3 years	39
4–5 years	11
6 years or more	17
Missing/unknown	0
Mental health and/or substance abuse problems	
SUD problems only	13
Mental health indicators only	24
Both SUD and mental health indicators	62

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, though individuals can continue to receive services through LA DOOR after the two-month period. Engagement in LA DOOR is defined as continued interaction with the Project 180 team to pursue the client’s own self-described goals, which range from continuing interaction to obtaining identification documentation to maintaining enrollment in a broad suite of intensive therapies for SUD, mental health, and physical health needs. As of February 15, 2023, 59 percent of individuals who had enrolled in LA DOOR case management before December 22, 2021 (giving them at least two months to complete) had completed at least two months of engagement. Cohort 1 had a 73 percent completion rate.

Service Needs and Service Access

Table 4.4 displays data regarding service needs (as self-reported by the individual or observed by the outreach team) of LA DOOR clients enrolled in case management.¹³ The service needs of LA DOOR clients are wide ranging. Housing services were the most recognized need—88 percent of LA DOOR clients reported this need or had it observed by staff—followed closely by general service needs (82 percent), transportation assistance needs (82 percent), and mental health service needs (82 percent).

Table 4.4. Service Needs

	Total (%) (n = 1,102)
Housing service needs	88
Transportation assistance needs	82
General service needs (e.g., driver's license, Social Security card)	82
Mental health service needs	82
Food and clothing needs	76
Education or employment service needs	76
SUD service needs	64
Health care service needs	51
Missing	20

NOTE: Data are based on self-report or assessment at enrollment and do not include clients who received a service that they were not initially assessed as needing.

¹³ Twenty percent of Cohort 2 clients did not have a general needs assessment, largely because of the transitory population of the outreach areas. Some clients were 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 afterward. Unfortunately, data on these cases were not recorded.

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, including 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, Project 180 provides additional services to individuals in its offices and links individuals to other agencies. In recording data on service provision, Project 180 distinguishes between service provision in the field and linkage to other services, whereby linkage is defined as either confirmed receipt of service by Project 180 staff or a warm handoff to another service provider.

Table 4.5 shows services received by LA DOOR clients: 12 percent of clients accessed SUD services either from Project 180 or through links to other service providers, 14 percent accessed mental health services, and 13 percent were linked to health and wellness services. Roughly one-quarter (27 percent) of LA DOOR clients were provided or linked with housing services, with the greatest share (18 percent) of these being linked to transitional housing.

Twenty-three percent of clients were linked to the public defender through the improved direct referral process. This work included reviewing criminal history (254 clients), writing motions and petitions (84 clients), and advising clients regarding other legal matters.

In addition to the services that LA DOOR has traditionally provided, COVID-19 testing and vaccinations were offered; 21 percent of LA DOOR clients received COVID-19 vaccinations through the program.

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 IOP (also offered by SSG's Project 180), which provides long-term intensive case management services for LA DOOR clients struggling with complex needs because of a mental health issue or co-occurring disorders. IOP resources are leveraged through the Los Angeles County Department of Mental Health, and clients enrolled in the IOP are required to meet with IOP personnel at a minimum of once per week to stay active in the program. Five percent of LA DOOR clients—all of whom had multiple needs spanning SUD and mental health as well as food and housing—were successfully linked through LA DOOR to Project 180's IOP. According to the LA DOOR team, almost all clients who have been transitioned to the IOP have been sufficiently stabilized through LA DOOR housing to be able to take advantage of the long-term care offered through the IOP at Project 180's site. Through the IOP, clients can take advantage of wraparound case management services, ongoing SUD services, psychiatric services, and individual and group therapy, and they have access to the Five Keys Schools, an education management corporation that provides a variety of educational programs, employment services, cognitive behavioral therapy, and case management services.

Table 4.5. LA DOOR Service Provision

	Total (n = 1,102)
SUD services	12%
Field-based SUD counseling session completed or brief interventions	6%
Linked to SUD services (Project 180, WACDC, non-LA DOOR partner)	3%
Other	6%
Mental health services	14%
Field-based therapeutic sessions or brief interventions	7%
Linked to mental health services (Project 180, WACDC, non-LA DOOR partner)	5%
Received IOP services	5%
Other	6%
Health and wellness services	13%
Field-based medical services provided	10%
Linked to health services (outside medical provider hospital, emergency services)	7%
Other	2%
Housing services	27%
Completed an application for Los Angeles County's CES	7%
Placed in LA DOOR-funded housing	4%
Linked to transitional housing	18%
Linked to permanent housing	2%
Other	9%
Legal services	28%
Linked to public defender	23% ^a
Linked to HEART citation relief	7%
Linked to other legal services	6%
Employment services	5%
IOP services	5%
SUD services	2%
Average number of services received per client	5.1
Total number of services received	279
Case management services	5%
Average number of services received per client	7.3
Total number of services received	399
Mental health services	5%
Average number of services received per client	94.4
Total number of services received	5,194

^a Public defender data are through October 31, 2022, while the rest of the data available are through February 15, 2023. Therefore, the number of public defender linkages might be undercounted.

To better assess whether LA DOOR clients are receiving access to services consistent with their self-reported or observed needs, Table 4.6 provides 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. Additionally, this percentage includes clients who received services but were not initially assessed as needing them.

Table 4.6. LA DOOR Service Provision and Linkages, Conditional on Need

	Percentage of Active/Completed Clients Enrolled Before December 22, 2022
Linked to legal service conditional on need	53 ^a
Accessed housing services conditional on need	46
Accessed health services conditional on need	39
Accessed mental health services conditional on need	36
Accessed SUD services conditional on need	32
Linked to employment service conditional on need	14

^a Data on public defender linkages were available only through October 31, 2022; therefore, the reported number might be undercounted.

Clients with legal service needs were the best served: 53 percent of clients with such needs were linked to legal services. Roughly one-half (46 percent) of clients in need of housing services had their needs met, while roughly one-third of those in need of health, mental health, or SUD services were able to access these services.

Summary

Almost one-half of LA DOOR clients are older, male, and Black. LA DOOR clients have relatively low levels of educational attainment and experience a confluence of issues: Most clients did not have a stable source of employment, were homeless at baseline, and had SUD and co-occurring mental health conditions. The majority of LA DOOR clients reported or were assessed as having housing, transportation assistance, or general service needs; housing services were the most commonly recognized need. The most significant work with LA DOOR clients is in providing or linking to legal services and housing services, with the greatest share being linked to temporary housing. Legal work included reviewing criminal history, writing motions and petitions, and advising clients regarding other legal matters.

Chapter 5. Outcome Evaluation Results

The purpose of this outcome evaluation is to determine whether LA DOOR is meeting its intended goals, including reduced recidivism, reduced symptoms of mental health and physical health conditions, and increased positive housing outcomes. As described above, the outcome evaluation measured short-term and intermediate outcomes associated with the program. Short-term outcomes include changes in symptoms of mental and physical health and whether barriers to housing were addressed. Intermediate outcomes include reduction in recidivism. It is important to note that these outcome findings are only for those participants who have baseline and follow-up information entered into the database (these are the sample sizes displayed in Table 5.3). Unfortunately, the sample sizes are extremely small for all measures, and measures of SUD and employment were too small to be able to report any findings.

Recidivism

Table 5.1 provides information on criminal history measures for all LA DOOR participants and the prebooking diversion participants. Because of the nature of the program, nearly all participants have a prior arrest, and 85 percent of the full group of LA DOOR participants have a prior conviction. A much smaller percentage (10 percent of all participants and 5 percent of prebooking diversion participants) have been on formal probation, and 5 percent of both groups have been on parole.

