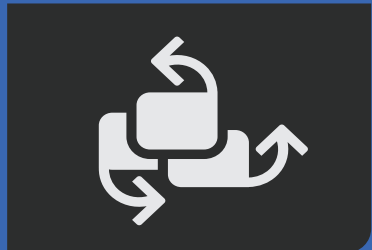
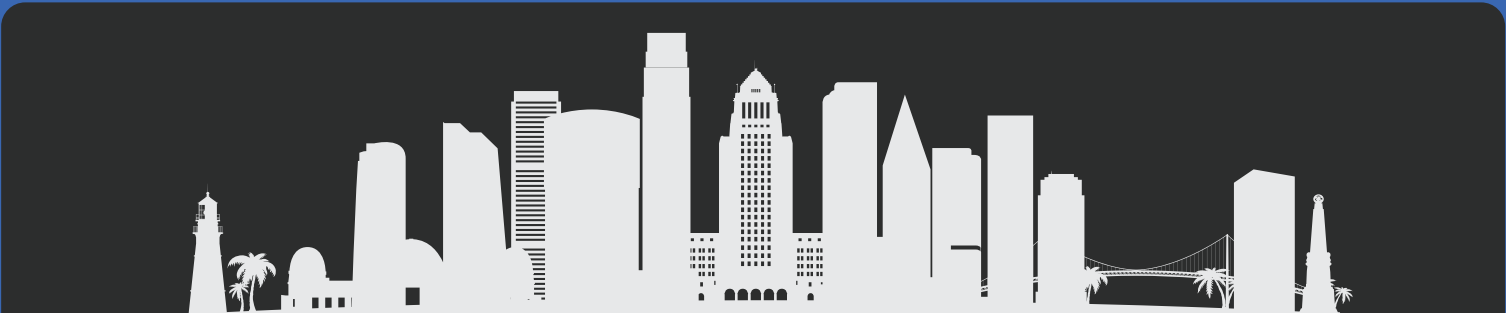


PROPOSITION 47 TWO YEAR PRELIMINARY REPORT

SUBMITTED TO:

CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
AUGUST, 2019



OFFICE OF DIVERSION
AND REENTRY

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EXECUTIVE SUMMARY

Executive Summary

The Office of Diversion and Reentry (ODR) was created in 2015 by the Los Angeles County Board of Supervisors to develop and implement countywide criminal justice diversion and reentry services. ODR was awarded a Proposition 47 grant from the California Board of State and Community Corrections (BSCC) in 2017 which has enabled it to expand reentry services for citizens returning to their communities from jails and prisons.

ODR launched the Reentry Intensive Case Management Services (RICMS) program in April 2018 to provide care coordination and system navigation services to individuals who have been arrested for, charged with and/or convicted of a crime with mild to moderate mental health and substance use disorders. The program is delivered by peer mentors known as Community Health Workers (CHWs) with lived experience who are able to relate to and help their clients follow through with treatment.

The Proposition 47 grant has also enabled ODR to embed interim housing services within RICMS. In April 2019, ODR opened a 20-bed reentry house for men operated by Christ Centered Ministries. The house offers various support groups, employment support, and other services in tandem with RICMS while residents work with CHWs to find a permanent housing solution. Three months since the launch, the house has remained nearly full with RICMS clients working towards various stabilization needs.

This preliminary report outlines the design and implementation of the RICMS program. It aims to address the intended goals of the program, the problems/barriers faced during implementation, and the factors that have contributed to improving and growing the program. The report also discusses plans for evaluating the program's impact in reducing recidivism and in improving health outcomes for program participants. As a county that is home to one of the largest populations of justice-involved individuals, there is opportunity to test various interventions whose impacts can inform criminal justice practice and policy at the local, state and national levels. The report also briefly discusses service enhancements to RICMS such as the 20-bed reentry interim house.

The RICMS program has experienced significant growth since launching in April 2018 and has implemented many improvements to service delivery. RICMS started with fewer than ten contracted providers, employing fewer than 20 CHWs. Within a year of operations, the program has grown to 25 providers and over 80 CHWs across Los Angeles County. From April 2018 to March 2019, there were 3,259 clients enrolled in RICMS funded through Proposition 47.

Another major accomplishment has been the development and expansion of referral partnerships with multiple correctional agencies and community organizations to ensure that individuals in need are connected to the RICMS program. RICMS receives referrals from the Los Angeles County Probation Department, California Department of Corrections and Rehabilitation (CDCR), the Los Angeles County Sheriff's Department (LASD), which operates county jails, and the Long Beach City Jail. RICMS providers also do their own outreach and recruitment to get referrals from their community networks as well as local probation area offices.

ODR plans to utilize various data sources to track outcomes in service linkages and service utilization. ODR currently has limited in-house data from the first year of implementing RICMS due to challenges around accuracy and quality. The Office is working with research organizations MDRC and the Council of State Governments (CSG) Justice Center to improve its systems and to measure the impact of ODR's reentry programs in improving outcomes for clients in the areas of behavioral health, recidivism, financial stability, wellbeing, and other priority domains. ODR will submit a final report to the BSCC on September 30th, 2021.

THE NEED

The Need

An individual's propensity to commit a crime is closely related to poverty, social exclusion, income inequality, level of education and other economic and social factors.¹ Housing, mental illness and access to health care are also factors linked to criminal behavior that often overlap for vulnerable populations. Findings suggest that homelessness and incarceration increase the risk of each other, and these factors can be mediated by mental illness, substance abuse, education and low socioeconomic status.²

In the LA County jail System, 25% of those in custody are being followed or treated for a mental health disorder,³ 72% have charges involving narcotics,⁴ and based on self-report, around 20% are homeless.⁵

While the above figures are indicative of the overall magnitude of need that exists for services in mental health, substance use and housing in LA County, these social determinants of crime exist in varying degrees across geographical boundaries and racial groups in the county. Examining a region's profile through this geographic framework is critical to understanding the gravity of need for its justice-involved residents. An equity profile of the Los Angeles region shows that the county ranks the 30th most racially unequal county out of the state's 58 counties across seven factors: crime and justice, education, healthcare access, healthy built environment, housing, economic opportunity and democracy.⁶

LA County is home to a multicultural population of over 10 million people (US Census Bureau, 2016). While the nation is projected to become a people-of-color majority by the year 2044, LA reached that milestone in the 1980s. Seventy percent of residents in LA County are people of color, and the share of this population jumped from 47% to 73% since 1980.⁷ Latinos are the fastest growing and largest group at 49.3% followed by Whites (26.4%), Asians (13.7%), Blacks (8.2%) and others (2.4%).

Latinos and Blacks fare the worst when it comes to the social determinants of crime.⁸ Since 1990, poverty and working poverty rates in the region have been consistently higher than national averages. Latinos and Blacks are far more likely to be in poverty or working poor than Whites. At every level of education attainment, there are racial and gender gaps. Unemployment is higher for people of color. Blacks and Native Americans have the lowest labor force participation rates. There has also been an increasing income inequality in the past three decades. Moreover, people of color face higher housing burdens and Blacks and Latinos are most likely to spend a large share of their income on housing whether they rent or own.

When looking at statistics of the justice-involved population, it is evident that Latinos and Blacks also fare the worst in this category. While the Latino population represented the majority of arrestees in 2015 (51.2%), the Black population is the most disproportionately impacted, representing 23.1% of arrestees while accounting for only 8.2% of the total population share (CA Dept. of Justice, 2015).⁹ When looking at state prison data, Whites in LA were incarcerated in state prisons at a rate of 1.6 per 1000 people, while that figure was 20.8 per 1,000 people for Blacks (CDCR data 2013-2015).¹⁰

BACKGROUND

Background

Addressing the challenges faced by men and women reentering their communities from jails and prisons requires a holistic approach where entities from law enforcement to county agencies and community-based organizations (CBOs) come together to reduce barriers and develop reentry solutions. ODR serves as a conduit between various stakeholders to leverage resources, improve systems, and ultimately enhance the health and social outcomes of justice-involved populations.

