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# Los Angeles County Office of Diversion and Reentry's Supportive Housing Program

## A Study of Participants' Housing Stability and New Felony Convictions

### KEY FINDINGS

- From April 2016 through April 2019, 311 participants were enrolled.
- The majority were male and African American.
- Seventy-eight percent of the population suffered from at least one mental health disorder and nearly 40 percent had both a mental health and substance use disorder.
- Individuals without a behavioral health diagnosis (less than 3 percent) qualified because of a serious physical health issue or pregnancy.
- Housing stability rates were calculated for two groups: people who had received housing for at least six months or for at least 12 months. The six-month housing stability rate was 91 percent; the 12-month housing stability rate was 74 percent.
- Of a total of 96 individuals, 13 had been convicted of a new felony during the 12 months after being housed, for a 14-percent qualifying return rate. Three other individuals had pending felony charges.

Los Angeles (LA) County is home to the largest jail system in the world, operated by the LA County Sheriff's Department (LASD). The county is also the center of one of the most acute homelessness problems in the United States. According to the 2019 Point-in-Time Count (Los Angeles Homeless Services Authority, 2019), there are nearly 59,000 people experiencing homelessness within LA County. On any given night, the LA County jail houses more than 16,000 inmates, and recent estimates suggest that nearly one-half of all inmates have at least one chronic disease, about two-thirds have a substance use disorder, and about one-fourth have serious mental illness (Gorman, 2018; Hamai, 2015). Because of the lack of affordable housing and social services in the community, LA County jail has seen an increase in the number of individuals with complex clinical needs.

A recent initiative designed to tackle these issues is the LA County Department of Health Services' Office of Diversion and Reentry's (ODR's) supportive housing program, which provides housing coupled with case management. Evidence suggests that this type of program has helped individuals experiencing homelessness and suffering from co-occurring mental health and substance use conditions by increasing housing stability and reducing dependence on publicly funded crisis care (Larimer et al., 2009). However, less is known about the use of supportive housing to address the needs of individuals under criminal court supervision. A recent pilot in New York City suggested potential cost offsets, such as reduction in incarceration costs (Aidala et al., 2014). However, as outlined in a recent systematic review conducted by the National Academy of Sciences (2018), the effectiveness of permanent supportive housing remains inconclusive.

Therefore, it is important to understand whether supportive housing is achieving its goals. The LA County program's goals are to improve housing stability and reduce criminal justice involvement among individuals enrolled into the program.

## Methods

We used ODR data that represented participants enrolled in the supportive housing program between

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April 2016 and April 2019. The data set provided participant demographic information and clinical diagnosis as determined by ODR personnel. We summarized this information to help describe who is being served by the program.

ODR also gave us data from the housing provider (i.e., Brilliant Corners) that provided information about each participant's housing status, such as move-in and move-out dates, reason for exit, and destination at exit. We used the destination classification definitions specified by the U.S. Department of Housing and Urban Development (2016) to classify individuals' housing status as stable, neutral, or unstable. We calculated housing stability rates for two groups: people who had received housing for at least six months or for at least 12 months.

Finally, ODR submitted to us data maintained by the LASD on arrests among program participants. ODR reviewed these cases against criminal court records and classified them as to whether the arrest (1) led to a new felony case or (2) was a probation violation, dismissed by court, or rejected by the District Attorney's Office. We examined rates of new felonies among participants that received supportive housing at least 12 months ago.

## Findings

### Program Participants

In Table 1, we present descriptive information about the full sample and of individuals who were featured in the outcome analyses. Of the 311 participants enrolled from April 2016 through April 2019, the average age was 39 years old (range between 20 and 69), and the majority were male and African-American. Approximately 7 percent of the population was classified as being in the top 5 percent of LA County social service utilizers, according to reports produced by the County Executive Office (Hamai, 2018), which maintains an aggregated data set of service use across several service sectors (e.g., health care, mental health care, substance use treatment, and law enforcement). The primary clinical diagnoses were substance use disorders, psychotic disorders, and bipolar disorders. Seventy-eight percent of the population suffered from at least one mental health

# LA County ODR's supportive housing program improved housing stability and reduced criminal justice involvement

91%

had stable housing after 6 months

74%

had stable housing after 12 months

86%

had no new felony convictions after 12 months

DATA USED IN THIS STUDY are from the Office of Diversion and Reentry (ODR) and represent participants enrolled in ODR's supportive housing program in LA County between April 2016 and April 2019.

STUDY ANALYSIS INDICATES that out of 187 study participants, 169 had stable housing after six months. *Note:* One person was not counted in the housing-stability calculation rate because the individual moved to a higher level of care.

OUT OF 96 STUDY PARTICIPANTS, 69 had stable housing after 12 months. *Note:* Three people were not counted in this rate because two had moved to a higher level of care and one was deceased.

THE AVERAGE AGE OF THE 311 PARTICIPANTS was 39 years old. Sixty-six percent were male; 34 percent were female.

## Program participants had mental health, substance use, and/or health related issues

**78%** mental health disorder (psychotic and bipolar disorders most prevalent)

**51%** psychotic disorder

**58%** substance use disorder

**39%** co-occurring mental health and substance abuse disorders

**19%** substance abuse disorder (only)

**3%** serious physical health issue or pregnant

disorder and nearly 40 percent had both a mental health and substance use disorder. Individuals without a behavioral health diagnosis (less than 3 percent) qualified because of a serious physical health issue or pregnancy.