Table 5.1. Criminal History Information

	All LA DOOR Participants (%) (n = 987)	Prebooking Diversion (%) (n = 21)
Prior arrests	96	100
Prior convictions	86	100
Formal probation	10	5
Parole	5	5
Post release community supervision	3	0

Table 5.2 provides recidivism information for the 12-month period following qualifying arrest and looks at prebooking diversion clients and all LA DOOR clients. A client is considered to have recidivated if they are convicted of a crime after LA DOOR enrollment. Unfortunately, data on arrests are not available. Of note, only one prebooking diversion participant who completed services recidivated.

Table 5.2. Recidivism

Criminal History Within 12 Months of Qualifying Arrest	All LA DOOR Clients (n = 1,044)	Prebooking Diversion Clients (n = 21)
Percentage of individuals with any reconviction	5	14

Mental Health

Mental health services were one of the top needs expressed by LA DOOR clients (82 percent). Field-based LA DOOR services include screening for mental health issues, normalizing mental health care, links to emergency medication support, and enrollment in longer-term mental health services. We found that 10 percent of individuals received field-based therapeutic sessions or brief interventions and 13 percent were linked to mental health services. 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. This includes 5 percent of case management clients with multiple needs spanning SUD, mental health, food, and housing that were successfully linked through LA DOOR to Project 180’s IOP. Individuals receiving IOP services received, on average, 94 services.

Table 5.3 shows that there are no statistically significant differences in mental health results. Although not significant, there is a very slight increase in the self-rating of mental health, as well as a similarly slight increase in how much emotional problems interfere with normal activities.

Physical Health

According to the analysis on self-reported or observed needs of clients, 51 percent of clients expressed health care service needs. According to the data, 10 percent of clients received field-based medical services and 7 percent were linked to health services or received other health and wellness services. Field-based health services can include checking vital signs, administering medications, providing nursing care, and discussing health-related concerns. The LVN also links participants with general medicine or specialized medical providers as needed. This is a key component to the LA DOOR model, which includes linking a mobile medical clinic with Project 180’s social service center twice per month so that LA DOOR participants can access consistent medical care. Table 5.3 shows that there is no significant difference in clients’ self-rating of physical health or clients’ feelings of how much health problems interfere with normal activities.

Housing

One of the most expressed needs (88 percent overall) of LA DOOR clients was the need for housing, and 27 percent of those clients were placed in LA DOOR–funded transitional or

permanent housing. We found that 7 percent of LA DOOR clients completed an application for Los Angeles County’s CES, which matches clients with available transitional and permanent housing placements, and 22 percent of clients were placed in LA DOOR–funded or other transitional housing. Within transitional housing, clients receive case management, social service linkage, financial counseling, assistance with locating permanent housing, and additional on-site supportive services, such as SUD groups. An additional 18 percent of clients were linked to temporary housing, 2 percent to permanent housing, and 9 percent to other services. The need for safe housing became even more prevalent in 2020 during the COVID-19 pandemic. Table 5.3 indicates a significant decrease in the percentage of homeless individuals: 77 percent of clients were homeless at baseline but only 9 percent reported homelessness at the follow-up time. Note that this figure is biased: The table includes the 283 clients who received a follow-up assessment around housing services, and these were overwhelmingly likely to be clients who received a housing service.

Table 5.3. LA DOOR Outcomes

	Avg. Exposure (days between baseline and endline)	Baseline (earliest assessment)	Endline (last/most recent assessment)	p-Value
Mental health				
Self-rating of mental health ^a (<i>n</i> = 14)	149.62	2.36	2.50	0.620
How much emotional problems interfere with normal activities (<i>n</i> = 14)	149.62	2.93	3.21	0.432
Physical health				
Self-rating of physical health ^a (<i>n</i> = 23)	231.90	2.48	2.43	0.885
How much health problems interfere with normal activities (<i>n</i> = 43)	236.90	3.70	3.80	0.633
Housing				
Percentage homeless (<i>n</i> = 286)	128.83	77.62%	9.1%	0.00

^a Self-rating was on a scale from 1 to 5 (poor, fair, good, very good, excellent).

Summary

This chapter described the outcomes of clients enrolled in LA DOOR. Although LA DOOR partners have been working hard to implement procedures to collect information from clients at various points of their participation (including baseline), sample sizes were small because of the difficult nature of consistent contact with participants. A key limitation to this outcome analysis is the fact that not all service recipients have data at two different points in time.

Chapter 6. Perspectives on Program Implementation

The quantitative findings described in the previous chapter provide important information about the demographics of LA DOOR clients and the types of services being used by these clients. This chapter describes the results of focus groups with and surveys of LA DOOR clients, interviews with LA DOOR partner staff, and clients' observation of LA DOOR partner staff, which provide additional context regarding clients' perceptions of the LA DOOR program in Cohort 2, the implementation processes, and the barriers and solutions to implementation.

LA DOOR Client Quantitative Feedback

As noted in Chapter 2, researchers gathered quantitative and qualitative feedback regarding LA DOOR from Cohort 2 clients through a client feedback survey and client focus groups. In this section, we document the survey results and qualitative input that were gathered, and we report quantitative results, salient client quotations, and group consensus statements. The following is a summary of the highlights gleaned from the data collection and analysis:

- **Clients continue to be generally happy with LA DOOR programs and services.** Focus group participants continue to express satisfaction with the variety and quality of LA DOOR services provided and appreciation for the support provided by LA DOOR. This feedback is supported by the quantitative results of the survey.
- **Clients continue to be grateful for LA DOOR.** Consistent with feedback received through all previous focus groups with Cohort 1 and Cohort 2 clients, focus group participants indicate that they are grateful for their experience with LA DOOR; they appreciate the programs, services, support, and encouragement that LA DOOR provides.
- **Clients indicate that accessing housing continues to be a priority.** Focus group participants indicated a strong interest in acquiring more-permanent housing and frustration with the process for achieving that objective, which is often beyond their control or that of LA DOOR.