ODR is housed under the Department of Health Services (DHS) within LA County and operates multiple programs aimed at serving individuals at different interception points within the justice system. This report will focus on reentry programs developed by ODR's reentry division under Proposition 47 but below are brief descriptions of other ODR programs.

Diversions Programs

The adult diversion programs at ODR focus on serving jail inmates with complex clinical needs as well as those in the community who can be diverted at the point of arrest. Many of these individuals are homeless. A few of the programs under the adult diversion work include: Misdemeanor Incompetent to Stand Trial Community Based Restoration (MIST), Felony Incompetent to Stand Trial Community Based Restoration (FIST), ODR Housing which is a permanent supportive housing program for felony defendants, Law Enforcement Assisted Diversion (LEAD), a pre-booking diversion program, and a Sobering Center.

ODR also has a Youth Diversion and Development (YDD) division that is committed to serving youth who can be diverted from the justice system into community-based services. Pre-Arrest Model-linkage to strengths based supportive services in lieu of arrest and School Based Efforts, which is a mentorship and youth development program are two programs under YDD. The division is launching its first cohort of programs in 9 jurisdictions in 2019.

SB 678 Reentry Programs

In 2017, ODR launched its reentry services with funding from Senate Bill 678, the Community Corrections Performance Incentives Act of 2009, and Proposition 47. The reentry division serves individuals exiting jail and prison and those on community supervision with unmet health and social needs. Funding from SB 678 provides services for adults under the supervision of the LA County Probation Department.

Reentry programs at ODR for adults who are on probation include employment, college and career bridge, and rapid rehousing services. ODR has also recently launched a “one stop” community reentry center called DOORS (Developing Opportunities and Offering Reentry Solutions) in partnership with the LA County Probation Department, the 2nd District’s Board of Supervisor Office, and several other county departments and community based organizations. DOORS is the first center of its kind in LA County and offers an array of comprehensive supportive services to address the barriers of individuals on adult felony supervision and their families. Services, including benefit establishment, housing, employment, legal aid, educational support, mental health assessment and substance use counseling, are provided in a joint welcoming environment.

Proposition 47 Reentry Programs

The Proposition 47 grant that ODR received through the Board of State and Community Corrections (BSCC) in 2017 has allowed ODR to expand its reentry services to anyone who has been arrested for, charged with and/or convicted of a crime with mild to moderate mental health and substance use disorder problems.

ODR has implemented the following two programs under Proposition 47:

Reentry Intensive Case Management Services (RICMS) – Prior to receiving the Proposition 47 grant, a series of Town Halls and convening sessions were held to gather input from community members on services needed for the reentry population. A common theme identified was the need for system navigators or intensive case managers to help clients create their own individual goals, provide services to help achieve those goals, and to connect clients to government and community-based resources. Based on this feedback and consistent with the research on what works in reentry, ODR implemented the Reentry Intensive Case Management Services

(RICMS) program. Since the program launched in April 2018, it has grown in size and scope to include 25 providers throughout LA County and 80+ Community Health Workers (CHWs) who are case managers with justice involvement who have successfully reintegrated back into society themselves. One-year data from April 2018 – March 2019 shows that of the 4,547 clients enrolled in RICMS, 3,259 clients were funded through Proposition 47 and the remaining 1,288 were funded through SB 678.

Interim Housing – The Town Halls also identified housing resources as a critical need for people returning to their communities. Since April 2019, ODR has contracted with Christ Centered Ministries, a reentry community based organization, to operate a 20-bed interim reentry house in South LA for men who are enrolled in RICMS. Over 20 RICMS clients have resided in the house since it opened. The house has case management staff who work in tandem with RICMS CHWS to address the needs of residents. Services provided at the house include support groups tailored to the needs of the clients around substance use; anger management; life skills such as money management, hygiene, and proper communication skills, linkage to offsite inpatient and outpatient treatment; resume preparation and job search assistance; clothes for job interviews; criminal record expungements and legal services; transportation to various appointments; and social group outings such as trips to the beach. The house will also incorporate a clinician and a psychiatrist to better support clients in the near future.

In order to assess the efficacy of the various reentry programs in meeting their intended goals of reducing recidivism rates and improving health outcomes, ODR has contracted with an evaluation firm to conduct a rigorous evaluation of its reentry programs. The evaluation is being conducted by social policy research firm MDRC and its partner the Council of State Governments (CSG) Justice Center who were selected through a competitive bidding process. ODR and the evaluation team will collaborate to inform program operations and to ultimately determine the overall system-wide impact of the various reentry interventions in reducing recidivism. A detailed description of the evaluation is discussed at length in the last section of the report.

Lastly, ODR proposed to connect justice-involved individuals with mild to moderate mental health disorders to mental health services through the Department of Mental Health's Prevention and Early Intervention (PEI), which is a program designed to reduce risk factors or stressors while increasing protective factors and skills. Through this service, ODR allocated budget for two social workers to work directly in the courts to make referrals to substance use disorder treatment. Since this initial proposal, there has been expansions under Drug Medi-Cal that would make these two positions obsolete. Under the expansion, referral and access have been made significantly easier and more accessible through the Substance Abuse Service Hotline (SASH), through the Substance Use Disorder (SUD) providers themselves, and through the Client Engagement and Navigation Service (CENs) all operated by the LA County Department of Public Health. With these referral mechanisms already in place, ODR has modified its proposal to redirect resources to support additional clients through RICMS.

PROGRAM DESIGN

Program Design

In January 2017, three public convening sessions, organized by ODR and the City of Los Angeles Mayor's Office, were held in the three geographic locations and supervisorial districts with the highest levels of crime and poverty. The sessions revealed the following top priorities for services: 1) need for intensive, long term case management including service navigation; 2) ensuring access to mental health services in affected communities; 3) co-occurring and integration of services; 4) peer-delivered services; 5) jobs and employment; 6) housing; and 7) culturally and linguistically appropriate services.

It was clear from these findings that there was a need for system navigators who can serve as agents that create a tailored and integrated pathway to treatment to reduce the barriers individuals face in accessing services. ODR launched the Reentry Intensive Case Management Services (RICMS) program in April 2018 to provide care coordination and system navigation that links individuals to mental health and substance use disorder treatment, physical health services, employment, housing, legal assistance, public benefits, transportation vouchers, domestic violence and anger management classes, family reunification and assistance with obtaining IDs and other documentation. The comprehensive aspect of the model reduces the fragmented way clients may typically access these services to address complex needs. The overall goal is to reduce recidivism and improve health outcomes for program participants.

The 25 contracted RICMS providers employ Community Health Workers (CHWs), RICMS case management staff with previous justice involvement, who coordinate care for clients and create an integrated pathway to treatment. These peer navigators link individuals to various services in LA County and support their journey to stabilization and successful completion of the program. The reentry process is challenging, and CHWs serve as motivators and resource guides to returning citizens. CHWs are hired through RICMS contracted community based organizations strategically located across the eight Service Planning Areas (SPAs) of LA County. Due to the large size of LA County, the Department of Public Health has divided the county into eight SPAs to provide services targeted to the specific needs of residents of these different areas. In addition to providing funds for staffing, ODR provides funds to cover all RICMS programmatic costs, including some client needs.