The study samples featured in our outcome analyses ( $n = 187$  and  $n = 96$ ; i.e., those who were housed at least six and 12 months prior to the end of

the study period) were similar to the total population in terms of demographic, service utilization and clinical diagnoses.

## Housing Stability

The six-month housing stability rate was 91 percent; the 12-month housing stability rate was 74 percent.

TABLE 1  
ODR Supportive Housing Participant Characteristics

		All clients ( <i>n</i> = 311)	Housed Before October 1, 2018 ( <i>n</i> = 187)	Housed Before April 1, 2018 ( <i>n</i> = 96)
Mean age		39.1	39.6	40.3
Sex or gender	Female	30.9%	27.3%	22.9%
	Male	66.2%	70.6%	76.0%
	Transgender female, trans woman, male-to-female, transfeminine	2.9%	2.1%	1.0%
Race	American Indian or Alaska Native	2.3%	1.6%	1.0%
	Asian	2.3%	2.1%	3.1%
	Black or African American	46.3%	49.7%	44.8%
	Multiracial	7.4%	8.0%	6.2%
	Native Hawaiian or other Pacific Islander	0.3%	0.5%	1.0%
	White	27.3%	21.9%	21.9%
	Client doesn't know	9.0%	9.6%	14.6%
	Client refused	2.3%	2.7%	4.2%
	Data not collected	2.9%	3.7%	3.1%
Ethnicity	Non-Hispanic/Latino	70.1%	71.1%	70.8%
	Hispanic/Latino	28.6%	27.3%	28.1%
	Client doesn't know	1.0%	1.1%	1.0%
	Data not collected	0.3%	0.5%	0.0%
High service utilizers		7.4%	7.0%	7.3%
Clinical diagnoses	Anxiety, depression, adjustment disorder	12.5%	17.1%	16.7%
	Bipolar disorder	22.5%	21.9%	17.7%
	Posttraumatic stress disorder	2.9%	3.2%	2.1%
	Psychotic disorder	50.5%	44.4%	52.1%
	Substance use disorder	58.2%	59.9%	53.1%
	Other diagnosis	0.6%	1.0%	2.0%
	Any mental health diagnosis	78.1%	76.5%	81.2%
	Both mental health and substance use disorders	39.2%	39.0%	34.4%
No behavioral health diagnoses		2.9%	2.7%	0.0%

NOTE: Percentages might not sum to 100 because of rounding.

### Six Months

Of the full group of 187 individuals, 169 people were in a permanent housing situation at six months. One individual had moved to a higher level of care and therefore was not considered in the calculation. The remaining 17 people were documented as living in temporary or unstable living conditions: jail or prison (*n* = 8), returning to interim housing or the

street (*n* = 3), residing in a substance use disorder treatment program (*n* = 1), or in an “other/unknown” status at exit (*n* = 5).

### Twelve Months

Of the full group of 96 individuals, 69 people were in a permanent housing situation at 12 months. Three were considered neutral and therefore not used in

the calculation (two had moved to a higher level of care and one was deceased). The remaining 24 were documented as living in temporary or unstable living situations: jail or prison ( $n = 14$ ), returning to interim housing or the street ( $n = 3$ ), residing in a substance use disorder treatment program ( $n = 1$ ), or in an “other/unknown” status at exit ( $n = 6$ ).

## Felony Rates

Among those individuals who had been placed in housing at least 12 months before the end of the study period (i.e., April 2019), we examined whether participants had a new felony charge during the 12-month period after housing. Of a total of 96, 13 individuals had been convicted of a new felony during the 12 months after being housed, for a 14-percent qualifying return rate. Three other individuals had pending felony charges.

## Conclusions

This report presents early interim findings about ODR’s supportive housing program. We found six-month and 12-month housing stability rates of 91 percent and 74 percent, respectively. Of the cohort that had been placed in housing more than a year ago, 14 percent had new felony convictions. Our next analysis will examine county service use and associated costs for this population prior to and after housing placement to better understand how the program might influence changes to service access and use of different publicly funded resources.

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## About This Report

This is the first of two reports planned to provide information about the individuals served by the Los Angeles County Department of Health Services' Office of Diversion and Reentry's supportive housing program and is part of an evaluation effort by the RAND Corporation in collaboration with the Los Angeles County Department of Health Services' Office of Diversion and Reentry; the Los Angeles County Sheriff's Department; and Brilliant Corners, a nonprofit supportive housing provider. This report should be of interest to corrections agencies, supportive housing providers, and policymakers in the criminal justice and supportive housing field. It was funded through a contract with Brilliant Corners.

## RAND Justice Policy Program

RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. This research was conducted in the Justice Policy Program within RAND Social and Economic Well-Being. The program focuses on such topics as access to justice, policing, corrections, drug policy, and court system reform, as well as other policy concerns pertaining to public safety and criminal and civil justice. For more information, email [justicepolicy@rand.org](mailto:justicepolicy@rand.org).

Questions or comments about this report should be sent to the project leader, Sarah B. Hunter, at [Sarah\\_Hunter@rand.org](mailto:Sarah_Hunter@rand.org).



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