Client Feedback Survey Results

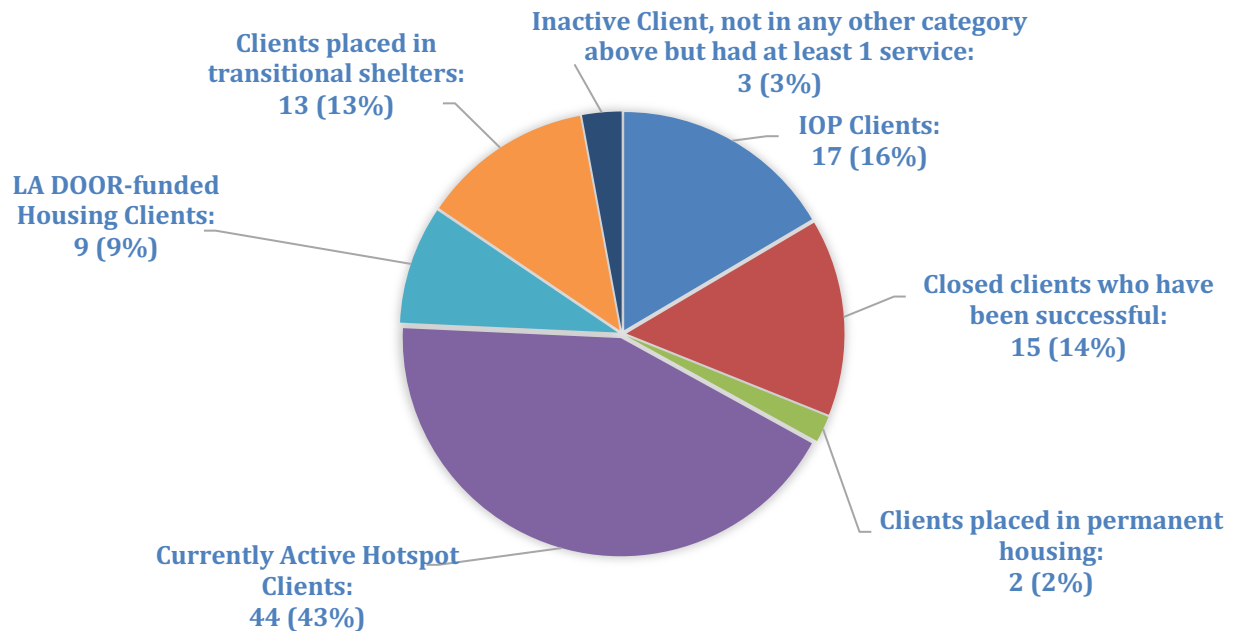
A total of 103 Cohort 2 clients completed the client survey between September 1, 2022, and October 12, 2022: 81 by hand and 22 online. In this section, the following analyses are provided regarding LA DOOR clients' perceived effectiveness of LA DOOR services:

- 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.

2022 Cohort 2 Client Feedback Survey Respondent Profile

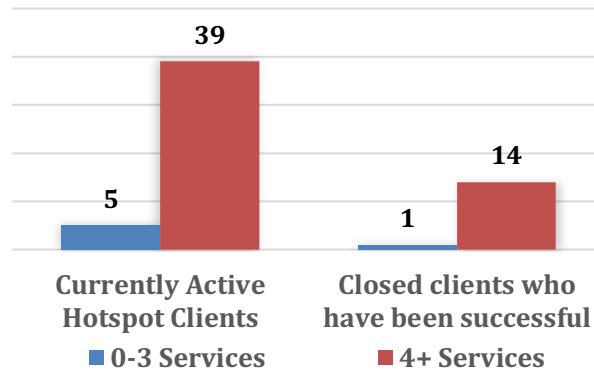
A total of 103 Cohort 2 clients completed the client survey in 2022. Figure 6.1 displays a breakdown of client survey respondents.

Figure 6.1. 2022 LA DOOR Client Survey Participation by Respondent Category



More than two-fifths (43 percent) of survey respondents represent currently active hotspot clients. IOP clients, closed clients who have been successful, and clients placed in transitional shelters make up another 43 percent of survey respondents. Client survey respondents identified as currently active hotspot clients and closed clients who have been successful are further divided by number of LA DOOR services received (Figure 6.2). The majority (90 percent) of respondents in these two categories have received more than four LA DOOR services.

Figure 6.2. 2022 LA DOOR Client Survey Participation by Client Category



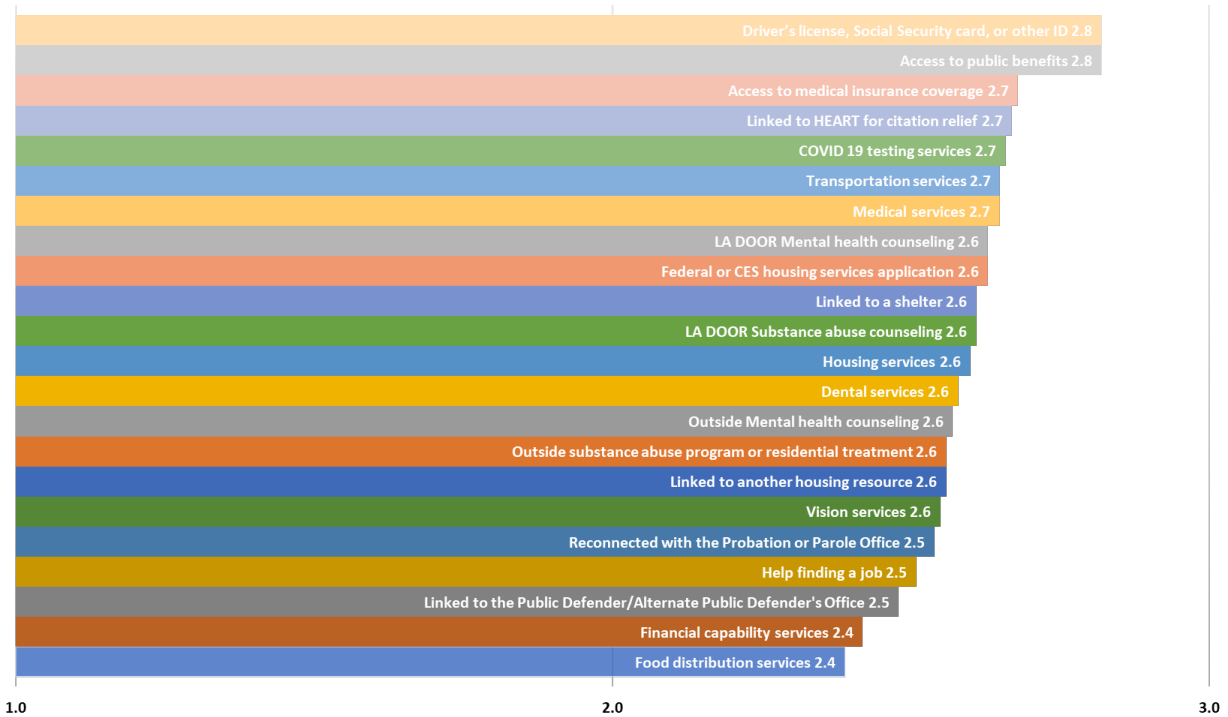
2022 Cohort 2 Client Feedback Survey Analysis

On the client feedback survey, clients were first asked to rate the effectiveness of the services that they have 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.

Overall Comparison Analysis 2022 Cohort Effectiveness Ratings

Overall, survey respondents' effectiveness ratings of LA DOOR services indicate that the perceived effectiveness of all LA DOOR services is generally above average: between 2.4 and 2.8 out of a possible 3.0. The LA DOOR services perceived to be the most effective are obtaining identification and accessing public benefits: Both rated 2.8. The LA DOOR services perceived as being the least effective are financial capability services and food distribution services: Both rated 2.3. Figure 6.3 displays the overall results of the perceived effectiveness of LA DOOR services by survey respondents.