CHWs also play a critical role during the initial client engagement phase to interest clients to enroll in the program. CHWs conduct an initial screen assessment to enroll clients in RICMS followed by a biopsych-

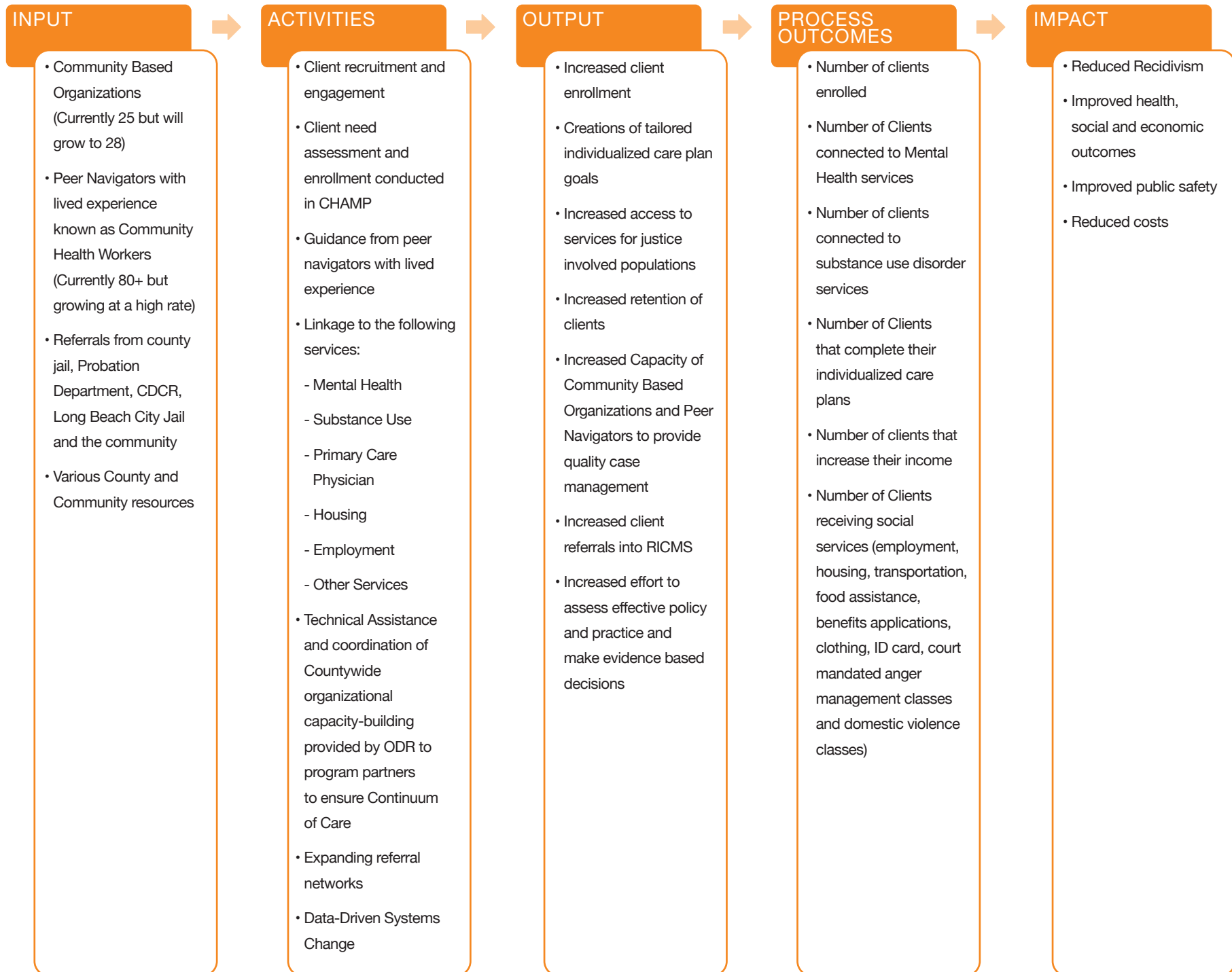
social assessment in CHAMP (Comprehensive Health Accompaniment and Management Platform), a case management system managed by DHS. CHWs curate individualized care plan goals for each client based on this assessment, which identifies the unique needs of each client. They work closely with their clients to identify top priorities for stabilization while keeping in mind the need to work towards self-sufficiency within a year to successfully graduate from the program. Successful program completion is defined as when a client meets their care plan goals. CHWs serve up to 30 clients on their caseloads.

While RICMS clients can stay in the program for up to a year as they work towards completing their care plan goals with their CHWs, ODR has adopted a new policy to actively monitor a client's progress at the 6-month mark to determine if the client should be graduated or kept in the program. This ensures that only clients who can benefit from additional services remain in the program and that additional space opens up for new clients.

ODR has maintained a focus on building the capacity of RICMS providers through training and technical assistance. The goal of these capacity building trainings is not only to enhance the skill sets of CHWs to provide effective case management services, but to also ensure that CHWs are receiving the opportunity to advance their careers through professional development.

The next page represents a logic model that outlines the core components of the RICMS program model.

RICMS PROGRAM MODEL



PROGRAM IMPLEMENTATION

RICMS launched in April 2018 with a handful of providers and less than 20 CHWs. By the time the program reaches full capacity, anticipated by the end of 2019, RICMS will have a portfolio of 28 community-based organizations providing coverage across LA County's eight Serving Planning Areas (SPAs).

To identify providers, ODR utilized the DHS Master Agreement process, which allows for the creation of a prequalified list of vetted providers who are experts in their fields and committed to the success of their population of focus. ODR's RICMS providers were selected based on their core competencies, experience working with the justice population, incorporation of peers in their model, and cultural and linguistic competency. Many providers on the Master Agreement have culturally and ethnically diverse staff with lived experience in the criminal justice system, people whose lives have been impacted by substance use and mental health challenges, people with a range of educational levels and immigration status, and people from the LGBTQ communities. Each provider also comes with their own set of specialties in service domains that are important for the justice involved-population, including mental health and substance use disorder treatment, employment, housing, legal services, family reunification, and other service areas.

Contract Management

Prior to contract execution, each provider submits an implementation plan that outlines their strategies for hiring and training RICMS staff, service provision, partnerships and collaborations, record keeping and quality control. Each provider has an RICMS team consisting of an agency program manager and at minimum of one full-time CHW with a caseload ratio of 1:30.

To ensure that providers adhere to the terms of the contract and implementation plan, each provider has a corresponding ODR program manager that closely monitors agency activities and provides technical assistance. ODR program managers conduct weekly or bi-weekly provider check in calls to go over CHW caseloads, case notes and care plans in CHAMP. ODR program managers also review how well agencies are meeting standards set by the contract including timely disenrollment of clients and consistent client communication. ODR program managers also monitor caseload sizes to ensure slots are consistently filled. In addition to monitoring contractual obligations, ODR program managers oversee the granular aspects of service provision from trouble shooting technical issues to providing assistance in other administrative areas that come up on a daily basis.

In addition to regular check ins, RICMS agencies are required to submit monthly performance data outlining client progress. This data is used as a program management tool by both parties to assess the effectiveness of

service provision and to identify any gaps. The main fields tracked through this mechanism consist of referral sources, current probation/parole status, demographic information, client needs, referrals and enrollment in services. This tool's strengths and limitations are further discussed in the Program Outcomes section. ODR also receives monthly invoices which give additional opportunities to spot check for anything that is out of place and to ensure that providers are billing correctly.