Figure 6.3. Overall Ranking of Perceived Effectiveness of LA DOOR Services



Comparison Analysis by Survey Respondent Category

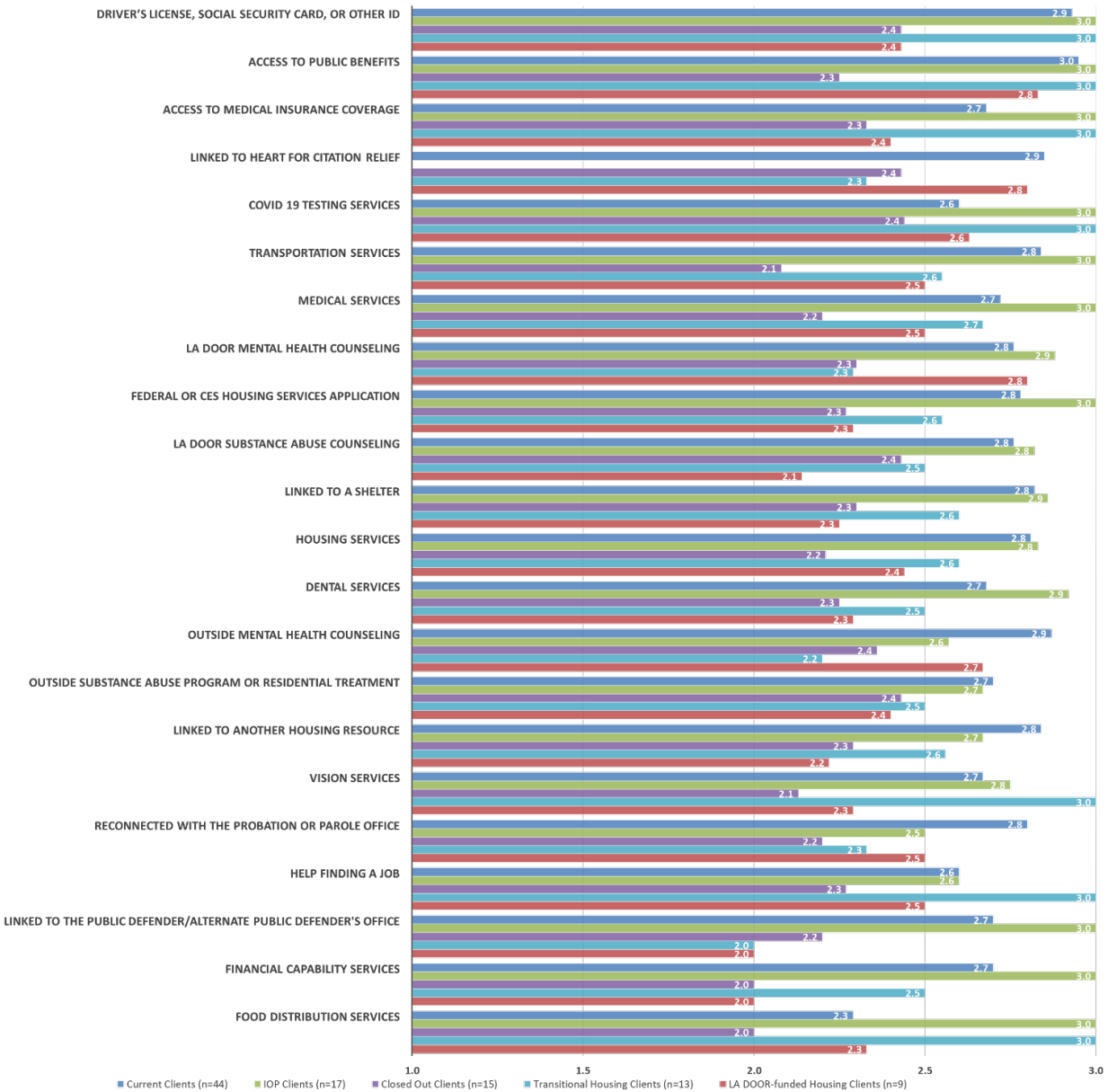
A comparison of survey respondents' ratings of LA DOOR service effectiveness by respondent category indicates that the perceived effectiveness of all LA DOOR services is generally rated at or above average: between 2.0 and 3.0 out of a possible 3.0. There are some differences between client categories in how they rated the effectiveness of LA DOOR services (displayed in Table 6.1). Overall, IOP clients are the most positive and closed-out clients the least positive in rating the effectiveness of LA DOOR services.

Table 6.1. Perceived Most- and Least-Effective LA DOOR Services by Respondent Category

	Most Effective	Least Effective
Currently active hotspot clients (<i>n</i> = 44)	<ul style="list-style-type: none"> • Access to public benefits (3.0) • Help getting identification (2.9) • Being linked to HEART (2.9) 	<ul style="list-style-type: none"> • Food distribution services (2.3) • Help finding a job (2.6) • COVID-19 testing services (2.6)
IOP clients (<i>n</i> = 17)	<ul style="list-style-type: none"> • Help getting identification (3.0) • Access to public benefits (3.0) • Access to medical insurance coverage (3.0) • COVID-19 testing services (3.0) • Transportation services (3.0) • Medical services (3.0) • Public defender services (3.0) • Food distribution services (3.0) 	<ul style="list-style-type: none"> • Being reconnected to probation or parole officer (2.5) • Outside mental health counseling (2.6) • Help finding a job (2.6)
Closed-out clients who have been successful (<i>n</i> = 15)	<ul style="list-style-type: none"> • Help getting identification (2.4) • Being linked to HEART (2.4) • LA DOOR substance abuse counseling (2.4) • Outside mental health counseling (2.4) • Outside substance abuse counseling and residential counseling (2.4) 	<ul style="list-style-type: none"> • Financial capability services (2.0) • Food distribution services (2.0) • Transportation services (2.1) • Medical services (2.2) • Housing services (2.2) • Being reconnected to probation or parole officer (2.2)
Transitional housing clients (<i>n</i> = 13)	<ul style="list-style-type: none"> • Help getting identification (3.0) • Access to public benefits (3.0) • Access to medical insurance coverage (3.0) • COVID-19 testing services (3.0) • Vision services (3.0) • Help finding a job (3.0) • Food distribution services (3.0) 	<ul style="list-style-type: none"> • Public defender services (2.0) • Outside mental health counseling (2.2) • Being reconnected to probation or parole officer (2.3) • Being linked to HEART (2.3) • LA DOOR mental health counseling (2.3)
LA DOOR–funded housing clients (<i>n</i> = 9)	<ul style="list-style-type: none"> • Access to public benefits (2.8) • Linked to HEART (2.8) • LA DOOR mental health counseling (2.8) • Outside mental health counseling (2.7) 	<ul style="list-style-type: none"> • Being reconnected to probation or parole officer (2.0) • Financial capability services (2.0) • LA DOOR substance abuse counseling (2.1) • Being linked to another housing resource (2.2)

Figure 6.4 displays a comparison of the effectiveness ratings of LA DOOR services by respondent category.

Figure 6.4. Comparison Analysis of LA DOOR Service Effectiveness Ratings by LA DOOR Client Category



NOTE: Only three inactive clients and two clients placed in permanent housing completed the survey. Their ratings are not included in this figure.

Comparison Analysis of Effectiveness Ratings by LA DOOR Cohort/Survey Period

A comparison of Cohort 2 survey respondents' ratings of LA DOOR service effectiveness in 2022 versus Cohort 2 respondents' ratings in 2021 and Cohort 1 respondents' ratings in 2020 and 2018 indicates the following:

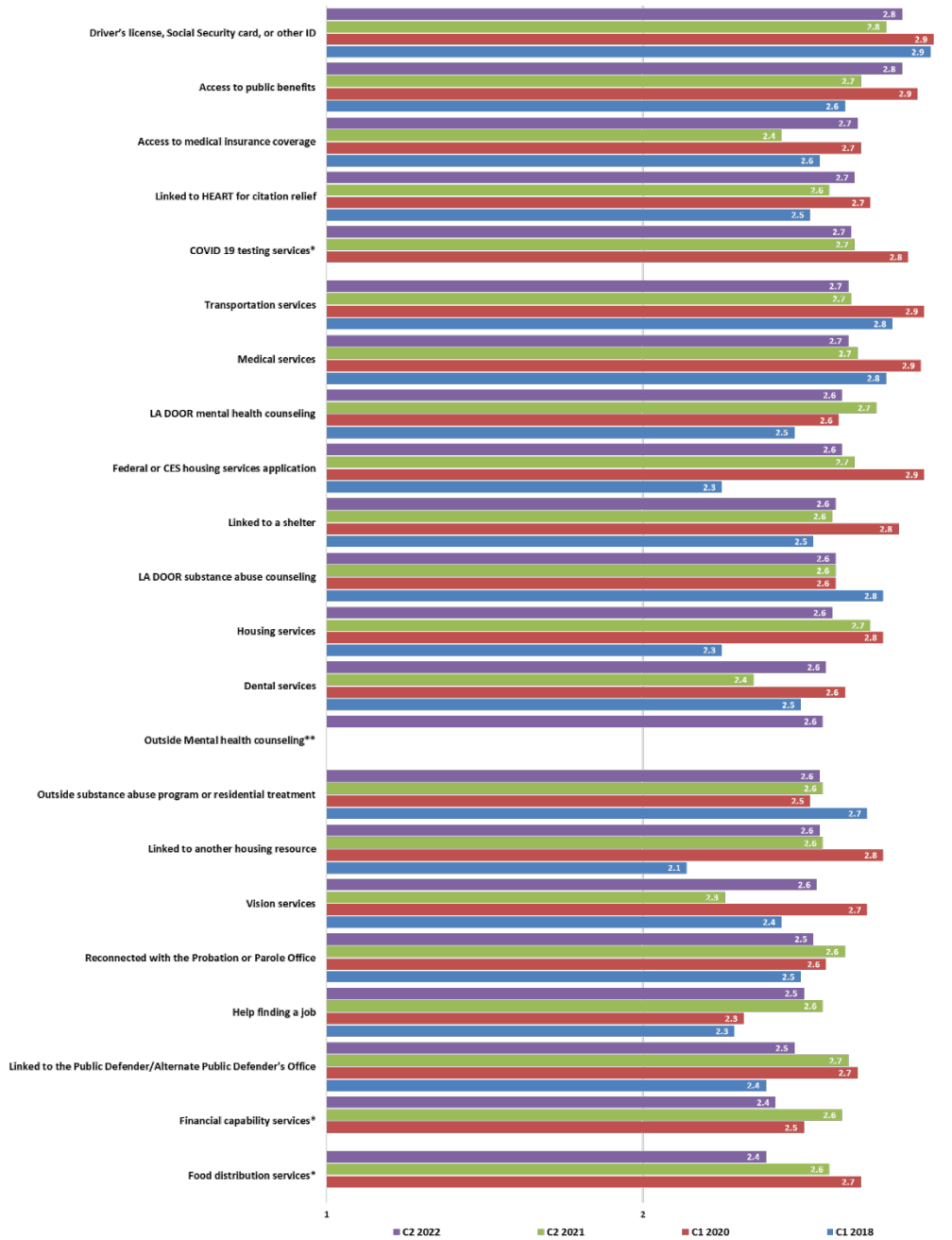
- Perceived effectiveness of most LA DOOR services for Cohort 2 in 2022 versus Cohort 2 in 2021 is similar (within 0.1 rating point) or has increased, except for being linked to the

public defender/alternate public defender's office, financial capability services, and food distribution services.

- Perceived effectiveness of most LA DOOR services for Cohort 2 in 2022 versus Cohort 1 in 2020 is similar (within 0.1 rating point) or has decreased, except for assistance finding a job.
- Perceived effectiveness of most LA DOOR services for Cohort 2 in 2022 versus Cohort 1 in 2018 is similar (within 0.1 rating point) or has increased, except for LA DOOR substance abuse counseling.

Figure 6.5 displays a comparison of survey respondents' service effectiveness ratings from Cohort 2 in 2022, Cohort 2 in 2021, Cohort 1 in 2020, and Cohort 1 in 2018.

Figure 6.5. Comparison Analysis of LA DOOR Service Effectiveness Ratings by Cohort



NOTE: An asterisk (*) indicates services not offered for Cohort 1 in 2018; two asterisks (**) indicate services included only on the 2022 client survey.

LA DOOR Client Qualitative Feedback

Throughout the focus groups, many participants shared details of their lives: their challenges, their accomplishments, and how LA DOOR has affected them. Some focus group participants

only recently came to LA DOOR while others had been in and around LA DOOR for several months or even years. As in all previous rounds of focus groups in Cohort 1 and Cohort 2, most participants indicated that they come from chronic homelessness, face challenges associated with SUD or mental health, and are separated from their families; some participants have been previously incarcerated.

Despite the challenges that LA DOOR clients face, focus group discussions most often centered on client successes and the positive impact that participation in LA DOOR has had on clients' lives. Focus group participants shared stories of getting a first apartment, being reunited with children, working toward a career certificate or educational degree, having a criminal record expunged, or maintaining sobriety. The following are representative quotes provided by focus group participants that illustrate what seems to be the overall consensus among LA DOOR clients about LA DOOR and its case managers:

- “When you walk in, you feel the love.”
- “LA DOOR has been great for me.”
- “They are not going to leave you on the street.”
- “It’s not how it starts; it’s how it ends.”
- “They are there for me more than my family.”
- It is helpful that “a lot of counselors have been through it themselves.”
- “They can identify with us.”
- “It’s good that they have people who understand.”
- “They show clients it is possible.”
- “This place is a blessing.”
- “They do it with you.”
- “Tell them your problem and they will jump right on it.”
- “LA DOOR should be called Guiding Hands.”

The following is a summary of feedback provided by focus group participants regarding their experience with LA DOOR.

- **Assistance with obtaining documentation.** Focus group participants continue to indicate the importance of obtaining identification and that they appreciate LA DOOR’s assistance in helping them do so. Focus group participants shared that LA DOOR case managers understand how to navigate the sometimes convoluted process and are helpful with paperwork: The case managers simply ask clients to fill out forms at the Project 180 office and then handle the process from there.
- **Links to legal services.** Focus group participants continue to indicate appreciation for the expungement services provided by the public defender’s office. They indicate that they have been pleased with their outcomes and appreciate that most, if not all, of the expungement process can take place over the phone. Some focus group participants did indicate that the process can take a long time (upward of three months).
- **SUD and mental health services.** Focus group participants indicate that the SUD and mental health services provided through LA DOOR are helpful and that the therapists are responsive. When it is necessary to seek services outside LA DOOR, the therapists or

case managers make sure that clients can get to and from their appointments. Also of note, appreciation was expressed for LA DOOR assisting with the steps necessary (paperwork, classes, transportation, etc.) to get an emotional support animal.

- **Housing services.** Focus group participants continue to indicate that being linked to housing is their greatest need and a difficult process. They appreciate the assistance and dedication of LA DOOR staff to link clients to housing opportunities, but participants continue to express frustration with the convoluted processes associated with finding housing. Several focus group participants had recently entered a Section 8 lottery while others were waiting on a placement after being chosen previously. Those who had been placed in Section 8 housing indicated that it was a long and difficult process—in some cases, taking more than two years.

Clients indicate that staying in shelters is not ideal but is often the only option. They reported issues with security, dishonest staff, bed bug infestations, and the inability to bring in personal belongings.

The number of LA DOOR–funded housing beds decreased in August 2022, and the location was moved to another facility, which also housed clients from Homeless Outreach Program Integrated Care System (HOPICS). Focus group participants living in LA DOOR–funded housing were generally pleased with the housing facility and services provided. That said, some concern was expressed regarding the number and quality of meals provided. Security was also discussed: One client had items taken from their room, but it was indicated that the issue had been resolved.