After a provider has been operating the RICMS program for six months, ODR conducts an onsite assessment to gain an understanding of what is working, what could be improved, and what additional support is needed to ensure that each provider is implementing RICMS successfully. The process includes interviews with agency program managers and focus groups with clients and CHWs. Following each assessment, ODR produces individualized memo of recommendations for each agency as well as a general memo that addresses gaps and proposes solutions for the overall improvement of the program. Past recommendations ranged from systems improvements such as strengthening outreach and client engagement for certain referral networks to improvements in case management practices such as completing case notes and updating care plans.

ODR also hosts a learning community every quarter to bring together all RICMS providers and staff to share challenges and best practices in service provision. ODR invites speakers from county departments to educate providers on countywide resources available to their clients while also encouraging staff of different providers to network and share resources, tips and advice for serving clients. Lastly, ODR convenes bi-monthly meetings with the service provider program managers to share program updates, discuss challenges, and provide space for agency input and collaboration.

Training and Capacity Building

ODR is also committed to organizational capacity building by providing technical assistance to providers as well as staff training and professional development. ODR leverages opportunities available through Whole Person Care, a DHS sister program, to offer regular trainings spanning a range of topics on a monthly basis. In addition to training on effective case management practices and county resources, other training topics have included digital skills, self-care and trauma-informed care, Motivational Interviewing, establishing boundaries, mental health first aid, medical illnesses, working with people with disabilities, Medi-Cal access to care, and medication for addiction treatment.

ODR also supports providers by addressing gaps in the availability of key services and resources that they have identified. For instance, providers have expressed concerns about a lack of resources and services in certain

areas of need for clients, such as housing. In response to concerns about a lack of housing resources, ODR identified resources available through other DHS programs and developed a process for RICMS providers to submit referrals for clients in need of housing. In addition to the two DHS resources, ODR also created the Christ Centered Ministries 20-bed interim housing mentioned earlier in the report in Service Planning Area 6 (SPA 6) also known as South Los Angeles. There were initial challenges filling the house due to various factors such clients' geographical preferences and other personal reservations related to gang turfs and other reasons but the house has since gained in popularity within weeks of operating. Residents testify to its welcoming feel and the great support they receive through the onsite case managers. Although there is some turn-over rate, there is an increase in the number of applications CHWs submit for clients to ensure the house is consistently nearly full.

RICMS providers also utilize their own resources and networks to connect clients to various types of housing. While connecting homeless clients to interim housing is critical, ODR ultimately encourages all providers to work towards sustainable permanent housing solutions for clients by conducting the Los Angeles Homeless Services Authority (LAHSA) Coordinated Entry System (CES) assessment.

Employment is another area of high need where providers have identified service gaps. While some providers offer employment services in-house, others must refer out. Providers have the opportunity to refer clients who are on adult felony probation to the Innovative Employment Solutions (INVEST) program, which launched in April 2018 and operated in partnership between the LA County Department of Workforce Development and Aging and Community Services (WDACS), ODR and the Probation Department. To encourage and facilitate referrals between RICMS and INVEST, ODR led meet and greets between local program staff to allow them the opportunity to build relationships with each other and gain familiarity with their respective programs and services available to meet client needs.

Referrals and Client Engagement

ODR partners with correctional agencies including the LA County Department of Probation, the California Department of Corrections and Rehabilitation (CDCR), the Los Angeles Sheriff Department (LASD), and the City of Long Beach to establish referral mechanisms and to widen the reach of services. These referral sources allow ODR to serve a diverse set of individuals, including individuals released from prison and jail, and those who are on parole or probation supervision. RICMS providers also use their existing networks to identify clients suitable for RICMS services through their own outreach and engagement.

In a county with some of the largest correctional agencies, creating an efficient and robust referral infrastructure has come with challenges. Despite these challenges, ODR has made significant progress strengthening existing referral systems and establishing new ones. Each referral source has its own unique processes and knowing the differences is important to understanding the progress made in each. Each referral source is discussed in detail below to highlight the successes and challenges.

Los Angeles Sheriff Department – LA County Jail Referrals

ODR collaborates with Whole Person Care, a sister program under DHS, that operates a reentry program for high-risk clients. The Whole Person Care reentry program has a pre-release component that aims to enroll 1,000 LA County jail inmates per month who are eligible for Medi-Cal, are high utilizers of health or behavioral health services, and are at high-risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy.¹¹ This pre-release program within the jail setting provides the following services including in-person meetings with identified inmates within the first 3 days in custody, increased Medi-Cal enrollment efforts, provision of a discharge medical or behavioral health visit when feasible, provision of a 30-day supply of prescription medication at release for participants with chronic health or mental health conditions, among other services.

Medical Case Workers (MCWs) link clients to services during the pre-release stage and enroll clients in CHAMP. While in custody, these clients are assigned to a post release CHW at one of the ODR RICMS provider sites to ensure continuum of care upon release. The goal is for CHWs to visit their assigned clients in person or send a letter/make a call while they are still in custody to facilitate a warm hand-off upon release. Once released, CHWs utilize the care plans and case notes left by the MCWs in CHAMP to pick up where the MCWs left off.

Since RICMS started in April 2018, 75% of client enrollments have been referrals from county jails through the Whole Person Care pre-release program. Data from the initial implementation phase show that roughly only a quarter of these enrollments actually stuck with the program and met with their CHWs upon release to work on their care plan goals. As of the beginning of 2019, that figure has gone up to 36%. The rest of the clients never met with their CHWs upon release either due to bad contact information or due to lack of interest in the program. CHWs conduct 5 outreach attempts at minimum within the first 4 weeks of release and discharge clients on the 30th day if they cannot connect with them. Realizing this attrition challenge, ODR program managers and the Whole Person Care process improvement team are collaborating to increase the number of clients that remain engaged in the program.

Tackling this high attrition challenge requires an understanding of the many factors that contribute to it. Some clients may be released directly from their court appointments which prevents them from going through the county jail release desk protocol that typically facilitates a more seamless transition from the pre-release to the post release program. This unpredictability of release dates and times makes it difficult for CHWs to know when their assigned clients are released. CHWs make an effort to check the Sheriff Department's website to check if clients have been released and use other methods to track and connect with their clients upon release.

Additionally, challenges with obtaining jail clearances has hindered the ability of some CHWs to build rapport with their pre-release clients through in-person visits while they are still in custody. Obtaining these clearances has proven to be a lengthy process that doesn't always guarantee a favorable outcome. Despite this challenge, some CHWs have found a way to contact their clients via the MCWs and/or through letters. Because MCWs work within the jail setting while CHWs work in the community setting, the two groups rarely get the opportunity to interact with each other. After receiving feedback from RICMS providers to strengthen the communication channel between MCWs and CHWs to work closely on specific client cases, ODR convened the two groups during a quarterly learning community to meet and learn from each other and encourage further collaboration on assisting clients.

ODR has also recently started tracking CHWs' activities during the pre-release stage to better monitor their efforts in building rapport with clients that at minimum requires a visit for those who have jail clearance and a call/sending a letter for those who don't. Providers submit this data to ODR program managers on a monthly basis. Furthermore, ODR program managers work closely with providers to make sure the post-release clients who are not responsive to CHWs are exited no later than the 30-day mark to ensure caseload slots open for other clients.

While establishing continuum of care between the pre-release and post-release stages to follow individuals from the time they are in custody to when they are released is a sound practice, implementation has been challenging. ODR is committed to working with Whole Person Care to continue to strengthen and streamline the pre to post-release referral process to ensure that individuals released from jail can receive the benefits of the program.

Los Angeles County Department of Probation Referrals

The Probation Department is the largest probation services agency in the United States, with over 80,000 individuals on probation supervision currently.¹² ODR closely collaborates with the department on a few reentry projects, funded through SB 678, to serve individuals who are on adult felony probation supervision including

connecting these individuals to RICMS services.

The Probation Department has a Resource Utilization Unit (RUU) that is responsible for referring clients to various services including RICMS. When RICMS launched in 2018, ODR worked closely with RUU staff to connect clients on probation supervision to services. During the early stages of the implementation phase between the months of July and September 2018, ODR accepted 996 referrals from the RUU and connected them to RICMS providers throughout the county. However, only 6% of people referred enrolled in the program. The remaining either declined services because the program was not mandatory, never responded, had disconnected numbers, or fell through the cracks in the midst of multiple touch points. It became apparent that the initial system needed significant improvements that incorporated warm hand-offs.

To improve the rate of enrollment, ODR established connections between RICMS providers and their local Probation area office to enable the staff to develop relationships and establish warm hand-offs. Some RICMS providers had previous working relationships with their local probation area office and were able to reach out to their probation points of contact to request referrals. For others that needed assistance establishing those relationships, ODR organized multiple meet and greets between the probation area offices and RICMS providers to facilitate relationship building and referral connections.

ODR also started a pilot in which CHWs from one of the RICMS providers, HOPICS, holds office hours at the Long Beach Probation area office for a few hours every week where CHWs can meet and engage potential clients in person. This process brings together the Probation Officers and CHWs to ensure a warm client hand-off. Since the start of the pilot in April 2019, the HOPICS RICMS team has received 77 referrals, and 34% are either in the enrollment process or fully enrolled. The goal is to expand this pilot to other Probation area offices and providers.

Providers also receive Probation client referrals through other mechanisms. For example, some providers offer court-mandated anger management classes, which allows them to attract probation clients from the community. Other referrals come directly from the RUU, through their existing client pool within their agency, and some are received through referrals of individuals released from jail who are also on probation supervision.

California Department of Corrections and Rehabilitation – Parole Referrals

ODR launched a pilot in February 2019 in collaboration with CDCR to start serving individuals who are on parole supervision. ODR collaborated with RICMS provider, the Amity Foundation, to roll out this pilot. In addition to the RICMS contract with ODR, Amity also has a contract with CDCR to provide a reentry services program called Specialized Treatment for Optimized Programming (STOP) to state parolees, which provides comprehensive services to parolees in their first year of release during their transition into the community. This presented a unique opportunity for ODR to leverage Amity's existing relationship with CDCR to serve individuals on parole supervision.

This pilot entails the co-location of CHWs at one of the five parole offices in LA County, the Alameda office, where CHWs work closely with parole officers to establish a warm hand-off process. The Alameda office mostly serves clients who reside in South Los Angeles (Service Planning Area 6) and Metro area (Service Planning Area 4). CHWs hold office hours at the Alameda location where they engage and conduct initial assessments for clients referred by the parole officers. Since launching the pilot, the Amity RICMS team has accepted 103 referrals. Of those referrals, Amity has enrolled 33% into its services and has transitioned 23% to other RICMS agencies due to caseload capacity.

Strengthening the warm hand-offs between parole officers and CHWs to increase referrals has taken some trial and error. ODR program managers and other DHS staff have been working closely with the Amity RICMS team and representatives from the Alameda office to create a strong foundation for this pilot with the goal of replicating it to the other four parole offices in the county.

ODR along with a parole representative identified the unit that is the most likely to be open to referring clients to RICMS services within the Alameda office. Using feedback collected from the ground by the Amity team, ODR presented to a group of parole officers from this unit to explain the services that the RICMS program could offer. Setting clear and realistic expectations about the program proved to be crucial to establishing trusting relationships between the parole officers and CHWs. Once the parole officers had a clear idea of what to expect, they felt more comfortable sending referrals to CHWs.

Parole officers also provided insight on the dates and times with the heaviest office traffic. In response to this feedback, ODR worked with Amity to adjust the date and time when a CHW would be onsite to generate more referrals. ODR is currently in the process of bringing on CHWs from a second RICMS provider, Homeless Healthcare Los Angeles (HHCLA), to provide RICMS services onsite at the Alameda office. In the future, ODR aims to invite other RICMS providers to participate in this pilot so that a CHW can be onsite every day of the week at the Alameda office and other parole offices.

City of Long Beach Jail Referrals

ODR has recently started a partnership with the City of Long Beach to reduce recidivism for individuals booked into Long Beach City Jail through increased care coordination between the county, local police departments, and community service providers. This partnership is part of the Long Beach City's Justice Lab initiative that was launched in January 2018 to provide new tools to first responders to divert residents out of the criminal justice system and towards resources, treatment and care.

ODR is working with RICMS provider, Ascent, to run this pilot. Other key partners include the Long Beach Department of Health and Human Services, Long Beach Police Department, Long Beach Fire Department, the City Prosecutor's Office, the Child Guidance Center, and LA County DHS – Whole Person Care. The pathway of referral from Long Beach City Jail to RICMS services is as follows:

1. A City Jail clinician refers individuals exiting the jail to an Ascent CHW to receive services. The Ascent CHW then communicates with a booking sergeant to determine if the individual will be released to the community or sent to county jail.
2. If they are released to the community, the client completes enrollment in RICMS with the Ascent CHW.
3. If they will be going to county jail, ODR coordinates with Whole Person Care's county jail staff to enroll the client in the pre-release program. Once the client is released, they will be connected to an Ascent CHW for continued services.

This City Jail pilot launched in July 2019 with one dedicated CHW from the Ascent RICMS team who has started working with the City Jail clinician to receive referrals. Data on number of referrals and take up rate

will be available once the pilot achieves a considerable sample size of clients. ODR and the City of Long Beach are also in the process of establishing a data sharing agreement.

Community-Based Referrals

Prior to ODR establishing processes for referrals from correctional agencies, RICMS providers relied on their own outreach and recruitment efforts. In the early stages, it took on average between two to three months to fill a 30-slot caseload with clients. By July of 2018, within three of program launch, about 60% of total provider caseload capacity was filled from referrals obtained through community outreach and engagement and from county jail referrals.

ODR program managers worked with individual providers to identify outreach strategies and timelines to work towards achieving caseload milestones. Over time, as providers built relationships with local community partners, referral rates improved.

ODR also started placing heavy emphasis on a provider's ability to do outreach and engagement as a selection-criteria when considering new providers for RICMS. ODR incorporated a client outreach and recruitment section in the implementation plan that providers are required to fill out and submit prior to contract execution. This modification in the provider vetting process has allowed ODR to be clear about expectations for conducting outreach and maintaining full caseloads.

Improvements in the provider vetting and onboarding process, client recruitment and engagement strategies, and the increase in the number of established referral sources have ensured that caseloads are consistently filled within the 80% - 95% range on average for the program overall. While the program has tripled in size within a year of operations, increasing the total caseload capacity to over 2,400 slots, caseloads have remained consistently filled within this range.

RICMS providers continue to play a significant role in recruiting and engaging clients via their connections with local Probation area offices, their participation in co-location pilots with parole offices and jails, and/or their initiatives and creativity through utilizing their community connections to create referral avenues. One such example of an RICMS agency proactively establishing their own referral avenue is Asian Youth Center in San Gabriel Valley (Service Planning Area 3), which has created a relationship with Pasadena City College to receive referrals of transition age youth (TAY) clients who are currently under probation supervision.

Service Delivery - Community Based Organizations

ODR champions the idea that communities have within them transformative resources to lift up justice involved individuals in a comprehensive and positive way. Supporting community-based providers can help to improve relationships between system stakeholders and community members and improve their capacity to support justice-involved individuals returning home.