- **General health services.** At the focus groups, participants indicated that LA DOOR had recently been able to provide one-time vouchers for dental and vision services. Several focus group participants indicated that they were able to attain a voucher and were thankful for the services that they were able to receive.
- **Transportation services.** Focus group participants indicated that transportation continues to be an important service provided by LA DOOR. These services include free 90-day bus passes and metro cards and case managers providing transportation to medical or legal appointments.
- **Education services.** A few focus group participants indicated that they are pursuing educational goals, and LA DOOR has assisted with connecting them to funding sources, navigating systems, and providing references.
- **Clothing services.** Some focus group participants shared their appreciation for clothing or clothing vouchers they received from LA DOOR. Case managers have provided some clients with clothes at the Project 180 office location; others have taken their clients shopping for clothes with clothing vouchers. One client indicated that having new clothing was very helpful when they got a new job.
- **Overloaded LA DOOR case managers.** Some focus group participants indicated that case managers and specialists seem to sometimes get overwhelmed, which can negatively affect responsiveness.
- **Bureaucracy.** Most complaints shared by focus group participants revolved around the complicated and confusing procedures, poor communication, and long wait times associated with receiving services (e.g., identification, public benefits, Section 8 and other housing services, correcting or expunging criminal records) from agencies outside

LA DOOR. These complaints were often coupled with gratitude for LA DOOR's assistance with these processes.

- **COVID-19 pandemic.** Focus group participants indicated that daily challenges associated with the COVID-19 pandemic have subsided but that its effect on their lives has been substantial. They have lost friends and family; many social connections that were severed have yet to be repaired. The emotion of these discussions was high, indicating the lingering toll that the COVID-19 pandemic has taken.
- **Peer support.** Some focus group participants suggested establishing LA DOOR client support groups in which LA DOOR clients can gather with one another to share and learn from each other's experiences in LA DOOR and otherwise. There were also suggestions for more-informal gatherings to build supportive social networks.

LA DOOR Partner Feedback and Findings

LA DOOR partners uphold program fidelity through the application of cultural competency and lived experience, as well as the practice and praxis of LA DOOR best practices. Many LA DOOR partner staff serve their clients from a place of empathy and recognition and have similar backgrounds and shared life experiences. Case managers understand the challenges firsthand and provide guidance based on personal experience and growth. Furthermore, client feedback indicates that clients feel comfortable with and trust their case managers because of that shared experience and are encouraged by the success that they see is possible. The LA DOOR program has identified five best practices that form the foundation of its approach to serving clients.

1. **Responding to one hotspot per day every week to build trust and rapport.** The LA DOOR mobile outreach team reports that it goes to each of the five hotspots on a weekly basis. Research team observations made on the LA DOOR mobile outreach team ride-along indicate that individuals in hotspots are often familiar with LA DOOR or recognize members of the LA DOOR mobile team. In the field, the LA DOOR mobile outreach team follows up with individuals with whom they have had past interactions, identifies new individuals who might require LA DOOR assistance, and widely informs individuals about the LA DOOR program and encourages their participation. The LA DOOR mobile outreach team also builds rapport with individuals by offering or providing them with such items as water, hygiene products, clean needles, condoms, and Narcan provided through a partnership with Homeless Healthcare.
2. **Motivational interviewing.** LA DOOR partners report that they receive training in and practice motivational interviewing. Several case managers reported that the practice has improved their interactions with clients and resulted in more positive outcomes for those clients. The research team observed the use of motivational interviewing techniques during the LA DOOR mobile outreach team ride-along, intake session, and case management sessions.
3. **Use a harm-reduction approach.** LA DOOR partners report that they receive training in and practice a harm-reduction approach with LA DOOR clients. Researchers observed this approach in practice on several occasions, including the provision of clean needles and Narcan and substance use-related wound care to individuals during the LA DOOR mobile outreach team ride-along, as well as during several conversations between LA

DOOR partner staff and clients in which no stigma was expressed regarding substance use and the focus was on meeting the needs of the client or individual.

4. **RNR assessments:** LA DOOR partners report that they conduct RNR assessments for LA DOOR clients, but maintaining consistency of practice with every client is difficult because of the often transient and unreliable nature of LA DOOR clients.
5. **Cognitive behavioral therapy:** Project 180 has a mental health therapist on staff to provide mental health services to LA DOOR clients. The mental health therapist primarily meets with LA DOOR clients at the Project 180 office but joins the LA DOOR mobile outreach team twice per week and has provided mental health intervention in the field. Some higher-needs clients are referred to outside mental health service providers.

During the discussions with LA DOOR partners, researchers asked about challenges, barriers, and successes related to the best practices and how they are addressed in the implementation of the LA DOOR program.

LA DOOR partners use a trauma-informed care approach. LA DOOR partners report that they receive training in and practice trauma-informed care with LA DOOR clients. The research team observed evidence of this approach during the LA DOOR mobile outreach team ride-along and case management sessions. Client feedback also indicates an awareness of how their trauma(s) might contribute to their challenges and affect their progress and that some clients recognize that case managers consider their past and current trauma when developing and implementing their case plan.

Challenges associated with the COVID-19 pandemic continue to affect LA DOOR service provision. LA DOOR partners continue to take precautions to protect their clients, individuals encountered in LA DOOR facilities and in the field, and their staff from not only COVID-19 but also other emerging health concerns, such as monkeypox. LA DOOR mobile team members continue to wear masks and goggles in the field, masks are required in the Project 180 and WACDC facilities, and LA DOOR–funded housing clients receive a rapid COVID-19 test every other week. Project 180 is still not able to provide showers to LA DOOR clients. LA DOOR partners report that clients continue to exhibit the mental and emotional effects of trauma related to the COVID-19 pandemic. A positive outcome of the COVID-19 pandemic is that LA DOOR clients seem to have become more technologically savvy and more accessible by mobile device.

The cessation of programs offered in response to the COVID-19 pandemic has made it more difficult to link LA DOOR clients to a variety of resources and services. LA DOOR relied heavily on several housing programs offered during the height of the COVID-19 pandemic, such as Project Roomkey. Now that many of these programs have ended, it is reportedly more difficult to link LA DOOR clients to housing resources; there is concern that the decrease in LA DOOR–funded housing spaces adds to this challenge. Food distribution services have also been curtailed.

Communication has improved among LA DOOR partners. Establishing and maintaining effective communication among LA DOOR partners has been an issue from the beginning of the LA DOOR program, especially between Project 180 and WACDC. LA DOOR partners report that such processes and procedures as warm hand-off processes, consistent cross-partner case management meetings, site visits, and more open, informal lines of communication have resulted in more effective and efficient communication among LA DOOR partners.

Although there is limited training offered in Cohort 2, LA DOOR partner staff have taken part in a variety of training opportunities. It is reported that LA DOOR partner staff have recently been trained in cardiopulmonary resuscitation, Narcan use, and emergency response. Project 180 staff have received HIV and Hepatitis B training through a partnership with the Department of Public Health. Upcoming trainings include case management training and self-care in times of burnout. LA DOOR partner staff also have access to a variety of workplace and health-related training through SSG's subscription to the Relias training platform.

LA DOOR partners generally find the SNow database to be user-friendly but have some suggested improvements. Although they are generally pleased with the function and application of the SNow database, LA DOOR partner staff suggest adding several updates, including the ability to enter multiple services per entry and adding separate service choices for case management sessions, transportation services, and general mental health interactions, such as redirecting negative thoughts or encouraging prosocial behavior.