The amount of RICMS coverage in each of the eight Service Planning Areas (SPAs) of LA County varies based on factors such as the level of need for services exhibited in that region. When looking at geographic statistics for the social determinants of health and crime, SPA 6, also known as South LA, fares the worst across many indicators such as education, employment status, poverty, housing, and neighborhood safety. Demographic data from the LA County Department of Public Health (DPH)¹³ show that SPA 6 (South LA) has the highest concentration of Blacks at 27.7% while Latinos represent the majority of residents in this SPA at 68.2%. By contrast, SPA 5 (West LA), has the highest concentration of Whites at 64.0%.

Data from DPH show the following SPA statistics on key indicators:

- SPA 6 has the highest percentage of adults with less than a high school education at 41.6%, while that figure is 6.4% for SPA 5. The average for all SPAs is 22.4%.
- SPA 6 has the least percentage of adults with a college or post graduate degree at 8.6%, while that figure is 55.8% for SPA 5. The average for all SPAs is 27.2%.
- SPA 6 has the highest unemployment rate at 13.6%, while SPA 5's unemployment rate is just 5.6%. The average unemployment rate for all SPAs is 10.2%.
- SPA 6 has the highest poverty rate at 33.6%, while that figure is 11.9% for SPA 5. The average for all SPAs is 18.4%.
- SPA 6 has the highest percentage of households with children at 51.2% and has the highest percentage of housing burden with 62.7% of households who spend 30% or more of their income on housing. The average for all SPAs is 37.1% for the former and 49.9% for the latter.
- SPA 1 (Antelope Valley) has the highest percentage of adults with housing instability at 11.3% followed by SPA 6 at 10%. The average for all SPAs is 4.8%.
- SPA 6 has the lowest concentration of adults who believe their neighborhood is safe from crime at 40.3%, while the average for all SPAs is 92.5%.

Reflecting this need, the highest concentration of RICMS coverage is currently in SPA 6 (South LA) with 8 providers that will grow to 9 providers and 34 CHWs by the end of 2019. There are a total 25 RICMS providers and 80+ CHWs with capacity to serve up to 2,400 clients across all eight SPAs as of August, 2019. By the end of the year, the program will grow to 28 providers and an estimated 98 CHWs or more with capacity to serve up to 2,940 clients. The table below shows the expected distribution of providers and CHWs by SPA by the end of 2019.

Distribution of RICMS Providers and Community Health Workers by the End of 2019

SPA	Planning Area	# of RICM Providers	# of CHWs	# of Client Slots
1	Antelope Valley	3	6	180
2	San Fernando Valley	3	10	300
3	San Gabriel Valley	6	14	420
4	LA Metro	4	15	450
5	West LA	1	2	60
6	South LA	9	34	1,020
7	East LA	4	7	210
8	South Bay	3	10	300

Map of Current RICMS Providers by LA County Service Planning Area as of June 2019



The largest RICMS provider is Watts Labor Community Action Committee (WLCAC) in SPA 6 (South LA) in the Watts neighborhood. The WLCAC RICMS team currently has 10 RICMS CHWs and 300 active clients. Aside from standard RICMS services of linkage to mental health and substance use services, WLCAC has strong in-house services in employment and court-mandated classes. As the neighborhood with the highest unemployment rate¹⁴ (16% compared to the average for LA County which is 10%), WLCAC is providing much needed employment services to Watts and South LA residents. Clients are able to enroll in various vocational programs for free followed by job search assistance. A majority of WLCAC clients

are on probation supervision and utilize the free court-mandated anger management and domestic violence classes offered at the agency. A survey of court-mandated classes in LA County shows that these classes can range anywhere from \$900 to \$2,435 for 52 week sessions. This can create a steep financial burden for a population that oftentimes is struggling to find employment and stability. Providing this service for free not only adds great value for clients but has been a creative way to engage and retain clients.

Similarly to WLCAC, other RICMS providers come with their own unique strengths and set of specialties that enhance RICMS. One such RICMS Provider is St. John's Well Child and Family Center which operates as a community health center serving nearly 100,000 low-income patients of all ages through a network of Federally Qualified Health Centers (FQHCs) and school-based clinics in Central and South Los Angeles. RICMS clients at St. John's are able to take advantage of the medical and behavioral health services available in-house in addition to receiving the standard RICMS package through the assistance of their CHW.

The following table provides a summary of RICMS providers who have their own mental health, substance use and employment services. Agencies that do not offer these services in-house refer clients out to other

RICMS Providers that Offer In-House Mental Health, Substance Use, or Employment Services

SPA	RICMS Providers	Mental Health	Substance Use	Employment
1	Paving the Way			X
1	Catalyst Foundation			X
1,2,8	Tarzana Treatment Center	X	X	
2	Center for Living and Learning			X
3	Asian Youth Center (AYC)			X
3	East Valley Community Health	X	X	
3	Flintridge Center			X
3,7	VOALA		X	X
4,8	Exodus	X	X	
4	HHCLA		X	
4	Homeboy Industries	X		X
5	St. Joseph Center	X		X
6	Amity		X	
6	SCHARP	X		
6	Shields for Families	X	X	X
6	St. John's Well Child	X	X	
6	WLCAC	X		X
6	Christ Centered Ministries			X
6	Francisco Homes	X		
7	Turning Point		X	
7	Via Care	X		

COMMUNITY HEALTH WORKERS: THE HEART OF RICMS

The crux of the RICMS program model is its use of community members, who have passed through the justice system and have sustainably transformed their lives, to deliver case management services. CHWs, also known as credible messengers or peer navigators, are able to relate and encourage clients to follow through with treatment and care plans. They serve as a role model for what is possible through testimonies of their own stories. They have walked in their clients' shoes and can speak their language. Their shared experience allows them to serve as a trusted mentor, which goes beyond the traditional case manager – client relationship.

Research shows that the credible messenger model carries a lot of promise in improving outcomes for justice involved individuals. For instance, an evaluation of the Arches Transformative Mentoring Program in New York City shows a reduction in recidivism for youth on probation. There was a 50% decrease in felony arrests for those in the program¹⁵. The Advocate, Intervene, and Mentor program also in New York shows that over 90% of program participants avoided felony rearrests within 12 months of enrollment and only 3% received a felony conviction in the year following program completion. That is a significant reduction compared to the 12-month reconviction rates of 25% for similar populations who did not participate in the program¹⁶. These studies show the potential and ability that CHWs have in forming powerful, transformative and personal relationships with their clients.

Spotlight on Community Health Workers

“Sharing my lived experiences of how I overcame adversity, addiction, and discrimination in my own life is testament that real change in life is not only possible but probable given the right support,” says Eli Montgomery who is a CHW at Via Care. Eli’s justice involvement was primarily a result of her drug and alcohol addiction that was caused by a history of childhood abuse and neglect. She experienced going to jail many times because of her addictions (Cite).

“Sharing my lived experiences of how I overcame adversity, addiction, and discrimination in my own life is testament that real change in life is not only possible but probable given the right support.”

One of the challenges Eli has encountered is encouraging clients struggling with mental health and substance use disorder to see medical professionals. It is in these moments especially that she discloses her own personal experiences with mental illness and substance use disorder. Eli uses her story to build trust, which she believes

has tremendous healing value. Eli loves to see her clients thrive, and the opportunity she has through RICMS to demonstrate care and support towards people who otherwise feel “unworthy” of her time and energy. She is an avid advocate for investing more resources to support reentry services to rehabilitate individuals who need a second chance in building a more positive and productive life.

“I made a decision to turn my life around and I share my experiences to give hope to those who are facing difficult circumstances.”

Paul Moreland, a CHW at Asian Youth Center, shares Eli’s sentiments as someone who grew up in Compton in his youth running with street gangs, using drugs and alcohol. Paul ended up going to juvenile hall and eventually landed in prison. Like Eli, he believes his work as a CHW allows him to address the gaps in the community that have been left through incarceration and substance use disorder. His main goal as a CHW is to show his clients that successful transformation back into society is possible. “I made a decision to turn my life around and I share my experiences to give hope to those who are facing difficult circumstances,” says Paul who uses the rich community network that he has amassed while he was transitioning back into society from prison to uplift those who need a second chance in life.

“If it weren’t for this job opportunity as a case manager for RICMS, I would have gone back to the streets,” says Ron Rivero, a CHW at Ascent who has become passionate about proving wrong the false narrative that the reentry population cannot be rehabilitated. As someone who has been convicted of two felonies and spent time behind bars, he advocates for programs like RICMS that hire individuals in a labor market that presents significant barriers to individuals with justice involvement. Ron is now not only thriving in his position as a CHW linking his clients to services but has become a thought leader and a lead CHW at his agency mentoring new CHWs as they learn the ropes of providing case management. Ron has aspirations to utilize the tools and experiences he is acquiring in his current position to start his own non-profit someday.

“If it weren’t for this job opportunity as a case manager for RICMS, I would have gone back to the streets.”

This sense of renewed purpose through the opportunity to develop a career path as a CHW is not unique to Ron. Many CHWs are gaining experiences they can use as a stepping stone to advance their careers. “I can now walk with my head held high. My justice involvement is no longer a source of disadvantage but a tool I can use to guide others”, says Cedric Farmer a CHW at St. Joseph’s Center who has been with RICMS since April 2018. In addition to serving RICMS clients, Cedric is serving as the Prisoner Representative for Rand Corporation’s Human Subject Protection Committee. Cedric is also finishing his Bachelor’s degree in Christian Ministry this year and plans to attend Azusa Pacific University in the fall to pursue a Master’s degree in Transformative Urban Leadership.

“I can now walk with my head held high. My justice involvement is no longer a source of disadvantage but a tool I can use to guide others.”

Each CHW has a unique story, and they come from all walks of life. They vary in age, gender, race, education level, work experiences and justice involvement. The one thing they have in common is their triumphant story as they navigated their way towards successful reentry. Now they help others navigate their way out of difficult circumstances to rebuild their lives.

PROGRAM OUTCOMES

ODR has made progress developing its capability to collect and track data on client needs and service utilization, though challenges remain. ODR utilizes CHAMP, a case management software, to track clients enrolled in RICMS, to collect demographic data, and to track individual client needs and goals.

CHAMP helps CHWs manage individual cases by painting a picture of client progress throughout the course of their enrollment. While it is easy to look up a client individually and review case notes in CHAMP, the system does not allow users to see how many clients have been referred to and enrolled in services. This presents a challenge for tracking service linkage data. In response to these challenges, ODR is actively working to improve CHAMP's data tracking capability, but the modification process can be lengthy, and there may still be limitations.

As an interim solution, ODR has developed a standard data tracking spreadsheet that all providers must use to track data on service linkages. The tool was implemented in April 2019, and the main fields tracked through this mechanism consist of referral source, current probation/parole status, demographic information, client needs, and referrals to and enrollments in services. This supplemental tool will assist ODR's efforts to aggregate and quantify data points on service linkages. The data from this tool is currently not ready to be reported as there are several initial limitations around quality and accuracy that will need to improve over time. The tool relies on what providers report and ODR program managers are working with providers to improve data entry practices and the accuracy of the data.

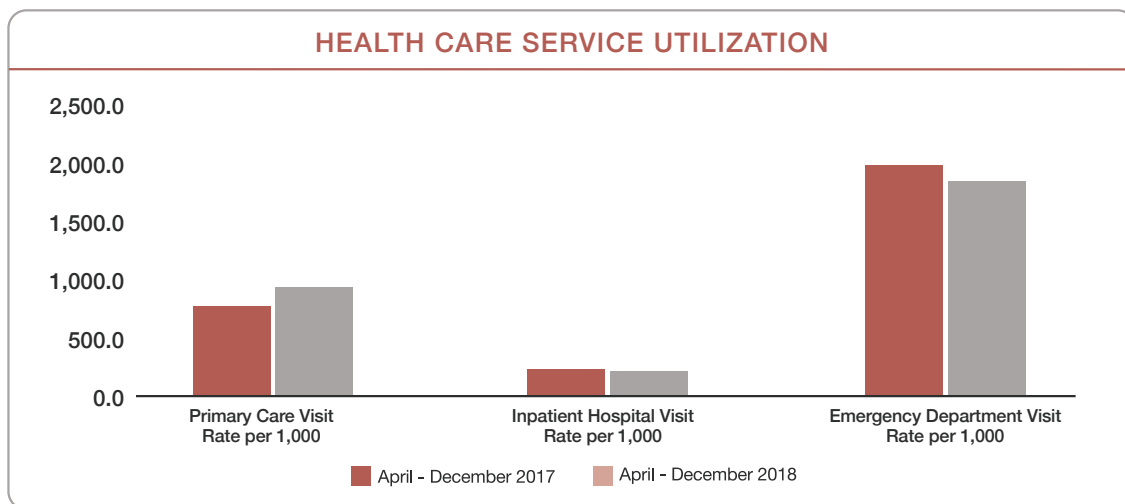
In addition to strengthening tracking mechanisms for service linkage, ODR will access administrative data from the Enterprise Linkage Project (ELP) to track service utilization and outcomes. The LA County Chief Executive Office maintains the ELP, which is a data repository that tracks service utilization across a spectrum of publicly funded health, public health, mental health, social, and corrections services. Data for this project is from the following eight contributing LA County agencies: Department of Health Services (DHS), Department of Mental Health (DMH), Department of Public Health (DPH), Department of Public Social Services (DPSS), LA Sheriff's Department (LASD), the Probation Department, Los Angeles Homeless Services Authority (LAHSA) and Work Force Development Aging and Community Services (WDACS). Data on RICMS clients is matched to ELP administrative data through using a unique identifier generated in CHAMP.

For the purposes of this report, the data that is currently readily available to report through CHAMP are unduplicated client count, demographic data and average length of stay for clients enrolled between April 2018 and March 2019*. There is also limited data on health care utilization from April 2018 and December 2018** along with a comparison group data for the same group prior to program enrollment from April 2017 and December 2017.

ODR PROP 47 CLIENT DEMOGRAPHIC SUMMARY (N=3,259)		
UNIQUE ODR PROP 47 CLIENTS FROM APRIL 2018 TO MARCH 2019		
AGE GROUP	N	%
0-19	40	1%
20-29	851	26%
30-39	1,027	32%
40-49	638	20%
50-59	520	16%
60+	183	6%
TOTAL	3,259	100%
RACE / ETHNICITY		
Black / African American	1,063	33%
Hispanic / Latino	1,053	32%
White	704	22%
Other	139	4%
Unknown	300	9%
TOTAL	3,259	100%
GENDER		
Female	603	19%
Male	2,615	80%
Transgender or Other	39	1%
Unknown	2	0%
TOTAL	3,259	100%

The total number of clients funded through Proposition 47 for the period April 2018 (program start date) to March 2019 is 3,259. Those between the ages of 30 – 39 make up the majority of clients at 32%, followed by those between the ages 20-29. Blacks and Latinos make up the bulk of clients at 33% and 32% respectively, while men make up 80% of clients. The average length of stay for clients enrolled between April 2018 and March 2019 is 166 days.