LA DOOR partner staff report several positive client outcomes. LA DOOR partner staff shared several client success stories, including clients who have overcome trust issues associated with trauma to become more confident, clients who have been reunited with children and other family members, and clients who have overcome abusive situations or homelessness to pursue higher education goals, move in to their first apartment, or begin their own successful business.

Although the Project 180 Outreach Team is fully staffed, case managers maintain heavy caseloads. In 2022, Project 180 was able to fill all grant-funded positions, including a full complement of clinicians: general health, SUD, and mental health specialists. That said, burnout remains an issue: Case managers continue to carry heavy caseloads of up to 29 clients. Case managers report that their caseloads are made more manageable through mutual support and teamwork. There is concern that a reported slowdown in cost-of-living adjustment (COLA) increases and revocation of agency gas cards might exacerbate the potential for burnout.

LA DOOR partners continue to cultivate relationships with partner agencies and organizations to improve LA DOOR outreach and services. LA DOOR partners cultivate partnerships with such agencies and organizations as LA Metro to reach more individuals during outreach at LA DOOR hotspots; People Assisting the Homeless, Los Angeles Homeless Services Authority, and HOPICS for housing services; Homeboy Industries for employment services; and Homeless Healthcare, Department of Mental Health, Department of Public Health, and others for health-related training, resources, and services.

Social contact referrals continue to be the primary entry point for clients into LA DOOR. Most clients seem to be entering LA DOOR as social contact referrals—including walk-ins to the Project 180 office or peer referrals by word of mouth—based on feedback received from LA DOOR partners and clients.

Available LA DOOR–funded housing has decreased and changed locations. In August 2022, LA DOOR decreased LA DOOR–funded housing spaces to eight beds and moved from a shared house to a more clinical 63-bed facility shared with the HOPICS program. For all clients who were not able to continue with LA DOOR because of the decrease in available beds, housing was found with other programs. It is reported that the transition has been smooth and that clients have adjusted well for the most part. This is generally supported by client feedback.

LA DOOR partners report several challenges with linking LA DOOR clients to a variety of LA DOOR services. Challenges include the inability to consistently link LA DOOR clients to SUD treatment or housing services in a timely manner because of high demand, linking undocumented clients to services, and a lack of stable access to medication.

Fentanyl use is becoming an epidemic among the population served by LA DOOR. LA DOOR partners report that fentanyl use among individuals served by LA DOOR rose exponentially during the second half of Cohort 2. In the field, the LA DOOR mobile outreach team has had to revive individuals on several occasions because of a fentanyl overdose and has also had to call 911 or otherwise assist these individuals in seeking medical care. It is also reported that some hospitals have begun to turn away these individuals. Substance use in general results in greater susceptibility to COVID-19 and other illnesses, but fentanyl use in particular results in a greater need for serious wound care.

LA DOOR–funded housing clients continue to receive financial capabilities services. The WACDC LA DOOR financial capabilities program is HUD-certified and has two staff members who provide financial capabilities counseling to clients, including an initial meeting to identify a client’s financial goals, development of an action plan, and progress follow-ups. It was reported that counseling sessions remain virtual but soon might move to in-person meetings. Additional services include credit evaluation and a credit boot camp; guidance on how to open a checking or savings account, build wealth, and prioritize expenses; assistance with signing up for financial assistance programs; and guidance in renting an apartment. Services are provided in English and Spanish, depending on the client’s need.

Expungement services provided through the Los Angeles Public Defender continues to be successfully implemented. LA DOOR partners continue to implement a process that requires no in-person contact with clients but that allows for completion of the required documentation needed to expunge a client’s criminal record. To build on the success of the expungement service provided by the public defender, LA DOOR partners continue to suggest

- streamlining communication between the public defender and other LA DOOR partners to decrease the lag time between intake and a client being linked to the public defender
- improving coordination with jurisdictions outside Los Angeles County.

LA DOOR partners have several suggestions for improving the LA DOOR program for Cohort 3. At the end of each LA DOOR partner interview, participants were asked to imagine that they had a “magic wand” to improve the LA DOOR program. These discussions resulted in several suggestions, including to

- add several staff, including a Project 180 housing specialist, an additional Project 180 supervisor, more case managers, a nurse practitioner, and a psychiatrist
- expand the IOP team or otherwise provide more wraparound support for LA DOOR clients
- increase the number of eligible charges for prebooking diversion
- increase funders’ and service providers’ understanding of the population that LA DOOR serves, including the population’s needs, challenges, and environment
- increase funding to provide clients with food, educational funding, security deposits for housing, and employment support and to generally increase the quality of LA DOOR services
- extend the time that clients are allowed to be in LA DOOR–funded housing (currently 120 days) because it is often not long enough to set clients up with what they need for long-term and sustainable success.

Chapter 7. Next Steps

This Cohort 2 final 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.

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. Although there are no specific metrics that guide the program, the partners work to meet, identify, and engage with individuals where they are in terms of their service needs. The program defines success as establishing relationships with individuals and providing services and making referrals to those who want them. LA DOOR enrolled 1,102 clients in case management; of those clients, 59 percent had completed at least two months of engagement. Clients with legal service needs were the best served: 53 percent of clients with such needs have been linked to legal services.¹⁴ Roughly one-half of clients in need of housing services had their needs met, and roughly one-third of those in need of health, mental health, or SUD services were able to access these services.

During the qualitative interviews with clients, we found that, despite the challenges that LA DOOR clients face, the discussions most often focused on client success and the positive impact that participation in LA DOOR has had on clients' lives. Focus group participants spoke at length about assistance in obtaining documentation and links to legal, SUD, mental health, and housing services. Participants appreciate the assistance and dedication of LA DOOR staff in linking clients to services and opportunities, but they continue to express frustration with the convoluted processes associated with finding housing.

Goal 2: Remove Client's Legal Barriers

Because of the COVID-19 pandemic and a decrease in low-level misdemeanor arrests, the prebooking diversion component of LA DOOR was not expanded during Cohort 2, which led to low referral numbers. To address the legal challenges faced by LA DOOR clients, 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 these services. This significant

¹⁴ Data on public defender linkages was only available through October 31, 2022; therefore, the reported number might be undercounted.

work has led to more referrals to the public defender and HEART in Cohort 2 compared with Cohort 1.

Goal 3: Improve Outcomes, Including Reduced Recidivism

Although all partners work diligently to collect necessary data to measure outcomes, it is very difficult to collect data at two time points because of the transient nature of the population. In addition, we do not have a comparison group; the goal of reducing recidivism is more focused on the effect of preventative services, including providing and linking individuals to services. As noted in Chapter 4, LA DOOR is successful in identifying the needs of individuals and providing services to address those needs.