Below is a chart that shows the health care utilization data for clients enrolled between April 2018 and December 2018. This also includes a comparison group data for health care utilization for the same clients prior to program enrollment for the same period in the previous year. One of the service linkages available through RICMS is connection to a primary care physician. The chart shows that primary care visit rates per 1,000 clients for program participants have gone up by 20% once enrolled in the program compared to the prior year. This data is not sufficient to conclude if there was a causal link between RICMS program enrollment and the uptick in primary healthcare visits. Nevertheless, there is a positive correlation between program enrollment and number of primary care visits. The inpatient hospital visit and emergency department visit rates have gone down by 5% and 7% respectively. Robust tests on the statistical significance of these differences and causal links will be conducted in future reports for all available service categories including mental health and substance use treatment.



Although the data that is available for this reporting period is limited, ODR will be working with its evaluation firm, MDRC, over the next five years to improve its capacity to collect and analyze program data and to conduct a rigorous evaluation of reentry services to understand impacts.

EVALUATION PLAN

MDRC and its partner, the Council of State Governments (CSG) Justice Center, have been contracted to provide technical assistance and evaluation of ODR's reentry services. MDRC and the CSG Justice Center were identified through a competitive bidding process, and they each come with a wealth of research experience in the criminal justice and reentry fields. MDRC and the CSG Justice Center will support ODR in improving systems of reentry services and in measuring the impact of these services on client outcomes in the areas of mental and behavioral health, recidivism, financial stability, wellbeing, and other priority domains.

The project started in 2019 and will last for five years. The team will begin meeting with a stakeholder steering committee in Fall 2019. Most of 2020 will be dedicated to conducting

Steering Committee

MDRC and the CSG Justice Center, in consultation with ODR, will assemble a stakeholder steering committee to inform evaluation goals and provide leadership for the project. The steering committee will be responsible for giving input on the goals and metrics for the evaluation, reviewing findings, and working with the research team on policy and program options. Participants will include organizational leadership from the county's Probation department, reentry service providers, workforce development boards, and other referral partner agencies such as LA County jails and City jails. The steering committee will also include formerly incarcerated individuals and may include members of the courts, law enforcement, corrections, and behavioral health experts.

Technical Assistance Approach

As part of this project, MDRC and the CSG Justice Center will work with ODR and partner agencies to map the existing system of reentry services. This map will describe the system of services available, the ways in which individuals are referred to and interact with services, and factors that affect their participation in services. The CSG Justice Center will identify any areas where ODR and partner agencies can refine or improve assessment and service provision, and will apply its expertise with evidence-based frameworks to tailor approaches to LA County, thinking through the needs of the reentry population and what is feasible given the structure, partnerships, and funding in place.

In 2020, the reentry services model will be piloted and technical assistance will be provided by the CSG Justice Center and the evaluation team. To provide ongoing support, the project team will provide periodic technical assistance guidance documents promoting shared learning and offering guidance on best practices.

Evaluation Approach

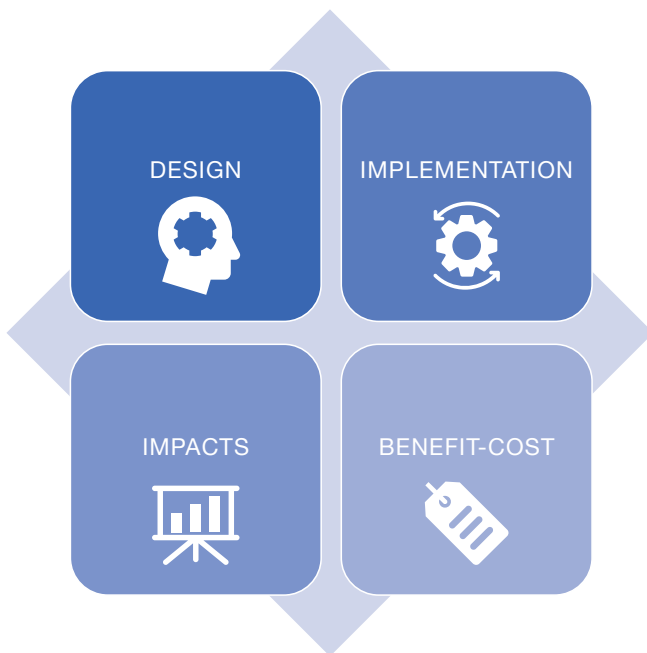
During the technical assistance phase, MDRC will begin to design the reentry services evaluation plan in consultation with the steering committee. Once any new approaches have been piloted and services are determined ready for evaluation, a formal evaluation will be conducted.

The evaluation will contain the following components:

1. An impact study to identify the effects of ODR's reentry services model on system and client outcomes. The exact research design will be developed in 2020. Data sources will include service receipt records, administrative records from local and state agencies, and a client survey.
2. An implementation study to provide lessons both for Los Angeles County and the broader field of reentry regarding use of a resource allocation and service matching framework. The study will examine how the programs operate on the ground along with any challenges they face, and clients' and staff perspectives on reentry services.

3. A Cost-Benefit study to describe financial costs and cost effectiveness of reentry services and related funding streams. MDRC will identify the most sustainable and cost-savings approaches and recommend changes that may be necessary to reduce costs as services expand and potential cost savings incurred as programs expand to scale.

A final evaluation report will be published at the end of the project in early 2024, and annual briefs will share learning along the way.



For the purposes of the Proposition 47 services evaluation report, recidivism is defined as any arrest, conviction, or return to incarceration within a one-year follow-up period from release of custody or from placement on supervision. Each component of this primary recidivism measure (arrest, conviction, and incarceration) has different implications for the effectiveness of ODR services. MDRC will examine each component in order to 1) understand how and why the reentry services had the impacts and outcomes observed and 2) measure and understand the cost effectiveness and cost/benefit of ODR services.

The project involves an initial period of technical assistance focused on strengthening service integration and coordination county-wide prior to evaluation, which truncates MDRC's ability to conduct impact analyses of the BSCC recidivism measure (convictions for new crimes occurring within three years of release or placement on supervision). However, for individuals who were participating in ODR services prior to the implementation of the project's services and systems improvements, MDRC will be able to provide descriptive outcomes using the BSCC definition of recidivism.

IN CONCLUSION

Over the past 40 years, California's corrections system has undergone remarkable changes.¹⁷ "Tough on crime" policies led to more-than-sevenfold increase in the prison population between 1980 and 2016.¹⁸ Los Angeles County has contributed a lion's share of this increase as the county home to the largest jail system in the United States.¹⁹ Despite these trends, there are recent legislative reforms that have cut down on the prison population such as the Public Safety Realignment (AB 109) enacted in October 2011 and Proposition 47, passed in November 2014. While these reforms have decreased California's prison population, they have increased the number of women and men returning back to their communities. Therefore, ensuring that communities are equipped with the resources needed to provide services in mental health, substance use, employment, housing and other social services is critical to rehabilitating these individuals and protecting public safety.

In addition to legislative reforms, there is also movement from the ground advocating for expanding the capacities of community-based organizations to serve justice impacted individuals returning to their communities. While Los Angeles County currently faces a challenge as the home to nearly one-third of all individuals returning back to their communities from jail and prison,²⁰ it has leaders that are ready to rise up to the challenge. As the office tasked with implementing county-wide criminal justice programs in LA County, ODR partners up with thought leaders and community members to inform its decisions. Along with diversion programs for persons with mental health and/or substance use disorders and reentry support services for individuals returning to their communities, ODR is continually striving to expand its services and widen its reach to meet the challenges facing the County to address the needs of this underserved population.

In the coming years, ODR will continue to implement program improvements and build out its data tracking capabilities to better analyze the impacts of its programs on the reentry population, including on recidivism, health, and economic wellbeing. The goal is to generate insights and findings to better inform policies and reentry programs for LA County and other reentry programs across the country.

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