Limitations

There are several limitations to this evaluation that should be kept in mind when interpreting the results. First, although a much-improved data management system was implemented for Cohort 2, certain data elements are still missing. For example, information about transportation services, assistance accessing public services, and assistance accessing identification cards is not included in the system, though these services are requested often. 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, which would allow for outcome analyses to be conducted. However, many clients are evaluated at intake but not evaluated at any point afterward, making any outcomes analysis impossible. Where follow-up data do exist, it is for clients who have received services related to a need; this skews the data toward positive outcomes because clients who did not receive services do not have data at a second point in time. As the evaluation continues, a recommendation will be to prioritize this data entry for all clients. Third, one of the key outcomes of this evaluation is reduced recidivism. At this point, the program is not adequately collecting this information. Fourth, the nature of working with the LA DOOR population is such that it is nearly impossible to gather data, quantitative or qualitative, on participants who drop out of the program. This data gap makes it difficult to fully assess the barriers that clients face to remain in the program. Finally, surveys were sent out to clients who had email addresses on file. This was a change from Cohort 1, in which surveys were only given to clients who attended the focus groups. This last-minute change resulted in a low response rate because so many individuals had missing email addresses. As Cohort 3 begins, a better attempt to collect contact information, where possible, will be attempted, as will some sort of sampling strategy. As the sample grows, we will attempt to make meaningful comparisons across IOP, transitional housing, and LA DOOR-funded housing clients.

Research Next Steps

Data collection will continue during Cohort 3. Although the new data collection system is an improvement, we have determined that key information is missing, most importantly the follow-up data regarding SUD, mental health, housing, and recidivism. In some cases, this is systematic: The data collection system simply does not track certain indicators. In other cases, it might be a staff capacity issue: Going out to collect data on participants who are otherwise not receiving services is not always feasible. Researchers will continue to work with the project team to understand the data being collected. The project team will meet to discuss the importance, challenges, and barriers of data collection and how best to make sure that data are being collected in a rigorous way. This limitation is similar to what occurred in Cohort 1, and the missing or uncollected information makes an outcome evaluation difficult to complete. We will speak with the staff to determine the challenges in collecting this information beyond the difficulty in maintaining contact with participants.

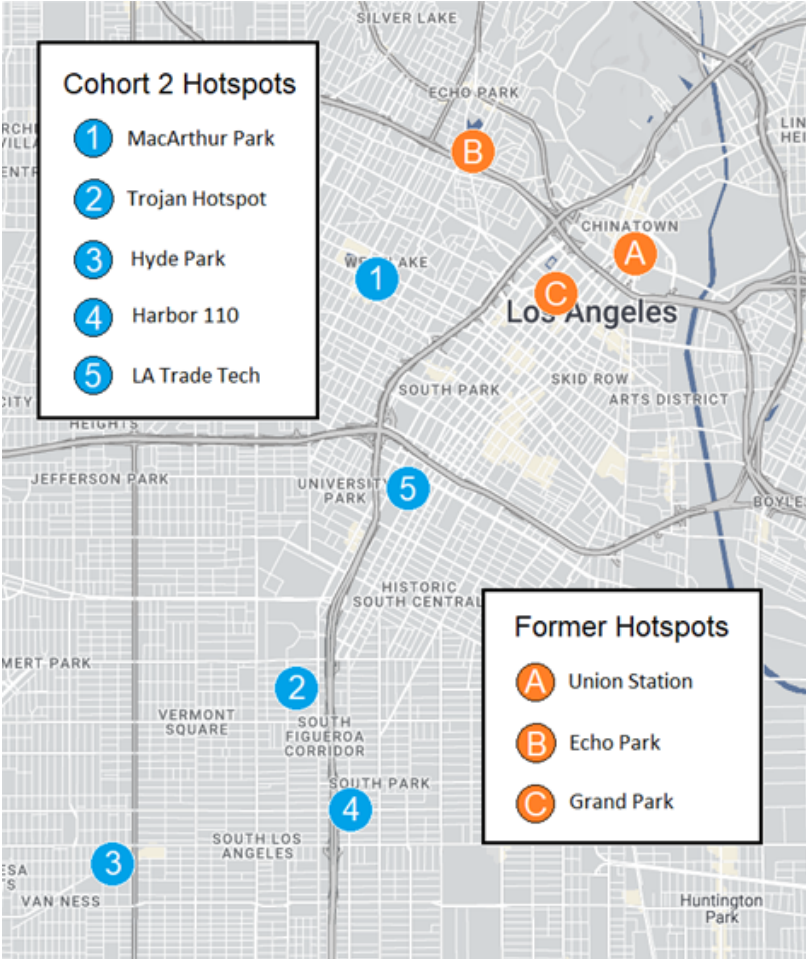
The qualitative information that we collected provided great insight into the implementation of the program. During Cohort 3, we plan on conducting additional qualitative focus groups and stakeholder interviews. Through the qualitative work in Cohort 1 and Cohort 2, we have found that some of the most beneficial information learned is from the insights from staff and participants.

Programmatic Next Steps

Because of the COVID-19 pandemic, many barriers affected the LA DOOR 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. LA DOOR has been successful in recruiting eligible clients and offering quality services to those individuals. 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, 82 percent of clients expressed or were assessed as needing transportation assistance or having general needs, yet these data are not systematically tracked. Therefore, transportation should be prioritized and tracked. In addition, links to employment services conditioned on need is low (14 percent); more services could be provided. Research shows how important employment and income is to stability. This work is referred out, and during Cohort 3, additional information will be gathered to get an understanding of how the referrals work and what services are provided. Similar needs were also discussed during the focus groups with clients, especially the needs and challenges associated with housing, and clients described the way that the program has allowed them to access services that might otherwise be difficult to obtain. Using these results, the LA DOOR team will also continue to broaden its work with clients. The overarching theme from the qualitative work is that, despite significant challenges (heavy caseloads, lack of LA DOOR-funded training, decreased COVID-19-related services, cumbersome bureaucratic processes, increased medical needs primarily

because of fentanyl use), LA DOOR partners maintain program fidelity, and LA DOOR clients continue to express gratitude for and high satisfaction with LA DOOR and the services that the program provides.

Appendix A. Cohort 2 Hotspot Map





LA DOOR Focus Group—Client Feedback Survey

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

Directions:

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

LA DOOR Service	Effectiveness			
	High	Medium	Low	N/A
1 Help getting a driver’s license, Social Security card, or other ID				
2 Help getting access to public benefits				
3 Transportation services, like getting a ride to a doctor or other appointments				
4 Housing services				
5 Help completing an application for federal or CES housing services				
6 Being linked to a shelter				
7 Being linked to another housing resource (SRO, client paid housing, sober living, etc.)				

LA DOOR Service		Effectiveness			
		High	Medium	Low	N/A
8	Help finding a job				
9	Medical services				
10	Dental services				
11	Vision services				
12	Help with getting access to medical insurance coverage				
13	Substance abuse counseling				
14	Substance abuse treatment through a program or residential treatment				
15	Mental health counseling				
16	Help with being linked to the Public Defender or Alternate Public Defender's Office to address legal issues				
17	Help with being reconnected with the Probation or Parole Office				
18	Help with being linked to HEART for citation relief				

Appendix C. Staff Interview Instrument

LA DOOR Staff Group Interview Questions

Training

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

Clients

1. Did they expect our 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?

Project 180 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 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 three- or five-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?

Abbreviations

BSCC	California Board of State and Community Corrections
CES	Coordinated Entry System
CoCo	Community Coalition
COVID-19	coronavirus disease 2019
EMT	emergency medical technician
HEART	Homeless Engagement and Response Team
HOPICS	Homeless Outreach Program Integrated Care System
IOP	intensive outpatient program
IRB	Institutional Review Board
LA DOOR	Los Angeles Diversion, Outreach, and Opportunities for Recovery
LACA	Los Angeles City Attorney's Office
LAPD	Los Angeles Police Department
LATTC	Los Angeles Trade Technical College
LVN	licensed vocational nurse
RNR	risk-need responsiveness
SNow	Service Now
SSG	Special Service for Groups
SUD	substance use disorder
WACDC	West Angeles Community Development Corporation

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